MENTAL HEALTH OUTPATIENT CLINIC:

REIMBURSEMENT AND POLICY UPDATES

DECEMBER 2011

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New York State Office of Mental Health

Glenn Gravino - Project Consultant
Coordinated Care Services, Inc
Agenda

- APG Implementation Update
- Mental Health Clinic APG Reimbursement
  - Services, Modifiers, Thresholds
- Updated Part 599 Regulations & Guidance
- Web-based Information & Tools
- Uncompensated Care
- Medicaid Managed Care rates
- Claims Processing – CSC
  - How do I bill and read an APG remittance?
- Q&As
Clinic APG Implementation

- State-wide initiative to reform Medicaid payment for outpatient services
  - Promote flexibility & achieve HIPAA Compliance
  - Implement Ambulatory Patient Group reimbursement methodology
  - Expect Implementation January or February 2012
  - Blend Rates will be posted on the OMH website in advance
  - Providers will be notified of the go live date by email and on the website
  - Readjudication of claims is anticipated to start April 2012
    - Claims will be readjudicated on a rolling basis
    - A webinar on the topic will be held in advance
APG Basics -

- Transition from 6 Clinic services, 3 rates, COPS add-ons to...
- Medicaid APGs for Mental Heath Clinics:
  - +30 CPT defined Clinic services
  - Services weighted for resource intensity
    - Reflecting time and staffing expertise
  - Modifiers for select services
    - Provide payment incentives
  - Multiple same day services
    - Promote flexibility
  - Discounting applied for multiple same day services
    - Presumed operating efficiencies
  - Phased-In timeline
# OMH Outpatient Clinic – APG Services, CPT Codes, Weights

<table>
<thead>
<tr>
<th>APG</th>
<th>CPT Procedure - OMH Regulatory Name</th>
<th>CPT Codes</th>
<th>Procedure Weights</th>
</tr>
</thead>
<tbody>
<tr>
<td>323</td>
<td>Initial Assessment Diagnostic &amp; Treatment Plan</td>
<td>90801</td>
<td>1.0344</td>
</tr>
<tr>
<td>315</td>
<td>Psychiatric Assessment - 30 mins</td>
<td>90805</td>
<td>1.0344</td>
</tr>
<tr>
<td>316</td>
<td>Psychiatric Assessment - 45-50 mins</td>
<td>90807</td>
<td>1.2413</td>
</tr>
<tr>
<td>820-831</td>
<td>Psych Assessm - Alt Codes - New/Estab Patient</td>
<td>Code Range</td>
<td>DX BASED</td>
</tr>
<tr>
<td>820-831</td>
<td>Psychiatric Consultation - New/Estab Patient</td>
<td>Code Range</td>
<td>DX BASED</td>
</tr>
<tr>
<td>321</td>
<td>Crisis Intervention - 15 min</td>
<td>H2011</td>
<td>0.4000</td>
</tr>
<tr>
<td>321</td>
<td>Crisis Intervention - per hour</td>
<td>S9484</td>
<td>2.4136</td>
</tr>
<tr>
<td>312</td>
<td>Crisis Intervention - per diem</td>
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<td>5.7927</td>
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<tr>
<td>490</td>
<td>Injectable Med Admin with Monit &amp; Edu</td>
<td>H2010</td>
<td>0.4138</td>
</tr>
<tr>
<td>426</td>
<td>Psychotropic Medication Treatment</td>
<td>90862</td>
<td>0.6620</td>
</tr>
<tr>
<td>315</td>
<td>Psychotherapy - Indiv 30 mins</td>
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<td>0.6206</td>
</tr>
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<td>316</td>
<td>Psychotherapy - Indiv 45 mins</td>
<td>90806</td>
<td>0.8275</td>
</tr>
<tr>
<td>317</td>
<td>Psychotherapy - Family 30 mins</td>
<td>90846</td>
<td>0.6206</td>
</tr>
<tr>
<td>317</td>
<td>Psychotherapy - Family &amp; Client 1 hr</td>
<td>90847</td>
<td>1.2413</td>
</tr>
<tr>
<td>318</td>
<td>Psychotherapy - Family Group 1hr</td>
<td>90849</td>
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<td>318</td>
<td>Psychotherapy - Group 1 hr</td>
<td>90853</td>
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<tr>
<td>310</td>
<td>Developmental Testing - limited</td>
<td>96110</td>
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<td>310</td>
<td>Developmental Testing - extended</td>
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<tr>
<td>310</td>
<td>Psychological Testing - Various</td>
<td>96101</td>
<td>1.6551</td>
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<tr>
<td>310</td>
<td>Psychological Testing - Neurobehavioral</td>
<td>96116</td>
<td>1.6551</td>
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<td>310</td>
<td>Psychological Testing - Various</td>
<td>96118</td>
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<tr>
<td>490</td>
<td>Complex Care Management - 15 mins</td>
<td>90882</td>
<td>0.2896</td>
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</table>
### OMH Outpatient Clinic – APG Services, CPT Codes, Weights

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</thead>
<tbody>
<tr>
<td>820-831</td>
<td>Health Physicals - New/Established Patient</td>
<td>Code Range</td>
<td>DX BASED</td>
</tr>
<tr>
<td>490</td>
<td>Health Monitoring - 15 mins</td>
<td>99401</td>
<td>0.1724</td>
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<tr>
<td>490</td>
<td>Health Monitoring - 30 mins</td>
<td>99402</td>
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<tr>
<td>490</td>
<td>Health Monitoring - 45 mins</td>
<td>99403</td>
<td>0.4482</td>
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<tr>
<td>490</td>
<td>Health Monitoring - 60 mins</td>
<td>99404</td>
<td>0.5862</td>
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<tr>
<td>490</td>
<td>Health Monitoring Group - 30 mins</td>
<td>99411</td>
<td>0.1379</td>
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<tr>
<td>490</td>
<td>Health Monitoring Group - 60 mins</td>
<td>99412</td>
<td>0.2414</td>
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<tr>
<td>451</td>
<td>Smoking Cessation Treatment - 3-10 mins; requires Dx code 305.1</td>
<td>99406</td>
<td>0.1267</td>
</tr>
<tr>
<td>451</td>
<td>Smoking Cessation Treatment - &gt;10 mins; requires Dx code 305.1</td>
<td>99407</td>
<td>0.1267</td>
</tr>
<tr>
<td>451</td>
<td>Smoking Cessation Treatment (Group) - &gt;10 mins; requires Dx code 305.1 (req HQ modifier)</td>
<td>99407-HQ</td>
<td>APROX $8.50 PER CLIENT</td>
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<tr>
<td>324</td>
<td>Alcohol and/or Drug Screening</td>
<td>H0049</td>
<td>0.2803</td>
</tr>
<tr>
<td>324</td>
<td>Alcohol and/or Drug, brief intervention, per 15 mins</td>
<td>H0050</td>
<td>0.2803</td>
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</tbody>
</table>
**OMH Outpatient Clinic – APG Services, CPT Codes, Weights**

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<tbody>
<tr>
<td>820</td>
<td>Schizophrenia</td>
<td>0.8969</td>
</tr>
<tr>
<td>821</td>
<td>Major Depressive Disorders &amp; Other Psychoses</td>
<td>0.9476</td>
</tr>
<tr>
<td>822</td>
<td>Disorders of Personality &amp; Impulse Control</td>
<td>0.8945</td>
</tr>
<tr>
<td>823</td>
<td>Bipolar Disorders</td>
<td>0.8574</td>
</tr>
<tr>
<td>824</td>
<td>Depression Except Major Depressive Disorder</td>
<td>0.6982</td>
</tr>
<tr>
<td>825</td>
<td>Adjustment Disorders &amp; Neuroses</td>
<td>0.8061</td>
</tr>
<tr>
<td>826</td>
<td>Acute Anxiety &amp; Delirium States</td>
<td>0.6352</td>
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<tr>
<td>827</td>
<td>Organic Mental Health Disturbances</td>
<td>0.7817</td>
</tr>
<tr>
<td>828</td>
<td>Mental Retardation</td>
<td>0.7149</td>
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<tr>
<td>829</td>
<td>Childhood Behavioral Disorders</td>
<td>0.6982</td>
</tr>
<tr>
<td>830</td>
<td>Eating Disorders</td>
<td>0.9135</td>
</tr>
<tr>
<td>831</td>
<td>Other Mental Health Disorders</td>
<td>0.7248</td>
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</table>

*APGS for Psych Assessments, Consultations & Health Physicals are dependent on diagnostic categories as they appear below:*
APG Reimbursement Elements

• APG Payment Components:
  • Peer Group Base Rates, Rate Codes, EOC Blend
  • Payment Calculation

• Payment Modifiers:
  • Language other than English
  • After Hours services
  • MD/PNP service delivery
  • Limited Off-Site services
  • Injection Only service
  • Reduced services for school-based session
  • National Correct Coding Initiative - Modifier 59

• Payment for multiple same day services
  • Bundling & Discounting - 10% for all lower weighted services

• Utilization Thresholds
APG Reimbursement – Modifier Updates

• **Language Other than English**
  • U4 Modifier: +10% of APG
  • On all procedures except:
    • Psychotropic Medication Administration (no time limit)
    • Smoking Cessation Counseling and SBIRT
    • Psych Assess and Psych Consult services claimed using E&M codes.
      • If claiming Psych Assessment using 90805 or 90807, the U4 modifier CAN be claimed.

• **After-Hours**
  • CPT code 99051: +.0759 of APG Peer Group Base Rate
  • Limited to one procedure per-day

• **Physician, Psychiatric Nurse Practitioner Add-On**
  • Modifier rather than separate claim
    • Individual Assessment & Therapy services add 45% to APG weight
    • Group services add 20% to APG weight for **all** group members
  • Modifier Codes; AF (Psychiatrist), AG Physician, SA (Nurse Practitioner)
  • Retroactive 10/1/2010 – no 837P claim required
APG Reimbursement – Modifier Updates

- **Off-Site Services**
  - Off-site Crisis service for Medicaid fee-for-service children & adults
  - Select services for children for Medicaid fee-for-service clients
  - All eligible services delivered off-site, including Crisis services must use appropriate Off-Site rate codes

- Payment at 150% of APG service amount using NYS only funds
  - No modifiers allowed, No blend payments
  - One Off-Site payment per person, per day, except Crisis
    - Up to six Off-Site Brief Crisis units can be billed per day
  - Can be claimed retroactive to 10/1/10
APG Reimbursement – Modifier Updates
Approved Offsite Services

<table>
<thead>
<tr>
<th>Approved for Adults &amp; Children:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>APG</td>
<td>SERVICE</td>
<td>CPT</td>
</tr>
<tr>
<td>321</td>
<td>Crisis Intervention - 15 min</td>
<td>H2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approved for Children:</th>
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<td>90847</td>
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APG Reimbursement – Modifier Updates

• Injections – 3 Types
  • Routine service is:
    Injectable Med Admin with Monitoring & Education - CPT H2010
    • New 15 Minute Minimum
    • Not reimbursable for LPN staff
  • Injection Only - when medication is obtained without cost to clinic
    • J Code for drug with FB Modifier on APG claim, payment value $13.23 for Injection Only. The FB modifier indicates that the drug was administered but the clinic did not pay for the drug.
    • No time limit, no changes in staff requirements
    • Language other than English modifier (U4) not available.
  • Injection Only - when medication obtained with cost to clinic
    • Medicaid fee schedule claim, J Code, CPT 96372
    • Payment for drug cost and $13.23 for Injection
    • No modifiers available

• Note! If 96372 is used on an APG Claim, the code will package with other services and will not pay.
APG Reimbursement – Modifier Updates

• **School-Based Group Session <1 hr**
  • Applicable to CPT 90853
  • School-based Multi-Recipient Group may be minimum of 40 minutes
  • -30% of calculated payment value for a 60 minute multi-recipient group session
    • Equates to APG weight impact from .3207 to .2245
  • Reduced with U5 modifier
APG Reimbursement – Modifier Updates
National Correct Coding Initiative

• For Hospitals - when billing most same day services, hospitals will need to enter code 59 modifier (to bypasses NCCI edit)
• DOH notice to hospitals 5/11/11
• Effective retroactive to 4/1/11

• Additional NCCI informational links:
  • CMS Overview of Medicaid NCCI Edits:
    • http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage
  • Medicaid NCCI Coding Policy Manual:
  • Medicaid NCCI Edits:
# APG Reimbursement – Modifier Summary

<table>
<thead>
<tr>
<th>MODIFIER CODE &amp; VALUE SUMMARY</th>
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</thead>
<tbody>
<tr>
<td><strong>Payment Modifiers</strong></td>
</tr>
<tr>
<td>Language Other than English</td>
</tr>
<tr>
<td>After Hours</td>
</tr>
<tr>
<td>Physician/Psych Nurse Practioner</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>School-Based Group &lt; 1 hr</td>
</tr>
<tr>
<td>Off-Site</td>
</tr>
<tr>
<td>National Correct Coding (NCCI)</td>
</tr>
<tr>
<td>Fee Schedule Injection Only J Code</td>
</tr>
<tr>
<td>Smoking Cessation Treatment-Group</td>
</tr>
</tbody>
</table>
Medicaid FFS Utilization Thresholds

- Reductions to total Medicaid FFS payments
  - Visits counted on SFY basis by clinic organization (clinics and satellites)
- Reductions applied to “countable” visits:
  - All procedures provided to an individual in a day and claimed using MH ‘base’ rate codes 1504, 1510, 1516 and 1522 count as a “countable visit”
  - Does NOT include days in which only crisis (on and off-site), health monitoring/physicals or children’s off-site services provided.
- Reductions as follows:
  - LESS than 21 years old, payments reduced
    - 0% for 31-50 visits (No payment exclusion)
    - 50% for >50 “countable” visits
  - Greater than 21 years old, payment reduced
    - 25% for 31-50 visits
    - 50% for >50 “countable” visits
Multiple Same Day Service Guidelines

• Multiple same day service discount
  • Remains at -10%,
  • Applied to all lower weighted services

• Payment guidelines for multiple same day service
  • Maximum of 3 services per client, per-day, not including Crisis
  • Maximum of 2 Psychiatric or 2 Health services per-day
    • Injections may be claimed using either the Health services or the Clinic services rate codes
    • Maximum of one off-site service per-child, per-day, excluding Crisis

• Limitation of 1 Health Physical in one year
  • No modifiers available
# APG Payment Elements

## APG Payments

- Based on Peer Group Base Rate & APG Weight
  - Peer Groups Reflect Clinic Auspice, Geography, Participation in QI program

### Base Rates Including Quality Improvement Add-On

<table>
<thead>
<tr>
<th></th>
<th>Upstate Article 31 &amp; DTCs</th>
<th>Downstate Article 31 &amp; DTCs</th>
<th>County Article 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$138.97</td>
<td>$151.05</td>
<td>$193.35</td>
</tr>
</tbody>
</table>

### Base Rates Without Quality Improvement Add-On

<table>
<thead>
<tr>
<th></th>
<th>Upstate Article 31 &amp; DTCs</th>
<th>Downstate Article 31 &amp; DTCs</th>
<th>County Article 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$133.83</td>
<td>$145.47</td>
<td>$186.21</td>
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</tbody>
</table>

### Hosp Article 28 Rates - 2011

<table>
<thead>
<tr>
<th></th>
<th>Upstate Hospital</th>
<th>Downstate Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$137.46</td>
<td>$178.83</td>
</tr>
</tbody>
</table>
APG Payment Elements

APG Revenue = Service Weight X Base Rate + Modifiers – 2nd Same Day Discount

- Non-hospital clinic payments subject to 4 Year Phase-In
  - **Full Services** paid at 100% of APG from Year 1
  - **Blend Services** paid in two components -
    - **APG Component** - phased-in at 25/50/75/100% of APG value for years 1-4
    - **Existing Operating Component (EOC) Blend** - based on historical Medicaid FFS average, including COPS & CSP. Phased-out on 75/50/25/0% basis.
  - EOC Blend component limited to one payment per day
- Phase-In years based on October-September term
  - Hospital based clinics will be fully phased-in by January 2012
  - Non-hospital clinics fully phased-in by October 2014
APG Billing Basics

• **Existing Operating Component (EOC) – Provider Specific Blend Rate**
  • Based on Medicaid FFS average payment, including COPS & CSP
    • Historical period July 2008 – June 2009
    • Will be adjusted for existing rate appeals yet to be approved
  • Declines on 75/50/25/0% basis for years 1-4
  • EOC Blend component limited to **one payment per day**
  • Rate adjusted **upward** for 2nd same day service volume in historical period
  • EOC Blend not discounted for multiple same day services
  • CSP phase-out amount paid in Capital Add-on field for Article 31 Clinics
    • CSP Threshold levels remain in effect
  • Rate for New Clinics at lowest peer group value

• CSC illustration:
  
APG Billing Basics – This slide was changed on 01/04/2012 to correct the non hospital crisis rate code and the non hospital SED child crisis rate code.

• All claims require OMH Clinic Rate Code:

<table>
<thead>
<tr>
<th>OMH Clinic Rate Codes</th>
<th>Non hospital*</th>
<th>Hospital</th>
<th>FQHC</th>
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</thead>
<tbody>
<tr>
<td>Base Rate</td>
<td>1504</td>
<td>1516</td>
<td>4301</td>
</tr>
<tr>
<td>Off-site Base Rate (available for select children’s services and crisis-brief for both adults and children. See page 27 for more information.)</td>
<td>1507</td>
<td>1519</td>
<td>N/A</td>
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<tr>
<td>SED Child Base Rate (Medicaid managed care SED children only)</td>
<td>1510</td>
<td>1522</td>
<td>4601</td>
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<tr>
<td>SED Child Off-site Base Rate (Medicaid managed care SED children only)</td>
<td>1513</td>
<td>1525</td>
<td>N/A</td>
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<tr>
<td>Health Services (e.g., Health Monitoring, Health Physicals)</td>
<td>1474</td>
<td>1588</td>
<td>N/A</td>
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<tr>
<td>SED Child Health Services (e.g., Health Monitoring, Health Physicals) (Medicaid managed care SED children only)</td>
<td>1477</td>
<td>1591</td>
<td>N/A</td>
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<tr>
<td>Crisis Intervention</td>
<td>1579</td>
<td>1576</td>
<td>N/A</td>
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<tr>
<td>SED Child Crisis Intervention (Medicaid managed care SED children only)</td>
<td>1585</td>
<td>1582</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Non hospital includes D&TCs, LGUs, freestanding Art 31s, and state operated Injections may be claimed using either the Health Services rate codes or the Clinic rate codes.
APG Billing Basics

- **General Rule for Same Day Services**
  - All services provided to an individual on the same day, using the same rate code, must be transmitted to Medicaid on one claim.
  - This includes services provided by different clinicians
  - All services must have appropriate Modifier codes

Separate Claims
- Separate claims must be submitted for Health, Crisis and Off-site services when they are provided on the same day as psychiatric services
- Health, Crisis and Off-site not counted against Utilization Threshold

- **Medicare/Medicaid Cross-Overs**
  - Higher payment rule continues to apply
  - Medicaid will not pay for Medicaid non-covered services
  - Article 28 changes effective 12/29/11- see alert and
# APG Billing Example –
## Full Implementation & Phase 2 Examples

## RATE ASSUMPTIONS

<table>
<thead>
<tr>
<th>Rate Code</th>
<th>Description</th>
<th>Rate</th>
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<tbody>
<tr>
<td>1504</td>
<td>Downstate Article 31 Peer Group Base Rate-QI</td>
<td>$138.97</td>
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<tr>
<td></td>
<td>EOC Blend Rate ($65 FFS + $50 COPS + $50 CSP)</td>
<td>$165.00</td>
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<table>
<thead>
<tr>
<th>Blend/ Full Pay</th>
<th>APG</th>
<th>CPT Procedure - OMH Regulatory Name</th>
<th>CPT Codes</th>
<th>Service Weight</th>
<th>Full Implant</th>
<th>50/50% Phase-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blend</td>
<td>316</td>
<td>Psychotherapy - Indiv 45 mins</td>
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<td>Psychotherapy - Group 1 hr</td>
<td>90853</td>
<td>0.3207</td>
<td>$44.57</td>
<td>$22.28</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOE Modifier</td>
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<td>10%</td>
<td>$15.96</td>
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<tr>
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<td>Discount - lower weighted service</td>
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<td>10%</td>
<td>$(4.90)</td>
<td>$(2.45)</td>
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<tr>
<td></td>
<td></td>
<td>EOC Blend Payment</td>
<td></td>
<td></td>
<td>-</td>
<td>$82.50</td>
</tr>
</tbody>
</table>

|                  |     | AGP Total                           | $170.62   | $167.81        |
| CSP Capital Add-On | $50.00 | Total Payment                       | $220.62   | $192.81        |
Excel Based Clinic Projection Tools – OMH Website
http://www.omh.ny.gov/omhweb/clinic_restructuring/projection_tools.html

• **APG Weight & Rate Schedule**
  • Services, Weights, Peer Group Base Rates
  • Calculated value of individual services
  • Modifier terms recap

• **Clinic Projection Model & instructional webinar**
  • Extended functionality, including…
  • Clinic staffing, payor mix, staffing costs, productivity, service volume
  • CPT service distribution, modifier/discount activity
  • APG New/Blend revenues, Indigent Care, Managed Care, Thresholds
  • APG Phase-In, linkage to financial statement

• **CPT Revenue Calculator**
  • Flexible one schedule revenue projection calculator
  • APG Phase-In revenue schedule
  • 588/599 billing cross-walk
Uncompensated Care

• Uncompensated Care Pool Approved for:
  • D&T Cs licensed by DOH and approved for the pool by DOH
  • Free-standing Article 31 mental health clinics
  • Hospital operated clinics are not eligible for this pool

• Eligible indigent care visits must equal to 5% of visit volume to qualify.

• Reimbursement is calculated according to the following schedule.
  • First 15% of visits reimbursed 50% of the value of the peer group average Medicaid rate.
  • Second 15% are reimbursed at 75%
  • Visits >30% are reimbursed at 100%

• If there is insufficient funding in the pool, payments are reduced proportionately.
Uncompensated Care Reimbursement

Uncompensated Care Guidelines:

- Funding Rules – conditions for visits eligible & not eligible
- Data Collection requirements & submission schedule
- Provider Notifications
Things to Keep in Mind About Uncompensated Care

- **Future** Payment will be based on the CFR OMH-4 data:
  - Moving to two year lag
  - If you have not submitted the 2010 CFR OMH-4 (upstate) or 2009/10 CFR OMH-4 (NYC), you must do so for possible inclusion in the 2012 uncompensated care distribution.
  - If you have submitted the above CFR OMH-4 but would like to amend it, please contact the CFR Unit at 518-473-3572
- **Common errors**
  - Total visits = Uncompensated visits
  - Uncompensated visits > Total visits – Medicaid Visits
  - Total visits on CFR not consistent with OMH-4
- Must maximize all alternate revenue sources
- Must make reasonable collection effort
- Must keep accurate records
- Get review by your own counsel
- See website for clarifications on submission instructions
Medicaid Managed Care

• Adopted legislation effective April, 2010

• Allowed establishment of Medicaid Managed Care fees for mental health clinic services that are:

  • “equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health or by the office of mental health for rate-setting purposes…”;

• Rate dependent on the funding available.

• Anticipate implementation in April, 2012

• COPs-Only will continue until new rates implemented.
OMH sponsored 5 year project to sustain & improve clinical operations

Statewide network partners for content area expertise

Projects to focus on -
  • Clinical Skills
  • Billing Practices & Financial Management
  • Clinical Business Models
  • Use of Data for QI & Decision Making
  • Client Engagement & Skill Building
  • Strategies for Wellness & Early Screening
Other Resources

• Resources
  • Medicaid Redesign link -
    http://www.health.ny.gov/health_care/medicaid/redesign/
  • Medicaid Update link -
  • eMedNY link -
    https://www.emedny.org/
COMPUTER SCIENCES CORP

APG BILLING & READING REMITTANCES
MENTAL HEALTH OUTPATIENT CLINIC UPDATES

QUESTIONS & DISCUSSION..