



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health, DOH

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

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Dear Managed Care Plans:

It has come to the State's attention through the BH claims submission testing process that there are some billing problems that need to be resolved. These relate to the following three areas:

1. Supporting submission and payment of claims utilizing the OASAS or OMH unlicensed practitioner number:
 - Claims utilizing the OASAS (02249145) or OMH Unlicensed practitioner (02249154) ID in the attending provider name field (837 1 loop 2310a NM1 09) are being denied.
 - To address this denial, the State is affirming that plans must have claims processes in place to support payment of services when delivered by unlicensed practitioners and these processes must accept the unlicensed practitioner numbers.
 - To support such claims, providers will submit claims utilizing:
 - Loop 2310a; reporting the unlicensed practitioner number in NM109; and also including the OASAS or OMH unlicensed practitioner number in the REF*G2 segment.
 - To support this construct; plans must lift the edits on NM109.
2. Supporting submission and payment of claims for programs still completing the contract process:
 - The State acknowledges that plans are finalizing contracts with many providers as necessary to meet network requirements. Each Plan will contact all OMH licensed or OASAS certified programs not already under contract but necessary to meet the Plans' network standards to ensure that a claim submission process has been established to support claims payment.
 - Prior to the completion of contracts, Plans and providers should operate pursuant to a signed Statement of Agreement (SOA) (distributed to Plans on 9/30/15). These agreements permit Medicaid members access to the following programs as non-participating providers in all New York City counties until such time as the plan meets all initial and ongoing requirements for network adequacy:
 - OASAS Certified outpatient clinic and rehabilitation; Opioid Treatment (OTP) programs
 - OMH licensed clinics; CDT; PROS; ACT; IPRT; Partial Hospitalization and CPEP programs
 - The purpose of this requirement is to ensure that members will not experience a disruption in service due to a Program's pending network status.
3. Claim requirements of practitioner reporting for ACT and PROS programs:
 - PROS program claims are being denied or rejected for not including an attending practitioner.

- ACT and PROS programs **are not required** to submit an attending practitioner on claims. They **are required** to submit a referring practitioner.
- Plans are expected to process claims submitted by ACT and/or PROS programs that do not include an attending practitioner but do include a referring practitioner.