

Welcome to UnitedHealthcare Provider Orientation

Children's Behavioral Health
Transformation

Effective January 1, 2020



Today's Agenda

- Overview of Optum and UnitedHealthcare
- Clinical Vision
- Cultural Competency
- Children's Behavioral Health Services
- Health Home Care Management
- 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



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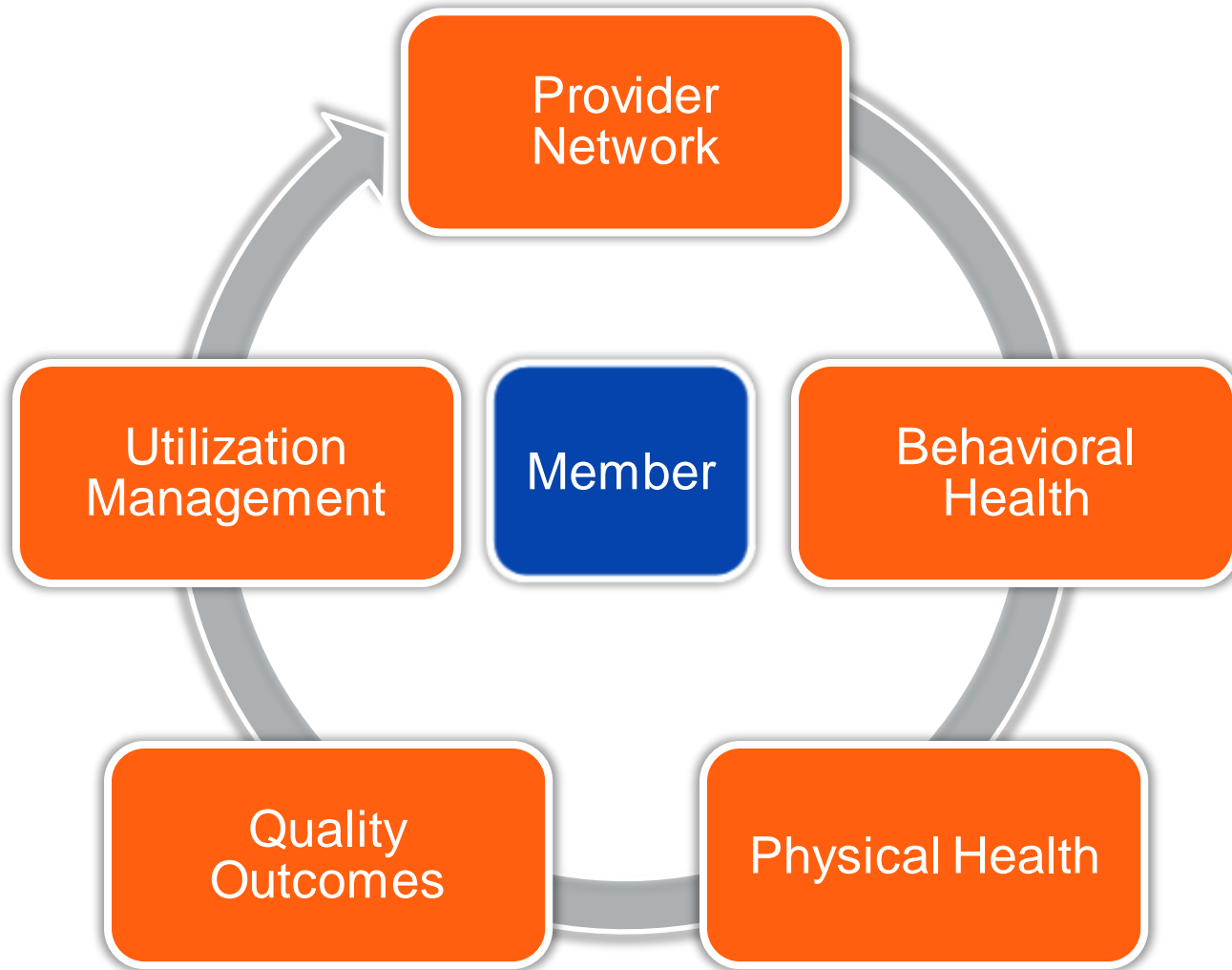
United Behavioral Health of New York, I.P.A., Inc. operating under the brand Optum

UnitedHealthcare Community Plan

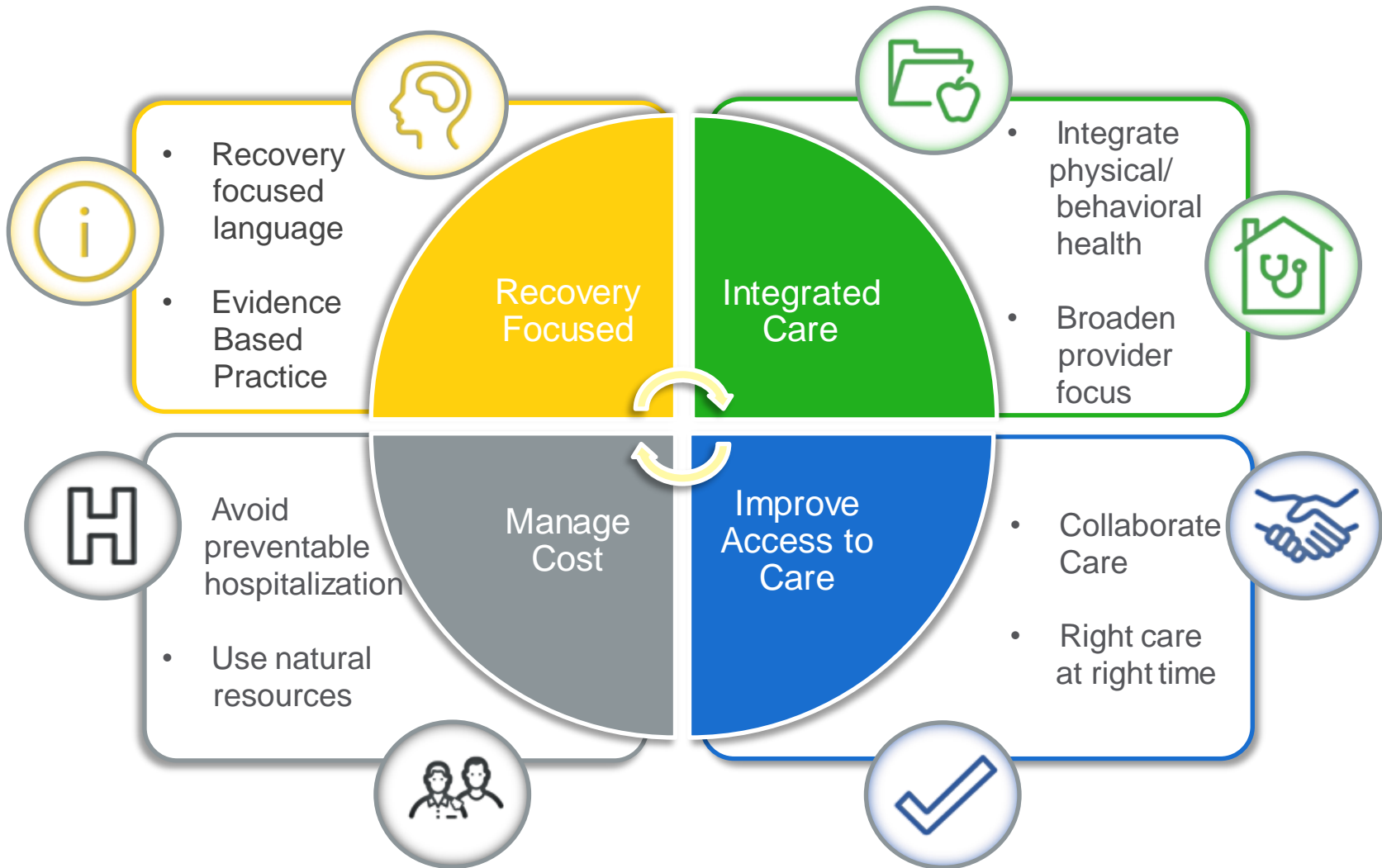
- Dedicated to providing benefits to the economically disadvantaged and medically underserved
- Manage benefits in 24 states, plus Washington D.C
- Serves more than 5 million beneficiaries
- Uniquely designed to address the complex the chronically ill, disabled, and people with higher risk medical, behavioral and social conditions



UnitedHealthcare: Our Organization



UnitedHealthcare: Our Goals and Clinical Vision



Awareness of Diversity and Culture in Clinical Settings

- Differences found in diverse cultures
- Individual differences affect assessment and response to treatment
- Personality, culture, lifestyle and other factors influence client behavior
- Culturally sensitive counseling methods improve outcomes
- Dynamics of family systems and lifestyles influence treatment response
- Client advocacy needs to be specific to diverse cultures



Children's Behavioral Health Services



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Children's Medicaid System Transformation Timeline

January 1, 2019

Children and Family Treatment and Supports (CFTSS)

- Other Licensed Practitioner (OLP)
- Community Psychiatric Supports and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)

January 31, 2019

Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services

Revise service names in Plan of Care for transitioning waiver children

Last billable date of waiver services that crosswalk to CPST and/or PSR



Children's Medicaid System Transformation Timeline

January 1 –
March 31, 2019

Transition from Waiver Care Coordination to Health Home Care Management

April 1, 2019

1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers no longer active

July 1, 2019

Children and Family Treatment and Supports (CFTSS)

- Family Peer Support Services

SSI children begin receiving State Plan behavioral health services in managed care including:

- Three-year phase in of Level of Care (LOC) expansion begins



Mental Health Services Covered by Medicaid Managed Care

July 1, 2019

Assertive Community Treatment (ACT)

Personalized Recovery Oriented Services (PROS)

Inpatient Psychiatric Services

Operation of Outpatient Programs

- Continuing Day Treatment (CDT) Program
- Partial Hospitalization

Comprehensive Psychiatric Emergency Program (CPEP)

Clinic Treatment Programs

- Outpatient Clinic Services
- OMH Licensed SED designated clinics
- Integrated Outpatient Clinic Services (IOP)
- Licensed Behavioral Health Practitioner Services (LBHP)



Substance Use Disorder (SUD) Services Covered by Medicaid Managed Care

July 1, 2019

Part 816 - Withdrawal and Stabilization Services

- Hospital Based Medically Managed Inpatient Detox
- Medically Supervised Inpatient Withdrawal and Stabilization
- Medically Supervised Outpatient Withdrawal and Stabilization

Part 818 - Chemical Dependence Inpatient Rehabilitation Services

Part 820 - Residential Services Stabilization and Rehabilitation

Part 822 - Outpatient Services

- Chemical Dependence Outpatient (CD-OP) Clinic
- Rehabilitation Services
- Opioid Treatment Programs (OTP)

Remaining Children's Behavioral Health Implementation Timeline

October 1, 2019

Home and Community Based Services Consolidated Waiver

Mandatory enrollment for children in Waiver service

SSI Children Only - Children and Family Treatment and Support Services (CFTSS)

- Youth and Peer Support and Training
- Crisis Intervention

Mobile Crisis (all ages)







January 1, 2020

Below Children and Family Treatment Support Services (CFTSS) are available for all Children enrolled in Medicaid:

- Youth and Peer Support and Training
- Crisis Intervention







Children and Family Treatment Services and Support (CFTSS) Crosswalk






Existing Waiver Services			New Services
OMH HCBS	OCFS B2H Waiver		CFTSS
Skill Building	Skill Building		Psychosocial Rehabilitation (PSR)
			Youth Peer Services
N/A	N/A		Other Licensed Practitioner (OLP)
Crisis Response Services	Immediate Crisis Response Services		Community Psychiatric Supports Treatment (CPST) Crisis Intervention OLP Crisis Component
Intensive In-Home Services	Crisis Avoidance Management and Training Intensive In Home Services		CPST
Family Peer Support Services (FPSS)			Family Peer Support Services (FPSS)






Transition from OMH SED and OCFS B2H Waiver to HCBS

Existing Waiver Services		New Services
OMH HCBS	OCFS B2H Waiver	HCBS
Individualized Care Coordination	Health Care Integration 	Health Home
Respite Services	Crisis and Planned Respite 	Respite: Crisis and Planned
Prevocational Services	Prevocational Services 	Prevocational Services
Supported Employment	Supported Employment 	Supported Employment

Transition from OCFS B2H Waiver to HCBS

Existing Waiver Services		New Services
OCFS B2H Waiver		HCBS
Family Caregiver Support Services		Caregiver/Family Support and Services
Special Needs Community Advocacy and Supports (SNCAS)		Community Self Advocacy Training and Support
Day Habilitation		Community Habilitation Day Habilitation
Adaptive and Assistive Equipment		Adaptive and Assistive Equipment
Accessibility Modification		Environmental Modification Vehicle Modification

Transitioning from CAH I/II Waiver to HCBS

Existing Waiver Services			New Services
CAH I/II Waiver			HCBS
Case Management			Health Home
Palliative Care	Family Education		Care Giver Family Supports and Services
	Bereavement		Palliative Care: Bereavement Services
	Massage Therapy		Palliative Care: Massage Therapy
	Expressive Therapy		Palliative Care: Expressive Therapy
	New Service		Palliative Care: Pain and Symptom Management
Home and Vehicle Modifications			Environmental Modifications Vehicle Modifications



Health Home Care Management



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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

UnitedHealthCare Community Plan contracts with Health Homes (HH) across NYS to provide care coordination and comprehensive care management our improve our Member's health outcomes.

Health Homes within Children's Implementation

- January 2019 Children served under 1915(c) waivers transition to Health Homes Conflict-Free Case Management 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
- Provide appropriate support
- Evaluate progress
- Determine HCBS eligibility
- Follow HCBS workflow when appropriate

Behavioral Health Guidelines for Children

Children must meet institutional and functional eligibility criteria for the Level of Care (LOC) using either:

1. The Child and Adolescent Needs and Strengths New York (CANS-NY) tool

OR

2. 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 Home Care Management Eligibility

Medicaid beneficiary requires case management services

AND

Two (2) or more chronic conditions such as substance use disorder, asthma, diabetes

OR

One (1) single qualifying condition:

- HIV/AIDS
- Serious Emotional Disturbance (SED)
- Complex Trauma

Children and Youth Evaluation Service (C-YES)

- Effective January 1, 2019, 1915(c) Waiver Care Managers became Health Home Care Managers
- Members who do not want to participate in Health Home Care Management can get care coordination from the Children and Youth Evaluation Service (C-YES) without a disruption in service

Children and Youth Evaluation Services (C-YES)

- Provides HCBS-Only Care Coordination
- Can complete:
 - ✓ Children's HCBS eligibility determinations
 - ✓ HCBS Annual Assessments
 - ✓ HCBS Plans of Care outlining goals and services
- Assist with the Medicaid eligible application process



Health Home: Getting Connected

Members can be referred to Health Home Care management by:

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

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:
health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm



Health Homes and Independent Entity Resources

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:

health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm





Home and Community Based Waiver Services (HCBS)



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1915 (c) HCBS Waiver Programs:

- Office of Mental Health SED HCBS
- Department Of Health Care at Home (CAH) I/II
- Office for People With Developmental Disabilities Care at Home (CAH)
- Office for Children and Family Services Bridges to Health (B2H) including:
 - ✓ Social Emotionally Disturbance (SED)
 - ✓ Medically Fragile (Med Frag)
 - ✓ Developmental Disabled (DD)

Children and Youth Evaluation Service (C-YES)

1115/1915 (c) waivers combined referred to as “Children’s Waiver”

Expansion of Waiver Service Eligibility

Home and Community Based Waiver Services (HCBS)

Who can receive HCBS Services?

ANY child under the age of 21 that meet eligibility. There is no exclusion group.

How do children receive an eligibility assessment?

Referrals for Medicaid recipients go Health Homes. Referrals for Medicaid eligible children will go to C-Yes.

Where do evaluators access the Level of Care eligibility determination?

In the Uniform Assessment System (UAS).

Who can complete the Level of Care eligibility determination?

Only Health Home Care Managers, Children and Youth Evaluation Service assessors, and Developmental Disabilities Regional Office staff.

Link to July 2019 HCBS Manual:

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/hcbs.htm



Level of Care (LOC)

Level of Care (LOC) Eligibility Determination is used for HCBS enrollment and includes children that meet institutional placement requirements

LOC has four (4) subgroups:

- Children with Serious Emotional Disturbance (SED)
 - ✓ With or without Co-occurring Substance Use Disorders (SUD)
- Children with a Developmental Disability in Foster Care
- Children who are Medically Fragile
- Children who are Medically Fragile with a Developmental Disability



Level of Need (LON)

Children who are Health Home are eligible for Home and Community Based Services

Level of Need (LON) includes children who are at risk of institutional placement

There are two subgroups within the LON group:

- Children with Serious Emotional Disturbance (SED)
 - ✓ With or without co-occurring Substance Use Disorders (SUD)
- Abuse, Neglect and Maltreatment or Health Home Complex Trauma



HCBS Workflow: Health Home Enrolled Children

Health Home Enrolled Child: Child enrolled in HCBS PRIOR to October 1, 2019

- HCBS Provider MUST notify the Plan prior to October 1, 2019 utilizing the Prior Authorization and Notification (PAAN) portal OR calling member engagement at 1-866-362-3368 (as listed on the back of the Member card) When prompted:
 - ✓ Enter TIN
 - ✓ Select “Care Notifications and Prior Authorizations”
 - ✓ Enter UHC Member ID (as listed on front of the Member’s ID card)
 - ✓ Enter Member DOB
 - ✓ Select “Mental Health
- Plan will not conduct Medical Necessity Review for 180 days but requires notification to minimize claims disruption
- Out of Network Providers must notify the plan of member engagement
 - ✓ 24 Months for Transition of Care for a Continuous Episode of Care
- Once the HCBS provider develops a treatment plan for member they must send it to the Health Home Care Management Agency who will update the Plan of Care (POC) and submit it to the Plan



HCBS Workflow: Health Home Enrolled Children

Health Home Enrolled Child: A Child Enrolled in HCBS AFTER October 1, 2019

- HCBS Provider MUST notify the Plan of the date of the Child's first appointment utilizing the Prior Authorization and Notification (PAAN) portal uhcprovider.com/paan OR by calling member engagement at 1-866-362-3368 (as listed on the back of the Member card) When prompted:
 - ✓ Enter TIN
 - ✓ Select "Care Notifications and Prior Authorizations"
 - ✓ Enter UHC Member ID (as listed on front of the Member's ID card)
 - ✓ Enter Member DOB
 - ✓ Select "Mental Health"
- Prior Authorization is not required for the first 24 hours/96 units/60 days of HCBS service which ever comes first
- Plan will not conduct Medical Necessity Review for 90 days but requires notification to minimize claims disruption
- Once the HCBS provider develops a treatment plan for member they must send it to the Health Home Care Management Agency who will update the Plan of Care (POC) and submit it to the Plan

Quick Reference Guide and Other Helpful Resources and Videos and Training for PAAN can be found at this [link](#).



HCBS Workflow: Health Home Enrolled Children

Health Home Enrolled Child added additional HCBS services as of October 1, 2019

- Either through assessment or service provision, HCBS Provider determines the child could benefit from an additional HCBS service
- If the HCBS provider is a designated provider for the desired HCBS service, the HCBS provider simultaneously notifies the Plan and the Health Home Care Management Agency or C-YES to update the Plan of Care
- If the HCBS provider is NOT a designated provider for the desired HCBS service, the HCBS provider should notify the Plan or the Health Home Care Management Agency for referral

C-YES Workflow

Child Enrolled in HCBS AFTER October 1, 2019

- HCBS Provider MUST notify the Plan of the date of the Child's first appointment utilizing the Prior Authorization and Notification (PAAN) portal uhcprovider.com/paan OR by calling member engagement at:
 - 1-866-362-3368 (as listed on the back of the Member card) When prompted:
 - ✓ Enter TIN
 - ✓ Select "Care Notifications and Prior Authorizations"
 - ✓ Enter UHC Member ID (as listed on front of the Member's ID card)
 - ✓ Enter Member DOB
 - ✓ Select "Mental Health"
- Prior Authorization is not required for the first 24 hours/96 units/60 days of HCBS service which ever comes first
- Plan will not conduct Medical Necessity Review for 90 days but requires notification to minimize claims disruption
- Once the HCBS provider develops a treatment plan for member they must send it to the Plan who will update the Plan of Care (POC)

Quick Reference Guide and Other Helpful Resources and **Videos and Training** for PAAN can be found at this [link](#).



Home and Community Based Services (HCBS) Waiver Programs

Children's Behavioral Health services will be expanded on October 1, 2019 to include the following Home and Community Based Services:

- ✓ Community Habilitation
 - ✓ Day Habilitation
 - ✓ Caregiver/Family Supports and Services
 - ✓ Respite
 - ✓ Prevocational Services
 - ✓ Supported Employment
 - ✓ Non-Medical Transportation
 - ✓ Adaptive and Assistive Equipment
 - ✓ Vehicle Modification
 - ✓ Environmental Modification
 - ✓ Palliative Care
 - ✓ Community Self-Advocacy Training and Supports
- Recipients and caregivers learn and practice skills outside of traditional office environment, typically in the child's home and community-based settings
 - Focus on recovery and building resilience, and prevention of the escalation of symptoms that might result in the need for more intensive services

Day Habilitation and Caregiver/Family Supports and Services (CFSS)

Day Habilitation

- Assists with acquisition, retention or improvement of daily living skills such as: Self-Help, Socialization, Adaptive Skills (e.g. Communication or Independent Travel)
- Activities and environment foster the acquisition of skills such as: Appropriate Behavior, Greater Independence, Community Inclusion, Relationship Building, Self-Advocacy, Informed Choice

Caregiver/Family Supports and Services (CFSS)

- Enhance the child/youth's ability, (regardless developmental, physical, or behavioral disability) to function as part of a caregiver/family unit
- Enhance the caregiver/family ability to care for the child/youth in the home and/or community
- Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit

Prevocational Services; Community Self-Advocacy Training and Supports (CSTS); and Community Habilitation

Prevocational Services

- Individually designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration.
- Assist with facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements.

Community Self-Advocacy Training and Supports (CSTS)

- Provides family, caregivers, and collateral contacts with techniques and information not generally available so that they can better respond to the needs of the participant
- Intended to assist the child/youth, family/caregiver, and collateral contacts in understanding and addressing the participants needs related to their disabilities

Community Habilitation

Covers face to face services and supports related to the Child's acquisition, maintenance, and enhancement of skills necessary to perform Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADLs), Health Related Tasks Delivered in the Community (Non-Certified) Settings



Respite and Supported Employment

Respite

- Service focuses on short-term assistance provided to children/youth, regardless of disability (developmental, physical and/or behavioral), because of the absence of or need for relief of the child or family caregiver
- Services can be provided in a planned mode or delivered in a crisis situation
- Respite workers supervise the child/youth and engage the child/youth in activities that support his/her and/or primary caregiver/family's constructive interest and abilities

Supported Employment

- Prepare, assist, and support youth with disabilities (age 14 or older) to engage in paid work in an integrated work setting in the general workforce
- Individualized and may include any combination of the following services, included but not limited to:
 - ✓ Vocational/Job-Related Discovery or Assessment, Person-Centered Employment Planning
 - ✓ Job Training and Planning and Career Advancement Services
 - ✓ Transportation or Other Workplace Supports



Adaptive and Assistive Equipment and Palliative Care

Adaptive and Assistive Equipment

- Provides technological aids and devices which enables him/her to accomplish daily living tasks that are necessary to support the health, welfare, and safety of the child
- Examples:
 - ✓ Encoding Communicators
 - ✓ Speech Amplifiers
 - ✓ Standing Boards /Frames
 - ✓ Therapeutic Equipment (to maintaining or improving the participant's strength, mobility, or flexibility)

Palliative Care

- Specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life threatening illness to improve quality of life for both the child and family
- Appropriate at any stage of a chronic condition or life threatening illness and can be provided along with a curative treatment
- May include services such as:
 - ✓ Expressive Therapy
 - ✓ Massage Therapy
 - ✓ Bereavement Services
 - ✓ Pain and Symptom Management

Non-Medical Transportation; Vehicle Modification; and Environmental Modification (E-mods)

Non-Medical Transportation

- Services are offered in addition to any medical transportation furnished under 42 CFR 440.17(a) in the State Plan
- Non medical transportation services are available for individuals to access authorized HCBS and destinations that are related to a goal included in the child/youths Plan of Care (e.g. job interview, college fair, GED preparation class, etc.)

Vehicle Modification

- Formerly called Home and Vehicle Modifications
- Provide physical adaptations to the primary vehicle of the enrolled child
- Must be in the child's Plan of Care (POC)
- Identified as necessary to support the health, welfare, and safety of the child or that enable the child to function with greater independence

Environmental Modification (E-mods)

Internal and external physical adaptations to the home, which are necessary to ensure the health, welfare, safety of the patient; allowing increased independence and to prevent institutionalization



Youth Peer Support and Training (YPST), Crisis and Mobile Crisis

Youth Peer Support Services (YPST)

- Provided by certified Youth Peer Advocates
- Individual and group-based activities that help the youth learn and expand life skills such as communication, problem solving and self-advocacy skills

Crisis Intervention

- Crisis services provided to members under 21 identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. family, provider, community member) to effectively resolve it
- Services are provided through a multi-disciplinary team to meet the unique needs of the child/youth and family

Mobile Crisis Component

- The Mobile Crisis Component of the Crisis Intervention benefit is designed to integrate new mobile crisis services into existing behavioral health crisis community response systems.
- Mobile Crisis Components includes Telephonic Triage and Crisis Response, Mobile Crisis Response, Telephonic Crisis Follow-up, Mobile Crisis Follow-up
- No prior authorization required and available for adults and children



First Episode Psychosis (FEP): OnTrackNY

The New York State Office of Mental Health has implemented a program to identify and intervene with New Yorkers who experience psychiatric symptoms associated with psychosis.

- OnTrackNY utilizes a “shared decision making model.”
- The program utilizes evidenced based practices and a multi-disciplinary clinical team who specialize in treating early symptoms of psychosis
- OnTrackNY programs are located throughout New York State and New York City
- The goals are to shorten the duration of untreated psychosis and immediately link the Member to early intervention services



First Episode of Psychosis (FEP): Resources

OnTrackNY:

- Offers specialized clinical service for adolescents and young adults between the ages of 16 and 30 who have been experiencing psychotic symptoms for more than a week but less than 2 years
- UHCNY BH Assessment and Triage (A&T) call center will notify OnTrackNY when a member fitting the above criteria is admitted into an inpatient unit
- To learn more or make a referral visit the OnTrackNY website and click on Providers tab: ontrackny.org/

NYC Supportive Transition and Recovery Team (START):

- Employs the evidence-based practice of Critical Time Intervention (CTI) to engage adolescents and young adults between the ages of 16 and 30 experiencing their first adult hospitalization for psychosis
- To learn more visit the NYC Start website:
1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-nyc-start.page



Credentialing



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Becoming a Participating Provider

Step 1: Must be a state designated provider

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



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

OR

Contact Your Network Manager

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

matrix.ctacny.org/

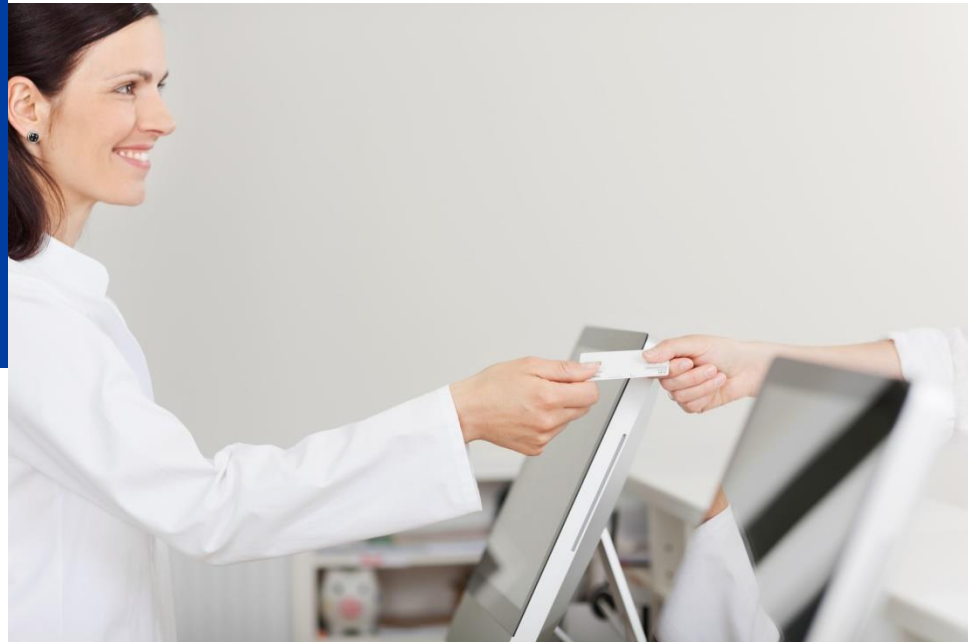


Participating Provider: Re-Credentialing

- 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




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Under 21 Membership Cards: Contact for Providers

For Providers: UHCprovider.com 1-866-362-3368


 **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

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

0501 UnitedHealthcare Community Plan for Families
Administered by UnitedHealthcare of New York, Inc.

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 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

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



Under 21 Membership Cards: Contact for Members


For Members: 1-800-493-4647 TTY 711

 **UnitedHealthcare** | Community Plan
Health Plan (80840) 911-87726-04

Member ID: 001000002 Group Number: NYCDFHP

Member:
REISSUE ENGLISH
CIN#: 9999999222 Payer ID: 87726

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

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

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

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 or call.

For Members: 800-493-4647 TTY 711
NurseLine: 877-507-7801 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



Prior Authorization and Notification (PAAN)

Services that require authorization and notification can be obtained by the following:

Pathways for submission:

Electronic: Submit Prior Authorization and Notifications (**PAAN**) and supporting documentation including Notification Documents, including NYS SUD Notification Documents (Treatment plan/Appendix A and LOCADTR), can be submitted for New York Medicaid utilizing portal: uhcprovider.com/paan

Quick Reference Guide and Other Helpful Resources and Videos and Training can be found at this [link](#).

Telephonic: Requests for services that require authorization and notification (**includes both prior authorization requests and concurrent review requests**) can be obtained by calling:

Toll-free line: **1-866-362-3368** (as listed on the back of the Member card)



Prior Authorization Requirements for New York Medicaid Effective April 1, 2019			
General Information This list contains prior authorization requirements for UnitedHealthcare Community Plan in New York participating case providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax.			
• Online: Use the Prior Authorization and Notification app on Link. Go to UHCProvider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app on your Link dashboard			
• Phone: 866-804-3267			
• Fax: 866-850-4489; fax form is available at UHCProvider.com/CommunityPlan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms			
Note: All planned, elective inpatient service requests require prior authorization.			
• Prior authorization is not required for emergency care, in-network or out-of-network.			
• All non-emergent out-of-network services require prior authorization regardless of the place of service.			
Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or ICD-9-CM Codes for Outpatient Prior Authorization	
Plastic surgery Plastic surgery and specific, clearly listed services	Prior authorization required	03127 03137 03147 03157 03161 03171 68644 68665 43648 43659 43779 43775 43842 43845 43846 43847 43848 43865 43861 43862	94590 95090 95091 95092
Behavioral health services	Many of our benefit plans only cover coverage for behavioral health services through a designated behavioral health network.		For specific codes requiring prior authorization, please see the Network or the Member's Health plan ID card when referring for mental health and substance abuse/substance use services.
Stem growth stimulator Electronic stimulation of ulnar/dorsal wrist fractures	Prior authorization required	20076 20079 E0747 E0748 E0749 E0750	



uhcprovider.com/eligibility

The screenshot shows the UnitedHealthcare provider portal homepage. At the top, there is a navigation bar with the UnitedHealthcare logo, a search bar, and a 'MEMBER' button. Below the navigation bar, there is a main content area with a 'Hello!' greeting and a 'Learn More' button. A red callout box highlights the 'Eligibility and Benefits' button in the main content area. Below the main content area, there are four colored buttons: 'Claims and Payments', 'Eligibility and Benefits', 'Policies and Protocols', and 'Prior Authorization and Notification'. The 'Eligibility and Benefits' button is highlighted with a red callout box. Below the buttons, there is a section for 'Latest UnitedHealthcare Provider News' with a 'May 2019 Network Bulletin' link.



Electronic Prior Authorization and Notification (PAAN): uhcprovider.com

The screenshot shows the uhcprovider.com homepage. At the top, there is a navigation bar with a menu icon, the UnitedHealthcare logo, a search bar, and buttons for MEMBERS, FIND DR., LINK, NEW USER, and SIGN IN. The LINK and NEW USER buttons are highlighted with red boxes. Below the navigation bar, there is a main content area with a 'Hello!' greeting and a 'Learn More About Site Features' button. Below this, there are four colored boxes: 'Claims and Payments' (purple), 'Eligibility and Benefits' (blue), 'Policies and Protocols' (green), and 'Prior Authorization and Notification' (dark purple). The 'Prior Authorization and Notification' box is highlighted with a red box. Below these boxes, there is a section for 'Latest UnitedHealthcare Provider News' with a 'August 2019 Network Bulletin' article. A red callout box points to the 'LINK' button with the text: 'To complete prior authorizations click on the "Link" button'. Another red callout box points to the 'NEW USER' button with the text: 'Click "New User" to create a Provider ID and Password'. A third red callout box points to the 'Prior Authorization and Notification' box with the text: 'To obtain further training or to watch video training, click here'. A vertical 'Feedback' button is visible on the right side of the page.



Completing a Prior Authorization Request or Patient Notification

Menu Link 📄 🔔 ☰

NOTIFICATION/PRIOR AUTHORIZATION

PROVIDER INFORMATION

Choose the care provider you want to work with using the selection boxes below. You can change your selection at any time.

PROVIDER ORGANIZATION YOU ARE REPRESENTING*

CORPORATE TAX ID OWNER*

TAX ID NUMBER* CARE PROVIDER*

STANDARD PRIOR AUTHORIZATION/NOTIFICATION TRANSACTIONS

Check if a prior authorization is required [+ CREATE NEW INQUIRY](#)

[SEARCH EXISTING SUBMISSIONS](#)

[NEW SUBMISSIONS](#)

RADIOLOGY, CARDIOLOGY & ONCOLOGY TRANSACTIONS

Create or view the status for a notification or prior authorization submission for Radiology, Cardiology & Oncology [SUBMISSION & STATUS](#)

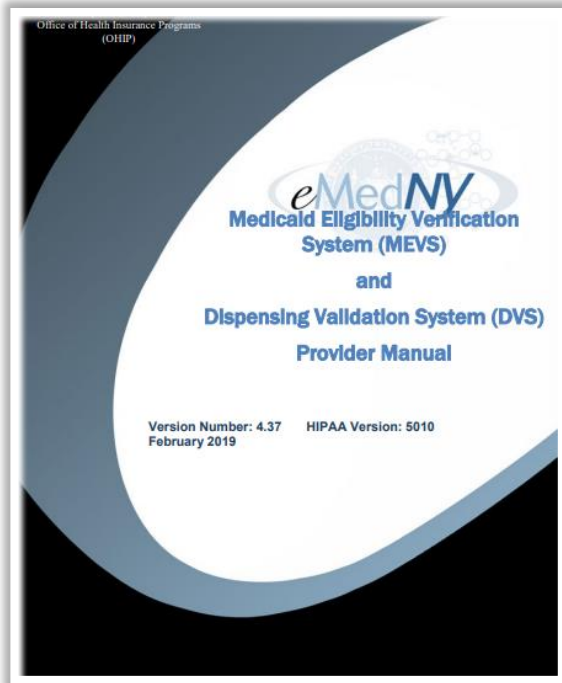
PROGRAM GUIDELINES

Click on the links below for information about each program

- [Radiology Notification & Authorization](#)
- [Cardiology Notification & Authorization](#)
- [Oncology Prior Authorization](#)

Make sure to fill in the Provider Information the first time you access the Notification/Prior Authorization Service Tool

Additional Resource: Member Eligibility



Medicaid Eligibility Verification (MEV) System:

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

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

Utilization Management



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Utilization Management Guidelines

Children's Health and Behavioral Health Medicaid System
Transformation

Children's Home and Community Based Services Provider Manual
July 2019

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

Send questions to
BH.Transition@health.ny.gov



Prior & Concurrent Authorization

Service	Prior Authorization	Concurrent Authorization
Caregiver/Family Support Services	No	Yes
Community Self-Advocacy Training and Support	No	Yes
Community Habilitation	No	Yes
Day Habilitation	No	Yes
Prevocational Services	No	Yes
Supported Employment	No	Yes
Accessibility Modification	Yes	TBD
Adaptive and Assistive Equipment	Yes	TBD
Palliative Care	Yes	Yes
Planned Respite	No	Yes
Crisis Respite	No	Yes



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



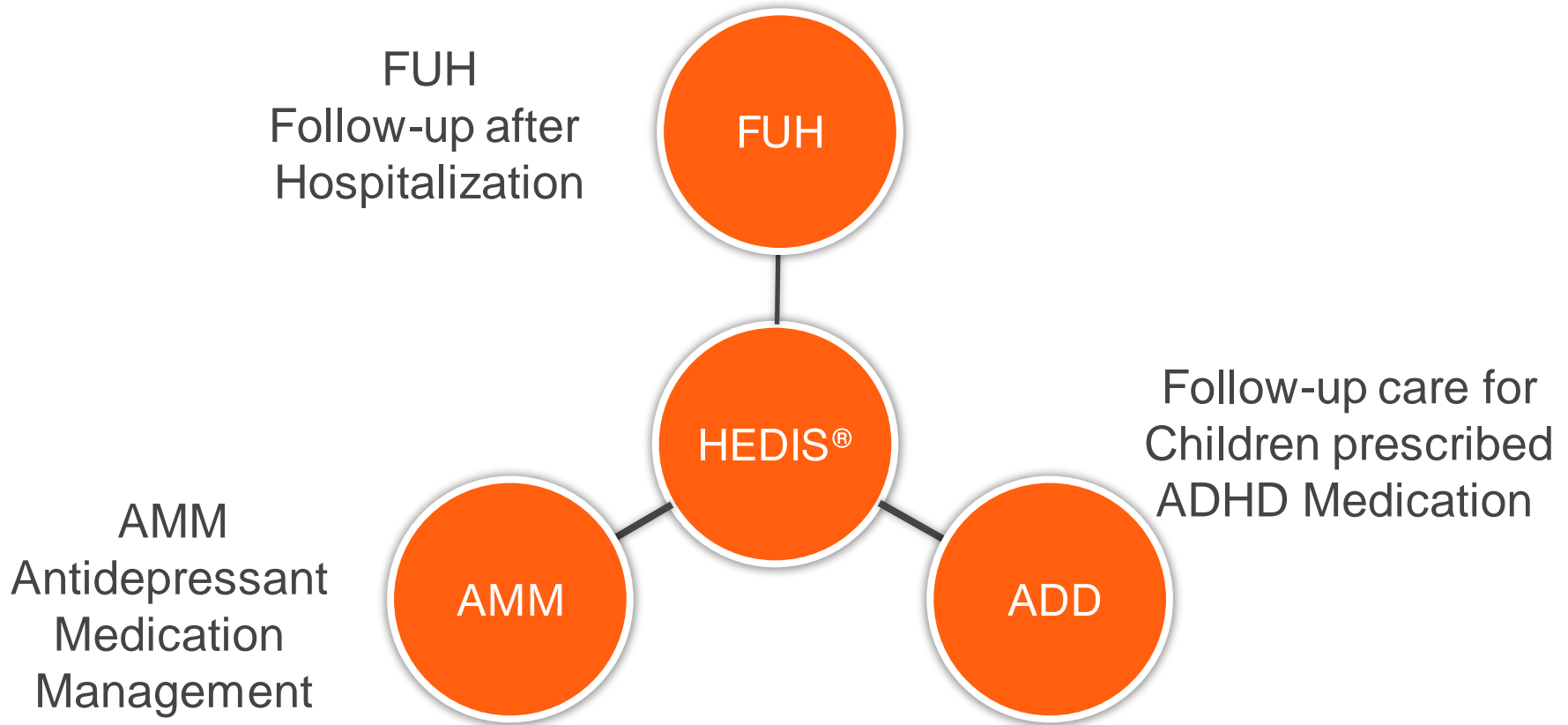
Quality Improvement



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Quality Program: HEDIS® Measures



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.



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
- 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 at providerexpress.com
- Fax: 1-844-342-7704
Attn: Quality Department
Email: 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



Provider Performance Reviews: Documentation

Documentation should include:

- Plan of Care with SMART Goals (reflective of progress/challenges)
- Start/Stop Time (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 (or other treating providers)
- Refusal of Care Coordination
- Substance Use Screening
- Legible (ideally EHR)
- Signed by Provider
- Discharge Plan



Billing and Claims



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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



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)



Electronic Claim Submission MCTAC Resources

- MCTAC PowerPoint presentation provides descriptions and instructions for every field required for a successful claim submission refer to:

North Country Managed Care and System Transformation Training

ctacny.org/sites/default/files/trainings-pdf/4.19.16-north-country.pdf

- Billing Overview: An interactive UB-04 form that walks through the components required to submit a clean claim

MCTAC Billing Tool

billing.ctacny.org/



MCTAC Billing Tool: Top section of UB-04 claim form

1 Billing Provider Information										2 Billing Provider designated Pay-To										3a PAT. CNTL #					4 TYPE OF BILL																																																																										
																				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 Patient Name										b Patient Address																																																																																									
b										c										d																																																																															
10 BIRTHDATE					11 SEX					12 DATE					13 HR					14 TYPE					15 SRC					16 DHR					17 STAT					18					19					20					21					22					23					24					25					26					27					28					29 AC STA				
31 CODE					32 CC					33 OCCURRENCE DATE					34 OCCURRENCE DATE					35 OCCURRENCE SPAN FROM					36 OCCURRENCE SPAN THROUGH					37																																																																					
Birthdate					Sex																																																																																														
38										39 VALUE CODES CODE					40 VALUE CODES CODE					41 VALUE CODES CODE																																																																															
										a					b					c					d																																																																										
										Rate code 24					4 digit rate code For paper claim after the delimiter .00																																																																																				
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																																																																					



MCTAC Billing Tool: Bottom section of UB-04 claim form

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
							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	
66 DX							
69 ADMIT DX	70 PATIENT REASON DX	a.	b.	c.	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		
80 REMARKS		81CC a			76 ATTENDING NPI	QUAL	
		b			LAST		Attending NPI, last name and first name
		c			77 OPERATING NPI		
		d			LAST		
					78 OTHER NPI	QUAL	
					LAST		Referring Provider
					79 OTHER NPI		
					LAST		

JB-04 CMS-1450 APPROVED OMB NO. 0938-0997

NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



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~)



Unlicensed Provider NPI Claims Submission

PAGE ____ OF ____		CREATION DATE		TOTALS	
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ADD. INFO	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
56 NPI	57 OTHER PRV ID	58 GROUP NAME	59 EMPLOYER NAME	60	61
58 INSURED'S NAME	62 INSR	63 TREATMENT AUTHORIZATION CODES	64	65	66
67	68	69 ADMIT DX	70 PATIENT REASON DX	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102

76. Attending Provider

- Attending Provider NPI and Qual
- Attending Provider - Last Name/First Name

REQUIRED

If the individual licensed practitioner is Medicaid enrollable* they must enroll and use their individual NPI number on claims. If the individual practitioner is unlicensed or not a licensed enrollable Medicaid practitioner* the OMH (02249154), OASAS (02249145), or OCFS (05448682) unlicensed practitioner ID may be used.

For Electronic/EDI Claims: When submitting claims utilizing an unlicensed practitioner ID as Attending, providers will submit the NM1 Attending Provider Loop Z310A 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 unlicensed practitioner ID
- (example: REF*G2*02249145-)

* There are certain licensed/credentialed practitioners that cannot become a Medicaid provider: Licensed Master Social Worker (LMSW), Licensed Marriage and Family Therapist, Licensed MH Counselor, Licensed Creative Arts Therapist, Applied Behavioral Analyst, Credentialed Alcohol and Substance Abuse Counselor (CASAC), and Peer.

72 ECI	a	b	c	73
75	76 ATTENDING	NPI	QUAL	
	LAST		FIRST	
	77 OPERATING	NPI	QUAL	
	LAST		FIRST	
	78 OTHER	NPI	QUAL	
	LAST		FIRST	
	79 OTHER	NPI	QUAL	
	LAST		FIRST	

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

72 ECI	a	b	c	73
75	76 ATTENDING	NPI	QUAL	
	LAST		FIRST	
	77 OPERATING	NPI	QUAL	
	LAST		FIRST	
	78 OTHER	NPI	QUAL	
	LAST		FIRST	
	79 OTHER	NPI	QUAL	
	LAST		FIRST	

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



Example: PROS Cross Walk

Claim 1

Description	Field on UB-04
Rate Code 4521 (in header)	39
H2019 Px Code	44
U2 Modifier	44
13-27 Units (at line level)	46
Modifier Definitions	

Claim 2

Description	Field on UB-04
Rate Code 4525 (in header)	39
T1015Px Code	44
HE Modifier	44
1 Unit (at line level)	46
Modifier Definitions	

Prog	Rate Code	Rate Code / Service Title	Px Code	Modifiers	Units of Service	Modifier Definitions
PROS	4521	PROS COMM REHAB SRVCS 13-27 UNITS	H2019	U2	13-27	Level 2 (state-defined)
	4525	PROS CLIN TRMT ADD-ON	T1015	HE	1	Mental health program



Example: PROS Cross Walk - Claim 1

Claim 1

- Value Code 24
- Rate code 4521 in the header (Field 39 on UB-04)
- HCPCS/CPT Code H2019 plus U2 (Level of Care) Modifier (Field 44)
- 13-27 units at the line level (Fields 44 and 46)

The image shows a UB-04 form with a red box highlighting the Value Codes section (fields 39-41). A red arrow points from this box to a detailed view of the Value Codes section below.

The detailed view of the Value Codes section shows the following data:

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODE AMOUNT
24		4521	

44 HCPCS / RATE / ICDPS CODE	45 SERV. DATE	46 SERV. UNITS	47
H2019U2		13-27	

Annotations in the image:

- Value Code** points to field 39 (24).
- Rate Code** points to field 40 (4521).
- HCPCS** points to field 44 (H2019U2).
- Units** points to field 46 (13-27).
- U2 Modifier** is labeled below the HCPCS code.



Example: PROS Crosswalk - Claim 2

Claim 2

- Value Code 24
- Rate Code 4525 in the header (Field 39 on UB-04)
- Px Code T1015 (Field 44)
- Modifier HE (Field 44)
- 1 Unit at the line level (Field 46)

The image shows a UB-04 form with a red box highlighting the Value Codes section (fields 39, 40, and 41). A red arrow points from this section to a detailed view of the Value Codes section below.

39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	24	4525			
b					
c					
d					

Below the Value Codes section, the HCPCS code T1015HE is highlighted in a red box, and the Service Units field (46) is also highlighted in a red box with the value 1.

Rate Code

Value Code

HCPCS

HE
Modifier

Service
Units



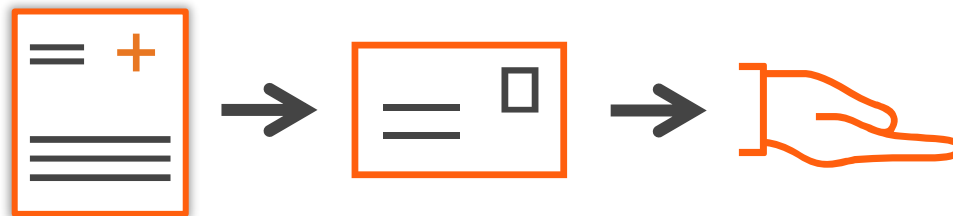
Claims Submission

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 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
- Provide: Name, Tax ID, Claims Volume, Single or Multi-Payer Interest



Children's Social Emotionally Disturbed (SED) Clinics

Rate Codes are applicable only for NYS OMH SED Designated Clinics for Medicaid Managed Care SED children only.

OMH SED Clinic Rate Codes	Non Hospital *	Hospital	FQHC
SED Child Base Rate	1510	1519	4601
SED Child Off-Site Base Rate	1513	1525	N/A
SED Child Health Services (e.g., Health Monitoring, Health Physicals)	1477	1591	N/A
SED Child Crisis Intervention	1585	1582	N/A
OMH Clinic Rate Codes Exempt from Utilization Threshold Counts			
SED Child Off-Site Base Rate	1513	1525	N/A
SED Child Health Services	1477	1591	N/A
SED Child Crisis Intervention	1585	1582	N/A

For more information refer to:

omh.ny.gov/omhweb/clinic_restructuring/clinic_rate_codes.html

* Non Hospital includes Diagnostic & Treatment Center (DT&Cs), Local Government Unit (LGUs), Freestanding Article 31s, and may be claimed using either the Health Services rate codes or the Clinic Rate Codes



CFTSS: Crisis Intervention

Services	Rate Code	Billing Unit
Crisis Intervention, One Licensed Practitioner	7906	15 Min
Crisis Intervention , One Licensed Practitioner and One Peer Support	7907	15 Min
Crisis Intervention, Two Licensed Practitioners	7908	15 Min
Crisis Intervention 90-180 Minutes, Two Clinicians, One is Licensed	7909	Per Diem
Crisis Intervention Per Diem, Two Clinicians, One is Licensed	7910	Per Diem



CFTSS: Youth Peer Support and Training (YPST) and Family Peer Support Services (FPSS)

Services	Rate Code	Billing Unit
YPST Service Professional	7917	15 Min
YPST Service Professional Group	7918	15 Min
FPSS Service Professional	7915	15 Min
FPSS Service Professional Group	7916	15 Min
YPST/FPSS Offsite	7923	15 min
YPST/FPSS Offsite Group	7930	15 Min



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



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 diagnostic code 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 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



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



MCTAC Home Page

ctacny.org



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

OASAS Billing Guidance

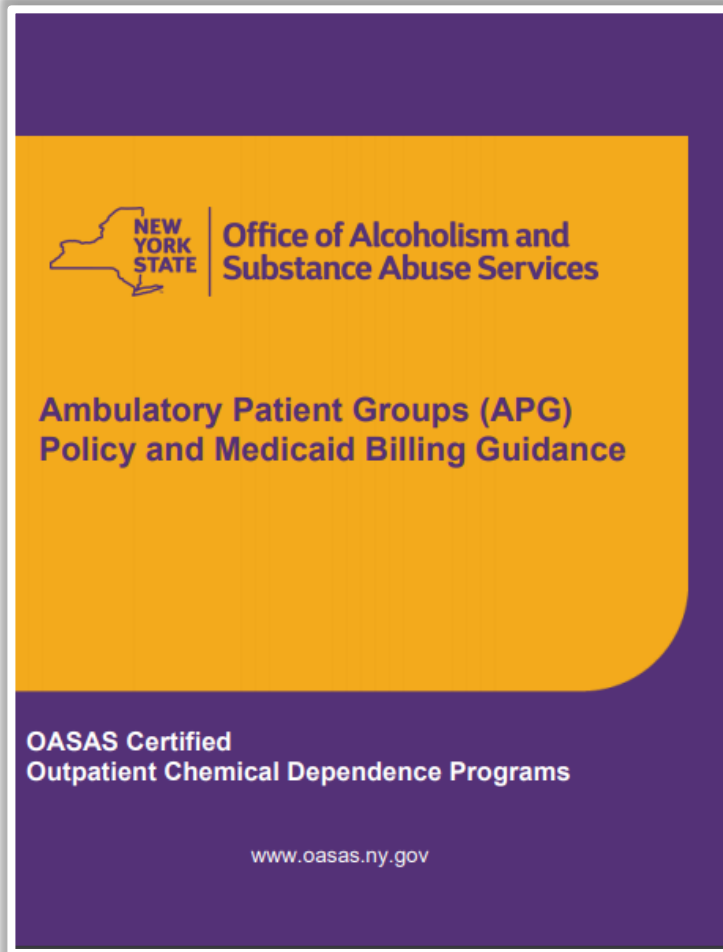


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[oasas.ny.gov/admin/hcf/APG/documents/APGManual.pdf](https://www.oasas.ny.gov/admin/hcf/APG/documents/APGManual.pdf)



Billing Behavioral Health Medicaid Services Under Managed Care

Claiming Guidance for OMH and OASAS Clinics, OPT, PROS and ACT

omh.ny.gov/omhweb/bho/claiming-guidance-for-clinics.pdf

Continuing Day Treatment Billing Regulations

[govt.westlaw.com/nycrr/Document/I5037a9c7cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](http://govt.westlaw.com/nycrr/Document/I5037a9c7cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))



Provider Portals and Online Resources



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UHC On-Line Resources

- providerexpress.com
 - ✓ Demographic Updates
 - ✓ Guidelines and Policies
 - ✓ Best Practice Guidelines
 - ✓ Network Manual
 - ✓ Trainings & Resources
 - ✓ Sentinel Events Reporting Form
- uhccommunityplan.com
 - ✓ 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®
- uhcprovider.com
 - ✓ Check member eligibility
 - ✓ Check claim status and payments
 - ✓ Claims Reconsideration
 - ✓ Electronic Data Interchange (EDI) information
 - ✓ Tools and Resources
- liveandworkwell.com
 - ✓ Search for Providers in the Network
 - ✓ Confidential Work/Life Resource Center
 - ✓ Offers Interactive Assessments
 - ✓ Medication Database
 - ✓ Self – Help Resources



Provider Express: Public Pages

The screenshot shows the OPTUM Provider Express website. The navigation menu includes: Home, About Us, Clinical Resources, Admin Resources, Video Channel, Training, and Our Network. A search bar is located in the top right. The main banner features the text "Welcome to the Network is now State-Specific Provider Information" and a "More >>" button. A callout box points to "State-Specific Provider Information" with the subtext "State-Specific Provider Information information for UBH/Optum netw". A sidebar on the right lists "Transactions" such as Eligibility & Benefits, Claims, Authorizations, Appeals, My Practice Info, and and More.... The footer contains sections for Admin News, Product-Specific News, Working Together, and Quick Links.

Other Information Available:

- Clinical Guidelines
- Provider Manuals
- Required Forms
- Webinars
- Archived Trainings

providerexpress.com



Provider Express: New York Page

Home > Our Network > State-Specific Provider Information > 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)

- COC Flyer 
- COC Checklist 

Optum Network Manual

- Network Manual

Level of Care Guidelines

- LOC Guidelines

New York Medicaid Provider Resources - Adults

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

New York Medicaid Provider Resources - Under the age of 21

- General Information
- Quality Improvement
- Provider Training Materials
- Clinical Information

providerexpress.com/content/ope-provexpr/us/en/our-network/welcomeNtwk/wNY.html



Provider Express: Log Into Private Pages

The screenshot shows the Optum Provider Express website. At the top left is the Optum logo and the text "OPTUM® Provider Express". In the top right corner, there are links for "Log In | First-time User", "Global", and "Site Map". Below the logo is a search bar with a "Search" button. A navigation menu includes "Home", "About Us", "Clinical Resources", "Admin Resources", "Video Channel", "Training", "Our Network", and "Contact Us". A secondary "Home" link is located below the navigation menu. A red box highlights the "Log In | First-time User" link in the top right, with an arrow pointing to a larger red box in the center of the page that also contains the "Log In | First-time User" link. Another red box on the right side of the page contains the text "To Set a UserID, select 'First Time User' link" with an arrow pointing to the central red box. The main content area features a large banner for "Substance Use Disorder Helpline" with the phone number "1-855-780-5955" and a "More >>" button. To the right of the banner is a "Transactions" sidebar with a list of items: "Eligibility & Benefits", "Claims", "Authorizations", "Appeals", "My Practice Info", and "and More....". At the bottom, there are three news sections: "Admin News" (with a "NEW" tag), "Product-Specific News" (with a "NEW" tag), and "Working Together" (with a "NEW" tag). A "Quick Links" section at the bottom right contains a link for "Navigating Optum".



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)

Provider
Express
Support

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.



Provider Express Support

Click here for
live chat 

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

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

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or chat with Tech Support online



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BH2627_02/2020



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

liveandworkwell: Provider Directory

Home Personal Life Mind & Body Crisis Support Find a Resource

- Provider
- virtual visits
- Childcare
- Eldercare
- Forms
- Native American Support
- Asian and Pacific Islander Support

YOUR RESOURCE FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Find the support you need for your best life.

Behavioral Health Care Search

Get started

[Find a virtual visit provider](#)

The Suicide Prevention Hotline is 1-800-273-8255. There is always someone available to talk.

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

[Contact Information](#)

Select "Provider"



liveandworkwell: Provider Directory

Live and Work Well

English ▾

Welcome!

UnitedHealthCare Community Plan of New York Behavioral Health Provider Search

We recommend providers be contacted to ensure they provide care for services you are requesting.

Choose one

United HealthCare Community Plan New York Adult
United HealthCare Community Plan New York Under 21

Submit

Choose to search the directory for Providers for Adult Services or Provider for Under 21

Resources

[Live and Work Well About Us](#) 

[Member Rights](#) 

[Disclaimer](#)

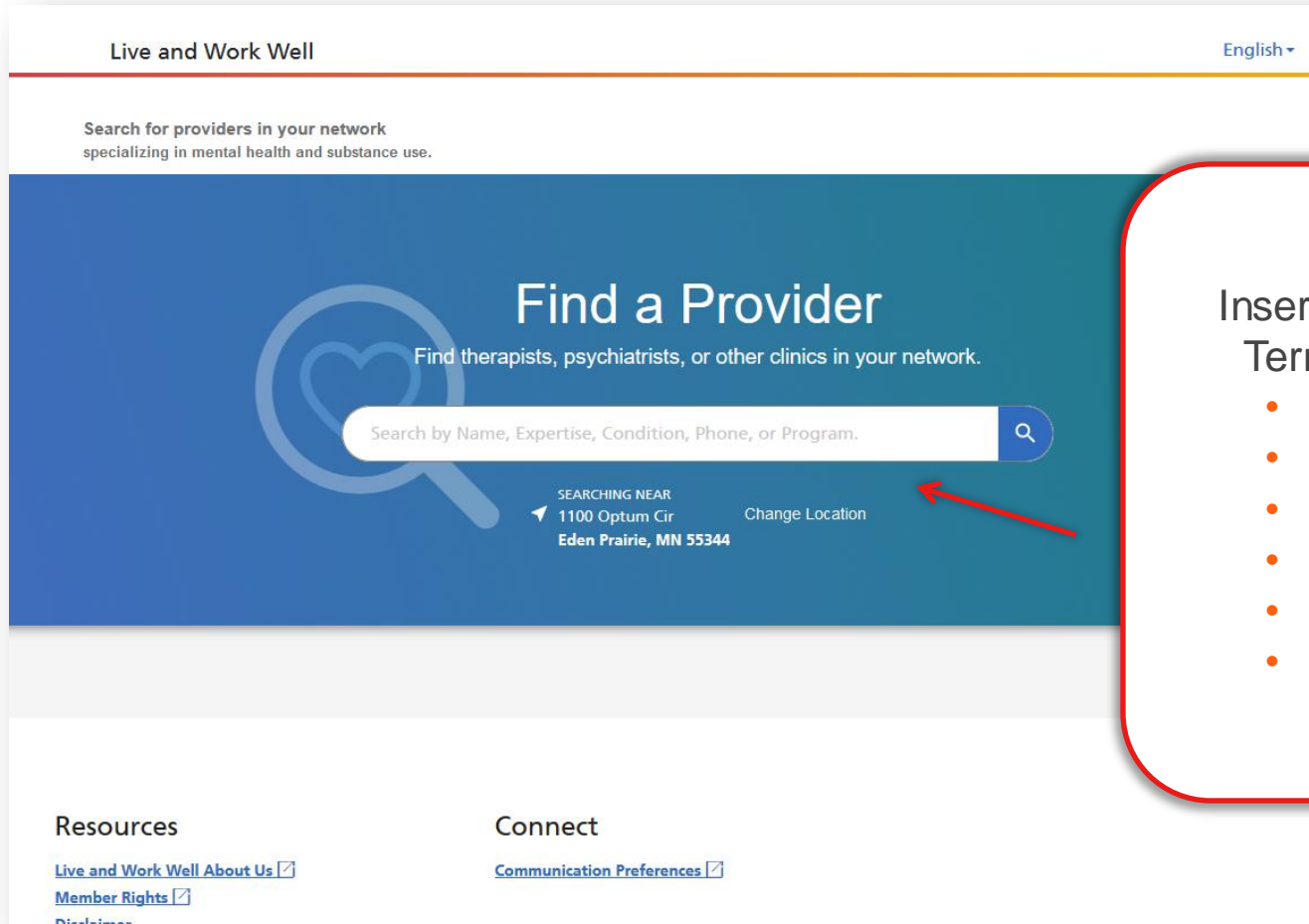
[Glossary](#)

Connect

[Communication Preferences](#) 



liveandworkwell: Provider Directory



Live and Work Well English ▾



Search for providers in your network
specializing in mental health and substance use.


Find a Provider

Find therapists, psychiatrists, or other clinics in your network.

Search by Name, Expertise, Condition, Phone, or Program.

SEARCHING NEAR
1100 Optum Cir
Eden Prairie, MN 55344 [Change Location](#)

Resources
[Live and Work Well About Us](#) 
[Member Rights](#) 
[Disclaimer](#)

Connect
[Communication Preferences](#) 

Insert Search Key
Terms such as:

- Name
- Expertise
- Condition
- Phone number
- Program
- Location



liveandworkwell: Provider Directory

Live and Work Well

English ▾

Search Filters

Search for providers in your network specializing in mental health and substance use.

Enter Provider Name or Search Term

Find a Provider

Find therapists, psychiatrists, or other clinics in your network.

Search by Name, Expertise, Condition, Phone, or Program.

Parsons

SEARCHING NEAR

Albany, NY, USA

Update Location Cancel

Update Search Location

CLEAR ALL FILTERS

- Accepting New Patients
- virtual visit (Online Therapy)
- Board Certified
- Platinum Rating
- Preferred SUD Program
- Express Access Provider
- Federally Qualified Health Center
- Schedule Online
- Provider Type ▾

Search Filter

Relevance

Distance

A-Z

Z-A

Search Filter

- 1 Mile
- 2 Miles
- 10 Miles
- 25 Miles
- 100 Miles
- Entire USA



liveandworkwell: Provider Directory

Live and Work Well

English ▾

Search for providers in your network

specializing in mental health and substance use.

Please click "Add Filters" and select "Age Group" for the service that you are looking for. Please contact the selected provider to confirm they treat the requested age group.

Search by Name, Expertise, Condition, Phone, or Program.

parsons



SEARCHING NEAR

Washington Ave & Hawk S
Albany NY, 12207

Change
Location

Add Filters ▾

Sort By

Relevance ▾

Within

25 Miles ▾



My Favorites (0) Map



200 RESULTS WITHIN 25mi We recommend filtering your search.

All Results are In-Network

Rows per Page: 25 ▾

1-25 of 200



Parsons Child and Family Center

PROVIDER GROUP

GROUP PRACTICE

(518) 431-1650



Accepting New Patients



570 N Pearl St
Albany NY 12204

1.6 Miles



Parsons Child and Family Center

PROVIDER GROUP

GROUP PRACTICE

(518) 431-1650

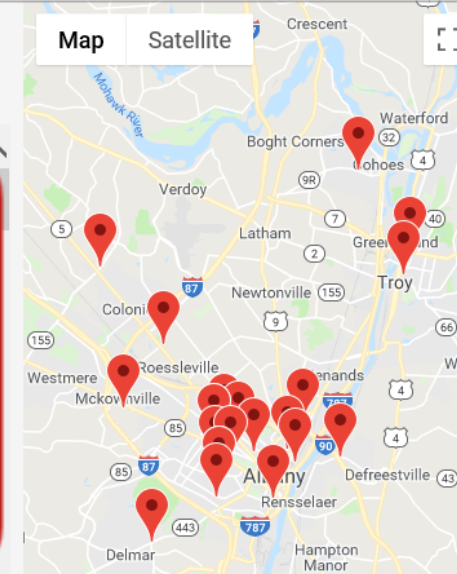


Accepting New Patients



650 Warren St
Albany NY 12208

1.6 Miles





Video broadcasts for care providers

UHC On Air offers you access to live and on-demand education and training videos you can watch anywhere, anytime, from any device. Our programs include these topics and many more:



UHC On Air access

Get Access



1 Sign into Link by going to UHCprovider.com and clicking on the Link button in the top right corner. Then, select the **UHC On Air app** on your Link Dashboard.



2 Select the **UHC News Now channel** to view national UnitedHealthcare broadcasts featuring Medicare, Medicaid and commercial benefit plans, programs and services.



3 Select your **state-specific channel** to see local programming. After selecting your state-specific channel, you'll see videos categorized by plantype.

Children's Medicaid System Transformation Information

Additional information regarding the service transformation is available on the New York State Department of Health Website. Examples include:

- Transformation Webinars
- Children's Medicaid and Behavioral Health System Transformation Updates
- Children's Health Home Webinars
- Training and Technical Assistance
- Children's Transition Timeline and Family Treatment and Support Services Rates

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/web-info_child_mst.htm



Additional Guides and Resources Department of Health

Children's Behavioral Health Transition to Managed Care

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm

Children and Family Treatment and Support Services (CFTSS)

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

Health Home Program Updated Billing Guidance

health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/update_bill_guidance.pdf



Additional Guides and Resources Office of Mental Health

Children's CFTSS Provider Designation Information:

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf

Children and Family Treatment and Support Services (CFTSS):

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

Approved Rates and Rate Codes:

omh.ny.gov/omhweb/medicaid_reimbursement/

New York State Health and Recovery Plan (HARP) / Mainstream Behavioral Health Billing and Coding Manual Billing and Coding Manual:

omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf

OMH and OASAS Supported On-Line Trainings are available through the Center for Practice Innovation (Children's Trainings are coming live soon):

practiceinnovations.org



Office of Alcoholism and Substance Abuse Resources

OASAS Ambulatory Patient Groups (APG) Policy and Medicaid Billing Guidance document

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

Integrated Outpatient Services – Implementation

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-08-12_integrated_care_faqs_clean.pdf

Medicaid APG Per Service Rate Chart OASAS

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf

OASAS Managed Care Website

https://www.health.ny.gov/health_care/managed_care/quality_strategy.htm

OASAS Free Learning and Development Opportunities

<http://www.acces.nysed.gov/vr/substance-use-disorders-and-vocational-rehabilitation-implications>



Questions?

Thank you

Contact information

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UnitedHealthcare Community Plan

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