

# Welcome to UnitedHealthcare Provider Orientation:

Children and Families Treatment  
and Support Services

# Today's Agenda

- Overview of Optum and UnitedHealthcare
- Children's Implementation
- Clinical Vision
- Cultural Competency
- Children and Family Treatment and Support Services
- Health Home
- Credentialing
- Member Eligibility
- Utilization Management
- Quality Improvement
- Billing and Claims
- Provider Portal and Resources



## Our United Culture

**Our mission** is to help people live healthier lives.

**Our role** is to make health care work for everyone.

**Integrity.**  
**Compassion.**  
**Relationships.**  
**Innovation.**  
**Performance.**

Honor commitments  
Never compromise ethics

Walk in the shoes of people we serve  
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

Demonstrate excellence  
in everything we do

# UnitedHealthcare Community Plan

- 👤 The largest health benefits company dedicated to providing diversified solutions to States that care for the economically disadvantaged, the medically underserved and those without benefit of employer-funded health care coverage
- 👤 UnitedHealthcare plans and care programs are uniquely designed to address the complex needs of the populations we serve, including the chronically ill, those with disabilities and people with higher risk medical, behavioral and social conditions
- 👤 Participate in programs in 24 states, plus Washington D.C.
- 👤 Serves more than 5 million beneficiaries of acute and long-term care Medicaid plans, the Children's Health Insurance Program (CHIP), Special Needs Plans and other federal and state health care programs



# Clinical Vision



# 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

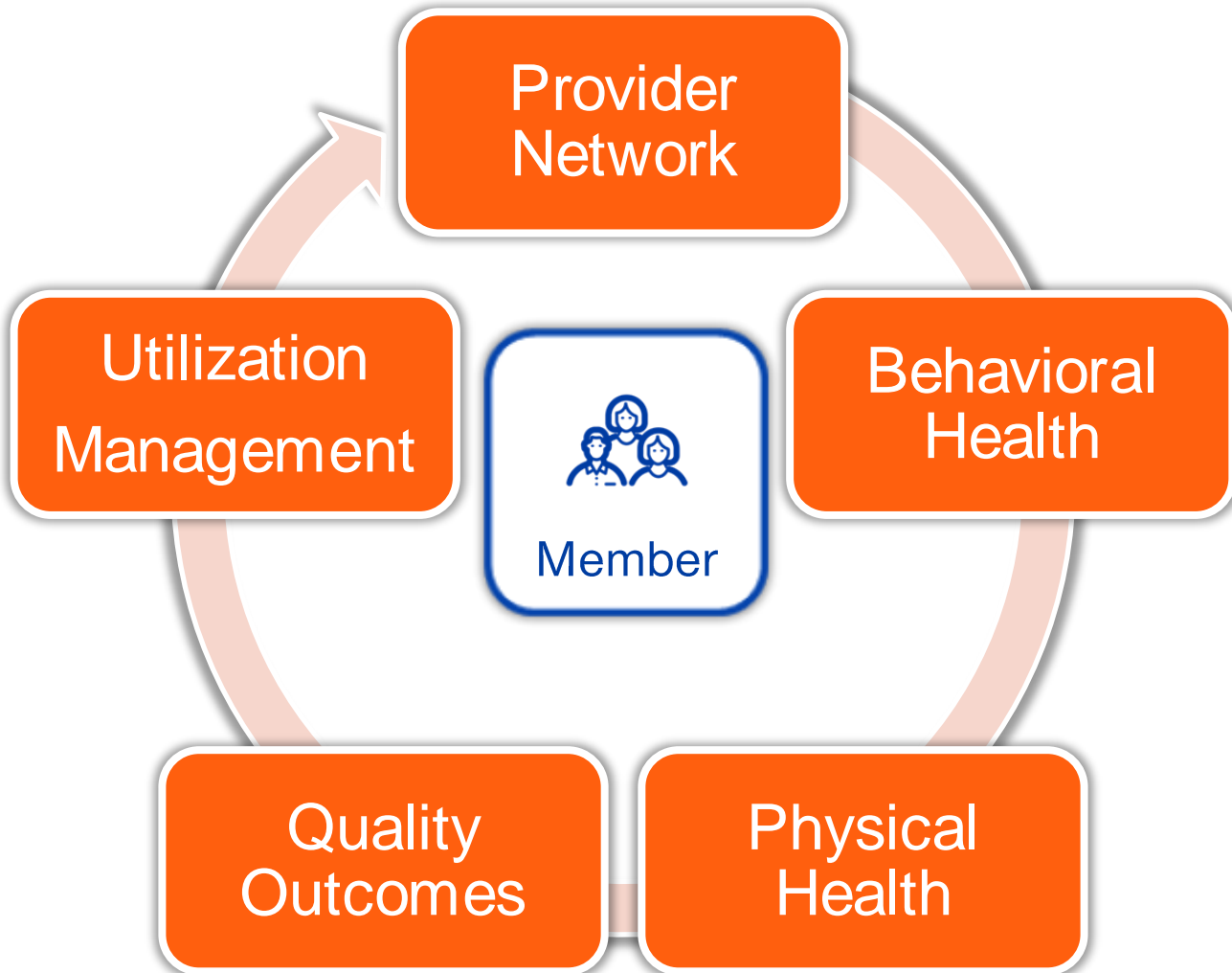
## Integrate Physical & Behavioral Health

- 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

# Our Organization



# Cultural Competency





# Cultural Competency



Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals, that enables effective work in cross-cultural situations

Competence means having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by members and their communities

[https://www.omh.ny.gov/omhweb/cultural\\_competence/](https://www.omh.ny.gov/omhweb/cultural_competence/)

# Cultural Competency

Culture refers to integrated patterns of human behavior within various racial, ethnic, religious or social groups, including:

- 🌍 Language
- 🌍 Thoughts
- 🌍 Communications
- 🌍 Actions
- 🌍 Customs
- 🌍 Beliefs
- 🌍 Values
- 🌍 Institutions



# Cultural Competency: Importance and Value

Given the diverse ethnic population in New York, providers must be prepared to provide culturally appropriate services

Service settings and approaches should be culturally sensitive to engage individuals from diverse backgrounds to access services

Promoting open discussions about mental health or substance abuse issues is an important step to reduce the stigma many individuals have

Emphasizing individualized goals and self-sufficiency encourages members to live their lives to the fullest



# Awareness of Diversity and Culture



- Differences found in diverse populations
- How individual differences affect assessment and response to treatment
- Personality, culture, lifestyle and other factors influencing client behavior



- Culturally sensitive counseling methods
- Dynamics of family systems in diverse cultures and lifestyles



- Client advocacy needs specific to diverse cultures



# Children and Family Treatment and Support Services (CFTSS)



# Current Children's State Plan Amendment Services (SPA) & New Child and Family Treatment Support Services (CFTSS)

- 👤 Current children's waiver services are called State Plan Amendment (SPA) Services
- 👤 New SPA services are called Child and Family Treatment Support Services (CFTSS). The child and family friendly name reflects the person who is being served and the services being delivered.
- 👤 CFTSS will be covered under the **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** benefits.
- 👤 EPSDT is an array of Medicaid benefits primarily focused on children's preventative medical care.
- 👤 New Services will be available to all Medicaid eligible children/youth under 21 who meet medical necessity criteria

# New Child and Family Treatment Support Services (CFTSS)

- 👤 Stand alone services, not part of existing services (i.e. clinic)
- 👤 Special populations such as Transition Aged Youth (TAY), Foster Care
- 👤 Can be accessed individually or coordinated in a comprehensive manner
- 👤 Must be identified on the treatment plan
- 👤 Must include communication and coordination with family, caregiver, or legal guardian
- 👤 Coordinated with other child serving systems
- 👤 Provider Agencies Must be State Designated
- 👤 Individuals Practitioners must be employed by a State Designated Provider

# Goals of the Children's Behavioral Health Service Transformation

- ➔ Keep Children on Track Developmentally & Better Meet Their Needs
- ➔ Expand Access to Clinical Treatment Services & Provide a Greater Array of Approaches for Rehabilitative Services utilizing the six core principles
- ➔ Maintain Children at Home with Supports and Services
- ➔ Allow & Encourage Interventions to be Delivered in the Home & Other Natural Settings
- ➔ Maintain Children in the Least Restrictive Setting
- ➔ Provide Greater Focus on Prevention, Identify Needs Early & Intervene with Appropriate Services
- ➔ Focus on Recovery & Build Resilience
- ➔ Prevent Escalation of Symptoms that Require Long Term, Intensive Services
- ➔ Improve Outcomes & Delivery of Quality Care



# Children and Family Treatment Services and Supports (CFTSS) Six Core Principles

## 1. Child Centered

- Ensure services are Child-Specific
- Consider Child's:
  - Family
  - Community
  - Development
  - Strengths



## 2. Community Based

- When possible, services are delivered in the child's home
- Draw on formal and informal community resources

## 3. Culturally Competent

- Ensure agencies demonstrate congruent behaviors, attitudes, skills policies and procedures that allow care givers to work effectively and efficiently with persons and communities of all cultural backgrounds

# Children and Family Treatment Services and Supports (CFTSS) Six Core Principles (Continued)

## 4. Family Focused

- Empower Families to Advocate for Themselves
- Promote family participation in all decisions & treatment planning

## 5. Multi System

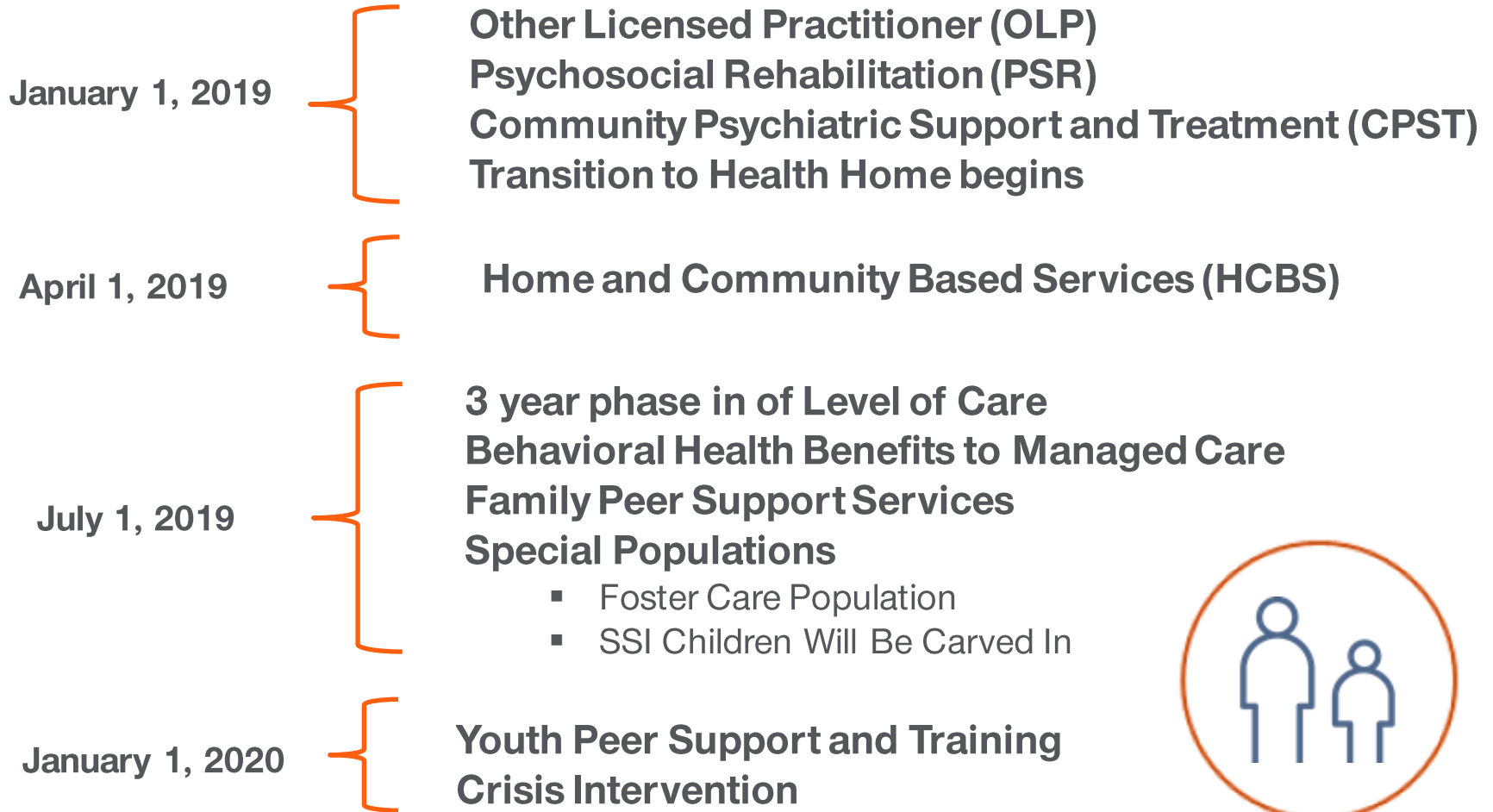
- Services planned in collaboration with all child-serving systems
- Family and system representatives collaborate to:
  - define goals,
  - develop service plans
  - identify resources,
  - provide support
  - evaluate progress



## 6. Least Restrictive/Intrusive

- Services take place in settings that meet the needs of the child and family
- Least restrictive and intrusive as available
- Most appropriate and natural for the child and family

# Children Services Implementation: Staggered Phase-in



# Cross Walk for New Children and Family Treatment Services and Support (CFTSS)

Existing Waiver Services		New Services 1/1/19
OMH HCBS	OCFS B2H Waiver	CFTSS
Skill Building	Skill Building →	Psychosocial Rehabilitation (PSR)
		Other Licensed Practitioner (OLP)*
Crisis Response Services	Immediate Crisis Response Services →	CPST Crisis Intervention OLP Crisis Component
Intensive In-Home Services	Crisis Avoidance, Management & Training; Intensive In Home Services →	CPST

# Three Children and Family Treatment and Support Services Effective 1/1/19

1

**Other Licensed Practitioner (OLP)**

2

**Community Psychiatric Support and Treatment (CPST)**

3

**Psychosocial Rehabilitation (PSR)**

## Other Licensed Practitioner (OLP)

- The Other Licensed Practitioner (OLP) service allows Non-Physician Licensed Behavioral Health Practitioners (NP-LBHP) to provide services in the community or other non-traditional settings such as the child/youth's home or community
- There are four core services provided by OLP including:
  - ✓ Psychotherapy
  - ✓ Crisis intervention
  - ✓ Licensed evaluation/assessment
  - ✓ Treatment planning
- Providing OLP offsite allows the professional to engage the child and family more effectively
- The child/youth does **NOT need to have a diagnosis**
- OLP is intended to enhance early identification and early intervention of behavioral health and substance abuse problems
- OLP services can be provided in individual, family, or group settings

# Other Licensed Practitioner (OLP): Qualified Practitioner

## The following professionals can provide OLP Services:

- Licensed Psychoanalyst
- Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist
- Licensed Mental Health Counselor



## The following professionals can provide supervision for OLP services:

- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Psychiatrist
- Licensed Masters Social Worker (LMSW)



# Other Licensed Professional (OLP): Core Services

## Core Service 1

### Psychotherapy

- Can be provided in an office or non-traditional setting (on or offsite)
- Can be provided in individual, family, or group counseling settings
- Is intended to alleviate symptoms or functional limitations associated with the psychiatric, substance abuse or behavioral diagnosis that contributes to patterns of maladaptive behavior
- Should encourage personal growth and age appropriate development





# Other Licensed Professional (OLP): Core Services

## OLP Core Service 2

### Crisis Intervention

- Can include crisis triage (by telephone) with or without the child/youth
- Includes Crisis Complex Care is meant to be a follow-up after a crisis provided by telephone contact. The phone contact can be with or without the child/youth
- OLP Crisis Intervention is **not** a routine service or intended to regularly coordinate care
- The child/youth must receive OLP services before the crisis in order to be able to receive the services associated the OLP Crisis Intervention treatment component
- OLP Crisis Intervention services do not need to be in the treatment plan
- May **only** be provided offsite

**OLP Crisis Intervention is NOT part of the Crisis Intervention Service going live in January 2020**

# Other Licensed Professional (OLP): Core Services

## OLP Core Service 3

### Licensed Evaluation/ Assessment

- Can be provided in an office or non-traditional setting (on or offsite)
- Is intended to aid in the identification and establishment of a behavioral health disorders through screenings, evaluations, and assessments
- Can help establish a diagnosis
- Through the evaluations, appropriate and medically necessary services can be identified
- Can help identify the child, youth, and families strengths and weaknesses; past or present conditions including : mental, physical and behavioral health problems



# Other Licensed Professional (OLP): Core Services

## OLP Core Service 4

### Treatment Planning

- Treatment Planning is meant to help the child, youth and family identified their treatment needs and goals
- Treatment Planning should document the expected frequency, type and duration of treatment services needed
- Should identify objective ways to measure the success of treatment, expected outcomes, and improvement in symptoms



# Community Psychiatric Support and Treatment (CPST)

- CPST is designed to address the behavioral health problems identified in the child/youth's treatment plan
- It includes goal directed supports and solution focused interventions
- The non-traditional setting (i.e. home or community) should increase engagement of the child, youth and family members
- CPST is meant to compliment other CFTSS services
- CPST should be coordinated with clinical treatment services
- Is meant to help the child, youth, family, and caregivers achieve stability and functional improvement in the child's daily living
- CPST promotes personal recovery and resilience
- CPST should improve the child, youth's interpersonal relationships with family and others in the home, school and community
- CPST emphasizes the importance of family and caregivers in the support and treatment of the child/youth's behavioral health needs

# Community Psychiatric Support and Treatment (CPST)

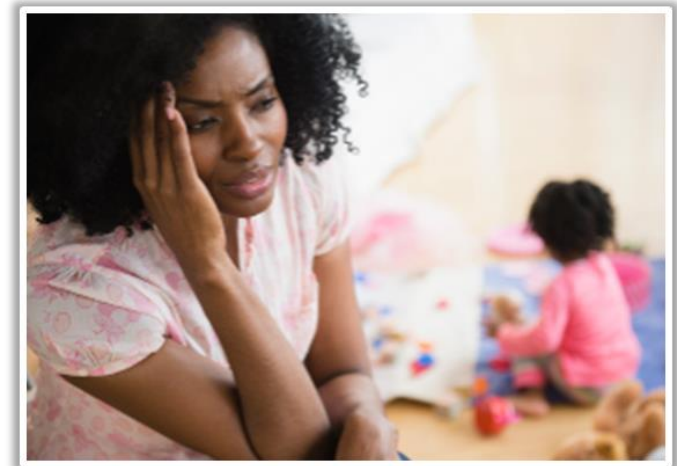
## CPST Has Six Core Service Components:

### Non counseling Core Services:

- Strengths Based Service Planning
- Rehabilitative Supports
- Rehabilitative Psychoeducation

### Counseling Core Services:

- Intensive Interventions
- Crisis Avoidance
- Intermediate Term Crisis Management



# Community Psychiatric Support and Treatment (CPST)

## CPST Non Counseling Core Service 1

### Strengths Based Service Planning

- Assists in the identification of
  - ✓ Strengths
  - ✓ Needs
  - ✓ Resources
  - ✓ Natural Supports
- Helps the child, youth, and family identify and develop goals and objectives to help measure personal growth, and improvement or successful reduction of functional deficits that result from the child/youth's mental illness, substance abuse or other behavioral health disorder.



# Community Psychiatric Support and Treatment (CPST):

## CPST Non-Counseling Core Service 2

### Rehabilitative Supports Management

- Promotes **restoration, rehabilitation, and support** in order to minimize the impact that behavioral health problems or emotional disturbances have on the child/youth's daily functioning
- Focuses on improving:
  - ✓ Life safety skills
  - ✓ Physical & behavioral health
  - ✓ Appropriate use of physician
  - ✓ Medication adherence
  - ✓ Understanding the effects of medication



# Community Psychiatric Support and Treatment (CPST):

## CPST Non-Counseling Core Service 3

### Rehabilitative Psychoeducation

Involves educating the child, youth, family members, caregivers or other individuals regarding:

- Treatment options
- Environmental stressors that impact the child's daily functioning and living
- Financial management
- Housing options and resources
- Academic/Employment Progress
- Personal recovery and resiliency
- Family and/or interpersonal relationships
- Community integration





# Community Psychiatric Support and Treatment (CPST):

## CPST Counseling Core Services 1

### Intensive Interventions

- Supports the restoration of stability and supports functional gains
- Helps the child/youth adapt to community living
- Assist with development and implementation of social and interpersonal skills; self care; and daily living and independent living skills
- CPST Intensive Intervention include:
  - ✓ Family and relationship based counseling
  - ✓ Individual counseling
  - ✓ Supportive counseling
  - ✓ Solution focused interventions
  - ✓ Emotional/behavioral management
  - ✓ Problem behavior analysis with the child/youth



# Community Psychiatric Support and Treatment (CPST):

## CPST Counseling Core Service 2

### Crisis Avoidance

- Enhances the child/youth and family's ability to prevent a crisis
- Helps the family plan and effectively respond to a crisis in order to reduce the intensity and duration of crisis
- Helps the child, youth, and family identify precursors or triggers that contribute to the onset of a crisis
- Helps child/youth and family develop and master effective responses
- Helps the child and family recognize when a crisis is about to occur
- Helps the family develop a crisis management plan
- Helps child/youth learn how to obtain community and treatment supports when necessary

# Community Psychiatric Support and Treatment (CPST):

## CPST Counseling Core Service 3

### Intermediate Term Crisis Management

- Intended to assist families after a crisis has occurred
- Meant for children in need of more long term crisis management services
- Helps stabilize the child/youth in the home and natural environment and avoid unnecessary hospitalization, out of home placement, etc.
- Helps the family identify goals after the crisis has stabilized based on feedback from professionals such as:
  - ✓ Mobile crisis
  - ✓ Emergency room visits
  - ✓ Other referral or support resources

# Psychosocial Rehabilitation (PSR)

- There are four PSR Core Services: social and interpersonal skills, daily living skills, community integration, and personal and community competence
- Provided by non-licensed practitioner who is supervised by licensed individual
- Designed to assist with implementing interventions outlined in the child's treatment plan and in coordination with other treatment services
- Intended to eliminate or compensate for functional deficits, interpersonal and/or behavioral health barriers
- Aims to restore, rehabilitate, and re-establish the child/youths to the age appropriate development functioning
- Youth must have a diagnosis
- Services can be provided in community locations where the child/youth lives, works, attends school, engages in services, and socializes, etc. in order to expand the range of treatment

## Psychosocial Rehabilitation (PSR) Continued

- One goal is to restore and maintain the child/youth's functioning with the least amount of ongoing professional intervention
- These are “hands on” and task-oriented services
- Services should be trauma-informed, culturally and linguistically competent
- Services can be provided individually or in a group
- PSR services allow greater flexibility and choice based on the needs of the child, youth, family and caregivers
- Allows the child/youth to develop, practice and apply skills in natural situations and settings

# Psychosocial Rehabilitation (PSR): Core Services

## PSR Core Service 1

### Social & Interpersonal Skills

- Building and enhancing personal relationships
- Increase community integration and avoiding more restrictive placements
- Establishing support networks
- Develop coping strategies and effective functioning in the child's social environment, including home, work, and school
- Helps the child/youth develops the ability to manage:
  - ✓ Stress
  - ✓ Unexpected daily events & disruptions
  - ✓ Behavioral & physical health symptoms

# Psychosocial Rehabilitation (PSR): Core Services

## PSR Core Service 2

### Daily Living Skills

- Focuses on restoring, rehabilitating, and re-establishing daily functioning
- Enhances self-management of symptoms that impact daily functioning and activities
- Assists in the development and practice of daily living skills and daily routines that can enable the child/youth to remain at home and in the community
- Includes activities that develop and enhance independent living skills
- Promotes personal autonomy skills such as learning to manage stress, cope with unexpected disruptions, or unexpected daily events

# Psychosocial Rehabilitation (PSR): Core Services

## PSR Core Service 3

### Community Integration

- Assists in applying coping strategies, learned health skills, social and interpersonal skills in a natural community location
- Supports the identification and pursuit of personal interests
- Restores developmentally appropriate skills, functioning, relationships, and activities through collaboration with other services and mutual supports in areas of interest to the child/youth
- Assists in identifying and avoiding triggers that lead to functional impairment
- Helps in the identification of natural supports and resources, including family, community networks, and faith based communities



# Psychosocial Rehabilitation (PSR): Core Services

## PSR Core Service 4

### Personal and Community Competence

- Promotes personal independence, autonomy, mutual supports by developing and strengthening the child/youth's independent community living skills and integration into the community.
- Includes rehabilitative and individualized interventions
- Collaboration with other services
- Hands on training



# Children and Family Treatment and Support Services

## Additional Information:



👤 NYS Children's Medicaid Children and Family Treatment and Support Services Brochure

👤 Children and Family Treatment and Support Services Provider Manual for EPSDT Services

👤 SPA Distinction Chart

👤 Medical Necessity/Utilization Management Guidelines

👤 Children and Family Treatment and Support Services Rates

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/proposed\\_spa.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm)

# Health Homes



# What is a Health Home?

## Health Home Definition:

A unified system of care to coordinate and integrate the physical and behavioral health care, chemical dependence treatment and social services provided to members.

- Introduced by the Affordable Care Act (ACA) in Section 2703
- Individual states have the flexibility to determine eligible health home care providers



## New York Health Home:

Members must actively enroll  
If a member opts out, it must be documented

# Health Homes: Overview

United HealthCare Community Plan contracts with Health Homes (HH) across NYS to provide intensive care coordination and comprehensive care management to improve our member's health outcomes

## Health Homes within Children's Implementation

- Existing Case Management services under six (6) distinct 1915(c) waivers transitioned into Health Homes
- January 2019: children served under 1915(c) waivers transition to Health Homes Conflict-free services: planned in collaboration with child/youth, family members/caregivers and systems involved in the member's life and care



## Purpose

- Define the goals for child/youth, develop a service plan, gather the necessary resources to implement plan, provide appropriate support to member and family/caregivers and evaluate progress
- Determine HCBS eligibility and follow HCBS workflow when appropriate

# Behavioral Health Guidelines for Children

## Individuals must meet institutional and functional eligibility criteria for level of care (LOC) using either:

- The Child and Adolescent Needs and Strengths New York (CANS-NY) tool; or
- The Office for People with Developmental Disabilities (OPWDD) Level of Care/Medical Care Screen eligibility tool for children with developmental disabilities who may be medically frail or in foster care.



## Health Homes will:

- Provide care management to children/youth eligible for HCBS
- Help ensure that the child meets all other eligibility criteria for HCBS



# Health Home Enrollment

## Eligibility

- ✓ Medicaid beneficiary requiring intensity of Health Home case management services
  - ✓ Two (2) or more chronic conditions such as substance use disorder, asthma, diabetes
  - ✓ One (1) single qualifying condition:
    - HIV/AIDS
    - Serious Emotional Disturbance (SED) or Complex Trauma
- UHC will send member a letter explaining eligibility and assignment based on county where he/she lives
  - Health Home enrollment is encouraged but optional
  - Especially encouraged for children who are eligible for HCBS
  - If Member can contact Health Home listed on letter; Health Home will then connect member with appropriate Care Manager to facilitate enrollment

**Member can opt out and/or dis-enroll at any time**

# Health Home: Getting Connected

## Members can be referred to Health Home by a variety of entities, including:

- You, the provider
- PCP or specialist
- Emergency room or inpatient discharge planner
- SPOA



## To make a referral for Health Home services:

- Reach out directly to the Health Home in the area where the member lives
- Each Health Home has a referral line or web portal for easy referral

## For a list of the Health Home covering a member's geographical area:

[www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_map/index.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm)



## Additional Information: Health Homes & Independent Entity

**Medicaid Helpline Toll-Free Line:**

**1-800-541-2831**

**New York State Department of Health's Health Home  
Line:**

**1-518-473-5569**

**Health Home Resource Center**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/lead\\_hhc.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm)

# Credentialing



# Becoming a Participating Provider

**Step 1:** Must be a state designated provider

<https://www.omh.ny.gov/omhweb/bho/provider-designation.html>

**Step 2:** Submit Group or Facility Provider Application with Supporting Documentation, such as:

- Signed Agreement
- Signed Disclosure of Ownership Control Interest Statement
- W9 Form

**Step 3:** Application review and Approval by Optum Credentialing Committee



**UHC Community Plan NY General Information**

<https://matrix.ctacny.org/plan/7/>

# Participating Provider: Contract Amendments

If your agency is already a participating provider, you need to update your area of expertise (AOE) as part of this implementation

Email the Optum Network Mailbox with questions via email:

[nynetworkmanagement@optum.com](mailto:nynetworkmanagement@optum.com)

Or Contact Your Network Manager



A list of Network Managers for your region is available at:

<https://matrix.ctacny.org/>

# Participating Provider: Re-Credentialing

- As established by NCQA, re-credentialing occurs every 36-months (3years)
- Providers should receive a re-credentialing packet several months in advance. (If you do not received it, please proactively reach out to your Network manager)
- Failure to complete re-credentialing paperwork or participate in the re-credentialing site audit (when applicable) will impact the provider's status in the network



- All re-credentialing paperwork must be completed
- Site audit may be required
- The re-credentialing process takes time, so it is important to complete and submit required documentation as soon as possible.

# Member Eligibility



# Membership Cards: Members 0-21 Years Old

Group Number: NYCDFHP

Payer ID: 87726

For Members: 800-493-4647  
 NurseLine: 877-597-7801  
 Mental Health: 888-291-2506

TTY 711  
 TTY 711  
 TTY 711

 **UnitedHealthcare** | Community Plan

Health Plan (80840) 911-87726-04

Member ID: 001000002

Group Number: NYCDFHP

Member:  
 REISSUE ENGLISH

CIN#: 9999999222

PCP Name:  
 DOUGLAS GETWELL  
 PCP Phone: (718)260-4600

Payer ID: 87726



Rx Bin: 610494  
 Rx Grp: ACUNY  
 Rx PCN: 4800

UnitedHealthcare Community Plan for Families  
 Administered by UnitedHealthcare of New York, Inc.

0501

In an emergency go to nearest emergency room or call 911.

Printed: 08/08/18

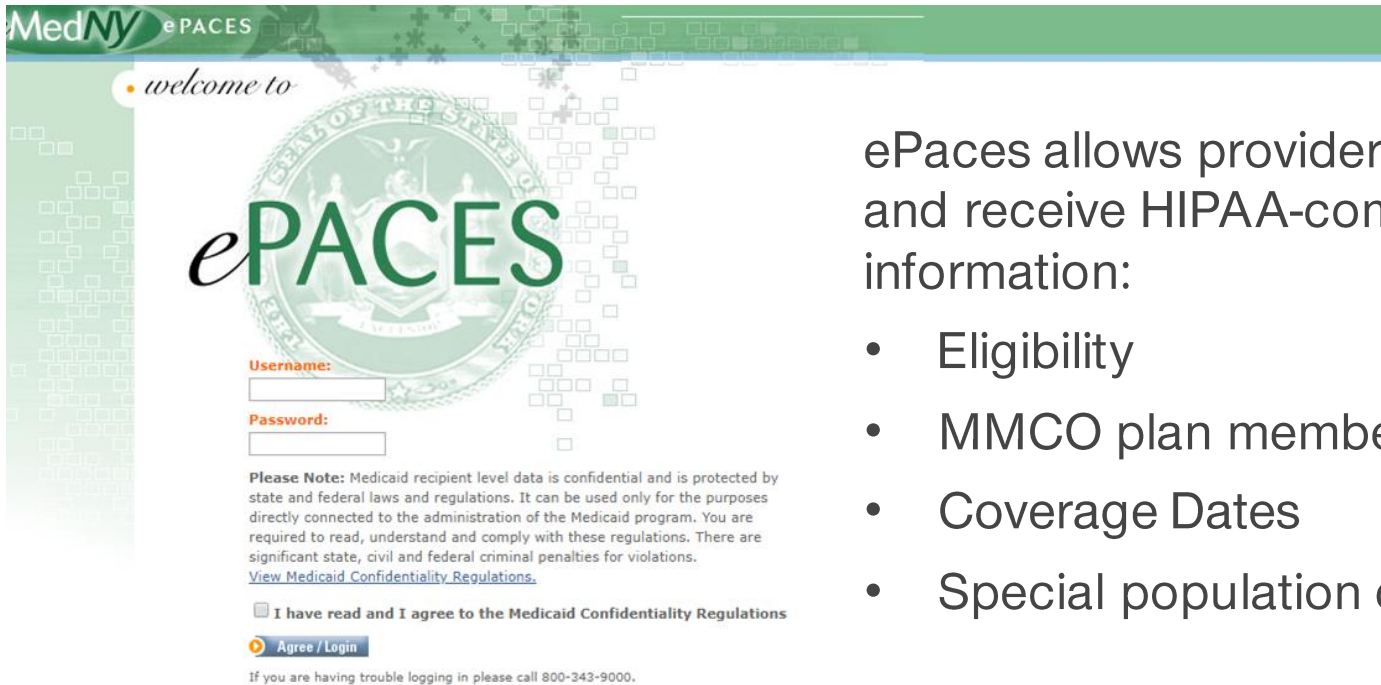
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website [www.myuhc.com/communityplan](http://www.myuhc.com/communityplan) or call.

For Members: 800-493-4647 TTY 711  
 NurseLine: 877-597-7801 TTY 711  
 Mental Health: 888-291-2506 TTY 711

For Providers: UHCprovider.com 866-362-3368  
 Medical Claims: PO Box 5240, Kingston, NY, 12402-5240

Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903  
 For Pharmacists: 877-305-8952

# Additional Resource: Member Eligibility



MedNY ePACES

welcome to

# ePACES

**Username:**

**Password:**

**Please Note:** Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations.  
[View Medicaid Confidentiality Regulations.](#)

I have read and I agree to the Medicaid Confidentiality Regulations

If you are having trouble logging in please call 800-343-9000.

ePaces allows providers to request and receive HIPAA-compliant information:

- Eligibility
- MMCO plan membership
- Coverage Dates
- Special population codes

[http://www.emedny.org/selfhelp/ePACES/ePACES\\_Help.pdf](http://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf)

Providers are required to check eligibility with UnitedHealthcare to ensure services is eligible for payment

[www.UHCprovider.com](http://www.UHCprovider.com)



# Utilization Management

# Prior & Concurrent Authorization: New Children and Family Treatment and Support Services (CFTSS)

Service	Prior Authorization	Concurrent Authorization
Other Licensed Practitioner (OLP)	No	No
Community Psychiatric Supports and Treatment (CPST)	No	No
Psychosocial Rehabilitation (PSR)	No	No

- The 90 days transition of care requirements will apply for the 3 new CFTSS that will be implemented on January 1, 2019
- No Notification, Prior Authorization or Concurrent Review on the 3 SPA services for **In Network Providers**
- **Out of Network Providers** are expected to call the Optum Clinical to provide notification of members treatment and to initiate a Single Case Agreement

# Utilization Management Appeal

**Toll Free Appeals Phone # 1-866-556-8166 or TTY-TDD 7**

- Phone number can be used to check status of a 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 turn around time is 72 hours

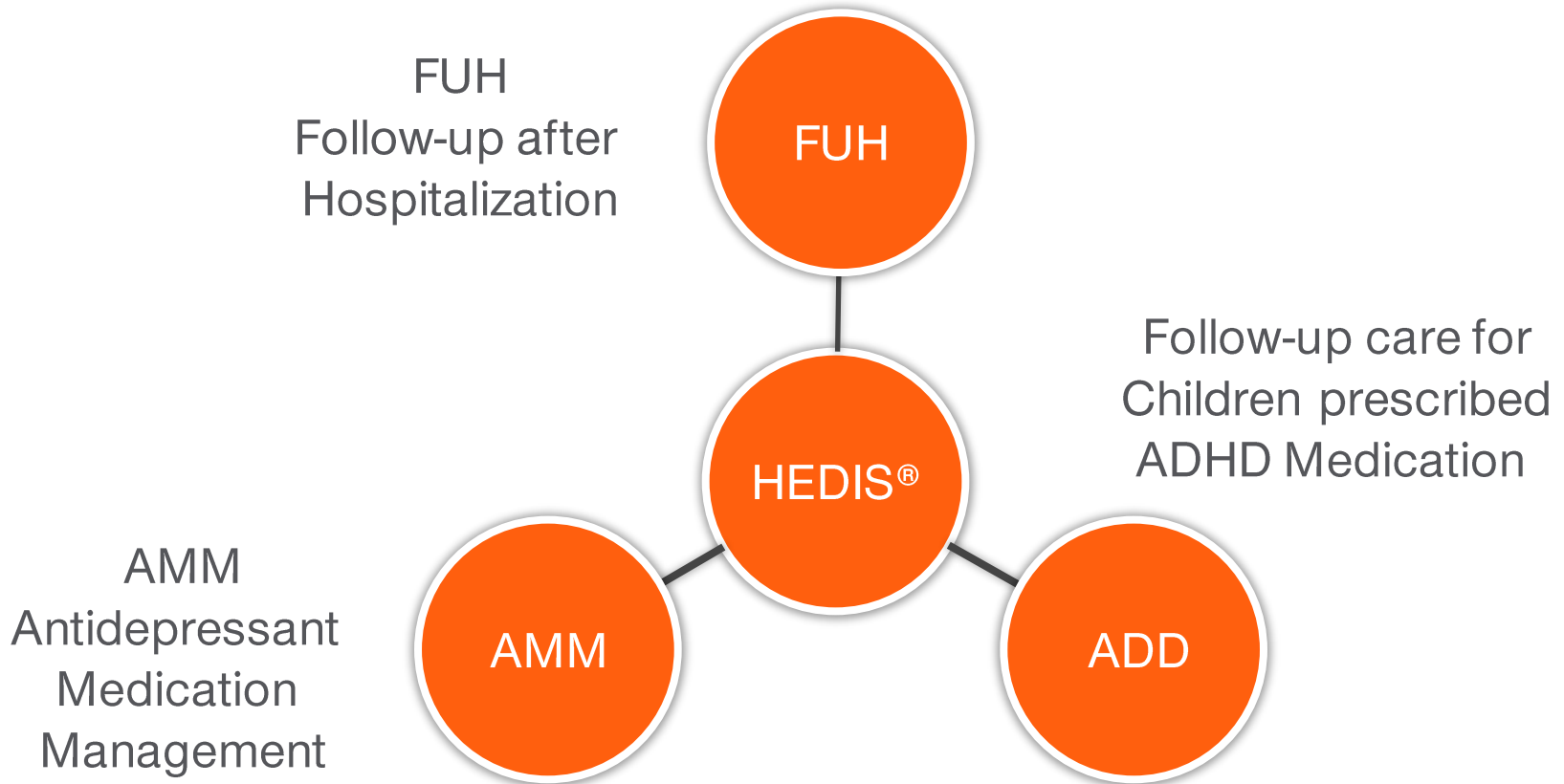
**UM Appeals for ALL Behavioral Health Services:**

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

# Quality Improvement



# Quality Program: HEDIS® Measures



<https://www.ncqa.org/hedis/>

# Complaints: Quality of Care (QOC) & Quality of Service (QOS)

## Timeframes

**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

## Who Can Report

Member, a designee (with written consent), or plan representative

## Investigation

Contracted providers are required to cooperate with all aspects of the investigation process, including providing requested charts, policies and other documentation in a timely manner, and provide corrective action plans within the required timeframe.

**QOC cases are leveled 0-3 complaint follow-up dictated by leveling and on a case-by-case basis**

# Sentinel Events/Critical Incidents

- Definition:** Serious, unexpected occurrence involving a member that is believed to represent a possible quality of care issue on the part of the practitioner/facility providing services, which has, or may have, deleterious effects on the Member, including death or serious disability, that occurs during the course of a Member receiving behavioral health treatment
- List:** A list of sentinel events/critical incidents that must be reported can be found on [providerexpress.com](http://providerexpress.com)
- Who Can Report:** Provider
- Timeframe(s):** As soon as possible, no later than one (1) business day following the event
- Investigation:** Contracted providers are required to cooperate with all aspects of our investigation process, including providing requested charts, policies and other documentation in a timely manner, as well as responding to requests for corrective action plans within the required timeframe
- How to report:** Standardized reporting form located [providerexpress.com](http://providerexpress.com)
- Fax:** 844-342-7704
- Attn:** Quality Department
- Email:** [NYBH\\_QIDept@uhc.com](mailto:NYBH_QIDept@uhc.com)

# Provider Performance Reviews

## Prompts

- At time of credentialing and re-credentialing
- Part of ongoing monitoring efforts
- Part of a Quality of Care (QOC) investigation or other complaint

## Evaluated

- Physical environment
- Policies and procedures
- Member records
- Personnel files

Audit tools and documentation guidelines are located on [providerexpress.com](http://providerexpress.com)



# Provider Performance Reviews: Documentation

## Documentation should include:

- Plan of Care with SMART goals, reflective of progress/challenges
- Start/stop time or length of time of service encounter
- Medical Necessity
- Psychiatric and medical history
- Presenting problem
- Assessment and Risk Assessment (initial and ongoing)
- Medication information
- Care coordination with PCP and other treating providers (Refusal of Care Coordination)
- Substance use screening
- Legible, ideally HER
- Signed by provider
- Discharge Plan

# Billing and 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 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](https://www.cms.gov)**

# Clean Claim

## ✓ 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: 900 and 911

**All required  
fields must be  
complete and  
legible**

# Top Section of UB-04

1											2											3a PAT. CNTL. #		4 TYPE OF BILL			
Billing Provider Information											Billing Provider designated Pay-To											b. MED. REC. #					
																						5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
8 PATIENT NAME											9 PATIENT ADDRESS											TIN		From and Through dates		Type of Bill Four digits leading zero	
a											b											c		d			
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION	13 HR	14 TYPE	15 SRC	16 DHR		17 STAT	18	19	20	21	CONDITION CODES		22	23	24	25	26	27	28	29 AC STA		
31 CODE		32 CODE	33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37																
38											39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT						
											a				b				c								
											b		4 digit rate code		c		For paper claim after the delimiter .00		d								
											c				d												
42 REV. CD.		43 DESCRIPTION					44 HCPCS / RATE / HIPPS CODE					45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
Revenue Code		Procedure Code and Modifier(s)					Service date		Service Units		service line charge & Total charges below in TOTALS																
PAGE ___ OF ___											CREATION DATE					TOTALS											
50 PAYER NAME					51 HEALTH PLAN ID					52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		57		Total Charges									

# Bottom Section of UB-04

PAGE		OF		CREATION DATE			TOTALS			
50 PAYER NAME				51 HEALTH PLAN ID		52 REL INFO	53 ASIG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
										57 OTHER PRV ID
										Agency/Program NPI
58 INSURED'S NAME				59 P.REL	60 INSURED'S UNIQUE ID			61 GROUP NAME		62 INSURANCE GROUP NO.
Insured Name					Insured ID number					
63 TREATMENT AUTHORIZATION CODES					64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME	
Diagnosis and Code Qualifier (ICD-10 qualifier =0)									unlicensed practitioner ID OMH - 02249154 OASAS - 02249145	
66 DX										
69 ADMIT DX		70 PATIENT REASON DX				71 PPS CODE	72 ECI			73
74 PRINCIPAL PROCEDURE CODE		DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI		77 OPERATING NPI
								LAST		Attending NPI, last name and first name
			c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE		77 OPERATING NPI		
								LAST		
80 REMARKS				81CC a				78 OTHER NPI		79 OTHER NPI
				b				LAST		Referring Provider
				c				79 OTHER NPI		
				d				LAST		

# Claims

## Electronic Claims

Must be submitted using the 837i (electronic) claim form.

## Paper Claims

Must be submitted using the UB-04 (paper) claim form.

## Medicaid Managed Care Claiming

New York State assigned

- Rate code
- Procedure code(s)
- Modifier(s) (if applicable)
- Units of service

**Unlicensed practitioner  
ID as attending:**

**OASAS Unlicensed  
Practitioner ID: 02249145**

**OMH Unlicensed  
Practitioner ID: 02249154**

# Electronic Data Interchange

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](mailto:inform@optum.com)
- Provide: Name, tax ID, claims volume, single or multi-payer interest

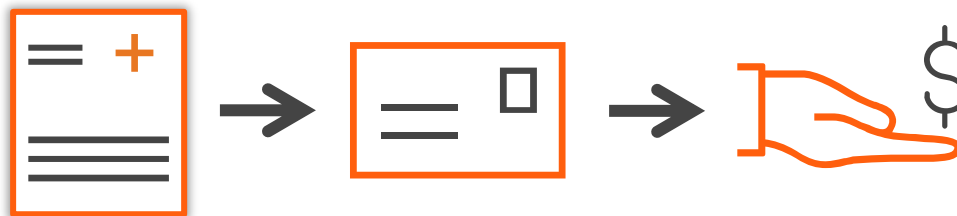


# Filing Paper Claims

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



# Receive Payment Faster

## Benefits of Electronic Payments and Statements (EPS)



- 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 EPS is easy!

- Login to *Provider Express* with your Optum ID
- Select “EPS” and provide the information necessary to enroll
- Contact Optum Financial Services for assistance: 1-877-620-6194

# OLP Rate Code Descriptions

Service	Rate Code	CPT Code	Modifier	Unit Measure	Unit Limit/Day
<b>Licensed Evaluation</b>	7900	90791	EP	15 Minutes = 1 Unit	10
<b>Counseling</b> (Individual)	7901	H0004	EP	15 Minutes = 1 Unit	4
<b>Crisis</b> (Offsite, In-person only)	7902	H2011	EP, ET	15 Minutes = 1 Unit	8
<b>Crisis Triage</b> (By Phone)	7903	H2011	EP, GT	15 minutes = 1 Unit	2
<b>Crisis Complex Care</b> (Follow Up)	7904	90882	EP, TS	5 minutes = 1 Unit	4
<b>Counseling</b> (Group)	7905	H0004	HQ, EP	15 minutes = 1 Unit	4
<b>Offsite Counseling</b> (Individual)	7920	90791 or H0004*	90791- EP, SC H0004 - SC	1 Unit	1
<b>Offsite Counseling</b> (Group)	7927	H0004	EP, HQ, SC	1Unit	1

\* Depending on Service Provided

# Community Psychiatric Support and Treatment (CPST)

	Rate Code	CPT Code	Modifier	Unit Measures	Unit Limit/Day
<b>Professional</b> (Individual)	7911	H0036	EP	15 Minutes= 1 Unit	6
<b>Professional</b> (Group)	7912	H0036	EP, HQ	15 Minutes = 1 Unit	4
<b>Offsite</b> (Individual)	7921	H0036	EP, SC	1 Unit	1
<b>Offsite</b> (Group)	7928	H0036	EP, HQ, SC	1 Unit	1

# Psychosocial Rehabilitation (PSR)

Service	Rate Code	CPT Code	Modifier	Unit Measures	Unit Limit/Day
<b>Professional</b> (Individual)	7913	H2017	EP	15 Minutes = 1 Unit	8
<b>Professional</b> (Group)	7914	H2017	EP, HQ	15 Minutes = 1 Unit	4
<b>Offsite</b> (Individual)	7922	H2017	EP, SC	1 Unit	1
<b>(Offsite)</b> Group	7929	H2017	EP, HQ, SC	1 Unit	1

# Offsite Billing

When submitting claims for Off-Site Services you will need to submit **TWO** claims:

- One claim for the service provided, including the number of units provided
- One claim with the offsite service code (1 Unit)

## For Example:

If an OLP Counseling session lasts 60 minutes and occurs offsite:

**Claim 1:** Individual Counseling:

Rate Code: **7901** CPT Code: **H0004** Modifier: **EP** Units: **4**

**Claim 2:** Off Site:

Rate Code **7920** CPT Code: **H0036** Modifier: **EP, SC** Unit: **1**

# Service Combinations

## NYS Allowable Billing Combinations of Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

HCBS/State Plan Services	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT*	OMH PROS*	OMH CDT*	OMH Partial Hospital	OASAS Outpatient Rehab	CPST / OLP	PSR	FPSS	YPST
Day Habilitation	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Habilitation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caregiver & Family Support and Services	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Respite	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevocational Services	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Supported Employment	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Self-Advocacy Training and Supports	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other Licensed Practitioner (OLP)	Yes**	No	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
Community Psychiatric Supports and Treatment (CPST)	Yes	Yes	Yes	No	No	No	Yes	Yes	-	Yes	Yes	Yes
Psychosocial Rehabilitation (PSR)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	-	Yes	Yes

\*These services available to youth age 18 and older

\*\*OMH guidance is forthcoming to avoid duplication in services.

# Service Combinations - continued

## NYS Allowable Billing Combinations of Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

HCBS/State Plan Services	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT*	OMH PROS*	OMH CDT*	OMH Partial Hospital	OASAS Outpatient Rehab	CPST/OLP	PSR	FPSS	YPST
Youth Peer Support and Training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Family Peer Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Crisis Intervention	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Pain & Symptom Management	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Bereavement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Massage Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Expressive Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessibility Modifications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Adaptive and Assistive Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

\*These services available to youth age 18 and older



## 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
- There cannot be a hyphen in your Tax Identification Number (TIN)
- NPI numbers are required
- A complete diagnosis is required (ICD-10)
- Review Provider Remittance Advice regularly to identify issues early

# 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 90-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

# 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 Comparison Matrix
- **Sample Instructional Claim Form**



<https://billing.ctacny.org/>

# Provider Portals and Online Resources



# Provider Express: Public Pages

providerexpress.com

Log In | First-time User | Global | Site Map

Home About Us Clinical Resources Admin Resources Video Channel Training Our Network Contact Us

Home

**Change** lives by changing your **treatment** approach.  
*Medication-assisted treatment is hope.*

[More >>](#)

#### Transactions

- Eligibility & Benefits
- Auth Request & ReviewOnline
- Auth Inquiry
- Claim Entry
- Claim Inquiry
- My Provider Express
- My Practice Info

- ❖ Provider Manual
- ❖ Clinical Guideline (e.g. level of care guidelines)
- ❖ Forms
  - authorization forms,
  - sentinel events reporting form
- ❖ Archived trainings and webinars

#### Autism/ABA Corner

- Autism/ABA Information
- Online assessment tool for ABA providers
- Learn how easy it is to get your Optum ID
- Access ABA Clinical Policies online

#### Admin News

- New enhancements to the My Patients list function on Provider Express
- National Network Manual – updated version – January 2018
- Reimbursement Policies available in

#### Product-Specific News

- UnitedHealthcare Sublocade Prior Auth Notice
- Mid-Atlantic Region - Effective 2/9/18 new fax number for M.D. IPA and Optimum Choice Plans
- Effective 1/1/18 - Optum is servicing Members covered under JetBlue Benefit Plans
- 2018 Dual Special Needs Plan (DSNP)
- Effective 1/1/18 - Optum is expanding services for Members covered under Oscar Health Plan
- 2018 Optum-Providence DSNP Model of

#### State-Specific News

- CA: OHBS-CA Network Manual - updated version - March 2018
- FL: DSNP Changes effective 1/1/18
- FL - Effective 1/1/2018 Optum is the Behavioral Health vendor for Prestige Health Choice
- IA: Effective 12/1/17 AmeriHealth Caritas Members will be transitioning to UnitedHealthcare Community Plan
- LA - Effective 1/1/18 Optum is the Behavioral Health vendor for Peoples Health
- NJ Substance Use Disorder Legislation

#### Quick Links

- Navigating Optum
- ACE Clinicians
- ACE Facility
- Medication Assisted Treatment
- LAI Administration

# Provider Express: New York Page

The screenshot shows the following content on the page:

- Optum Network Manual**
  - Network Manual
- Level of Care Guidelines**
  - LOC Guidelines
- New York Medicaid Provider Resources - Adults**
  - ▶ General Information
  - ▶ Quality Improvement
  - ▶ Provider Training Materials
  - ▶ NY Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS)
  - ▶ Clinical Information
- New York Medicaid Provider Resources - Under 21**
  - ▶ General Information
  - ▶ Quality Improvement
  - ▶ Provider Training Materials
  - ▶ Clinical Information

Other visible elements include the 'Welcome to the Network' link, a 'Feedback' button, and a search bar.

[Provider Express.com>United States>Our Network>Welcome to the Network>New York](https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wNY.html)


<https://www.providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wNY.html>

# Provider Express: New York Page

## Welcome to the Optum Network!

### New York Medicaid Provider Resources - Under 21

#### General Information

- Quick Reference Guide (coming soon)
- Health Home (coming soon)
- Behavioral Health Children's Medicaid Provider Manual (coming soon)
- NY Children and Family Treatment and Support Services End-to-End (E2E) Claims Testing
- NY Childrens Medicaid Transformation Provider Training 

#### Quality Improvement

#### Provider Training Materials

#### Clinical Information

#### Coordination of Care (COC)

- COC Flyer 
- COC Checklist 

### New York Medicaid Provider Resources - Adults

#### General Information

#### Quality Improvement

#### Provider Training Materials


#### NY Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS)

#### Clinical Information

Quick Reference Guide

### New York Medicaid Provider Resources - Under 21

#### General Information

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- NY Childrens Medicaid Transformation Provider Training 

#### Quality Improvement

#### Provider Training Materials

#### Clinical Information

# Provider Express: New York Page

Log In | First-time User | Global | Site Map

OPTUM® Provider Express

Search

Home About Us Clinical Resources Admin Resources Video Channel Training Our Network Contact Us

Home > Our Network > Welcome to the Network > Welcome NY

## Welcome to the Optum Network!

**Provider Notification**

- Participating Provider Laboratory and Pathology Protocol - Aug 2016

**Optum Network Manual**

- Network Manual

**Level of Care Guidelines**

- LOC Guidelines

**Best Practice Guidelines**

- BP Guidelines

**Algorithms for Effective Reporting and Treatment (ALERT)**

- Intro to ALERT
- ALERT Resources

**Coordination of Care (COC)**

**New York Medicaid Provider Resources**

- General Information
- Quality Improvement
- Provider Training Materials
- NY Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS)
- Clinical Information

New York Medicaid  
Provider Resources

A tab for children  
will be added to  
this section

Provider Notification  
Optum National Manual  
Level of Care Guidelines

Provider Express.com>United States>Our Network>Welcome to the Network>New York



# Provider Express: Log Into Private Pages

To set a UserID, select First Time User link at upper right corner of home page

Log In | First-time User | Global | Site Map

Search

About Us | Clinical Resources | Admin Resources | Tech Resources | Training | Our Network | Contact Us

Home

**Private Pages**

- Available to in-network providers, only
- Requires secure registration:
- Practice information – create, store and update

More >>

Transactions

- Eligibility & Benefits
- Auth Request & ReviewOnline
- Auth Inquiry
- Claim Entry
- Claim Inquiry
- My Provider Express
- My Practice Info

# Provider Express: Technical Assistance Support Center

If you are contracted in the Optum/OHBS-CA network, you can use the registration process to create your account within Provider Express.

Register 

The following information is required to register:

**Providers** (individually-contracted clinicians):

1. Provider First Name
2. Provider Last Name
3. Tax ID
4. NPI (Type I - Individual)
5. Last 4 digits of Provider's SSN

**Groups/Practices** (contracted for outpatient, professional services):

1. Group/Practice Name
2. Tax ID
3. NPI (Type II - Organization)

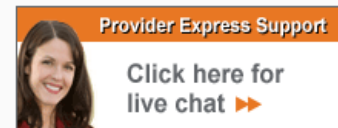
**Facilities** (contracted for inpatient, IOP and other facility-related services):

1. Facility Name
2. Federal Tax ID
3. NPI (Type II - Organization)

[Security Notice](#) | [Privacy](#) | [Site Use Agreement](#) | [Site Map](#)

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If you need assistance or have questions about the registration process, call the Provider Express Support Center at 1 866-209-9320 (toll-free) from 7 A.M. to 9 P.M. Central time or chat with a tech support representative online.



**Technical Support**  
**1 866-209-9320 (toll-free)**

or chat with Tech Support online

OPTUM® | Live and Work Well

English | Sign In | Register

Home | Life & Work | Mind & Body | Financial & Legal | Crisis Support | Find a Resource | Find a Provider | Benefits & Claims

Welcome!

How can we help you?

Search

Your claims at-a-glance

View all claims | Submit a new claim

Feedback

Find a Resource

- Provider
- virtual visits
- Forms

Benefits & Claims

- View Claim Status
- Submit an Out-of-Network Claim
- Behavioral Health Coverage
- Employee Assistance Program (EAP)
- Legal & Financial
- WorkLife Services
- Additional Benefit Information
- Benefit / Claims Message Center
- Account Balances

Call 1-866-781-6396 anytime for confidential help

If this is an emergency or you think you may harm yourself, please call 911.

# Evidence Based Practices



On-line trainings are available through the Center for Practice Innovation

- Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
- Trauma Informed Child-Parent Psychotherapy (TI-CPP)
- Multi-Systemic Therapy (MST) Functional Family Therapy (FFT)
- Multi-Dimensional Treatment Foster Care (MDTFC)
- Dialectical Behavior Therapy (DBT)
- Multidimensional Family Therapy (MDFT)
- Adolescent Community Reinforcement (ACR)
- Assertive Continuing Care (ACC)
- Seven Challenges

<http://practiceinnovations.org/About/What-are-Evidence-Based-Practices>

# MCTAC Online Billing Resource



## Billing Overview

### FORM UB-04

The MCTAC Billing tool is an interactive UB-04 form that walks through the components required to submit a clean claim. Whether you are new to the process or just want to quickly check one field, the billing tool is the ideal reference.

This tool will tell you what information is required for each field and will note specific plans' requirements.

Please note this guidance applies to outpatient/ambulatory care.

Hover over or click each numbered field for more information.

1		2		3		4 TYPE OF BILL	
8 PATIENT NAME		a		6 STATEMENT COVERS PERIOD		7 THROUGH	
b		10 BIRTHDATE		11 SEX		12 DATE	
13 HR		14 TYPE		15 SRC		16 D	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34	
35		27		28		29 ACCT STATE	
36		37		38		39	
38		39		40		41	
a		b		c		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		2		3		4	

**6. Statement Covers Period - From/Through**

OMH Billing: When billing for monthly rates, only one date of service is listed per claim form. Enter the date in the FROM box. The THROUGH box may contain the same date or may be left blank.

OASAS OTP: Please refer to updated Billing Manual for further guidance.  
<https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>

Dates must be entered in the format MMDDYYYY

**REQUIRED**  
 Note for Excellus, THROUGH box cannot be left blank, if service was performed on one date the THROUGH box should contain the same date as the FROM box.

<https://billing.ctacny.org/>

## Additional Guides and Resources

### **New York State Department of Health Children’s Behavioral Health Transition to Managed Care Home Page:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm)

### **New York State Department of Health: Children and Family Treatment and Support Services**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/proposed\\_spa.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm)

### **New York State Office of Mental Health: Provider Designation Information**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/2018-04-19\\_provider\\_designation\\_and\\_authorization.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf)



Questions?

# Thank you.

Contact information:

**Gayle Parker Wright, LCSW-R NY**

Network Trainer

UnitedHealthcare Community Plan

Office: (612) 642-7307

[gayle.parker-wright@uhc.com](mailto:gayle.parker-wright@uhc.com)