



# Welcome to UnitedHealthcare 29-I/VFCA Provider Orientation



# Welcome to UnitedHealthcare Behavioral Health Provider Orientation

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# Welcome to UnitedHealthcare Behavioral Health Provider Orientation

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# Welcome to UnitedHealthcare

# Our United Culture

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

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## Committed to Improving

Access    Affordability    Outcomes    Experience

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## Foundational Competencies

Information    Technology    Clinical Excellence

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## Our United Culture

Integrity + Compassion + Relationships  
Innovation + Performance

# Our Commitment to Diversity, Equity and Inclusion



## Advancing Equity to the Next Level

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



## Inclusion & Diversity Center of Excellence

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



## UnitedHealthcare Culture, Inclusion & Diversity Council

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

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

# UnitedHealthcare Community Plan



## Who are we

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



## UnitedHealthcare Plan of New York

Available in 43 counties across all regions of New York State



## What we do

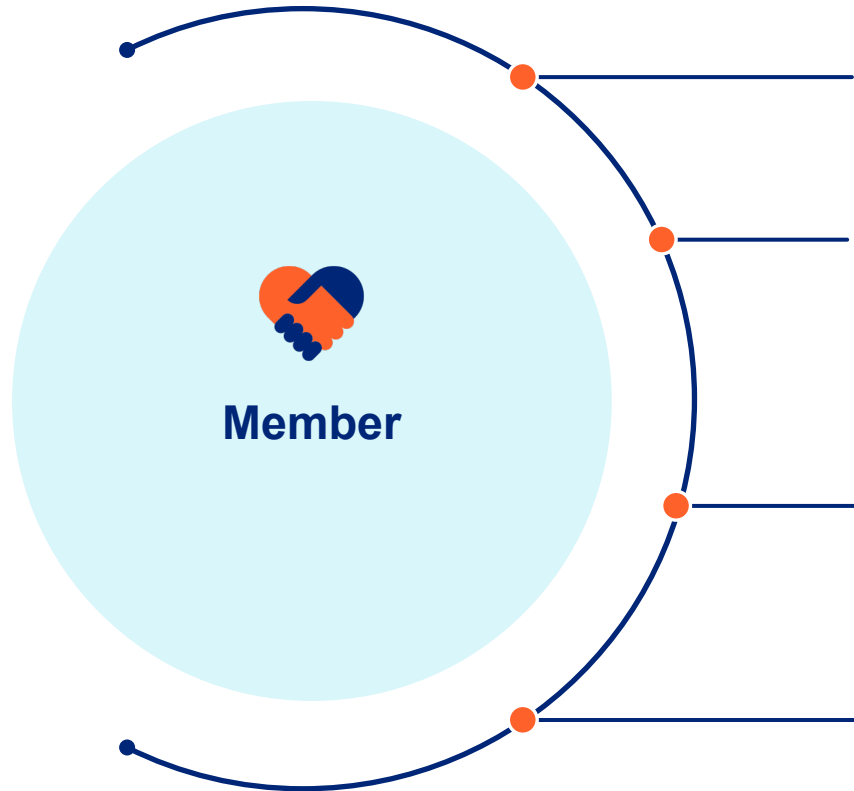
Our “whole person” approach to care means understanding how each individual’s circumstances in life impact their health and well-being



## Members we serve

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

# Our Goals



## Recovery Focused

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

## Improve Access to Care

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

## Integrated Physical & Behavioral Health

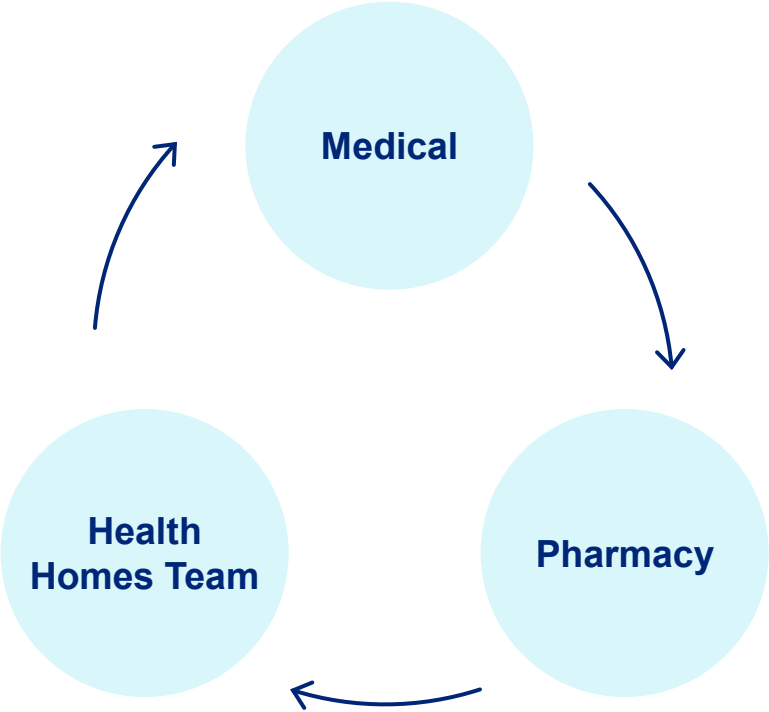
- Integrated person-centered care plans
- Broaden provider focus
- No wrong door access to care

## Manage Cost

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

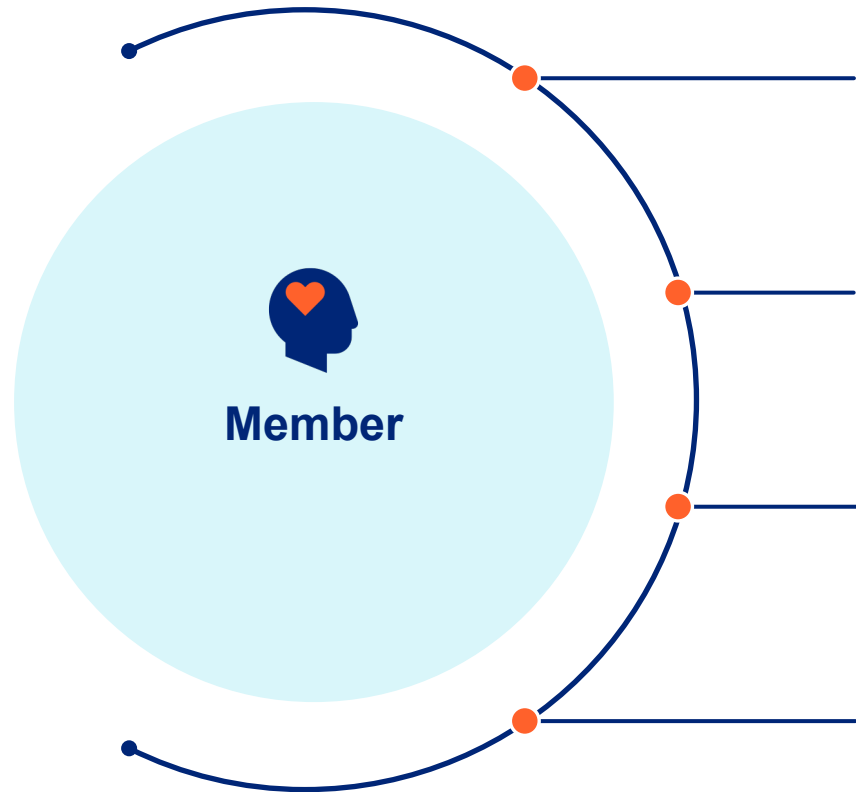


# Behavioral Health Engagement across Matrix



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

# Behavioral Health



## Provider Relations

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

## Utilization Management

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

## Case Management

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

## Quality Management

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

# Provider Relations

## Network Management Activities

# Working with Provider Relations



**Email the general mailbox:**

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

**Find the Network Manager assigned to your region:**

[matrix.ctacny.org](http://matrix.ctacny.org)

## Provider Relations

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**Network Manager can assist with:**

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

## Re-credentialing

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**Process:**

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

# NYS OMH & OASAS Provider Requirements



## OMH & OASAS Requirement

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



## Center for Practice Innovation (CPI) – BH Providers

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



## US Department of Health & Human Services – Medical Providers

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



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

# Provider Approach to Serving Member



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



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



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



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

# Evidenced Based Practice

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

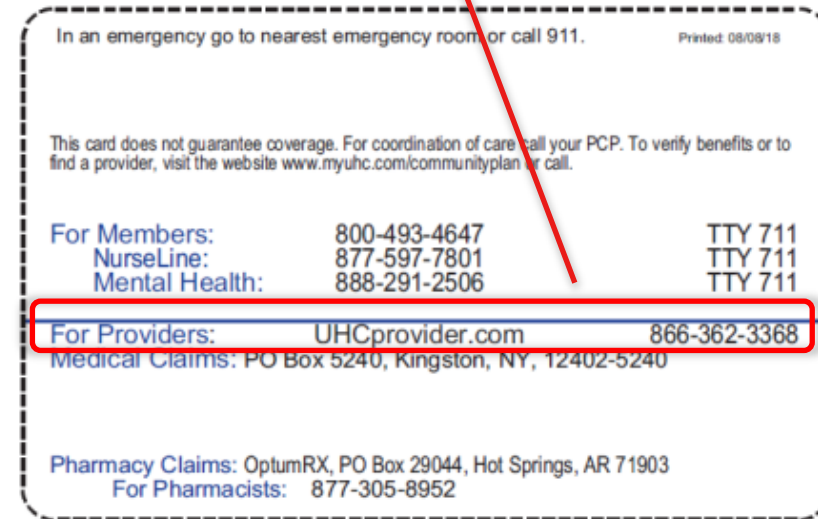
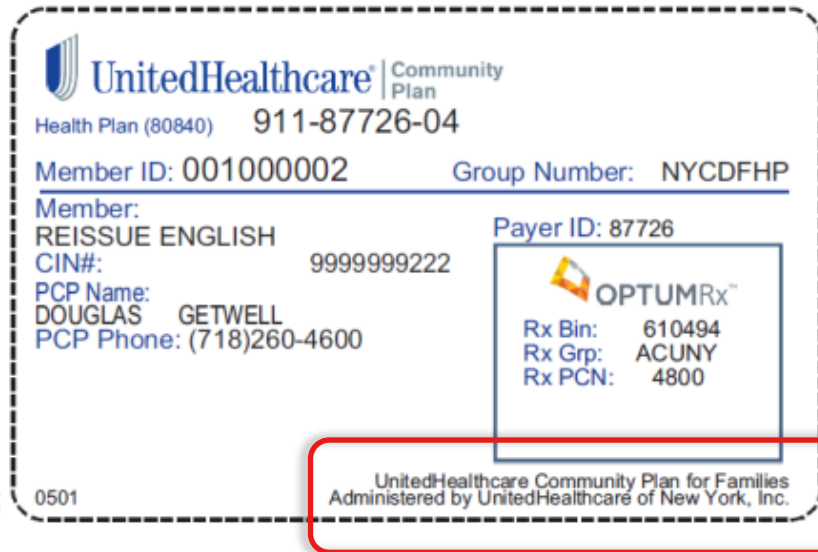
<p>NYS Office of Mental Health (OMH) endorsed EBP Resources</p>	<ul style="list-style-type: none"> <li>• <b>New York State Office of Mental Health (OMH) Practice Guidelines and Recommendations:</b> <a href="http://omh.ny.gov/omhweb/psyckes_medicaid/resources/clinician/tools/guidelines.html">omh.ny.gov/omhweb/psyckes_medicaid/resources/clinician/tools/guidelines.html</a></li> <li>• <b>Evidence Based Treatment Dissemination Center Funded by the NYS Office of Mental Health:</b> <a href="http://ideas4kidsmentalhealth.org/evidence-based-treatment-dissemination-center.html">ideas4kidsmentalhealth.org/evidence-based-treatment-dissemination-center.html</a></li> <li>• <b>Center for Practice Innovations (CPI):</b> <a href="http://practiceinnovations.org">practiceinnovations.org</a></li> <li>• <b>Community Technical Assistance Center (CTAC) and Managed Care Technical Assistance Center (MCTAC):</b> <a href="http://ctacny.org/trainings">ctacny.org/trainings</a></li> </ul>
<p>NYS Office of Addiction Services and Supports (OASAS) EBP Resources</p>	<ul style="list-style-type: none"> <li>• <b>Evidence-Based Prevention Programs Register:</b> <a href="http://oasas.ny.gov/providers/evidence-based-prevention-programs">oasas.ny.gov/providers/evidence-based-prevention-programs</a></li> <li>• <b>Professional Learning and Development:</b> <a href="https://oasas.ny.gov/training/professional-learning-and-development">https://oasas.ny.gov/training/professional-learning-and-development</a></li> <li>• <b>Learning Thursdays</b> (free and recurring online learning opportunities): <a href="http://oasas.ny.gov/learning-thursdays">oasas.ny.gov/learning-thursdays</a></li> <li>• <b>NY OASAS Training Catalog:</b> <a href="http://webapps.oasas.ny.gov/training/index.cfm">webapps.oasas.ny.gov/training/index.cfm</a></li> </ul>
<p>Additional information on how providers can access free Evidence Based Practice education and resources can be found on Provider Express:  <a href="http://providerexpress.com/content/dam/ope-provexpr/us/pdfs/ourNetworkMain/welcomeNtwk/NY/QRG%20EBP.pdf">providerexpress.com/content/dam/ope-provexpr/us/pdfs/ourNetworkMain/welcomeNtwk/NY/QRG%20EBP.pdf</a></p>	

# Member ID & Eligibility Verification



# UnitedHealthcare Membership Cards: Medicaid Mainstream (Children)


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



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

# Child Health Plus Membership Cards

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

 **UnitedHealthcare** | Community Plan


Health Plan (80840) 911-87726-04

Member ID: 001000005      Group Number: NYCHP

Member:  
NEW A ENGLISH

PCP Name:  
DOUGLAS GETWELL  
PCP Phone: (718)787-1017

Payer ID: 87726

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

0501

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

In an emergency go to nearest emergency room or call 911. Printed: 08/06/18

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

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 Kids**  
Administered by UnitedHealthcare of New York, Inc.

# 29-I/VFCA Security Access

## Gaining access to Secure Portal: myuhc.com



- Email address recommendation:  
Make sure the email address is assigned to the agency and not a specific staff member
- Agency Phone Number –  
Recommendation: use land line



Security Question recommendation:  
Use the MMIS number



Username: Should be associated with the child  
Example: Joe Smith

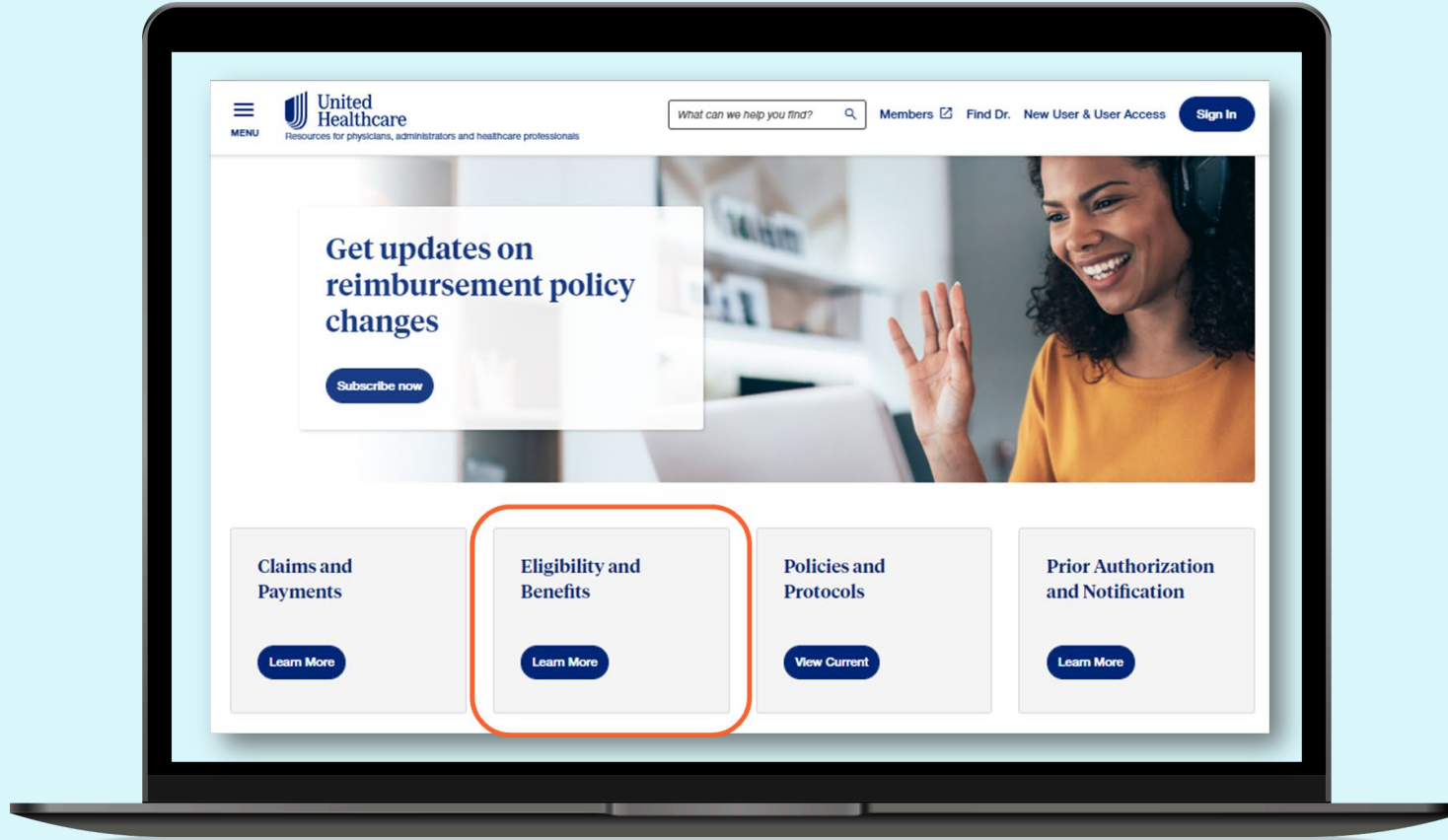
**Recommendation: Username for the Member's account should be personalized to include information such as the Member's birthday or last 4 digits of Social Security number, etc.**

## 29-I/VFCA Security Access (continued)



- Modifying Access to Secure Portal: myuhc.com. If there is a change in case assignment, access should be reassigned & updated in the Member's account.
- Updating the Member's account should be incorporated into the Member's Discharge Plan.
- Reasons an account may need to be changed:
  - ✓ Child moves to another VFCA
  - ✓ Child moves to LDSS county
  - ✓ Child discharged to home
  - ✓ Child ages out
- Information that will need to be updated in the Member's account to transfer access includes:
  - ✓ New email address
  - ✓ New phone number
  - ✓ New security Questions
  - ✓ New password

# Member Eligibility Verification



Providers are required to check eligibility with UnitedHealthcare to ensure services is eligible for payment: [uhcprovider.com](https://uhcprovider.com)

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## Medicaid Eligibility Verification (MEV) System:

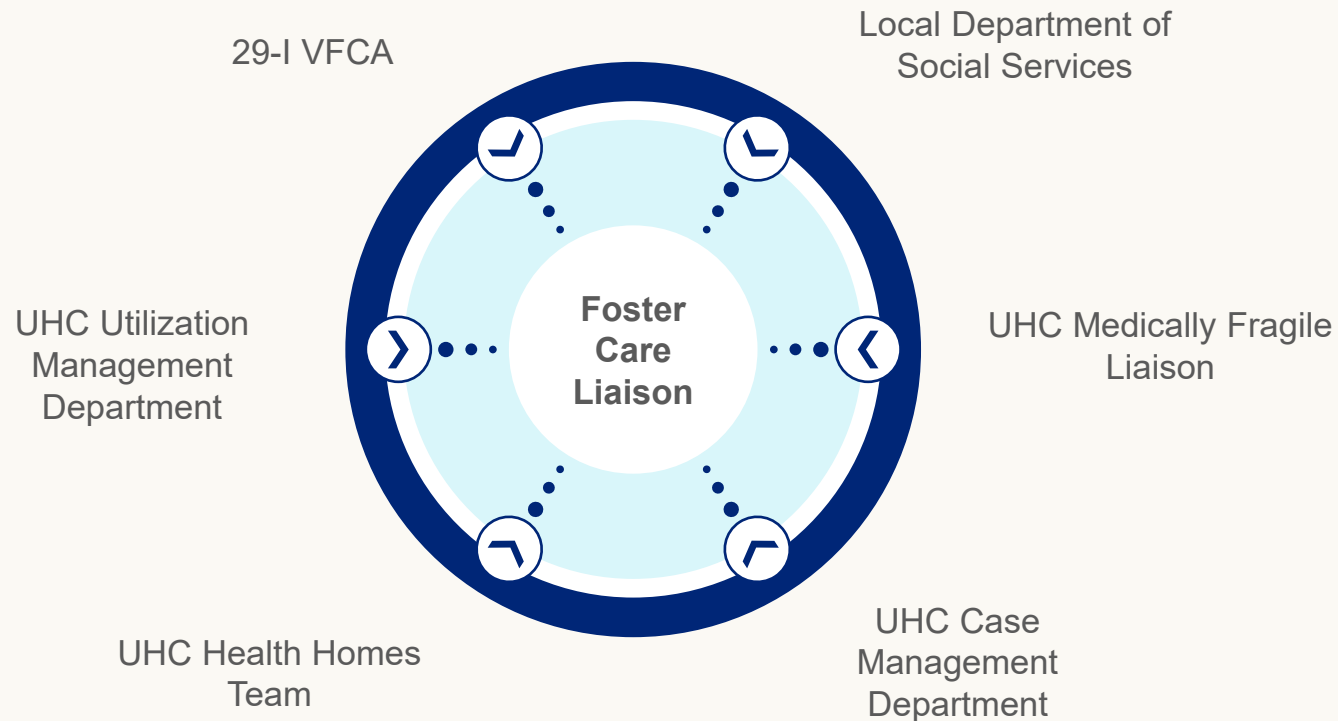


- Telephone
- ePaces
- X12 270/271 Health Care Benefit Inquiry and Response
- eMedNY Call Center **1-800-343-9000**

# Working with the UnitedHealthcare Foster Care Liaison

# UHC Foster Care Liaison

**The Foster Care Liaison (FCL) is the direct contact between the Plan and the VFCAs and LDSS**



The FCL is responsible for monitoring access to behavioral health, medical, dental, and vision for children in Foster Care

The FCL assists the FC agency in continuity of care for post FC permanency goals

# Foster Care Liaison Role



**Email the General Mailbox:**

[nyfostercare@uhc.com](mailto:nyfostercare@uhc.com)

**Foster Care Liaison:  
Dinaisha Person**

**1-855-883-5403** (between 8:30 a.m. - 5 p.m.)

**After Hours Contacts:**

**Providers: 1-866-362-3368** select option 8

**Members: 1-800-493-4647** select option 8

## Foster Care Liaison (FCL)

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- UHC Foster Care Liaison (FCL) is the direct contact for the 29-I Health Care Facility Managed Care Liaisons and LDSS and is responsible for monitoring access for children in foster care
- The FCL will assist with enrollment, disenrollment and access to care issues
- The FCL is responsible for ensuring immediate issuance of a Welcome Letter or other temporary identification showing the effective date of enrollment or a replacement insurance identification
- The FCL will work to ensure that there are no gaps in services for foster care children, including facilitating Single Case Agreements (SCA) with OON providers with expertise treating children in foster care when necessary



# 29-I Health Care Facilities/VFCAs Services Notification

# Transmittal Forms

Transmittal Form should include essential information listed below:

- 29-I Health Facility evaluations
- Member demographic fields (known)
- Medicaid Client Identification Numbers (known)
- Responsible party information
- Discharge contact information: The Discharge Resource/Legal Guardian's name and address are able to be entered on the Transmittal Form at Final Discharge of a child/youth from foster care
- PCP information
- Identify movement type
- Other pertinent clinical or medical information- examples: long term services & support (LTSS), durable medical equipment (DME), orthodontic needs

For more information about the Transmittal Form or for detailed instructions for completion and submission go to:

[29i transmittal form and instructions.pdf \(ny.gov\)](#)

**Submit Transmittal Forms to: [americhoice\\_ny\\_chp@uhc.com](mailto:americhoice_ny_chp@uhc.com)**



## Post Discharge: Under 21 Years Old

Children/youth who are discharged from 29-I Health Facility may continue to receive OLHRS from any 29-I Health Facility up to one-year post discharge.

These services may continue beyond the one-year post discharge date, if any of the following apply:

- Child/youth is under 21 years old and in receipt of services through the 29-I Health Facility for an Episode of Care and has not yet safely transitioned to an appropriate provider for continued necessary services
- Child/youth is under 21 years old and has been in receipt of CFTSS or Children's HCBS through the 29-I Health Facility and has not yet safely transitioned to another designated provider for continued necessary CFTSS or HCBS in accordance with their plan of care



## Post Discharge: 21 Years or Older

If enrollee is 21 years or older, 29-I Health Facilities may continue to provide OLHRS when the following applies:

- Enrollee has been placed in the care of the 29-I Health Facility and has been in receipt of OLHRS prior to their 21st birthday, and the Enrollee has not yet safely transferred to another placement or living arrangement
- Enrollee and/or their authorized representative is compliant with a safe discharge plan
- 29-I Health Facility continues to work collaboratively with the MMCP to explore options for the Enrollee's safe discharge, including compliance with court ordered services, if applicable



# Discharge from Foster Care Or Disenrollment from a MMCP



- A 29-I Health Facility may request disenrollment for a child/youth at any time.
- All disenrollments are effectuated by NYMC, the LDSS or the State.
- The 29-I Health Facility must notify the FCL in advance of discharge
- All discharges and disenrollments must be communicated through a Transmittal Form

## Discharge from Foster Care

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- When a child/youth is preparing for discharge from foster care, the 29-I Health Facility MMCP Liaison must notify the MMCP Foster Care Liaison who will coordinate discharge planning with the 29-I Health Facility Liaison(s) and any Health Home Care Manager
- If at the time of discharge from foster care, the child/youth is in receipt of Children's Waiver HCBS; long-term services and supports (LTSS); or the child/youth is in an ongoing course of treatment for a behavioral health, disabling or chronic condition, the FCL will coordinate with the 29-I Health Facility MMCP Liaison and the Health Home Care Manager or the Children and Youth Evaluation Service, if applicable, to ensure continuity of care
- OLHRS services for members over 21+ can be considered

## Disenrollment from a MMCP

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- If at the time of disenrollment, the child/youth is in receipt of Children's Waiver HCBS; long-term services and supports (LTSS); or the child/youth is in an ongoing course of treatment for a behavioral health, disabling or chronic condition. The FCL will prepare a discharge plan to assure continuity of care
- The FCL will coordinate with the 29-I Health Facility and the new MMCP so that the new plan is aware of the transition and the current treatment plan can be coordinated
- Transmittal Forms are requested for MMCP transfers

**Submit Transmittal Forms to: [americhoice\\_ny\\_chp@uhc.com](mailto:americhoice_ny_chp@uhc.com)**

# 29-I Health Facility/VFCA Covered Services

# Core Limited Health-Related Services (CLHRS)

All licensed Article 29-I Health Facilities are required to provide, or make available through a contract arrangement, all Core Limited Health-Related Services.

Below are categories of services covered by Article 29-I Health Care Facilities:

- Core Limited Health-Related Services (Mandatory)
- Skill Building Licensed Behavioral Health Practitioner (LBHP)
- Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- Clinical Consultation and Supervision
- Managed Care Liaison/Administration

**As of January 1, 2023 – CLHRS are covered for Foster Care members with CHP**

## Other Limited Health Related Services (OLHRS)

Below are categories of services covered by Article 29-I Health Care Facilities:

- Other Limited Health-Related Service (Optional)
- Screening, diagnosis and treatment services related to physical health
- Screening, diagnosis and treatment services related to developmental and behavioral health
- Immunizations & Laboratory tests
- Children and Family Treatment and Support Services (CFTSS)
- Children's Home and Community Based Services (HCBS)
- Medical Nutrition Therapy

For more information about the services covered under the 29-I Health Facility/VFCA transition, refer to the UnitedHealthcare Provider Manual: [Transition of Children Placed in Foster Care and 29-I Health Facilities into Medicaid Managed Care \(ny.gov\)](#) April 2023



# Required Initial Health Care Assessments

Activity	Time Frame	Mandated Activities	Performed By
Initial screening/ screening for abuse/ neglect	24 hours	X	Health Practitioner (preferred) or child welfare caseworker
For children under the age of 13, conduct HIV risk assessment	5 days	X	Child Welfare Caseworker or designated staff
Initial medical assessment	30 days	X	Health Practitioner
Initial dental assessment	30 days	X	Health Practitioner
Initial mental health assessment	30 days	X	Mental Health Practitioner
Family Planning Education and Counseling and follow- up health care for youth aged 12 and older (or younger as appropriate)	30 days	X	Health Practitioner
Initial developmental assessment	45 days	X	Health Practitioner
Initial substance abuse assessment	45 days	X	Health Practitioner
Follow-up health evaluation	60 days	X	Health Practitioner

Reference: [vfca mmc transition policy paper.pdf](#)

# Care Management

UnitedHealthcare Case Management  
Collaboration with Health Home Partners

# Health Homes for Children



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

## **Value of Health Home Care**

**Management Services:** assist the member to define health and behavioral health needs and gaps in care, and connect with providers who can address those needs

## **For a list of active Health Homes:**

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

## **Who can assist a member to access Health Home Care**

**Management Service:** Providers, PCPs, Specialists, ER and Inpatient Discharge Coordinators, and other community-based supports

## **How UHC works with contracted**

**Health Homes:** ongoing meetings that focus on trends, outcomes and member-specific concerns

## **If your member is not already**

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

## **Using data to target members in**

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

# UHC Behavioral Health Case Management Services



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



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



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



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

# UHC Case Management- Using Data to Target Members in Need



## Member- Kara T

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

## Referral Sent to Case Manager

A referral is sent to a Case Manager for outreach

## Case Manager Outreaches Member

Services are introduced and explained to member

## Member Enrollment

Member agrees to Case Management program enrollment

## Assessment Completed

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

## Referrals Made

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

## Kara's status is improving

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

# Utilization Management

## Prior Authorizations and Initial Notification \*

Service	Prior Authorization	Initial Notification	Concurrent Review
Core Limited Health Related Services	No	N/A	N/A
Other Limited Health Related Services, Behavioral Health	No	N/A	N/A
Other Limited Health Related Services Medical	No	N/A	N/A
Children and Family Treatment Support Services	No	N/A	N/A
Home and Community Based Services	No	Yes	Yes

Refer to the NY Medicaid Program 29-I Health Facility Billing guidance for more information about prior authorization and initial notification at the following link: [29i\\_billing\\_manual\\_final April 2023.pdf](#)

\* Applies to In-Network providers only. Out-of-Network providers need to contact UHC in order to initiate a Single Case Agreement

# Covered Children’s HCBS Benefits for Children: Mainstream Medicaid Under 21

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



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

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Psychiatric Services	No	Within 2 business days	Yes
Mental Health Partial Hospitalization	Yes	N/A	Yes
Applied Behavioral Analysis (ABA)	Yes	N/A	Yes
Assertive Community Treatment (ACT) (18+ years old) *	Yes	N/A	Yes
Assertive Community Treatment for Transitional Age Youth (ACT – TAY) (16–26 years old) *	Yes	N/A	Yes
Crisis Residence	No	Within 2-business days of admission	Yes
Inpatient Detoxification Services	No	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission
Inpatient Rehabilitation Services	No	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission
OASAS Residential Supports and Services (820) <ul style="list-style-type: none"> <li>• Stabilization</li> <li>• Rehabilitation</li> <li>• Reintegration</li> </ul>	Yes	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission

\*Please note: Prior Authorization for ACT services will discontinue June 20, 2023, as per State OMH guidance

# Mainstream Medicaid & HARP: OASAS services that require Prior Authorization or Initial Notification

Service	Prior Authorization	Initial Notification	Concurrent Review
Inpatient Detoxification	No	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission
Inpatient Rehabilitation	No	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission
OASAS Residential Supports and Services (820) <ul style="list-style-type: none"> <li>• Stabilization</li> <li>• Rehabilitation</li> <li>• Reintegration</li> </ul>	No	Within 2-business days of admission	Beyond 29 <sup>th</sup> day of admission
<p>Instructions for submitting initial notification for residential SUD services (820):</p> <ul style="list-style-type: none"> <li>• Provide notification within 2-business days of admission to SUD residential level of care. You must submit LOCADTR and Treatment Plan A through the PAAN portal or provide phone notification</li> </ul> <p>Members 18+ with <b>primary gambling diagnosis or primary SUD and secondary gambling diagnosis</b> are eligible to receive OASAS gambling treatment and recovery services at OASAS Gambling Designation Part 822 Outpatient and Part 820 stabilization and/or rehabilitation programs:</p> <ul style="list-style-type: none"> <li>• UM protocols are consistent with SUD services</li> <li>• Programs should utilize the gambling LOCADTR to determine need for admission and treatment and submit through the PAAN Portal or provide phone notification</li> </ul> <p>For more information: <a href="https://oasas.ny.gov/treatment/problem-gambling">oasas.ny.gov/treatment/problem-gambling</a></p>			

# Provider Notices

## Allowable Service Combinations

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



**HCBS:** [hcbs\\_manual\\_March\\_2023.pdf](#)

**CFTSS:** [updated\\_spa\\_manual.pdf](#)

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

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

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

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

# How to Obtain Authorization or Make Notification

<p><b>Electronic</b></p>	<ul style="list-style-type: none"> <li>• Electronic Prior Authorization, Notifications and Supporting Documentation (e.g., LOCADTR) can be submitted to: <a href="http://uhcprovider.com">uhcprovider.com</a> &gt; Health Plans by State &gt; New York &gt; UnitedHealthcare Community Plan of New York home page &gt; Prior Authorization and Notification Tool</li> <li>• For additional information on how to use the Prior Authorization and Notification (PAAN) system, go to: <a href="http://providerexpress.com">providerexpress.com</a> &gt; Our Network &gt; State-Specific Provider Information &gt; New York &gt; Clinical Information</li> <li>• <a href="http://uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html">uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html</a></li> <li>• <b>Existing Users:</b> must log in with username and password</li> <li>• <b>New Users:</b> New User Registration can be found by selecting “New User &amp; User Access” on: <a href="http://uhcprovider.com/paan">uhcprovider.com/paan</a></li> <li>• Quick Reference Guide and Other Helpful Resources and Videos and Training can be found at: <a href="http://uhcprovider.com/paan">uhcprovider.com/paan</a></li> </ul>
<p><b>Telephone</b></p>	<p>Call Toll-free Provider Line (from the back of the Member card): <b>1-866-362-3368</b></p> <p>Follow the below system prompts:</p> <ul style="list-style-type: none"> <li>• Question: “Why are you calling?”</li> <li>• <b>Say: “Prior authorization”</b></li> <li>• Question: “What type?”</li> <li>• <b>Say: “Behavioral health”</b></li> <li>• Question: “What’s the DOB/MM-DD-YYYY?”</li> <li>• <b>Say or enter: Member’s DOB using the dial pad</b></li> <li>• Question: “What type of behavioral health?”</li> <li>• <b>Say: the level of care you are requesting</b></li> <li>• Question: “What’s the NPI?”</li> <li>• <b>Say or enter: NPI using the phone dial pad</b> (if the caller fails to enter the NPI two times, then the IVR will ask the caller to enter the provider TIN)</li> </ul>

# Medical Submission Of Authorizations & Notifications

Electronic Request: Submitted through the Prior Authorization and Notifications (PAAN) system. Supporting documentation should include Notification documents.

The PAAN system can be found at: [uhcprovider.com/paan](https://uhcprovider.com/paan).

Telephonic: Service requests that require prior authorization, notification, or concurrent review can be obtained by calling: Toll-free line: **1-866-362- 3368**

Out-of-Network Providers: Call UnitedHealthcare to initiate a Single Case Agreement (SCA) to ensure claims payment. Required elements for the request include:

- Clinical information (diagnosis code, CPT/PPT)
- Clinical needs supporting request
- Out-of-network visit type (office visit etc.)

# Utilization Management Appeal

## Options for submitting Appeals:

**Phone:** Toll free appeals line: **1-866-556-8166**, say “*Claims Appeal Status*” when prompted. This will correctly route your call to appeal an UM decision.

The phone number can be used to check status of an appeal and verbally submit an appeal:

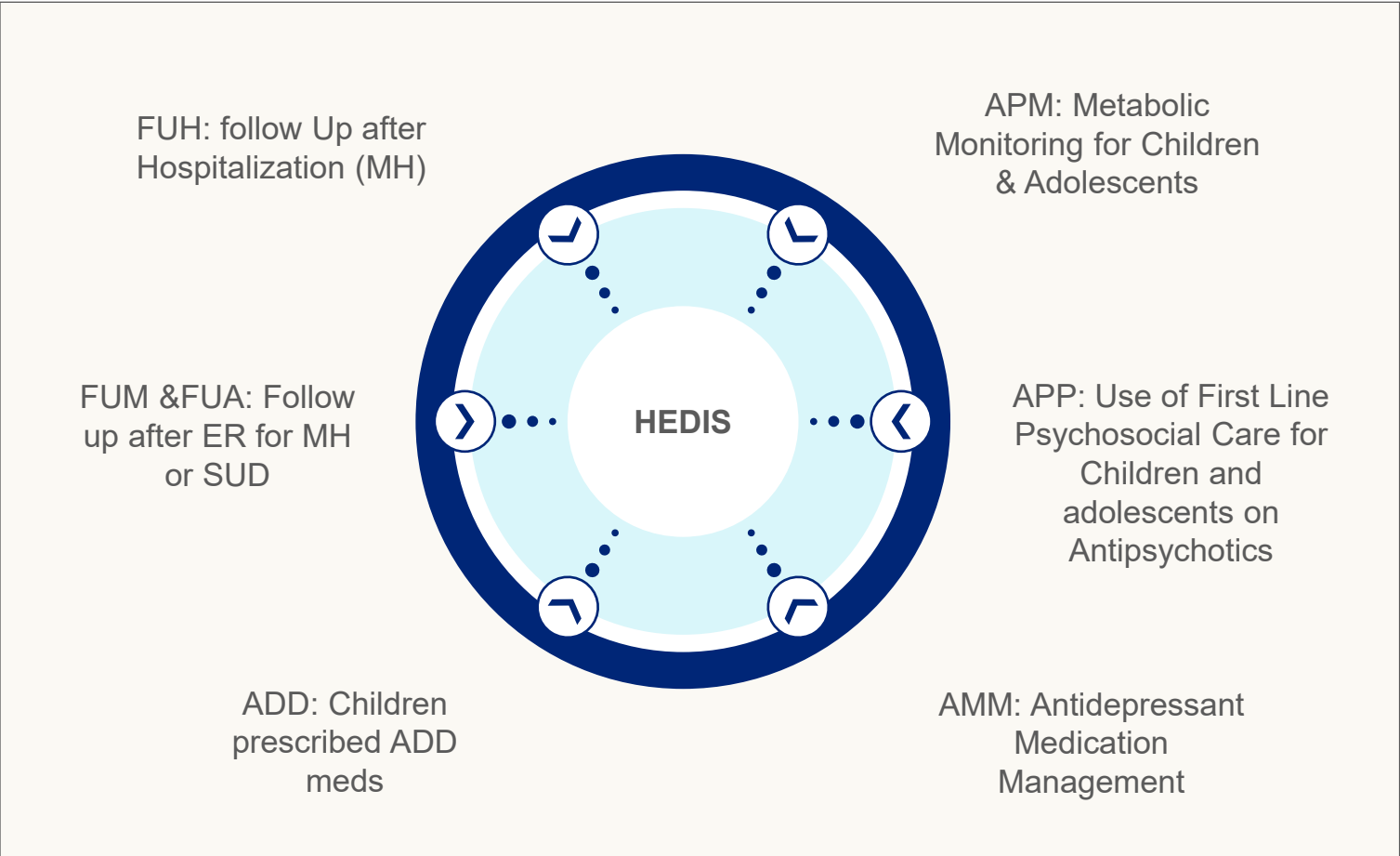
- **Note: Any Appeal filed verbally must also be followed up with a written, signed appeal**
- Enrollees/Providers have 60-calendar days from the date of denial to request an appeal
- Only one internal appeal allowed
- Clinical appeal turnaround time is 72 hours

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

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

# Quality Management

# Quality Program: HEDIS Measures



NCQA, under contracts to CMS, collects HEDIS data from Health Plans

The UHC FCL will assist in alerting 29-Is to Gaps in Care



# Clinical Quality Measures analyzed for the Foster Care membership

Medication Possession Rate for Asthma &  
Timeliness of Asthma ED Visit Follow-Up

Chlamydia Screening

Depression Screening

*\* Clinical Depression Screening \**

Mental Health Hospitalization Follow-Up

Mental Health ED Visit Follow-Up

Inpatient Utilization

Mental Health Utilization

# In-Home Transition Program – Follow Up after MH Hospital Discharge

## Background

- The **National Committee for Quality Assurance (NCQA)** a Federal program that exists to evaluate and drive health care quality
- **Health Effectiveness Data and Information Set (HEDIS)** is one of the activities of the NCQA and measures several areas of performance in health care including:
  - Effectiveness
  - Access/Availability
  - Utilization
- HEDIS measure **Follow-up After Hospitalization for Mental Illness (FUH)** looks at:
  - Discharges of members who are 6-years-old and above
  - Hospitalized for treatment of mental health diagnoses
  - Who have had an outpatient visit, partial hospitalization or intensive outpatient encounter with a mental health practitioner
  - This measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge

## UHC In-Home Transition Program

To achieve the FUH measure, UHC contracts with individual and group providers to deliver a post-discharge **clinical community contact**:

- Mental status evaluation, risk assessment, disease/self-management education, medication review and environmental assessment
  - Providers can see the member up to 3x to make sure the member is settled and connected to ongoing services
  - To count toward the HEDIS measure, this contact must occur 7-days or 30-days after hospital discharge
- The program is an additional support to the member and his/her family during this transition period
- The program is there to strengthen the member's connection to care in the community
- It is always with member consent, and guardian consent when appropriate

# Sentinel Events/Critical Incidents

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

# Quality of Care and Quality of Service Complaints

<p><b>What is a Quality of Care or Quality of Service Complaint?</b></p>	<p>Members may be unhappy with our health care providers or with us. We respect the members' rights to express dissatisfaction regarding quality of care/services and to appeal any denied claim/service</p> <p>UnitedHealthcare respects the rights of its members to express dissatisfaction regarding quality of care or services and to appeal any denied claim or service.</p>
<p><b>Who can make a Quality of Care or Quality of Service Complaint?</b></p>	<ul style="list-style-type: none"> <li>• The Member</li> <li>• Member's Designee (with member's written consent) and/or parent/guardian for members under 18</li> <li>• Health Plan Representative</li> </ul>
<p><b>Timeframe for reporting a Complaint:</b></p>	<p>A Quality of Care and Quality of Service Complaints can be made at any time</p>
<p><b>Timeframe for investigating a Complaint:</b></p>	<ul style="list-style-type: none"> <li>• Urgent complaints: resolved within 48 hours after receipt of all necessary information and no more than 7 days from the receipt of report</li> <li>• Non-Urgent complaints: resolved within 45 days after the receipt of all necessary information and no more than 60 days from receipt of report</li> </ul>
<p><b>Reporting a Quality of Care or Quality of Service Complaint:</b></p>	<p>The Member or Member's Designee can submit a complaint by following the instructions on the back of the Member's UnitedHealthcare ID card</p>
<p><b>Investigation process:</b></p>	<p>A UHC Behavioral Health Complaints Specialist will contact the parties involved to initiate an investigation. Contracted providers are required to cooperate with all aspects of our investigation process.</p>

# Provider Performance Reviews



Audit tools can be found on [providerexpress.com](https://providerexpress.com) > Our Network > State-Specific Provider Information > [New York page](#)

## Timing

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### When can a review be conducted:

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

## Review

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### What is evaluated:

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

# Mental Health Benefits for Children: Appointment Availability Standards

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

# Mental Health Benefits for Children: Appointment Availability Standards

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

# Mental Health Benefits for Children: Appointment Availability Standards

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



# Pharmacy

# Pharmacy- Medicaid NYRx



**Beginning April 1, 2023, all Medicaid members enrolled in United Healthcare Community Plan including foster care members will receive their prescription drugs through NYRx, the Medicaid Pharmacy Program.**

Information about the transition of the pharmacy benefit from UnitedHealthcare Community Plan to NYRx, the Medicaid Pharmacy Program can be found at: [Welcome to NYRx, the Medicaid Pharmacy Program](#).

General information about NYRx, the Medicaid Pharmacy Program can be found at: [Welcome to NYRx, the Medicaid Pharmacy Program](#) along with information for members: [Medicaid Pharmacy Program \(ny.gov\)](#) and [Information for Providers \(ny.gov\)](#)

**Education & Outreach Call Center inclusive of Foster Care population  
Phone: 1-833-967-7310 Email: [NYRx@magellanhealth.com](mailto:NYRx@magellanhealth.com)**

# Billing & Claims

# Clean Claim

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

All required fields are:

- Complete
- Legible

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

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



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

## Clean Claim - continued

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



# 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~)



# Claim Submission

**Electronic Claim Submission (837i):** payer ID 87726

## **Paper Claim Submission (UB-04):**

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

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

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



# Electronic Payments and Statements through Optum Pay™



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

Registering for Optum Pay is easy:

- Go to [myservices.optumhealthpaymentservices.com](https://myservices.optumhealthpaymentservices.com)
- Contact Optum Financial Services for assistance: **1-877-620-6194**
- Find additional information on [providerexpress.com](https://providerexpress.com) > Quick Links > [Optum Pay](#)



# Electronic Data Interchange (EDI)

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



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

**Optum can recommend a vendor that is right for you:**

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

## Billing Appeals

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

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

## Quick Reminders



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

## 21<sup>st</sup> Century Cures Act: Medicaid Enrollment Requirements

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

# Billing Resources

## Coding Combination Crosswalk:

[ctacny.org/sites/default/files/codingtaxonomy%20May%202020.xlsx](https://ctacny.org/sites/default/files/codingtaxonomy%20May%202020.xlsx)

## Billing Tools:

[billing.ctacny.org/](https://billing.ctacny.org/)



# 29-I Facility Required UB-04 Billing Form - Top

1	2												3a PAT. CNTL. #		4 TYPE OF BILL					
1. Billing Provider Information												5. Federal Tax ID #		6 STATEMENT COVERS PERIOD FROM		7 THROUGH				
8 PATIENT NAME a				8. Patient Name								9 PATIENT ADDRESS a				6. Statement Covers Period		4. Type of Bill Four digit leading zero		
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19		CONDITION CODES 24 25 26 27 28 STATE							
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE DATE		OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37						
38												39 VALUE CODES CODE AMOUNT		40 VALUE CODES CODE AMOUNT		41 VALUE CODES CODE AMOUNT				
39. Value Code												46. Service Units								
42 REV. CO.		43 DESCRIPTION				44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		
42. Revenue Code		44. CPT/HCPCS/ Procedure Code				45. Service Date				47. Total Charges										
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7

[29ibilling.ctacny.org](http://29ibilling.ctacny.org)







# OLHRS Claims Example Crosswalk

Claims Example		
Description	Code	Field on UB-04
Rate Code	4590	39
Px Code	90832	44
U2 Modifier	U9	44
Units	1	46

34	35	36	37		
OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE SPAN FROM	OCCURRENCE SPAN THROUGH		
39	40	41			
VALUE CODES CODE	VALUE CODES AMOUNT	VALUE CODES CODE	VALUE CODES AMOUNT		
	4590				
44	45	46	47	48	49
HCP/PCS / RATE / HIPPS CODE	SERV. DATE	SERV. UNITS	AL CHARGES	NON-COVERED CHARGES	
90832 U9		1			

The image shows a portion of a UB-04 form. A blue rectangular box highlights the section containing value codes (fields 39, 40, and 41). A blue arrow points from this box to the corresponding rows in the crosswalk table below.

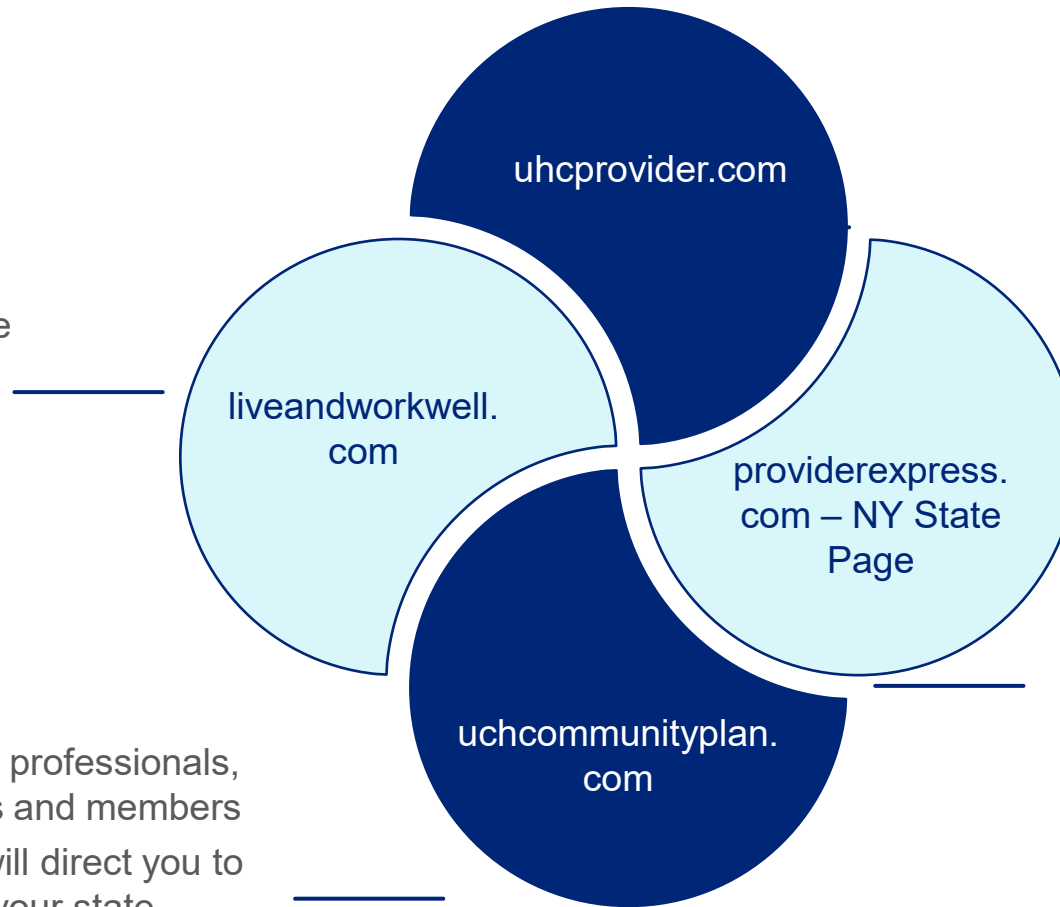
# Provider Resources

UnitedHealthcare Provider Portals & Online Resources  
Training Resources

# UnitedHealthcare and Optum Online Resources

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

- 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®



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

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

# providerexpress.com

## Provider resource:

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



Public pages



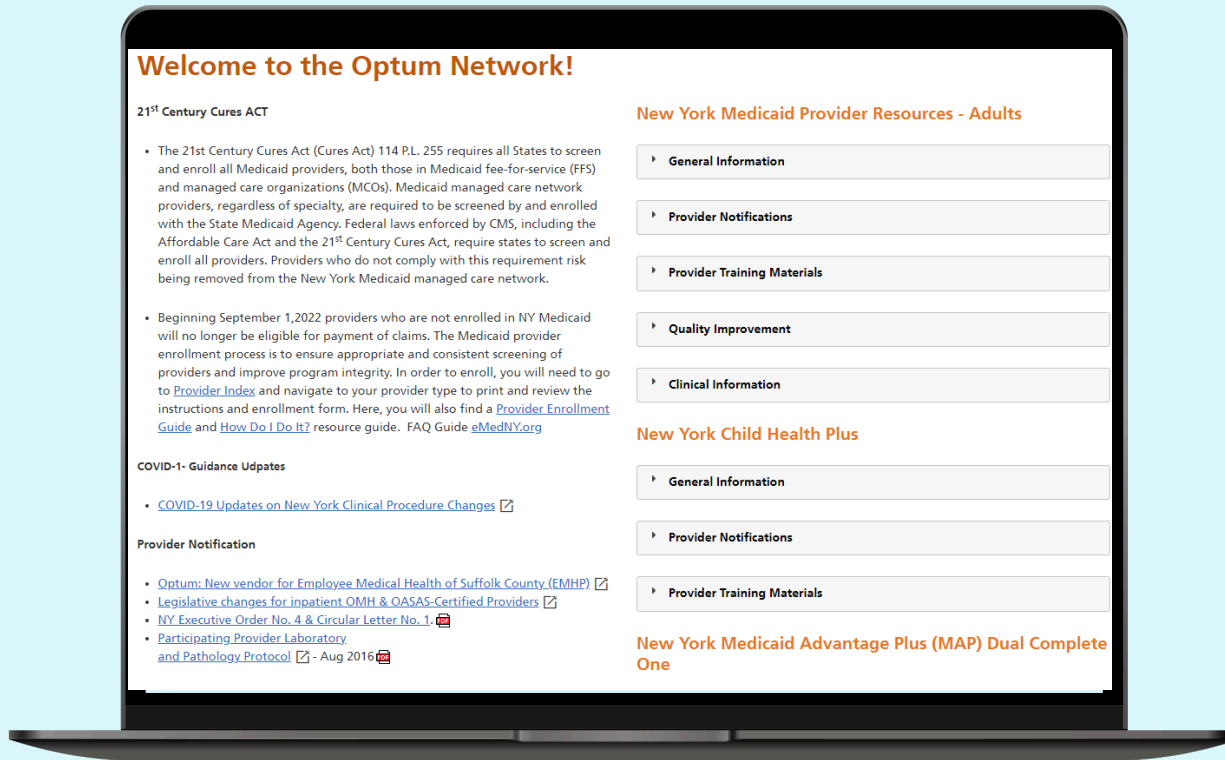
Private pages  
(in-network  
providers only)



Navigate to  
NY Page via  
Our Network



# providerexpress.com NY Page



NY State specific Alerts and Information



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



Links to Provider Manuals & Standard Clinical Criteria

# liveandworkwell.com

## Member resource:

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



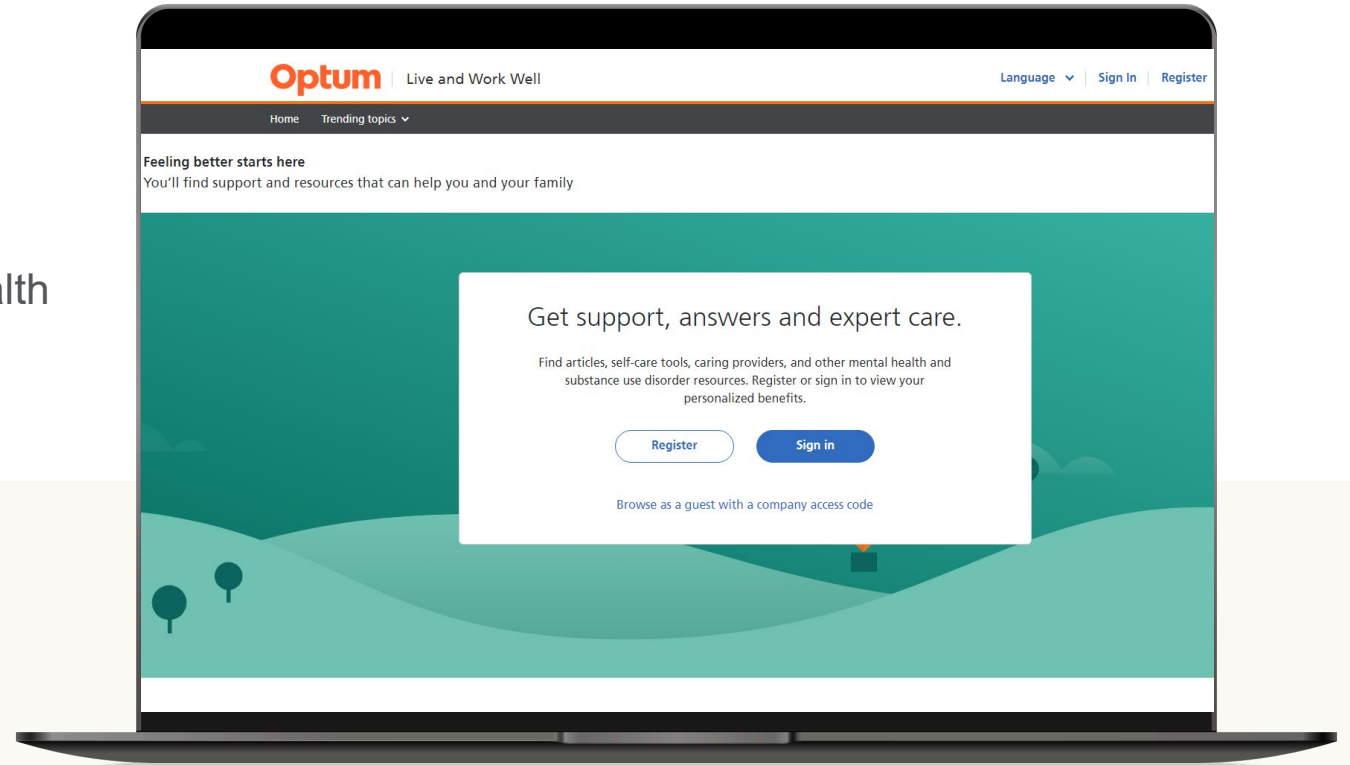
Public pages



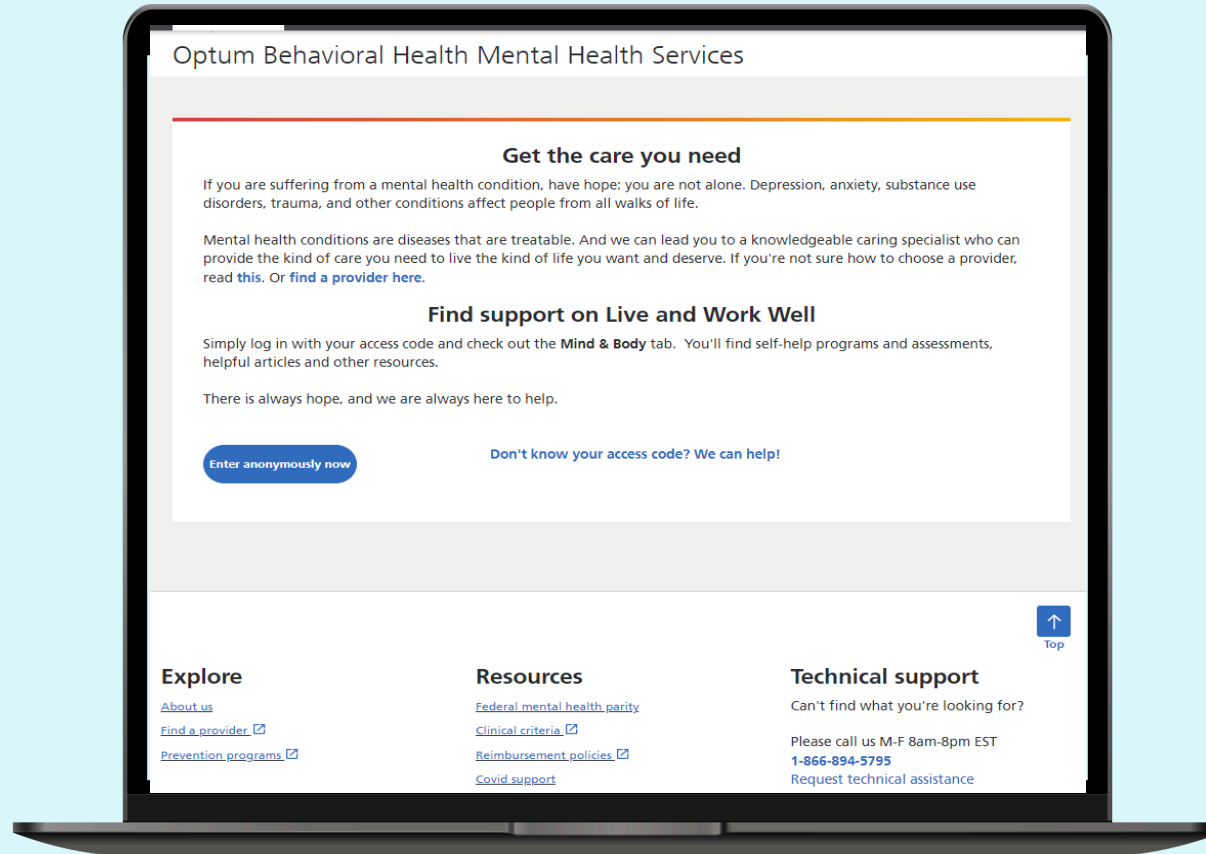
Secure pages



Register or  
Enter as  
Guest



# liveandworkwell.com Mental Health Services Page



NY State specific provider directory



Search by Geography, Provider Type, Areas of Expertise



Links to Self-help programs and assessments

# uhcprovider.com

## Member & Provider resource:

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



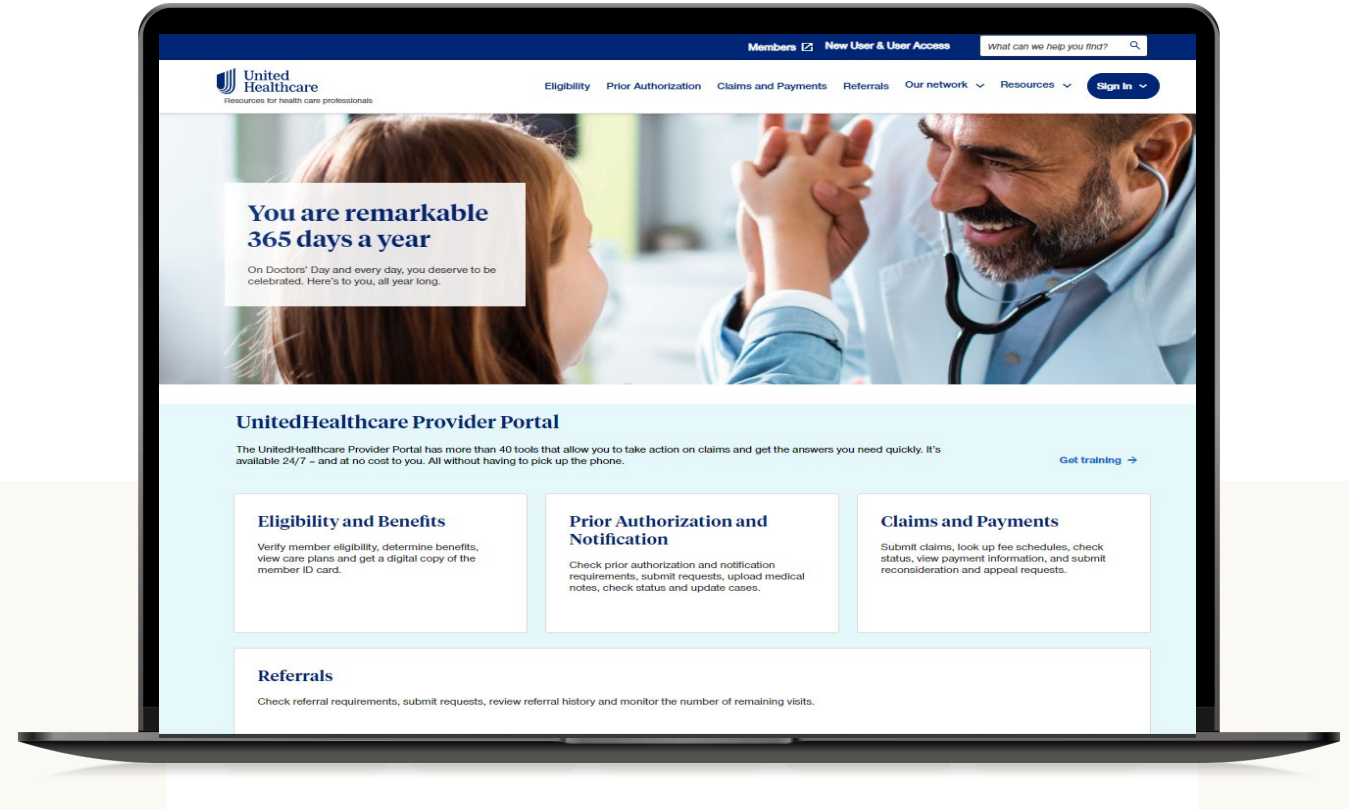
Member pages



Provider pages

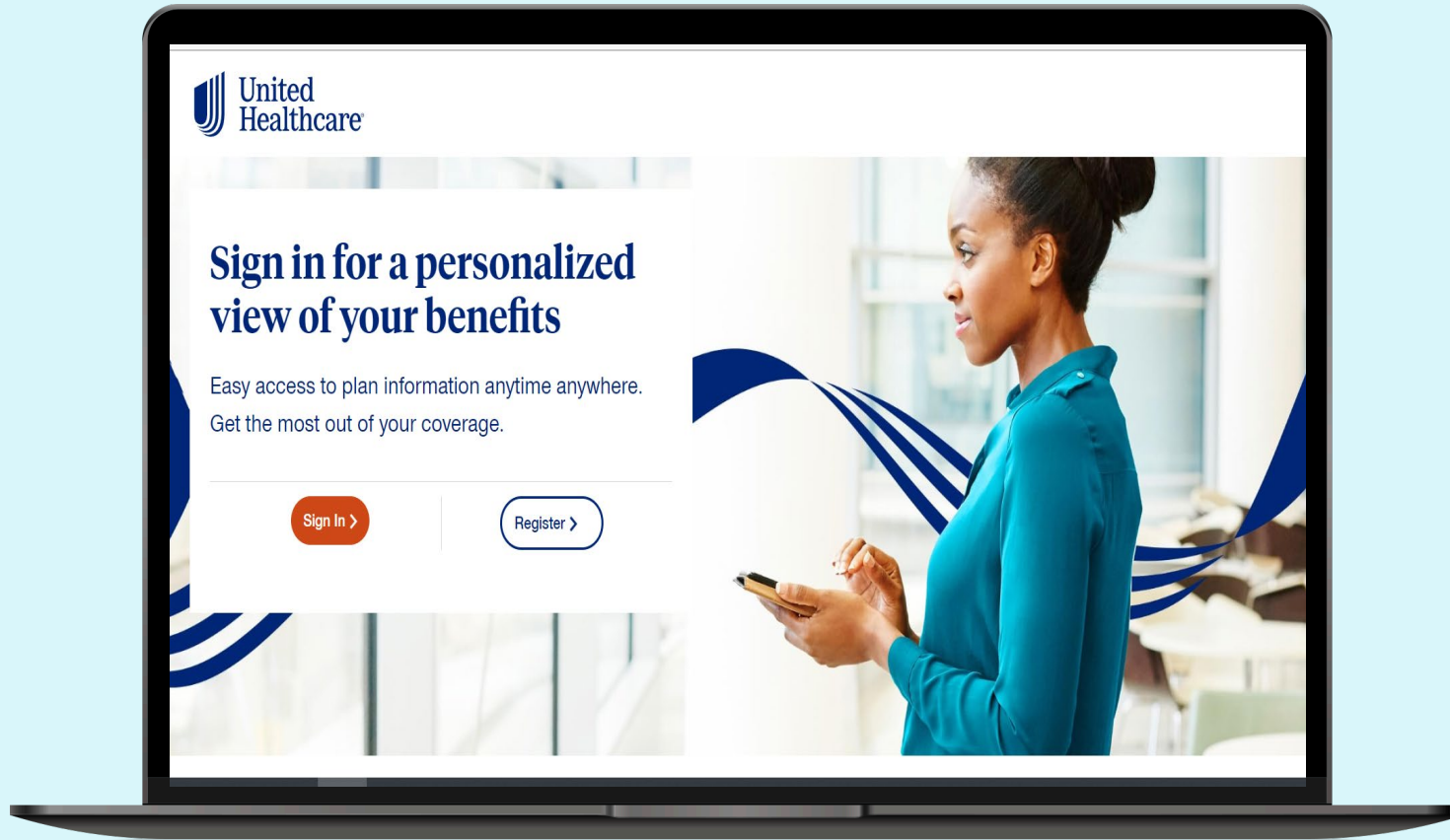


Go paperless





# uhcprovider.com Member Page



Personalized view of benefits



Find providers



Connect with UHC

# uhccommunityplan.com

## Member resource:

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



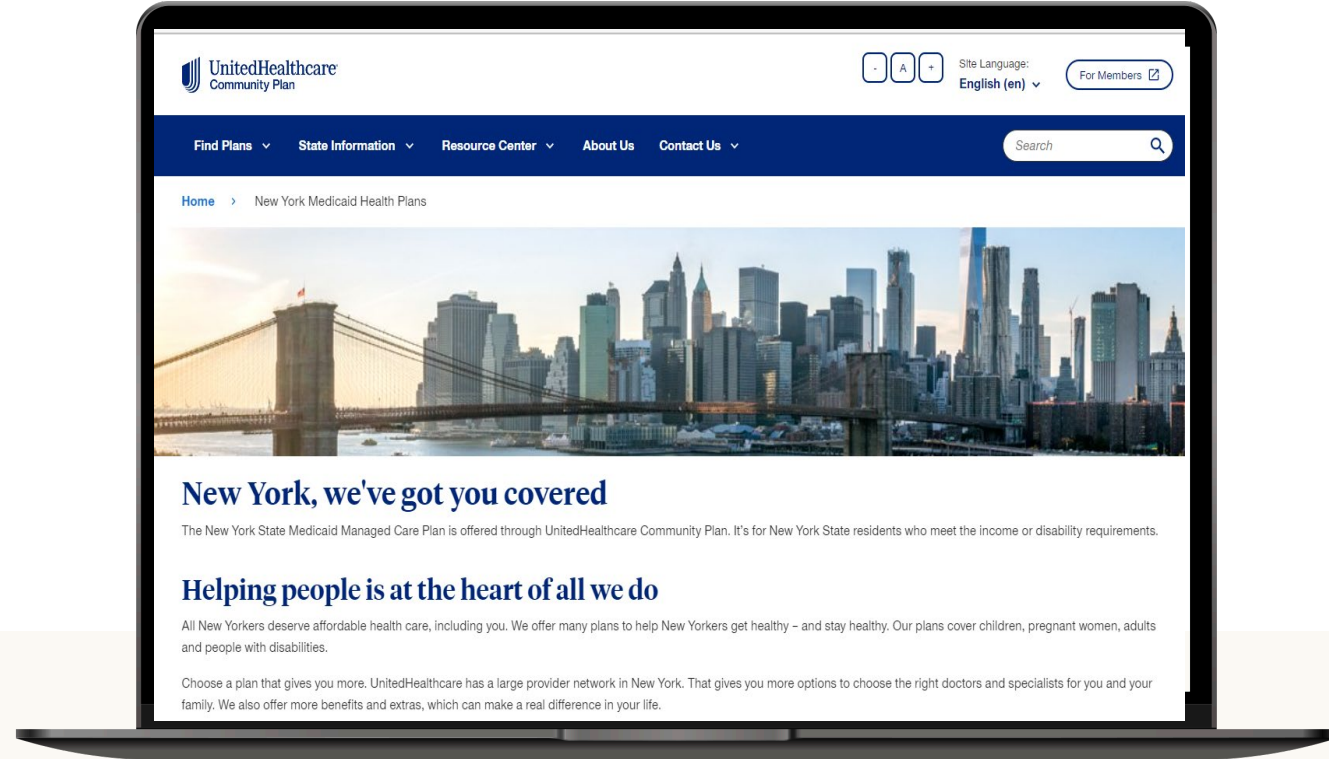
Member pages



Provider pages



Go paperless



# Managed Care Technical Assistance Center (MCTAC)

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

What's available:

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



MCTAC Home Page  
[ctacny.org](https://ctacny.org)

# Center for Practice Innovations (CPI)

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

[Center for Practice Innovations > Initiatives > UCNPT Uniform Clinical Network Provider Training > Overview](#)

## Training Topics Include:

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

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

# Project TEACH



## Project TEACH PCP Consultation

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



## Project TEACH Maternal Mental Health Services

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



## Opportunities

- Consultation & Referrals
- Training & Education
- Screening Tools



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

**[projectteachny.org](https://projectteachny.org)**

# Q&A

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# Thank you!

