Optum | UnitedHealthcare Community Plan

UnitedHealthcare Behavioral Health Provider Orientation

Mainstream Medicaid 0-64 & HARP/Wellness4ME

Agenda

1. Introductions
2. Welcome to UnitedHealthcare
3. Provider Relations
4. Member ID & Eligibility Verification
5. Utilization Management
6. Case Management
7. Quality Management
8. Billing & Claims
9. Provider Resources
10. Q & A

Optum

Welcome to UnitedHealthcare

Our United Culture

Working together to create a modern, high-performing health system

Committed to Improving

Access Affordability Outcomes Experience

Foundational Competencies

Information Technology Clinical Excellence

Our United Culture

Integrity • Compassion • Inclusion • Relationships • Innovation • Performance

Our Commitment to Diversity, Equity and Inclusion

Advancing Equity to the Next Level

- ✓ Build a diverse workforce, reflective of the U.S. population, at senior leadership positions
- ✓ Continue our commitment to fair and equitable pay
- ✓ Operate without bias
- ✓ Address health equity in America
- ✓ Enable a more diverse health workforce

Inclusion & Diversity Center of Excellence

- ✓ Build shared understanding, commitment and capability
- ✓ Evolve and invest in new diversity sourcing and talent strategies
- ✓ Create infrastructure and an approach to set priorities and measure progress

UnitedHealthcare Culture, Inclusion & Diversity Council

- ✓ Enterprise culture, inclusion & diversity education
- ✓ Hiring, talent development & mentorships
- ✓ Culture, inclusion & diversity linked to business planning

Create strategies and solutions to cultivate an inclusive culture for our team members and engage our diverse workforce, communities, partners and customers

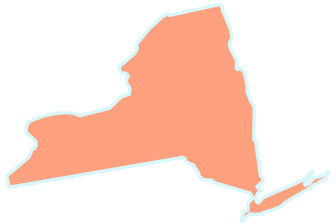
Optum | UnitedHealthcare Community Plan

United Behavioral Health and United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

UnitedHealthcare Community Plan

Who are we

We are a national plan **managing government sponsored benefits** for more than five million beneficiaries in 42 states plus Washington, D.C.



UnitedHealthcare Plan of New York

Available in 43 counties across all regions of New York State

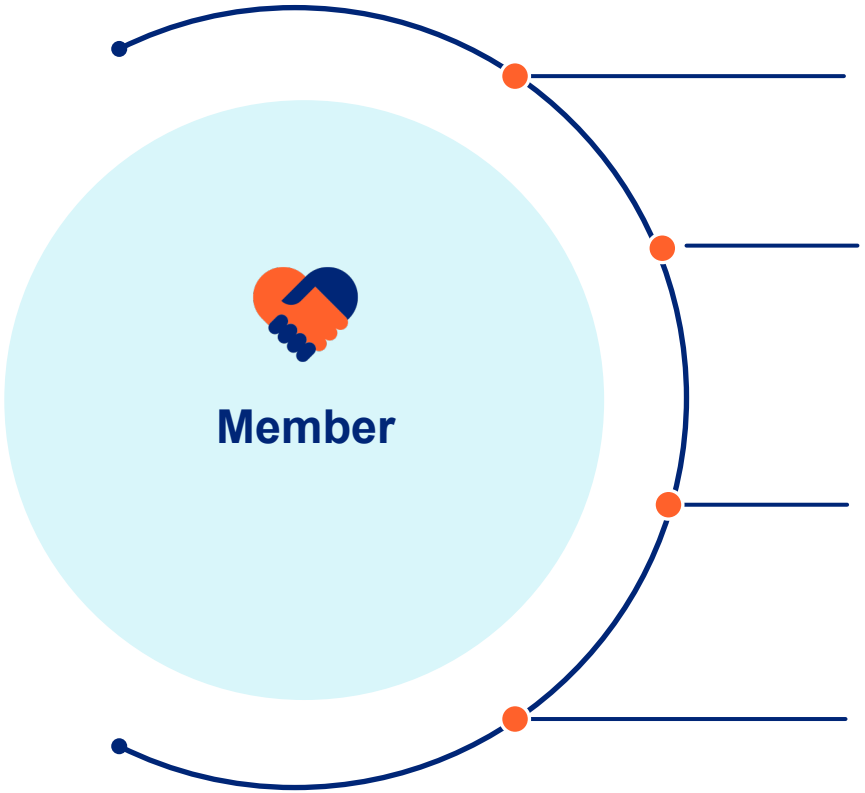
What we do

Our “whole person” approach to care means understanding how each individual’s circumstances in life impact their health and well-being

Members we serve

Over 600,000 members throughout the state (across Medicaid products & government programs)

Our Goals



Recovery Focused

- Use recovery language and principles in every aspect of our work
- Promote Evidence Based and Emerging Best Practices

Improve Access to Care

- Collaborate with providers and systems of care to ensure timely access to services
- Increase community-based services
- Right care at the right time

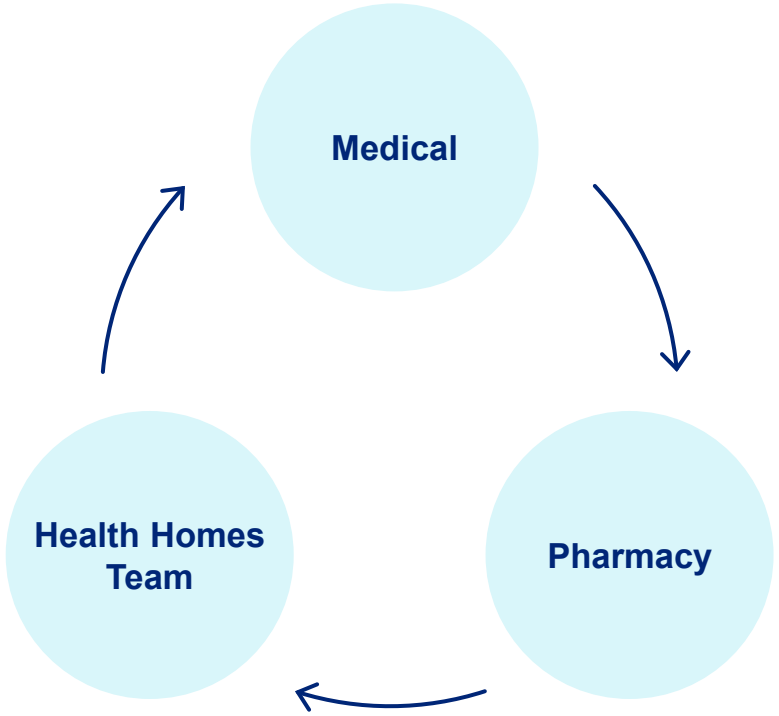
Integrated Physical & Behavioral Health

- Integrated person-centered care plans
- Broaden provider focus
- No wrong door access to care

Manage Cost

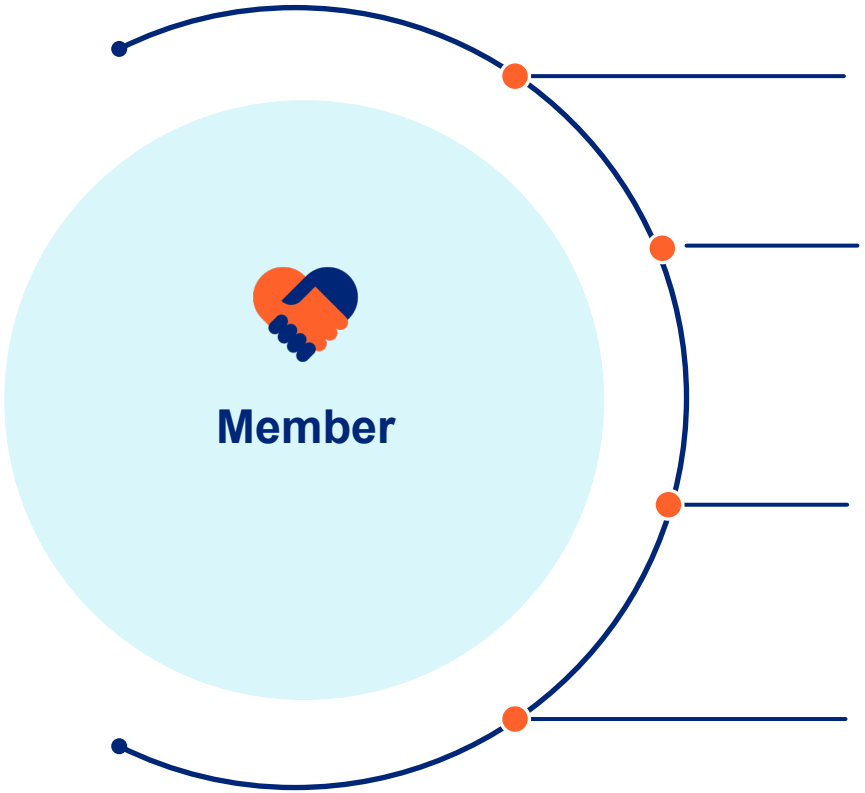
- Engage community-based care
- Reducing avoidable inpatient admissions
- Use natural community supports

Behavioral Health Engagement Across Matrix



	Our Goals
Address comorbidities	✓
Condition management	✓
Medication adherence, drug interactions, medication alternatives	✓
Ensure sufficient access	✓
System support	✓
Mitigate impact on underserved communities	✓

Behavioral Health



Provider Relations

- Access to care & geo access
- Creating a diverse provider network that meets a member's unique needs

Utilization Management

- Licensed BH clinicians & BH medical team
- Initial & concurrent review; outlier management & case consultation

Case Management

- Licensed BH case managers
- Telephonic support & advocacy; connection to community-based resources

Quality Management

- Sentinel events & complaints: quality of care, quality of services, member initiated, UHC care advocate initiated
- HEDIS® measures: follow-up to hospitalization, antidepressant medication management, follow up care for children prescribed ADHD medication

Provider Relations

Network Management Activities

Working with Provider Relations

Email:

nynetworkmanagement@optum.com

Find the Network Manager Assigned to your Region:

matrix.ctacny.org

Provider Relations

Network manager can assist with:

- Existing contract amendments
- Addition/removal of Areas of Expertise (AOE)
- Claims-related questions
- Demographic changes including changes in location, hours of availability, waitlist status
- Monitor appointment availability

Re-credentialing

Process:

- Every 3-years, as required by NCQA
- Provider will receive re-credentialing packet several months prior to contract expiration
- Complete paperwork timely to avoid disruption to members or claims payment
- Site audit prior to re-credentialing may be conducted

NYS OMH & OASAS Provider Requirements

OMH & OASAS Requirement

Participating OMH/OASAS licensed/designated providers are expected to complete state required annual cultural competency training for all staff who have regular and substantial contact with members.

Center for Practice Innovation (CPI) – BH Providers

New York State previously approved cultural competency training for behavioral health providers available on **Center for Practice Innovations (CPI)** platform: omh.ny.gov/omhweb/bho/docs/cultural_competency_curriculum.pdf

US Department of Health & Human Services – Medical Providers

Human Services (HHS), Office of Minority Health education program, *Think Cultural Health*. The training is online, free and offers several provider specific programs: *Education - Think Cultural Health*: HHS.gov

All in-network providers licensed or designated by NYS OMH or OASAS are required by those State offices to complete **annual cultural competency training**

Provider Approach to Serving Member

Person-centered care: reflective of an individual's personal goals and emphasizes shared decision-making approaches that empower members, provide choice and minimize stigma

Recovery-oriented: an approach that emphasizes the principle that all individuals have the capacity to recover from mental illness and SUD

Trauma-informed: service are supportive and avoid re-traumatization. Interventions and treatment modalities are flexible, mobile and adapted to meet the specific and changing needs of each individual

UnitedHealthcare and in-network providers have a unique opportunity to partner together to help members prevent and manage chronic health conditions and recover from serious mental illness and substance use disorders

Evidenced Based Practice

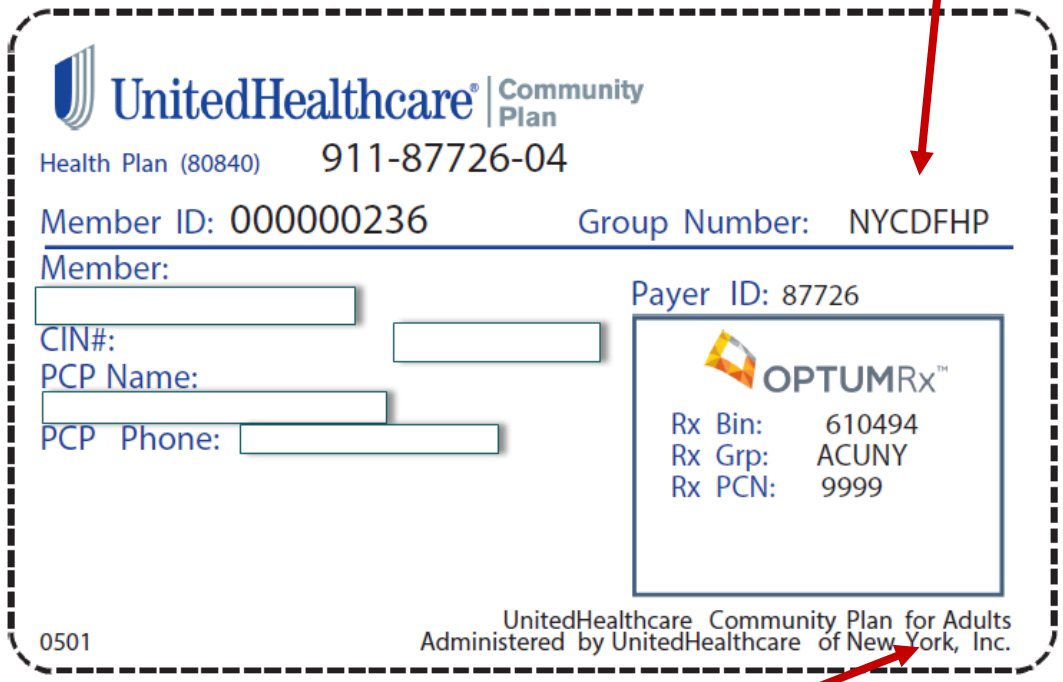
In-network Providers should be utilizing Evidence Based Practices (EBP)

NYS Office of Mental Health (OMH) endorsed EBP Resources	• New York State Office of Mental Health (OMH) Practice Guidelines and Recommendations • Evidence Based Treatment Dissemination Center Funded by the NYS Office of Mental Health • Center for Practice Innovations (CPI) • Community Technical Assistance Center (CTAC) and Managed Care Technical Assistance Center (MCTAC)
NYS Office of Addiction Services and Supports (OASAS) EBP Resources	• Evidence-Based Prevention Programs Register • Professional Learning and Development • Learning Thursdays (free and recurring online learning opportunities) • **NY OASAS Training Catalog:** NYS OASAS Training Catalog
Additional information on how providers can access free Evidence Based Practice education and resources can be found on providerexpress.com	

Member ID & Eligibility Verification

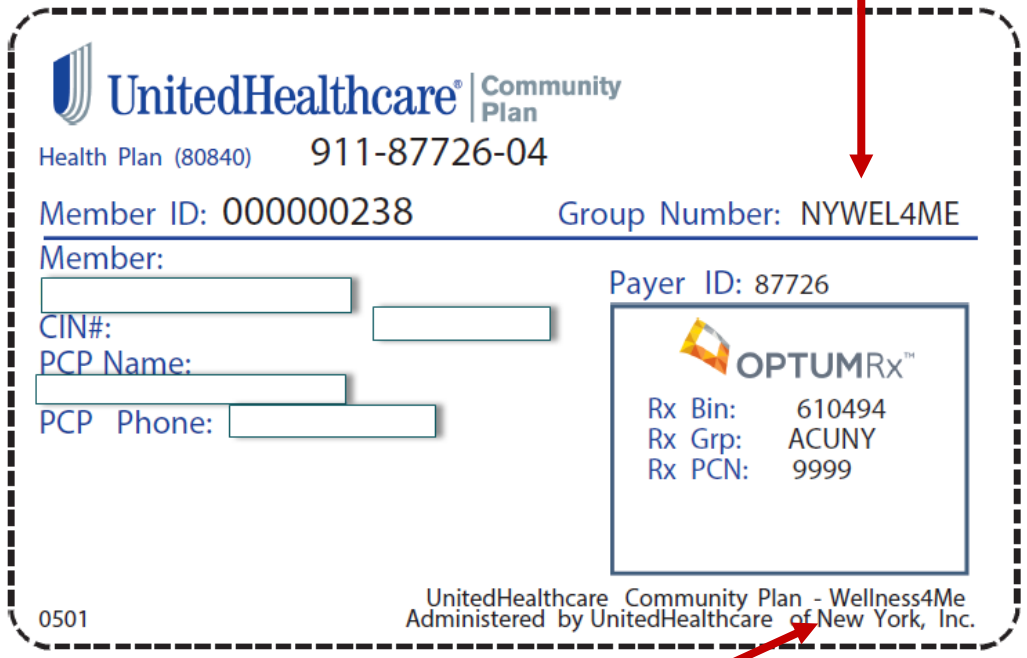
UnitedHealthcare Membership Cards"
Mainstream Medicaid (Adults) & HARP

Mainstream



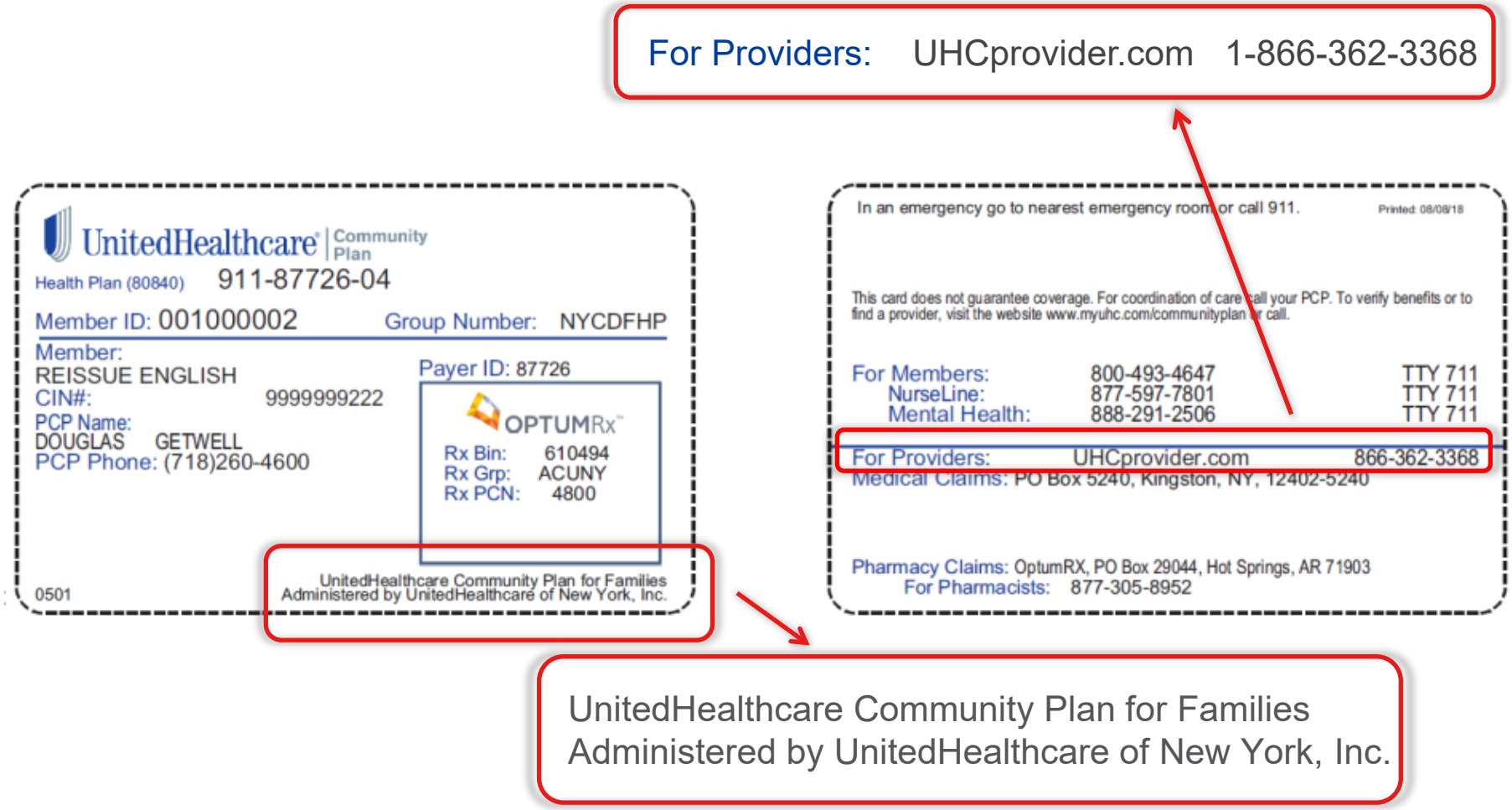
Mainstream

HARP/Wellness4Me

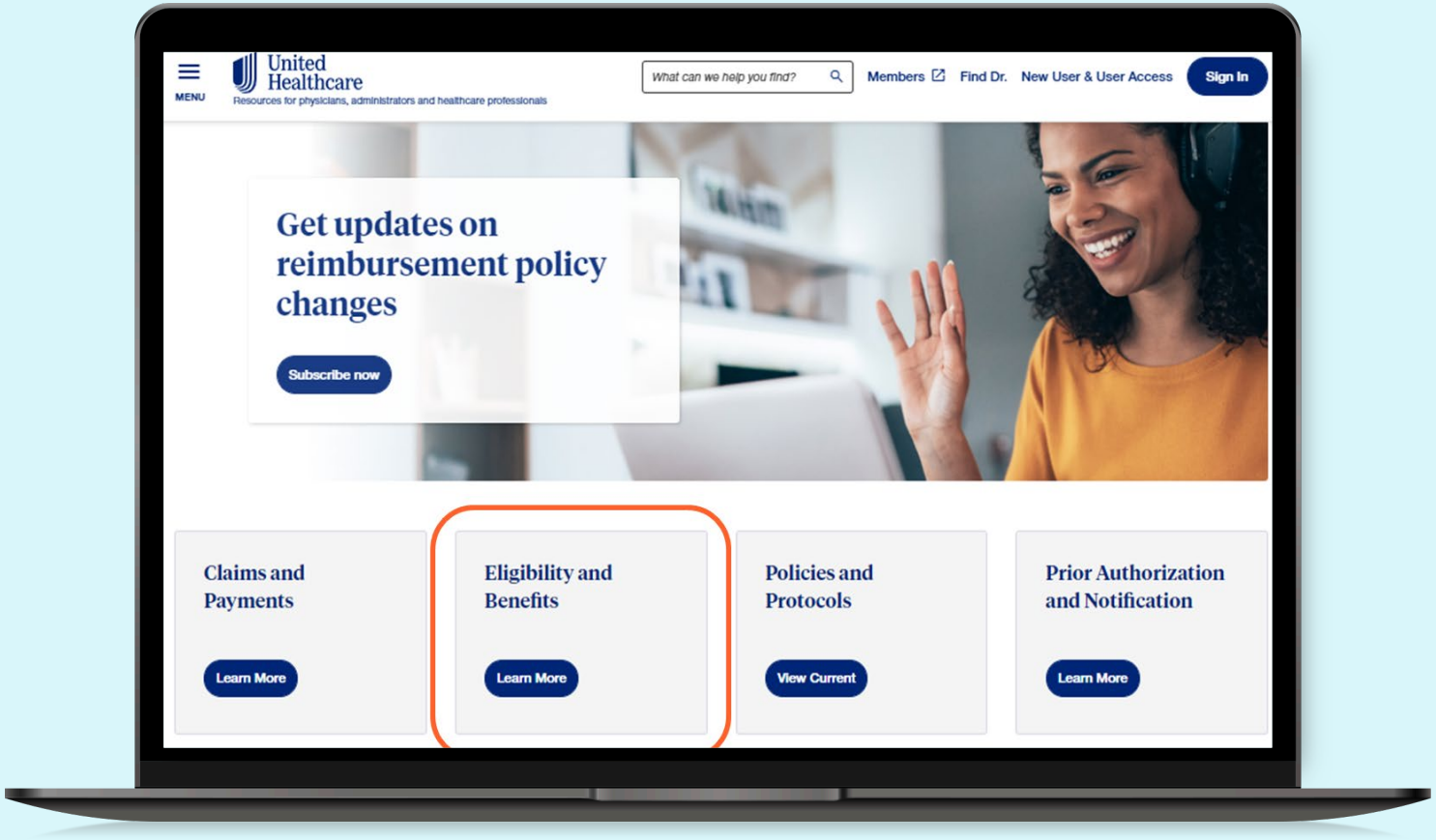


HARP/Wellness4Me

UnitedHealthcare Membership Cards: Medicaid Mainstream (Children)



Member Eligibility Verification



Providers are required to check eligibility with UnitedHealthcare to ensure services is eligible for payment: uhcprovider.com

Medicaid Eligibility Verification (MEV) System:

- Telephone
- ePaces
- X12 270/271 Health Care Benefit Inquiry and Response
- eMedNY Call Center 1-800-343-9000

Utilization Management

Mainstream Medicaid & HARP: OMH Services that Require Prior Authorization or Initial Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Mental Health	Yes	N/A	N/A
Psychological testing	Yes	N/A	N/A
Electroconvulsive therapy (ECT)	Yes	N/A	Yes
Mental Health Partial Hospitalization	Yes	N/A	Yes
Mental Health Continuing Day Treatment (CDT)	Yes	N/A	Yes
Mental Health Intensive Outpatient (MH IOP)	Yes	N/A	Yes
Assertive Community Treatment (ACT) (18+ years old)	No	N/A	May occur for enrollees who have been enrolled in the ACT program for at least 12 months and meet specific triggers or have been enrolled for 36 months AND have not used any acute behavioral health services
Assertive Community Treatment for Transitional Age Youth (ACT – TAY) (16–26 years old)	No	N/A	May occur for enrollees who have been enrolled in the ACT program for at least 12 months and meet specific triggers or have been enrolled for 36 months AND have not used any acute behavioral health services
Crisis Residence	No	Within 2-business days of admission	Yes

Mainstream Medicaid & HARP: OASAS Services that Require Prior Authorization or Initial Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Detoxification	No	Within 2-business days of admission	Beyond 29th day of admission
Inpatient Rehabilitation	No	Within 2-business days of admission	Beyond 29th day of admission
OASAS Residential Supports and Services (820) • Stabilization • Rehabilitation • Reintegration	No	Within 2-business days of admission	Beyond 29th day of admission

Instructions for submitting initial notification for residential SUD services (820):

- Provide notification within 2-business days of admission to SUD residential level of care. You must submit LOCADTR and Treatment Plan A through the PAAN portal or provide phone notification

Members 18+ with **primary gambling diagnosis or primary SUD and secondary gambling diagnosis** are eligible to receive OASAS gambling treatment and recovery services at OASAS Gambling Designation Part 822 Outpatient and Part 820 stabilization and/or rehabilitation programs:

- UM protocols are consistent with SUD services
- Programs should utilize the gambling LOCADTR to determine need for admission and treatment and submit through the PAAN Portal or provide phone notification

For more information: https://oasas.ny.gov/treatment/problem-gambling

HARP: Adult HCBS and CORE Services that Require Prior Authorization or Initial Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Adult Home and Community Based Services (BH HCBS) • Prevocational Services • Transitional Employment • Intensive Supportive Employment • Ongoing Supported Employment • Education Support • Habilitation	Yes	No	Yes
Community Oriented Recovery and Empowerment (CORE) Services • Community Psychiatric Support & Treatment (CPST) • Family Support and Treatment (FST) • Empowerment Services-Peer Support • Psychosocial Rehabilitation (PSR)	No	Within 14-days of first visit	Yes
NYS Template Adult Behavioral Health (BH) Home and Community Based Services (HCBS): Prior and/or Continuing Authorization Request Form can be found at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/bh_hcbs_authorization_request_form.pdf NYS Template CORE LPHA Recommendation form and CORE Service Initiation Notification Form can be found at: https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf			

Provider Notices

Allowable Service Combinations

Only certain combinations of State Plan and Adult HCBS and CORE services are allowed by Medicaid within an individual's current treatment plan. Prior to rendering any services, the provider must ensure that the member's services are consistent with the State's Allowable Service Utilization Combinations that can be found at the links below:

HCBS: https://omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf
CORE: https://omh.ny.gov/omhweb/bho/core/core-benefit-and-billing-guidance.pdf

Language Assistance Services for Members Receiving Adult or Children's HCBS Services

1. Call: 1-866-874-3972 (if you are on the phone with the member, use your phone's conference feature to place the member on hold, then call 1-866-874-3972)
2. When promoted, provide the following *client ID#*: 749625
3. Select the language you need:
    a. Press 1 for Spanish
    b. Press 2 for all other languages and state the name of the language you need
    * Press 0 for agent assistance
4. When prompted, enter your agency's 9-digit tax ID number (TIN) and the client's 9-digit UnitedHealthcare member ID
5. You will be connected to an interpreter who will provide his/her ID number
6. Summarize for the interpreter what you wish to accomplish (If your member is on hold, merge the member's call so the session can begin)
8. When your call is completed, say "End of Call" to signal that the interpreter can disconnect

Best practice: at the beginning of the call, briefly tell the interpreter the nature of the call. Speak directly to your client, not to the interpreter, and pause at the end of a complete thought. Please note, to ensure accuracy, your interpreter may sometimes ask for clarification or repetition

Please contact member services if you have additional questions regarding this services: 1-866-362-3368

Covered Mental Health and Substance Use Benefits for Children: Mainstream Medicaid Under 21

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Psychiatric Services	No	Within 2 business days	Yes
Mental Health Partial Hospitalization	Yes	N/A	Yes
Applied Behavioral Analysis (ABA)	Yes	N/A	Yes
Youth Assertive Community Treatment (ACT) (10-21 years old)	No	N/A	May occur for enrollees who have been enrolled in the ACT program for at least 12 months and meet specific triggers or have been enrolled for 36 months AND have not used any acute behavioral health services
Assertive Community Treatment for Transitional Age Youth (ACT – TAY) (16–26 years old)	No	N/A	May occur for enrollees who have been enrolled in the ACT program for at least 12 months and meet specific triggers or have been enrolled for 36 months AND have not used any acute behavioral health services
Children & Family Treatment & Support (CFTSS)	No	No	No current review process for PAR Providers
Crisis Residence	No	Within 2-business days of admission	Yes
Inpatient Detoxification Services	No	Within 2-business days of admission	Beyond 29th day of admission
Inpatient Rehabilitation Services	No	Within 2-business days of admission	Beyond 29th day of admission
OASAS Residential Supports and Services (820) • Stabilization • Rehabilitation • Reintegration	Yes	Within 2-business days of admission	Beyond 29th day of admission

Optum | UnitedHealthcare Community Plan

Covered Children's HCBS Benefits for Children: Mainstream Medicaid Under 21

Service	Prior Authorization	Initial Notification (24/96/60)	Ongoing Authorization	Concurrent Review
Community Habilitation	Prior authorization is not required however initial notification is required when the **first appointment is established** The HCBS Authorization and Care Manager Notification Form must be submitted for authorization of services beyond the initial 24 hours/60 days/96 units	Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Day Habilitation		Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Caregiver/Family Advocacy and Support Services		Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Prevocational Services		Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Supported Employment		Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Respite Services (Planned Respite and Crisis Respite)		Initial service period of 24 hours/96 units/60 days	Prior to the exhaustion of the initial services	Within 14 days prior to the end of the authorization
Palliative Care	Yes	N/A	N/A	Within 14 days prior to the end of the authorization
Environmental Modifications	Yes	N/A	N/A	Yes
Vehicle Modifications	Yes	N/A	N/A	Yes
Adaptive and Assistive Technology	Yes	N/A	N/A	Yes
Non-Medical Transportation	Yes	N/A	N/A	Yes

How to Obtain Authorization or Make Notification

Electronic	• Electronic Prior Authorization, Notifications and Supporting Documentation (e.g., LOCADTR) can be submitted to: uhcprovider.com > Health Plans by State > New York > UnitedHealthcare Community Plan of New York home page > Prior Authorization and Notification Tool • For additional information on how to use the Prior Authorization and Notification (PAAN) system, go to: providerexpress.com > Our Network > State-Specific Provider Information > New York > Clinical Information • https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html • **Existing Users:** must log in with username and password • **New Users:** New User Registration can be found by selecting "New User & User Access" on: uhcprovider.com/paan Quick Reference Guide and Other Helpful Resources and Videos and Training can be found at: uhcprovider.com/paan
Telephone	Call Toll-free Provider Line (from the back of the Member card): **(866)-362-3368** Follow the below system prompts: • Question: "Why are you calling?" • Say: "Prior authorization" • Question: "What type?" • Say: "Behavioral health" • Question: "What's the DOB/MM-DD-YYYY?" • Say or enter: Member's DOB using the dial pad • Question: "What type of behavioral health?" • Say: the level of care you are requesting • Question: "What's the NPI?" • Say or enter: NPI using the phone dial pad (if the caller fails to enter the NPI two times, then the IVR will ask the caller to enter the provider TIN)
Email	• Children's HCBS Notification & Authorization Form to email nyharpauthorizations@uhc.com
Fax	• Children's HCBS Notification & Authorization Form to fax number (877-339-8399)

Utilization Management Appeal

Options for submitting Appeals:

Phone: Toll free appeals line: **1-866-504-3267,** say "*Claims Appeal Status"* when prompted. This will correctly route your call to appeal an UM decision

Phone number can be used to check status of an appeal and verbally submit an appeal

- **Note: Any Appeal filed verbally must also be followed up with a written, signed appeal**
- Enrollees/Providers have 60-calendar days from the date of denial to request an appeal
- Only one internal appeal allowed
- Clinical appeal turnaround time is 72-hours

Mail: UM appeals for ALL Behavioral Health Services should be sent to:

UnitedHealthcare Community Plan
Attn: UM Appeals Coordinator
P.O. Box 31364
Salt Lake City, UT 84131-0364

Care Management

UnitedHealthcare Case Management
Collaboration with Health Home Partners

UHC Behavioral Health Case Management Services

UHC will assign a member with a BH diagnosis to a licensed BH case manager for engagement in case management

The goal of these voluntary services is to ensure the member is linked with appropriate services that meet their unique needs

UHC licensed behavioral health case managers and medical case managers will collaborate with the member and family as appropriate to develop a person-centered plan of care

Help member access the right treatment, right provider, right medication, in a way that makes the most sense for the member

UHC Case Management – Using Data to Target Members in Need

Member - Jada

Identified PCP visit with diagnosis of Depression via our internal claims report

Referral Sent to Case Manager

A referral is sent to a Case Manager for outreach

Case Manager Outreaches Member

Services are introduced and explained to member

Member Enrollment

Member agrees to Case Management Program enrollment

Assessment Completed

Care Manager completes assessment with member/caregiver to assess member's strengths, goals, and needs.

Referrals Made

Care Manager provides resources and referrals as needed for member to assess support services

Jada's Status is Improving

Care Manager monitors the member, confirms member is attending appointments, confirms medication pickup at pharmacy and she shares that her mental health is improving.

Stock photo used.

First Episode of Psychosis

OnTrackNY is a mental health treatment program that empowers young people to pursue their goals for school, work, and relationship

Initiative

Eligible Members

- Between 16-3 years old
- Experiencing psychotic symptoms

Services

- OnTrackNY provides a comprehensive array of treatment and supportive services including pharmacology, case management, psychotherapy, education and employment services, and health and wellness services

UHC Case Management

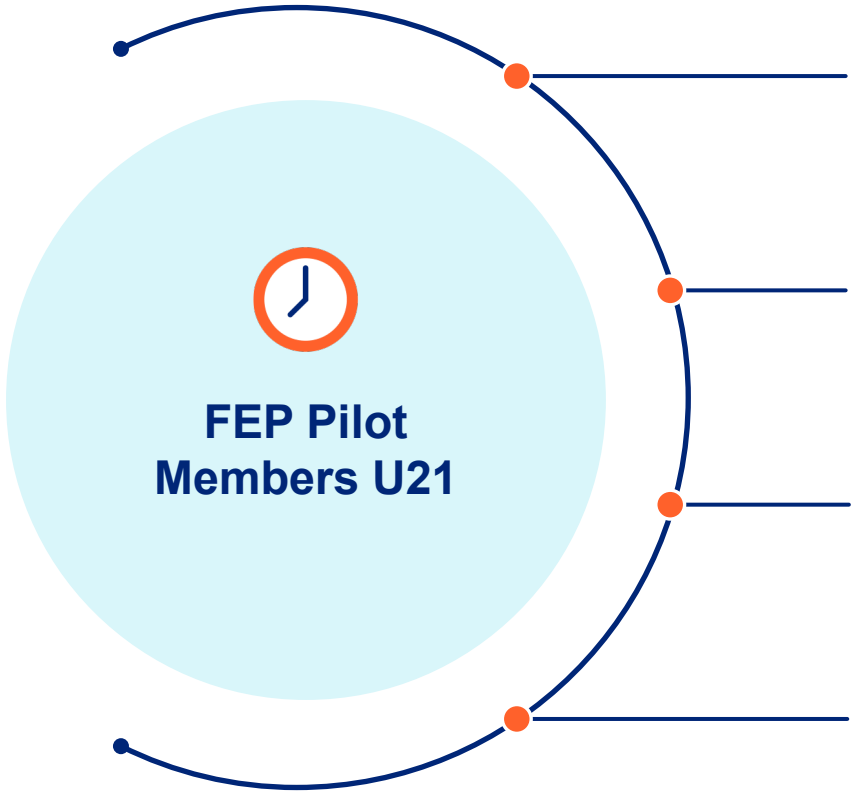
Identifying Members

- Case Managers review inpatient census and complete a case review to determine if a member eligible for OnTrackNY

Education & Referral

- A Case Manager will contact the member to provide information on the program
- If member consents, Case Manager can assist with referral

First Episode of Psychosis (FEP): Pilot for Members U21



Initiative Purpose

Goal is to engage those members ho are not actively receiving case management or care coordination through Health Home, ACT, CM or OnTrack

Analytics

Monitoring gaps in care coordination for FEP identified members

Intervention

Conduct biweekly outreach directly to the member/caregiver (for under 21 members)– provide resources, inquire about OnTrack status

Next Steps in Intervention

- Initiated FEP dedicated case consultations one time a month to ensure all members are reviewed – includes the UHC liaisons to Health Home, ACT, and BH Case Management

Health Homes for Adults and Children

UnitedHealthcare Community Plan contracts with Health Homes across NYS to provide care coordination and comprehensive care management

Value of Health Home Care Management Services: assist the member to define health and behavioral health needs and gaps in care, and connect with providers who can address those needs

For a list of active Health Homes: health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm

Who can assist a member to access Health Home Care Management Service: Providers, PCPs, Specialists, ER and Inpatient Discharge Coordinators, and other community-based supports

How UHC works with contracted Health Homes: ongoing meetings that focus on trends, outcomes and member-specific concerns

If your member is not already enrolled: Reach out directly to the in the area where the member lives. Each Health Home has a referral line or web portal for easy referral

Using data to target members in need: Use Health Home and PSYCKES data to ensure members are connected to care and meeting health goals

Quality Management

Sentinel Events/Critical Incidents

What is a Sentinel Event?	A serious occurrence involving a member that potentially represents a quality-of-care issue on the part of the practitioner/facility, such as death or a serious disability, that occurs during a member's treatment A list of sentinel events/critical incidents that must be reported can be found on providerexpress.com
Timeframe for reporting a Sentinel Event:	As soon as possible, no later than one (1) business day following the event
How to report a Sentinel Event?	Standardized reporting form located at providerexpress.com Email: NYBH_QIDept@uhc.com Fax: 1-844-342-7704 Attn: Quality Department
Investigation process:	A UHC Behavioral Health Complaints Specialist will contact the provider to initiate an investigation. Contracted providers are required to cooperate with all aspects of our investigation process.

Quality of Care and Quality of Service Complaints

What is a Quality of Care or Quality of Service Complaint?	Members may be unhappy with our health care providers or with us. We respect the members' rights to express dissatisfaction regarding quality of care/services and to appeal any denied claim/service UnitedHealthcare respects the rights of its members to express dissatisfaction regarding quality of care or services and to appeal any denied claim or service.
Who can make a Quality of Care or Quality of Service Complaint?	• The Member • Member's Designee (with member's written consent) and/or parent/guardian for members under 18 • Health Plan Representative
Timeframe for reporting a Complaint:	A Quality of Care and Quality of Service Complaints can be made at any time
Timeframe for investigating a Complaint:	• Urgent complaints: resolved within 48 hours after receipt of all necessary information and no more than 7 days from the receipt of report • Non-Urgent complaints: resolved within 45 days after the receipt of all necessary information and no more than 60 days from receipt of report
Reporting a Quality of Care or Quality of Service Complaint:	The Member or Member's Designee can submit a complaint by following the instructions on the back of the Member's UnitedHealthcare ID card
Investigation process:	A UHC Behavioral Health Complaints Specialist will contact the parties involved to initiate an investigation. Contracted providers are required to cooperate with all aspects of our investigation process.

Quality Improvement: Opportunities to Partner on Health Outcomes

NCQA & HEDIS

The **National Committee for Quality Assurance (NCQA®)** has developed measures of health care that are quantifiable, comparable, and meaningful. They are called the **Healthcare Effectiveness Data and Information Set (HEDIS®)** measures**.**

How is HEDIS relevant to the work you do

HEDIS offers a clear standardized measure of clinical outcome that is used throughout the entire health care industry. It allows us to identify the impact of clinical interventions across a population of health plan members. Improvement in HEDIS measures demonstrates that members are experiencing better clinical outcomes.

What is your role with HEDIS

You can help facilitate the HEDIS process improvement by:

- Understanding and adhering to the best practice recommendations for each HEDIS measures
- Providing appropriate care within the designated timeframes
- Documenting all care in the member's record
- Accurately coding all claims

PSYCKES identifies clients flagged for quality concern to support clinical review, care coordination and quality improvement

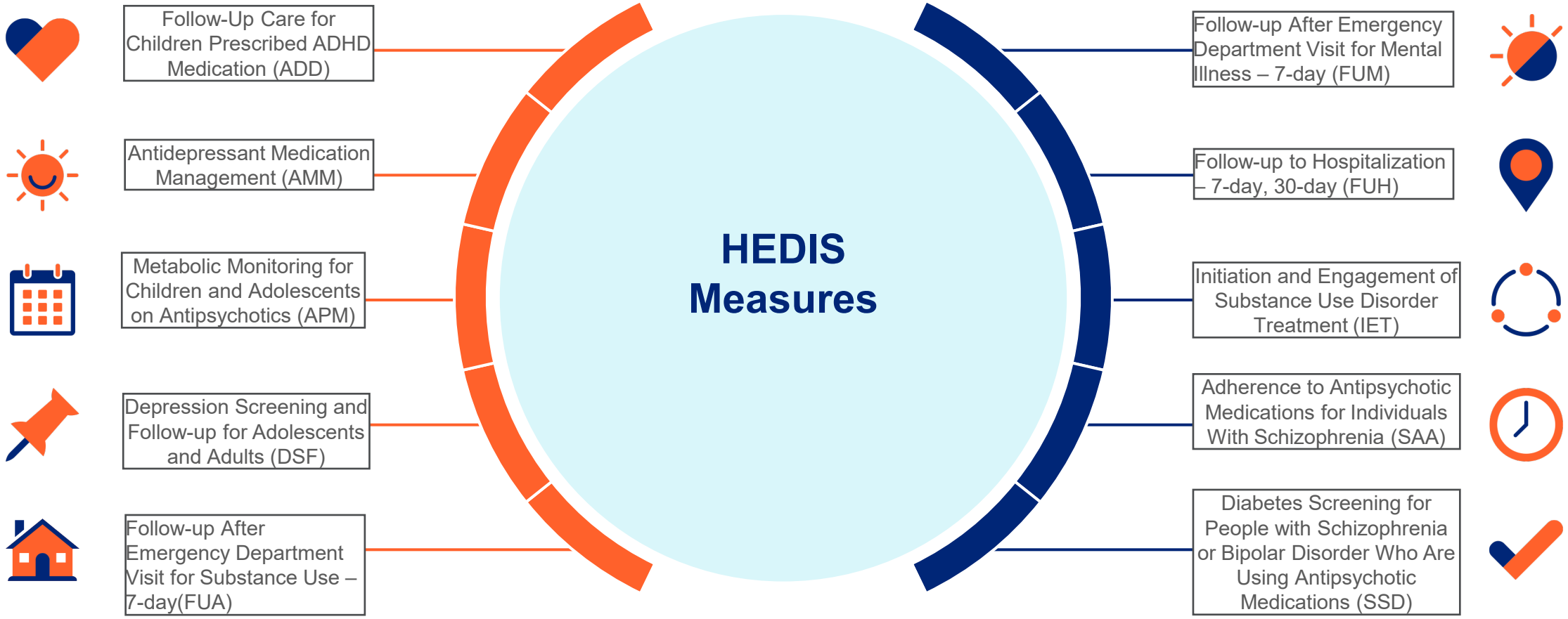
• Statewide Reports and My QI Reports display quality indicators at the provider and program level

•Over 80 quality indicators, such as:

- No diabetes monitoring for individuals with diabetes and schizophrenia
- Low medication adherence for individuals with schizophrenia
- Antidepressant trial of < 12 weeks for individuals with depression
- High Utilization of Inpatient/Emergency Room, Hospital Readmission, Preventable Hospitalization
- HARP Enrolled-Not Health Home Enrolled, HARP Enrolled-Not Assessed for HCBS

Measuring Performance on Important Dimensions of Care and Service

Our HEDIS Priorities



Important Information about Coordination of Care (COC)

Why?

COC between behavioral health and medical practitioners benefits your work because it:

- Establishes collaborative, credible relationships
- Provides opportunities for referrals

Ongoing support

COC improves members' quality of care by:

- Providing better management of treatment and follow-up for members

Recommendations to Facilitate Effective Communication

- Gain consent to share relevant treatment information with other treating practitioners
- Engage and inform your patient about the importance and benefits of coordinating their care with other health care professionals
- Document this exchange in the patient chart
- Request that the other treating professional provide you with relevant clinical information including medical, mental health or substance use treatment they are providing
- Document actions in the patient progress notes, including if the patient declined to allow coordination of care

Optum requires contracted **behavioral health practitioners and providers to communicate relevant treatment information and coordinate treatment** with other behavioral health practitioners and providers, primary care physicians (PCPs), and other appropriate medical practitioners involved in a member's care

Coordination of Care (providerexpress.com)

Provider Performance Reviews

Audit tools can be found on providerexpress.com > Our Network > State-Specific Provider Information > New York page

Timing

When can a review be conducted

- At time of credentialing and re-credentialing
- As part of routine monitoring efforts
- As part of a Quality of Care or other complaint investigation

Review

What is evaluated

- Member records
- Coordination of Care with PCPs and BH providers
- Personnel files
- Policies and procedures
- Physical environment

Mental Health Benefits for Adults: Appointment Availability Standards

Benefit	Emergency	Urgent	Non-Urgent MH/SUD	BH Specialist	Follow-up to emergency or hospital discharge	Follow-up to jail/prison discharge
Comprehensive Psychiatric Emergency Program (CPEP)	Upon presentation					
Partial Hospitalization					Within 5 days of request	
OMH Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)		Within 24 hours of request	Within 1 week		Within 5 days of request	Within 5 days of request
Personalized Recovery Oriented Services (PROS)		Within 24 hours of request		Within 2 weeks	Within 5 days of request	Within 5 days of request
Continuing Day Treatment (CDT)				2-4 weeks		Within 5 days of request
Assertive Community Treatment (ACT)		Within 24 hours of request			Within 5 days of request	
Mobile Crisis All	Upon presentation				Immediate	
Crisis Residence	Upon presentation	Within 24 hour			Immediate	

SUD Benefits for Adults: Appointment Availability Standards

Benefit	Emergency	Urgent	Non-Urgent MH/SUD	BH Specialist	Follow-up to emergency or hospital discharge	Follow-up to jail/prison discharge
Inpatient Detoxification Services	Upon presentation					
Inpatient Rehabilitation Services	Upon presentation	Within 24 hours of request				
Opioid Treatment Programs		Within 24 hours of request			Within 5 days of request	
OASAS Outpatient Clinic		Within 24 hours of request	Within 1 week of request		Within 5 days of request	Within 5 days of request
Part 820 Residential Services		Within 24 hours of request		2-4 weeks	Within 5 days of request	

Mental Health Benefits for Adults: Appointment Availability Standards

Community Oriented Recovery and Empowerment (CORE) Services						
Benefit	**Emergency**	**Urgent**	**Non-Urgent MH/SUD**	**BH Specialist**	**Follow-up to emergency or hospital discharge**	**Follow-up to jail/prison discharge**
Community Psychiatric Supports and Treatment (CPST)			Within 2 weeks of request		Within 5 days of request or as clinically indicated	Within 5 days of request or as clinically indicated
Psychosocial Rehabilitation (PSR)			Within 2 weeks of request		Within 5 days of request or as clinically indicated	Within 5 days of request or as clinically indicated
Family Support and Training			Within 2 weeks of request		Within 5 days of request or as clinically indicated	Within 5 days of request or as clinically indicated
Empowerment Services – Peer Supports		Within 24 hours of request	Within 1 week of request		Within 5 days of request	

Mental Health Benefits for Children: Appointment Availability Standards

Benefit	Emergency	Urgent	Non-Urgent MH/SUD	Follow-up to emergency or hospital discharge	Follow-up to residential services, detention discharge or discharge from justice system placement
Partial Hospitalization		Within 24 hours	Within 1 week of request	Within 5 business days of request	
OMH Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)		Within 24 hours	Within 1 week of request	Within 5 business days of request	Within 5 business days of request
Inpatient SUD Rehabilitation Services	Upon presentation	Within 24 hours			
Opioid Treatment Programs		Within 24 hours	Within 1 week of request	Within 5 business days of request	Within 5 business days of request
OASAS Outpatient Clinic		Within 24 hours	Within 1 week of request	Within 5 business days of request	
RRSY	Upon presentation	Within 24 hours	2-4 weeks	Within 5 business days of request	Within 5 business days of request

Mental Health Benefits for Children: Appointment Availability Standards

CFTSS					
Benefit	**Emergency**	**Urgent**	**Non-Urgent MH/SUD**	**Follow-up to emergency or hospital discharge**	**Follow-up to residential services, detention discharge or discharge from justice system placement**
CPST – intake/assessment/treatment plan within 72 hours		Within 24 hours (for intensive home and crisis response services under definition)	Within 5 business days of intake		
OLP		Within 24 hours of request		Within 72 hours of request	Within 72 hours of request
Family Peer Support Services		Within 24 hours of request	Within 1 week of request	Within 72 hours of request	Within 72 hours of request
Youth Peer Support		Within 24 hours of request	Within 1 week of request	Within 72 hours of request	Within 72 hours of request
PSR		Within 72 hours of request	Within 5 business days of request	Within 5 business days of request	

Mental Health Benefits for Children: Appointment Availability Standards

Children's HCBS Services					
Benefit	**Emergency**	**Urgent**	**Non-Urgent MH/SUD**	**Follow-up to emergency or hospital discharge**	**Follow-up to residential services, detention discharge or discharge from justice system placement**
Caregiver/Family Advocacy & Support Services				Within 5 business days of request	
Crisis Respite	Within 24 hours of request	Within 24 hours of request		Within 24 hours of request	
Planned Respite			Within 7 days of request	Within 7 days of request	
Prevocational Services			Within 2 weeks of request		
Supported Employment			Within 2 weeks of request	Within 2 weeks of request	
Habilitation			Within 2 weeks of request		
Adaptive & Assisted Technology		Within 24 hours of request	Within 2 weeks of request	Within 24 hours of request	Within 24 hours of request
Accessibility Modifications		Within 24 hours of request	Within 2 weeks of request	Within 24 hours of request	Within 24 hours of request
Palliative Care			Within 2 weeks of request	Within 24 hours of request	

Billing & Claims

Clean Claim

A claim with no defect or impropriety (including any lack of any required substantiating documentation) or particular circumstance requiring special treatment that prevents timely payments from being made on the claim is considered a clean claim.

All required fields are:

- Complete
- Legible

All claim submissions must include, but are not limited to:

- Member's name, identification number and date of birth
- Provider's Federal Tax I.D. number (TIN)
- National Provider Identifier (NPI)
- Taxonomy Code
- A complete diagnosis (ICD-10-CM)

Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at cms.gov

Clean Claim - continued

- On the correct claim form
  - ✓ Agency
  - ✓ Facility (i.e., Hospital, Residential)
- Basic information:
  - ✓ Member: Name, Medicaid ID, DOB
  - ✓ Provider: TIN, NPI, Taxonomy Code
  - ✓ ICD-10 codes
- Correct code(s) corresponding to service provided:
  - ✓ Value, Rate Code, Revenue, CPT/HCPCS, Procedure Code, Modifiers, etc.
- Date of Service
- Revenue Codes

Claim Submission

Electronic Claim Submission (837i): payer ID 87726

Paper Claim Submission (UB-04):

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original UB-04 Claim Form (no photocopies)
- Type information to ensure legibility
- Complete all required fields (including ICD indicator and NPI number)
- Mail Paper Claims to:

Optum Behavioral Health
P.O. Box 30760
Salt Lake City, UT 84130-0760

Electronic Payments and Statements through Optum Pay™

- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for Optum Pay is easy

- Go to myservices.optumhealthpaymentservices.com
- Contact Optum Financial Services for assistance: 1-877-620-6194
- Find additional information on providerexpress.com > Quick Links > Optum Pay

Electronic Data Interchange (EDI)

Submit batches of claims electronically, right out your practice management system software

- Ideal for high volume Providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee

Optum can recommend a vendor that is right for you:

- Contact via phone 1-800-765-6705 or via email: inform@optum.com
- Provide: Name, tax ID, claims volume, single or multi-payer interest

Billing Appeals

- Process by which member, or provider on behalf of member, requests a review of adverse determination(s) on the health care services or any amounts that the member must pay toward a covered service
- Appeal of claim payment (amount, partial) or denial within 60-days of receipt of Provider Remittance Advice (PRA)
- Appeals should be submitted to:

  United Healthcare Community Plan Appeals
  P.O. Box 31364
  Salt Lake City, Utah 84131-0364

Unlicensed Provider ID: Claim Submission

Unlicensed Practitioner ID as attending:

OASAS Unlicensed Practitioner ID: 02249145

OMH Unlicensed Practitioner ID: 02249154

OCFS Unlicensed Practitioner ID: 05448682

For Electronic/EDI Claims:

When submitting claims utilizing an unlicensed practitioner ID as Attending, providers will submit the NM1 Attending Provider Loop 2310A as follows:

- NM108 and NM109 will be blank/not sent
- REF Attending Provider Secondary Information will be added
- REF01 G2
- REF02 the OASAS, OMH, or OCFS (CFTSS and HCBS) unlicensed practitioner ID (example: REF*G2*02249145~)

Quick Reminders

- Always verify member eligibility prior to rendering services
- Obtain prior authorization for those services that require it
- Use value code 24 and applicable rate code in the correct field
- One rate code per claim
- Include CPT Code(s), Modifier(s) and Service Units as applicable
- Do not use a hyphen in your Tax Identification Number (TIN)
- NPI numbers are required
- A complete diagnostic code is required (ICD-10)
- Review Provider Remittance Advice regularly to identify issues early

21st Century Cures Act: Medicaid Enrollment Requirements

- The 21st Century Cures Act (Cures Act) 114 P.L. 255 requires all States to screen and enroll **all Medicaid providers**, both those in Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs)
- Providers who do not comply with this requirement risk being removed from the New York Medicaid managed care network
- **Beginning September 1,2022** providers who are not enrolled in NY Medicaid will no longer be eligible for payment of claims
- The Medicaid provider enrollment process is to ensure appropriate and consistent screening of providers and improve program integrity
- In order to enroll, you will need to go to eMedNY to Provider Index and navigate to your provider type to print and review the instructions and enrollment form: https://www.emedny.org/info/ProviderEnrollment/index.aspx

Billing Resources

Coding Combination Crosswalk:

coding-taxonomy.xlsx

Billing Tools:

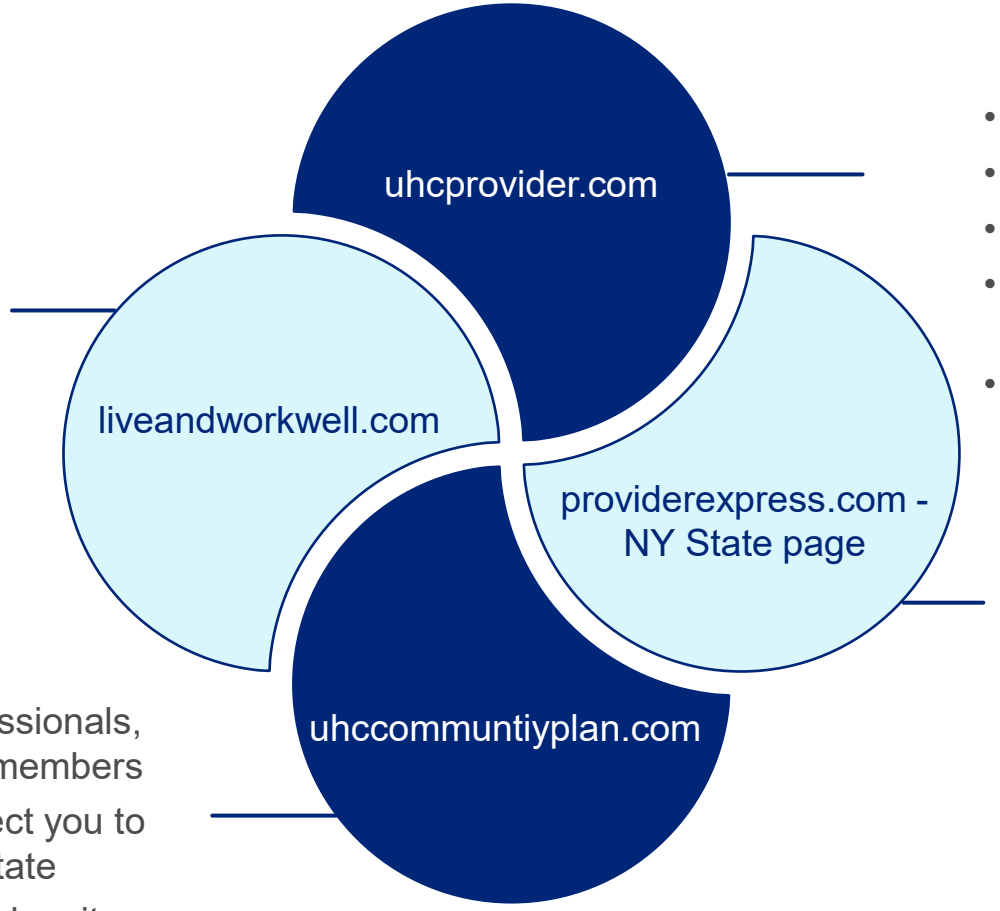
billing.ctacny.org/

Provider Resources

UnitedHealthcare Provider Portals & Online Resources Training Resources

UnitedHealthcare and Optum Online Resources

- Find providers in the network
- Confidential work/life resource center
- Interactive assessments
- Medication database
- Self-help resources



- Check member eligibility
- Check claim status and payments
- Claims reconsideration
- Electronic Data Interchange (EDI) information
- Tools and resources

- A website for health care professionals, community organizations and members
- For providers, the links will direct you to important information in your state
- Directs you to our secure provider site UnitedHealthcare Online®

- NY-specific Provider resources
- Network notifications
- Provider training materials and resources
- Clinical guidelines and policies
- Sentinel Events reporting form

providerexpress.com

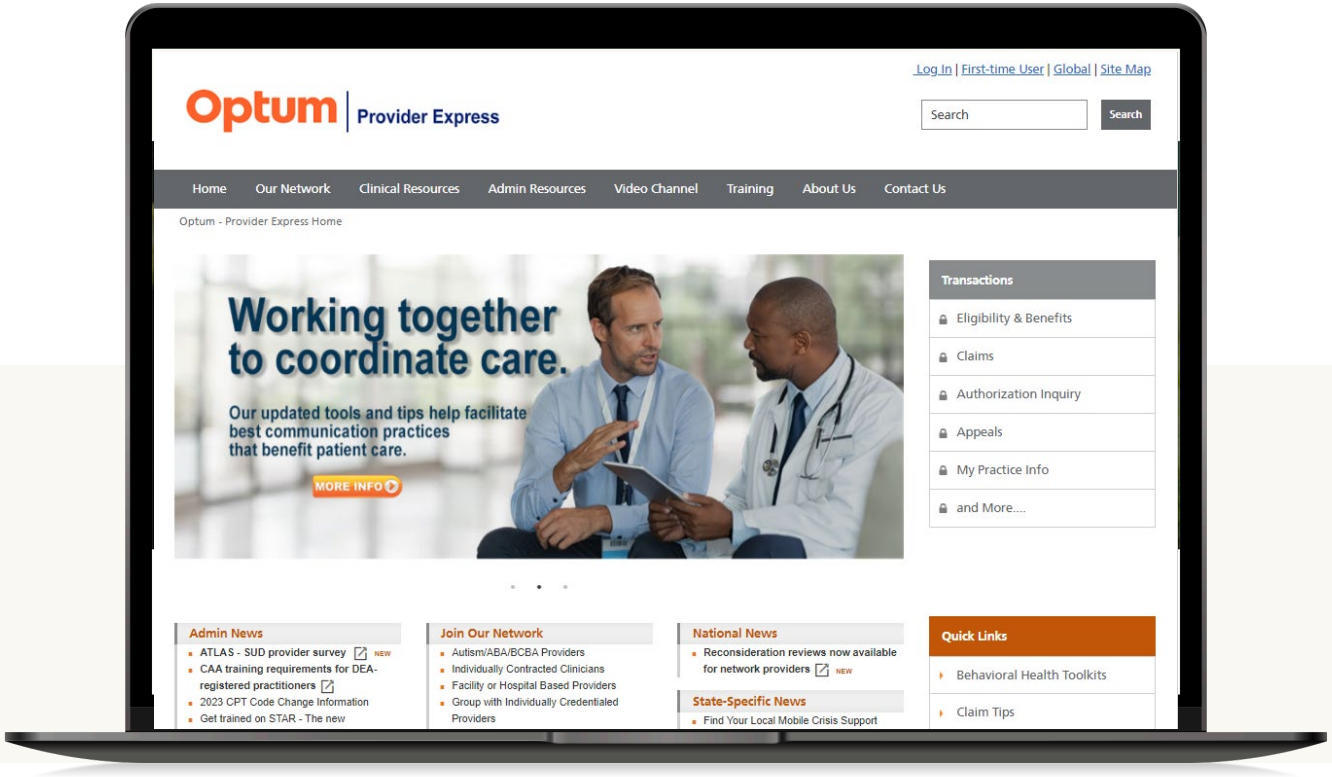
Provider resource:

- State-Specific News
- Quick Links
- Clinical Resources
- Trainings
- Transactions (available to in-network providers only)

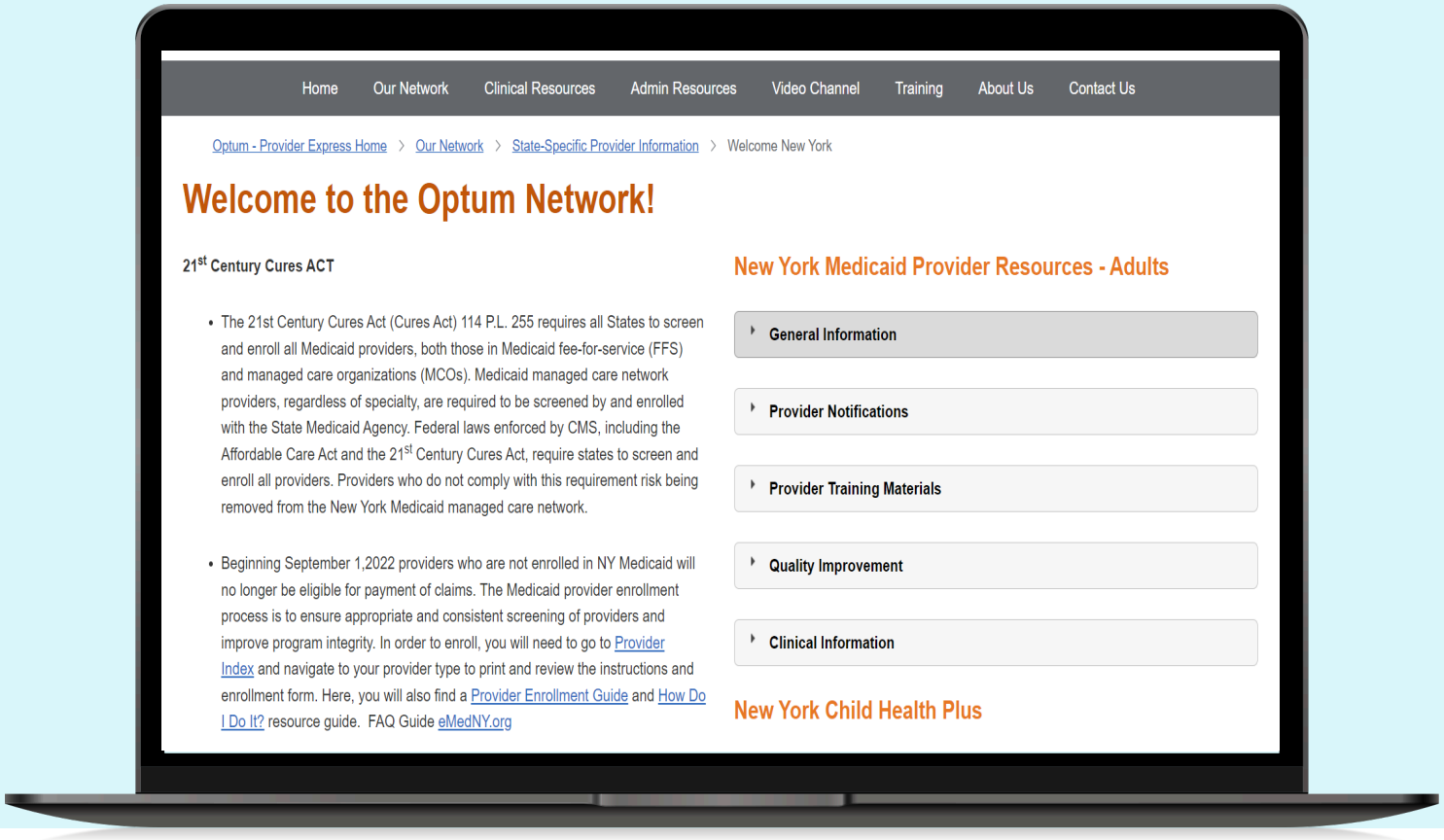
Public pages

Private pages (in-network providers only)

Navigate to NY Page via Our Network



providerexpress.com NY Page



NY State specific Alerts and Information

Product Specific Information – QRGs, provider notifications & training, Clinical Information

Links to Provider Manuals & Standard Clinical Criteria

liveandworkwell.com

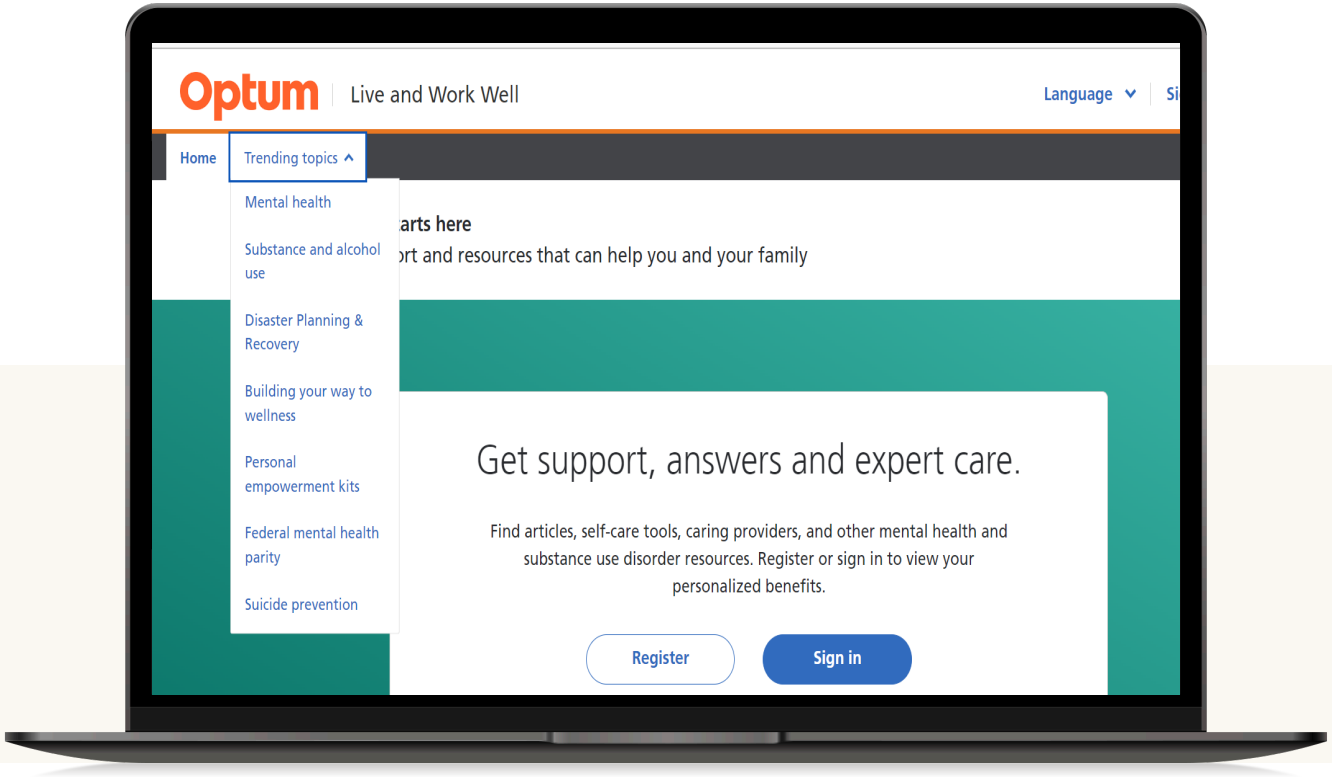
Member resource:

- Videos, articles and resources
- NY-specific resource database
- Additional searchable databases to lookup information/resources on childcare, eldercare, health conditions, alternative medicine, drug interactions and more!

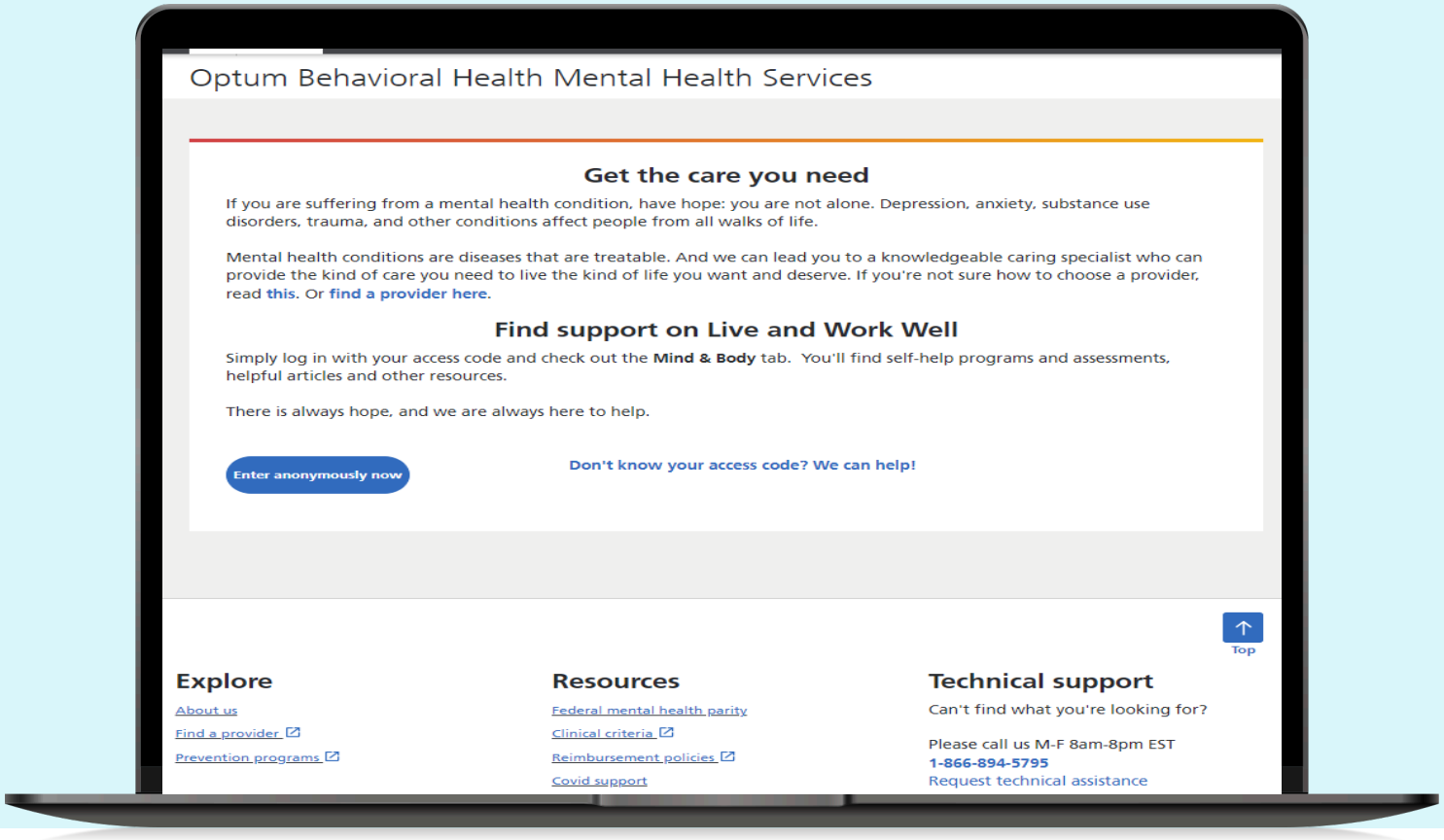
Public Pages

Secure pages

Register or Enter as Guest



liveandworkwell.com Mental Health Services Page



- NY State specific provider directory
- Search by Geography, Provider Type, Areas of Expertise
- Links to Self-help programs and assessments

uhcprovider.com

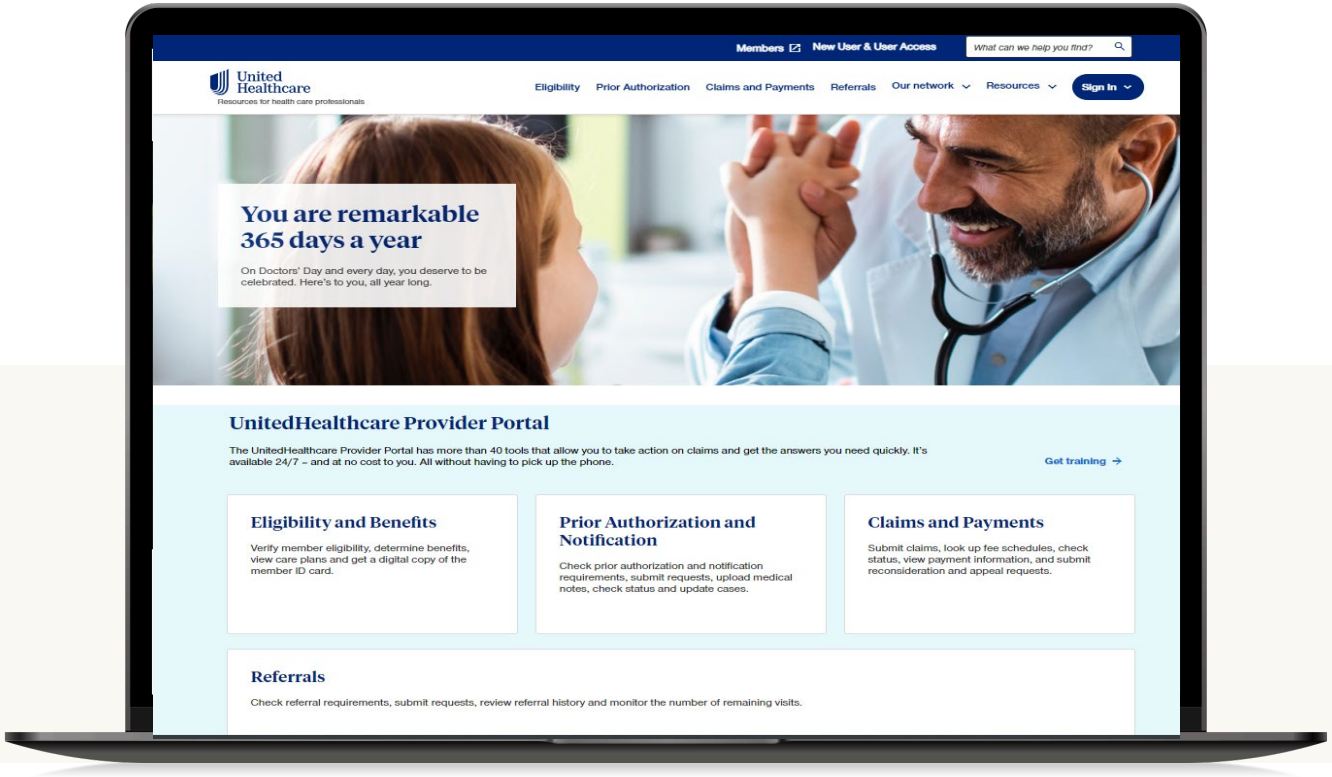
Member & Provider resource:

- Find a provider
- Phone number & links to connect with UHC
- Preferred lab network
- Providers can update demographics and profiles
- Check member eligibility and benefits
- Submit prior authorization/notification
- Payment portals

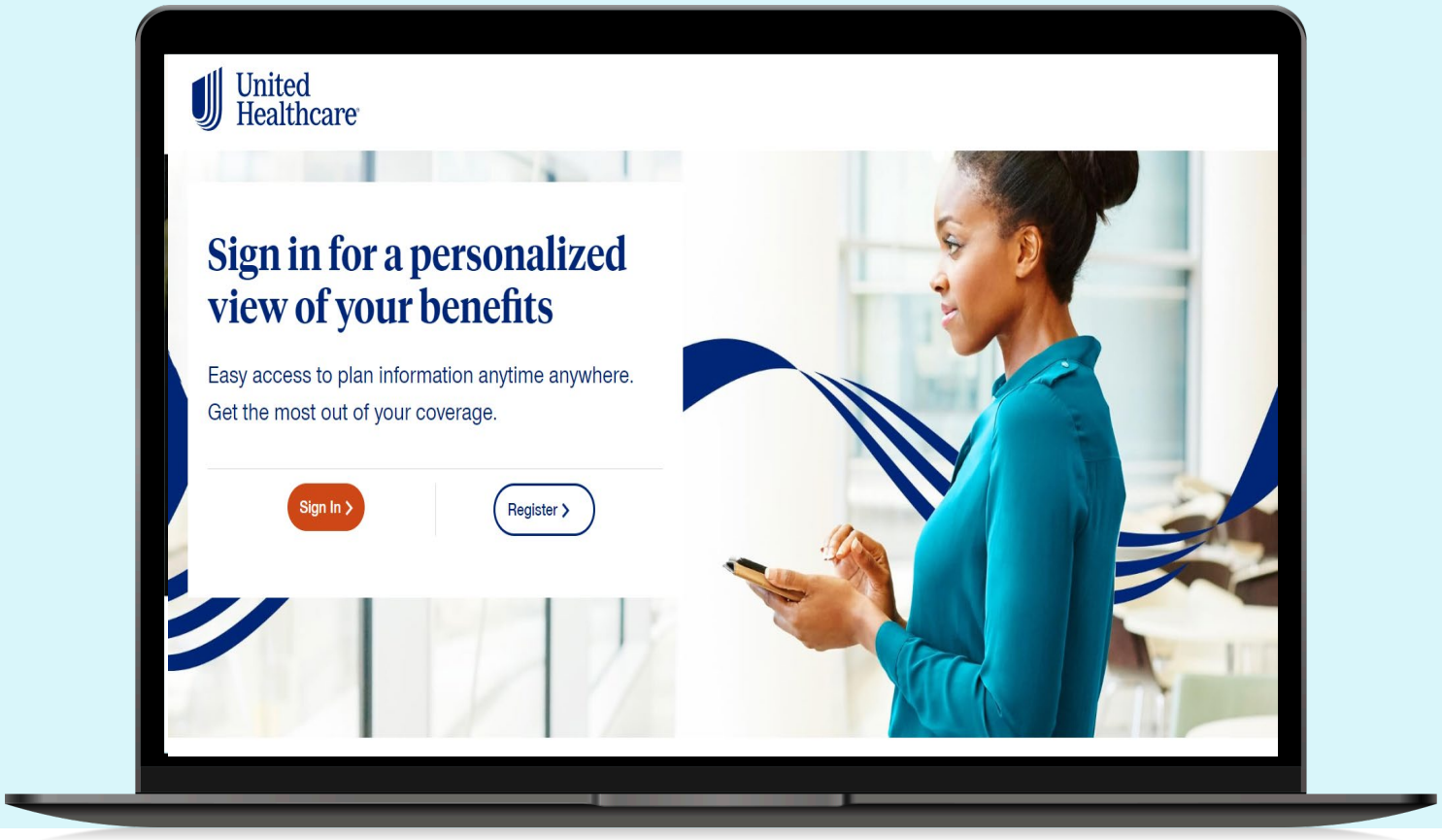
Member pages

Provider pages

Go paperless



uhcprovider.com Member Page



- Personalized view of benefits
- Find providers
- Connect with UHC

uhccommunityplan.com

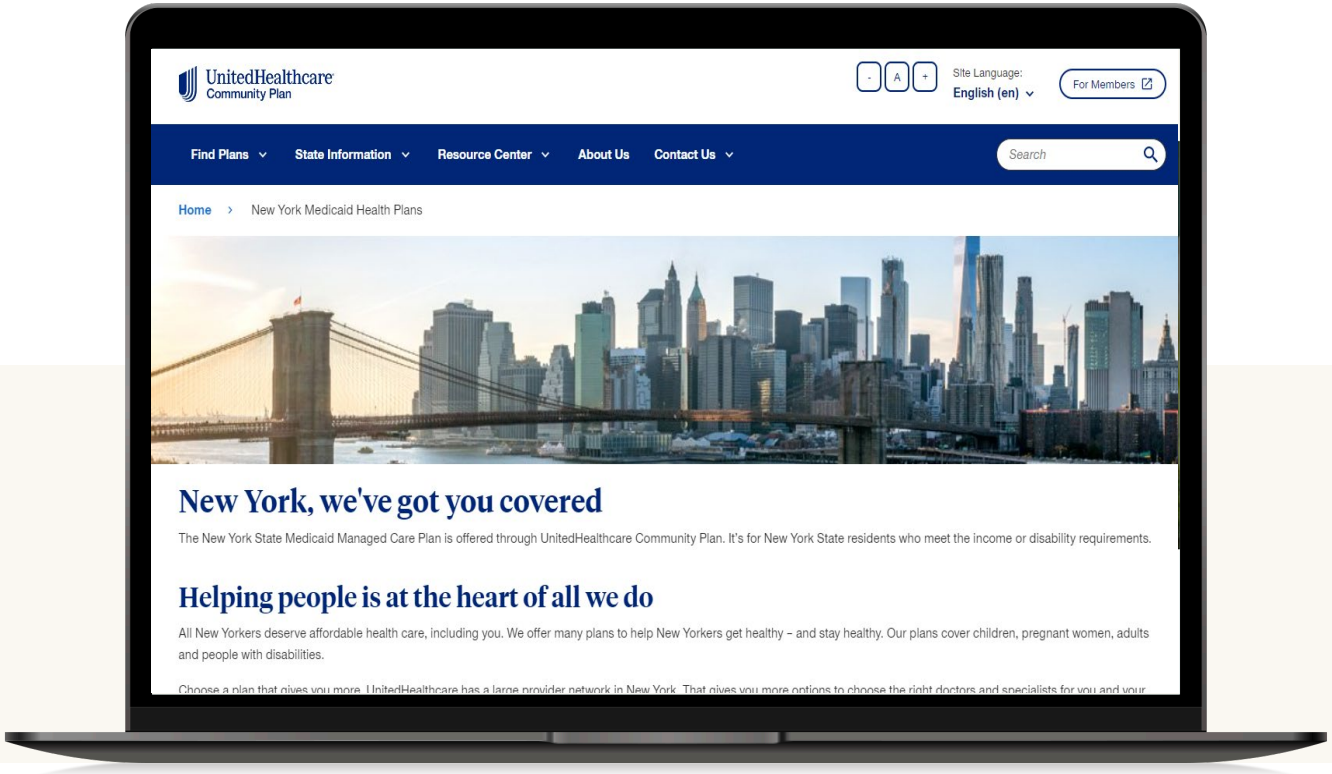
Member resource:

- Select State Information to navigate to NY page
- Review all NY Community Plans (Medicaid, EPP, DSNP)
- Learn about all covered benefits: Mental health and substance use treatment, Care management, Diabetes supplies, Hearing services, Vision care
- Valuable information and tips to help those who care for people with both Medicaid and Medicare
- FAQs

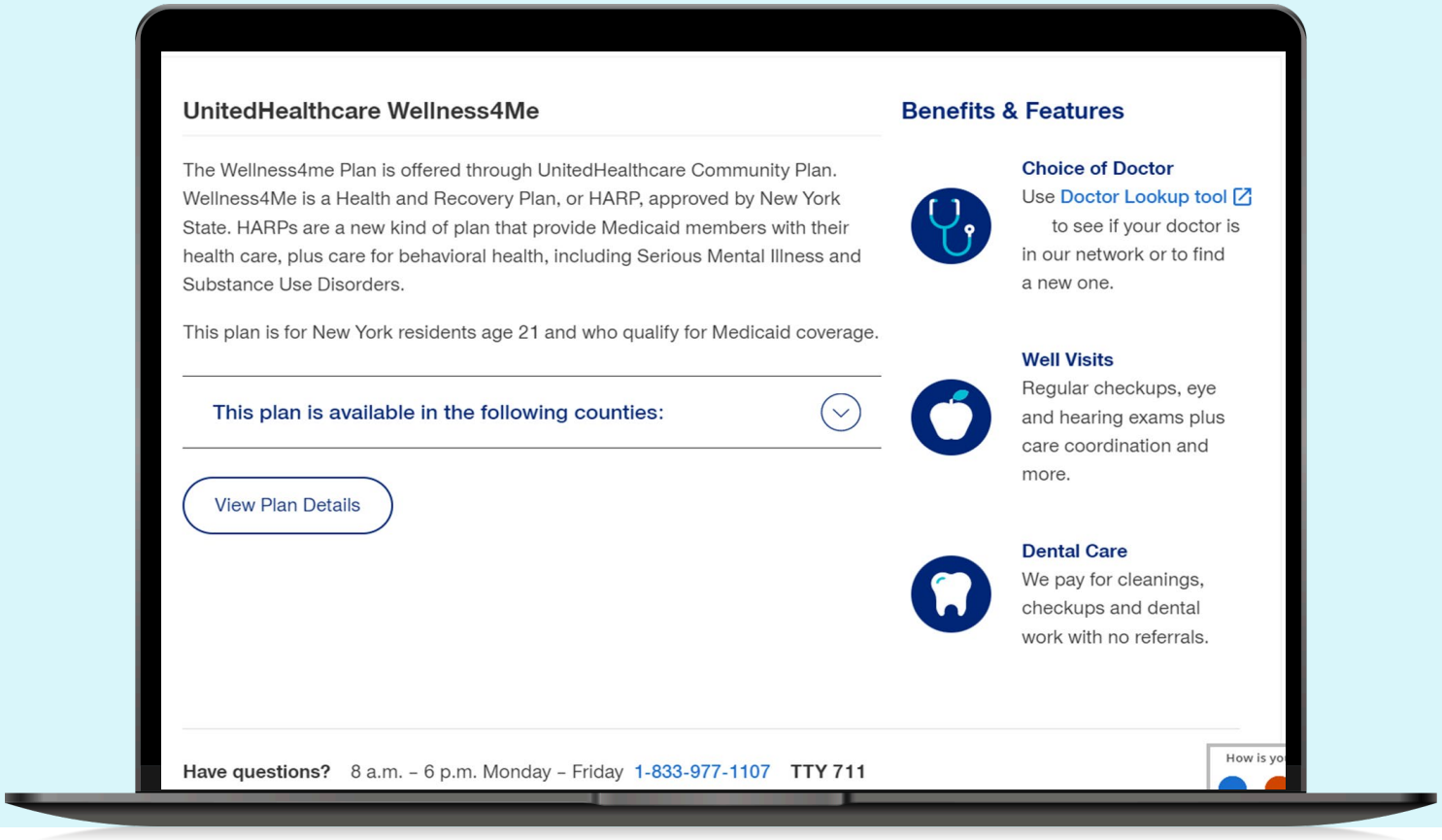
Member pages

Provider pages

Go paperless



uhccommnityplan.com Wellness4Me Page



Provider lookup

Dental care info

Establishing well visits

Managed Care Technical Assistance Center (MCTAC)

The Managed Care Technical Assistance Center (MCTAC) is a training, consultation, and educational resource for all mental health and substance use disorder providers in New York State.

What's available:

- ✓ Interactive Glossary of Terms
- ✓ Managed Care Language Guide
- ✓ Frequently Asked Questions
- ✓ MCO Plan Matrix
- ✓ Sample Instructional Claim Form
- ✓ Top Denials
- ✓ RCM Best Practices
- ✓ Best Billing and RCM Practices for working with MMCPs

MCTAC Home Page
ctacny.org

Center for Practice Innovations (CPI)

NYS requires OMH/OASAS licensed providers to take Uniform Network Provider Trainings with Center for Practice Innovations (CPI). Training can be found on the CPI website:

Center for Practice Innovations > Initiatives > UCNPT Uniform Clinical Network Provider Training > Overview

Training Topics Include:

- Motivational Interviewing
- Substance Use Disorders
- Suicide Prevention
- Person-centered Care
- Integrated Care (health and behavioral health conditions)
- Shared Decision Making
- Unique Needs of Children Involved in Child Welfare
- Unique Needs of Children with Serious Emotional Disturbances (SED)
- Unique Needs of Transition Age Youth (TAY)
- Unique SUD Needs of Adolescents
- Unique needs of Children 0-5
- Unique Needs of Medically Fragile Children
- CFTSS- Promoting Childhood Behavioral Health & Wellness: Early & Periodic Screening & Diagnostic Treatment (EPSDT)

New Users: Enrollment Form for CPI Trainings:
Application to Join CPI's Learning Community (qualtrics.com)

Project TEACH

Project TEACH PCP Consultation

All pediatric primary care providers (PCPs) in New York State are eligible to receive Project TEACH services. This includes pediatricians, family physicians, psychiatrists, nurse practitioners, and other prescribers. Additionally, other mental health professionals who provide ongoing treatment to children, such as child and adolescent psychiatrists, general psychiatrists, and psychiatric nurse practitioners, may request a second opinion through consultations

Project TEACH Maternal Mental Health Services

This initiative supports PCPs and maternal health providers in providing care to pregnant and postpartum women with free access to a consultation line with expert psychiatrists in maternal mental health, community-based linkages and referrals, and resources

Opportunities

- ✓ Consultation & Referrals
- ✓ Training & Education
- ✓ Screening Tools

Supporting maternal health and pediatric clinicians to deliver quality mental health care in New York State

www.projectteachny.org

Q&A