

# Rules of the road, timelines, and state protections

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February 17, 2016

The Managed Care Technical  
Assistance Center of New York



# Introduction & Housekeeping

- **Housekeeping**
  - **WebEx Chat Functionality for Q&A**
  - **Slides are posted at MCTAC.org and a recording will be available soon (usually less than one week)**
  - **Questions not addressed today will be re-visited during subsequent presentations**
- **Reminder: Information and timelines are current as of the date of the presentation**



# Agenda

- **MCTAC Overview**
- **Contracting/Credentialing and Billing Timeline**
- **State Protections**
- **Contracting and Credentialing**
- **Upcoming Events**
- **Tools**
- **Readiness Assessment**
- **Q/A**



# What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to *all mental health and substance use disorder providers in New York State*.

## MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.



# Who is MCTAC?



**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH



The National Center on  
Addiction and Substance Abuse



# MCTAC Partners



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# Contracting, Credentialing and Billing Timelines

The Managed Care Technical Assistance Center of New York



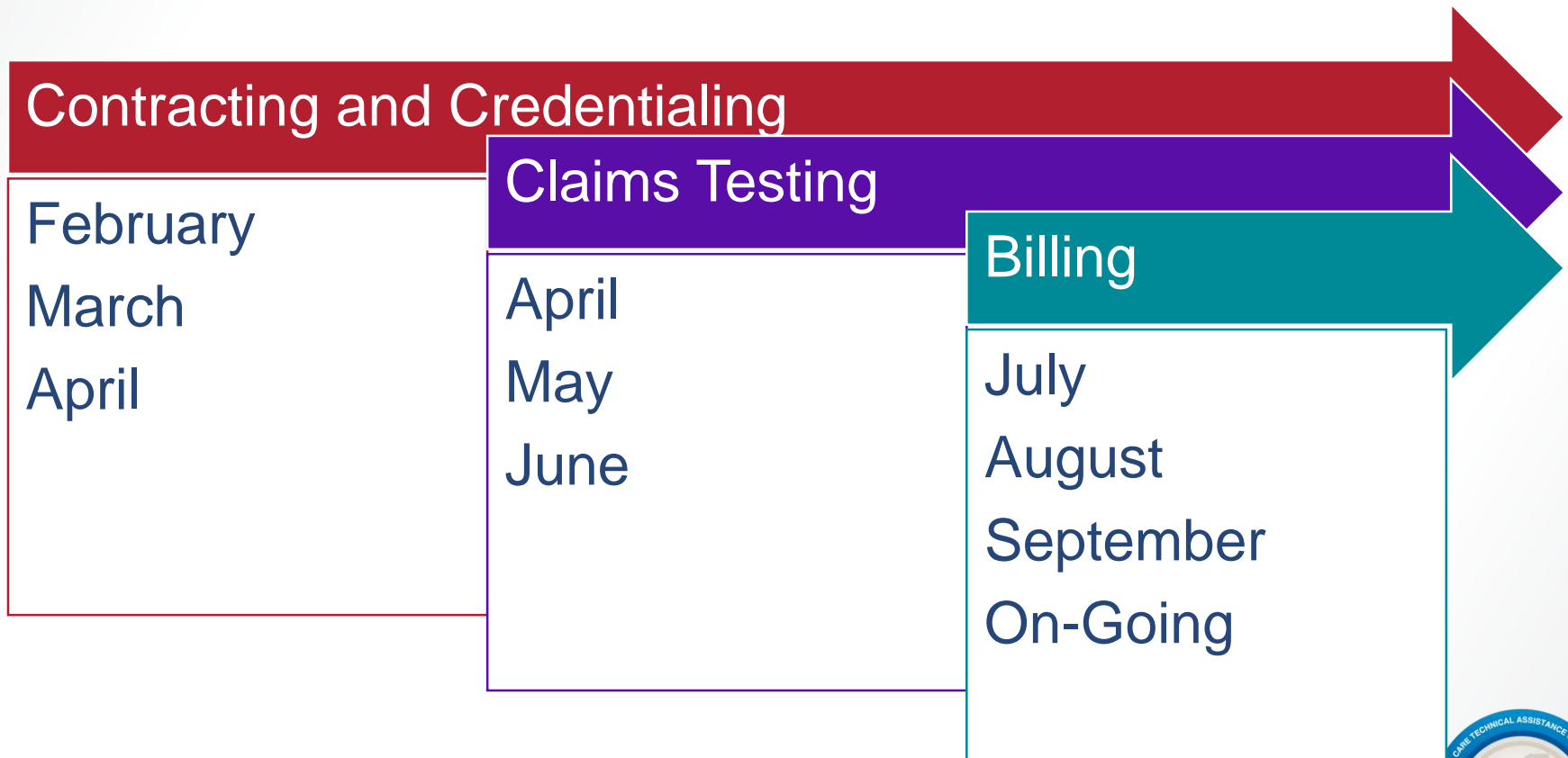
# Rest of State Implementation Timeline

- › April 1, 2016 -- First Phase of HARP Enrollment Letters Distributed
- › July 1, 2016 -- Mainstream Plan Behavioral Health Management and Phased HARP Enrollment Begins
- › October 1, 2016 – Home and Community Based Services are made available to individuals who choose to join a HARP





# Contracting, Credentialing and Billing Timeline



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# State Protections

The Managed Care Technical Assistance Center of New York



# Overview

- All Electronic claims will be submitted using the 837i (institutional) claim form
- UB-04 should be utilized when submitting paper claims
- Plans will be required to pay 100% of the Medicaid fee-for-service (FFS) rate (aka, “government rates”) for all authorized behavioral health procedures delivered to individuals enrolled in mainstream Medicaid managed care plans, HARPs, and HIV SNPs when the service is provided by an OASAS and OMH licensed, certified, or designated program.



# Overview cont.

- **When credentialing with OMH-licensed, OMH-operated and OASAS-certified providers, the Contractor (MCO) shall accept OMH and OASAS licenses, operation and certifications in place of, and not in addition to, any Contractor credentialing process for individual employees, subcontractors or agents of such providers. The Contractor shall still collect and accept program integrity related information from these providers, as required in Sections 18 of this Agreement, and shall require that such providers not employ or contract with any employee, subcontractor or agent who has been debarred or suspended by the federal or state government, or otherwise excluded from participation in the Medicare or Medicaid program**
- **Insurance Law § 3224-a requires insurers and health maintenance organizations to pay undisputed claims within 45 days after the insurer receives the claim, or within 30 days if the claim is transmitted electronically.**



# Introduction Continued

From a fiscal and administrative perspective these policies include but are not limited to:

- 1. Contracting requirements:** (e.g. must contract where there are 5 or more enrollees; and, OTP are essential community BH providers so plans must offer all contracts)
- 2. Payment requirements:** Plan must pay at the government rate for first 24 months (including APG rates)
- 3. Payment mechanism:** Plans must utilize the 3M grouper or an exact replica to ensure proper payment
- 4. Claims submission for APG services:** Generally follows the same claim construction as in FFS (e.g. rate codes / HCPCS / CPT and modifiers)
- 5. Plan Readiness:** As part of an overall rigorous review process the plans must test and demonstrate readiness to process claims.



# Introduction Continued

- › **Electronic Claims:** For OMH licensed clinics and OASAS Certified Clinics and OTP programs the state directed that plans must accept the 837 I AND must accept the APG rate codes; and the APG CPT / HCPCS codes and modifiers.
  
- › As such, for those OMH and OASAS outpatient programs currently utilizing 837 i the primary billing readiness activity will be learning what process each plan utilizes for the submitting the electronic claims.



# Contracting and Credentialing

- › Providers must complete both contracting and credentialing process to be considered an in-network provider
- › New Contracts vs. Established Contracts
  - Providers with existing Managed Care Contracts might only need to execute/sign contract amendment
  - If you don't currently have a contract with a plan you will have to complete the full contracting and credentialing process
- › State Protections
  - Contracting requirements: (e.g. must contract where there are 5 or more enrollees; and, OTP are essential community BH providers so plans must offer all contracts)
  - Payment requirements: Plan must pay at the government rate for first 24 months (including APG rates)
- › Technical Assistance
  - Contracting Webinars
  - Contracting Fairs



# Upcoming Events

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The Managed Care Technical Assistance Center of New York





# Technical Assistance Schedule

*Please visit [mctac.org](http://mctac.org) for more info & to register*

## Contracting

### › Webinar:

- Overview: 2/10
- Timelines & State Protections: 2/17

### › In Person Contracting Fairs:

- Buffalo: Monday, 2/29
- Syracuse: Tuesday, 3/1
- Albany: Wednesday, 3/2
- Hudson Valley- Thursday, 3/17
- Long Island: Friday, 3/18
- Lake Placid/North Country--  
April 19-20, 2016

## UM/Billing In Person Events

- › Albany: Thursday, 3/31
- › Long Island: Tuesday, 4/5
- › Buffalo: Monday, 4/11
- › Syracuse: Tuesday, 4/12
- › Finger Lakes: Thursday, 4/14
- › Lake Placid/North Country:  
April 19-20, 2016



# Links to OMH/OASAS Documents – Manual, Billing Manual and Fee Schedule

› **HCBS Manual:**

<https://www.omh.ny.gov/omhweb/News/2014/hcbs-manual.pdf>

› **HARP and Mainstream Billing Manual:**

<https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>

› **Fee Schedule and Rate Codes:**

<http://www.omh.ny.gov/omhweb/bho/phase2.html>



# Managed Care Mailboxes

› OMH Managed Care Mailbox Email Address:

[MH-Managed-Care@omh.ny.gov](mailto:MH-Managed-Care@omh.ny.gov)

› OASAS Managed Care Mailbox Email Address :

[PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

› In order to ensure that all questions related to Medicaid Managed Care coverage of Behavioral Health Services are reviewed and responded to by appropriate staff within OMH and OASAS, *Please note that providers must use the following forms to submit questions:*

- [OMH providers](#)
- [OASAS providers](#)



# Questions and Discussion



The Managed Care Technical Assistance Center  
EFFICIENT PRACTICES. EFFICIENT CARE.

ASK MCTAC

WHAT WE DO PROVIDER READINESS GET THE RIGHT TOOLS LEARNING COMMUNITIES EVENTS NEWS

## Upcoming Events

Tuesday, February 10, 2015

Contracting for Managed Care  
Webinar Overview and Office  
Hours, 10 am - 12 pm

Thursday, February 26, 2015

Readiness Assessment Follow-up  
Webinar

[view more >](#)

GET OUR NEWSLETTER



## Missed the Kick-off Series?

View a video recording from the  
Albany presentation.

[VIEW NOW >](#)

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Visit [www.mctac.org](http://www.mctac.org) to view past trainings, sign-up for updates and event announcements, and access resources.



CTACNY

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