



**Department  
of Health**

Medicaid  
Redesign Team

# Integrated Services Overview

July 14, 2016

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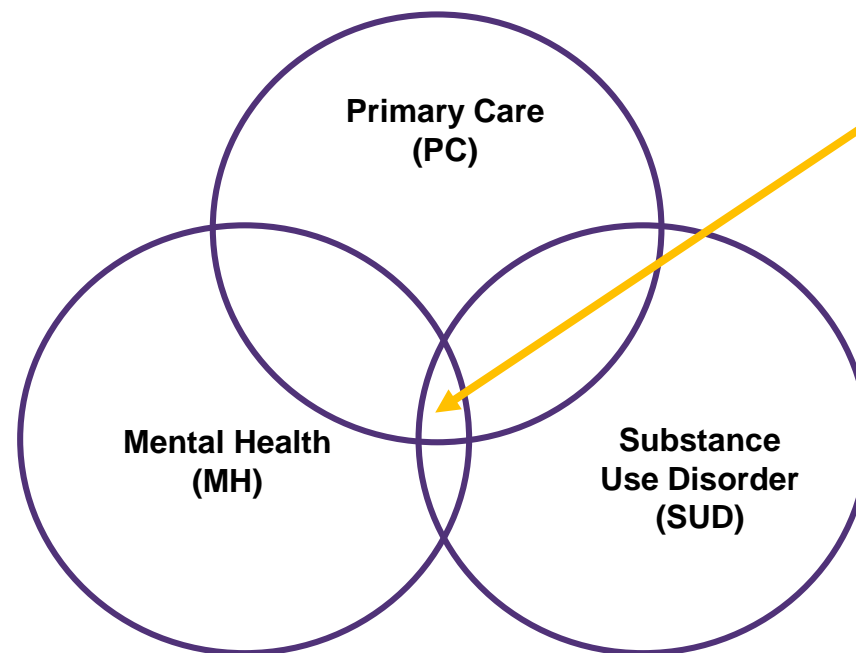
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# General Overview

# The Need for Service Integration

Healthcare providers recognize that many patients have comorbid physical and behavioral healthcare needs, yet services in New York State have traditionally been provided and billed for separately.


The integration of physical and behavioral health services can help **improve the overall quality of care** for individuals with multiple health conditions by **treating the whole person** in a more comprehensive manner



\* Within DSRIP, the term "Behavioral Health" encompasses mental health and substance abuse

# The Need for Service Integration

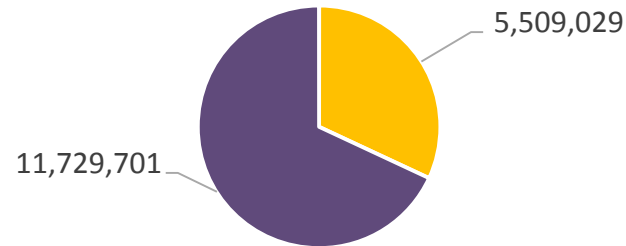
A disproportionate amount of annual total cost of care and hospital visits in New York State can be attributed to Medicaid members with a behavioral health (BH) condition.


 Total Medicaid Pop. Excluding Medicaid BH Pop.  
 Medicaid members diagnosed w/ BH

### Overview:

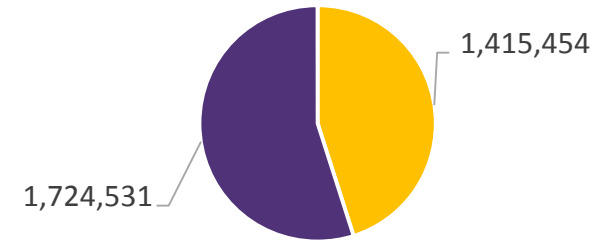
- Medicaid members diagnosed with BH account for **20.9%** of the overall Medicaid population in New York State
- The average length of stay (LOS) per admission for Behavioral Health Medicaid users is **30%** longer than the overall Medicaid population's LOS
- Per Member Per Month (PMPM) costs for Medicaid Members with BH dx is **2.6** times higher than the overall Medicaid population

Medicaid members diagnosed with BH account for 32% of Medicaid PCP visits



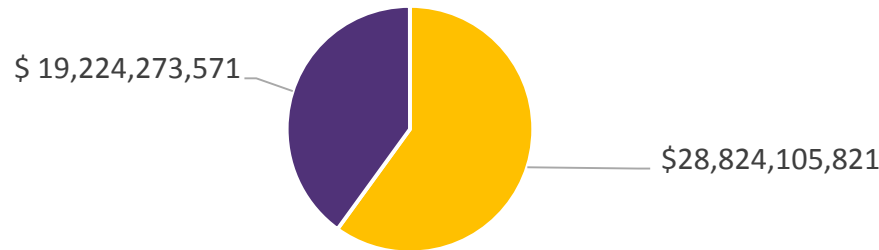
Total PCP Visits from Medicaid Members: 17,238,730

Medicaid members diagnosed with BH account for 45.1% of all Medicaid ED visits



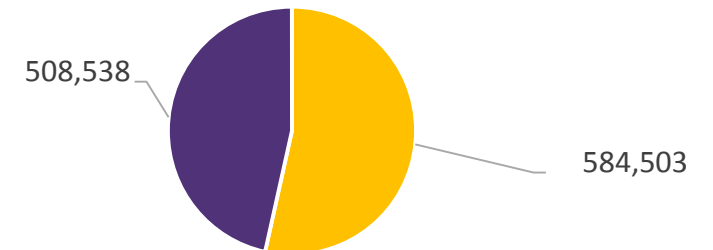
Total ED visits from Medicaid Members: 3,139,985

Medicaid members diagnosed with BH account for 60% of the total Medicaid cost of care in New York State



Total Medicaid Cost of Care in NYS: \$48,048,379,392

Medicaid members diagnosed with BH account for 53.5% of Medicaid admissions

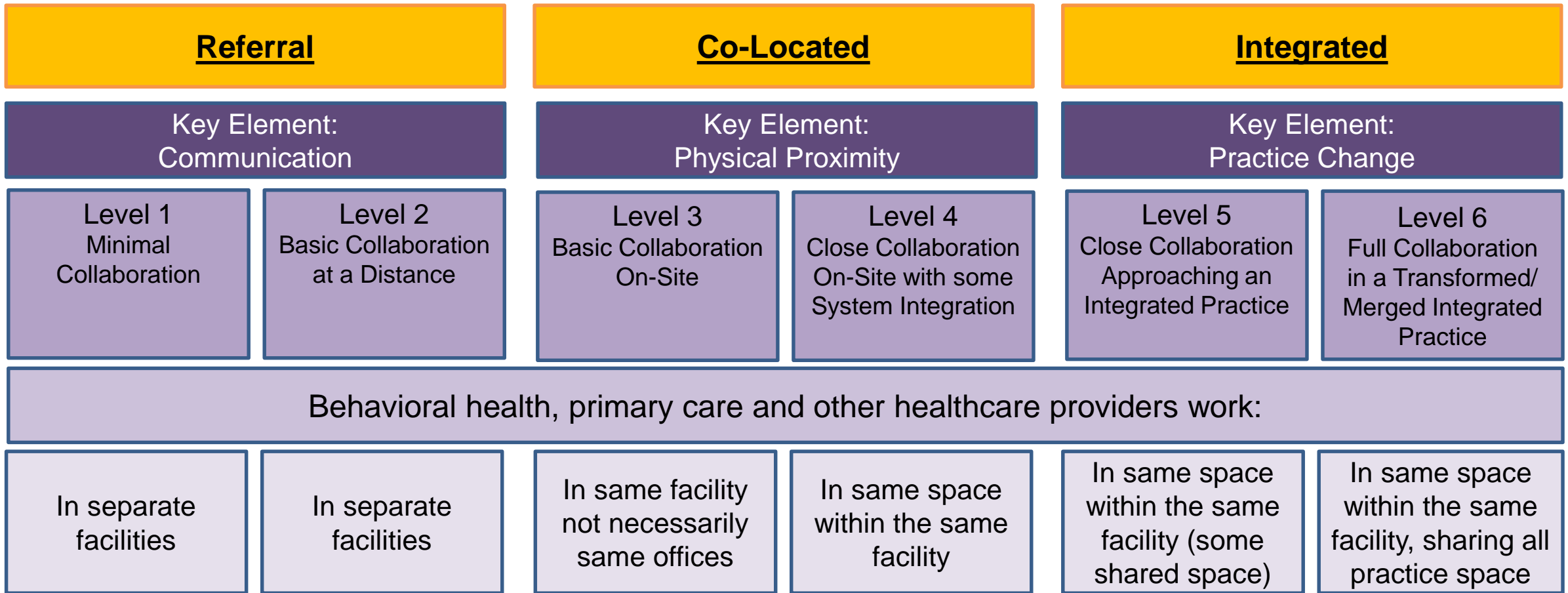


Total Medicaid Admissions: 1,093,041

\* This data includes Medicaid Members with 1+ Claims with primary or secondary diagnosis of behavioral health issues

# Standard Framework for Integration

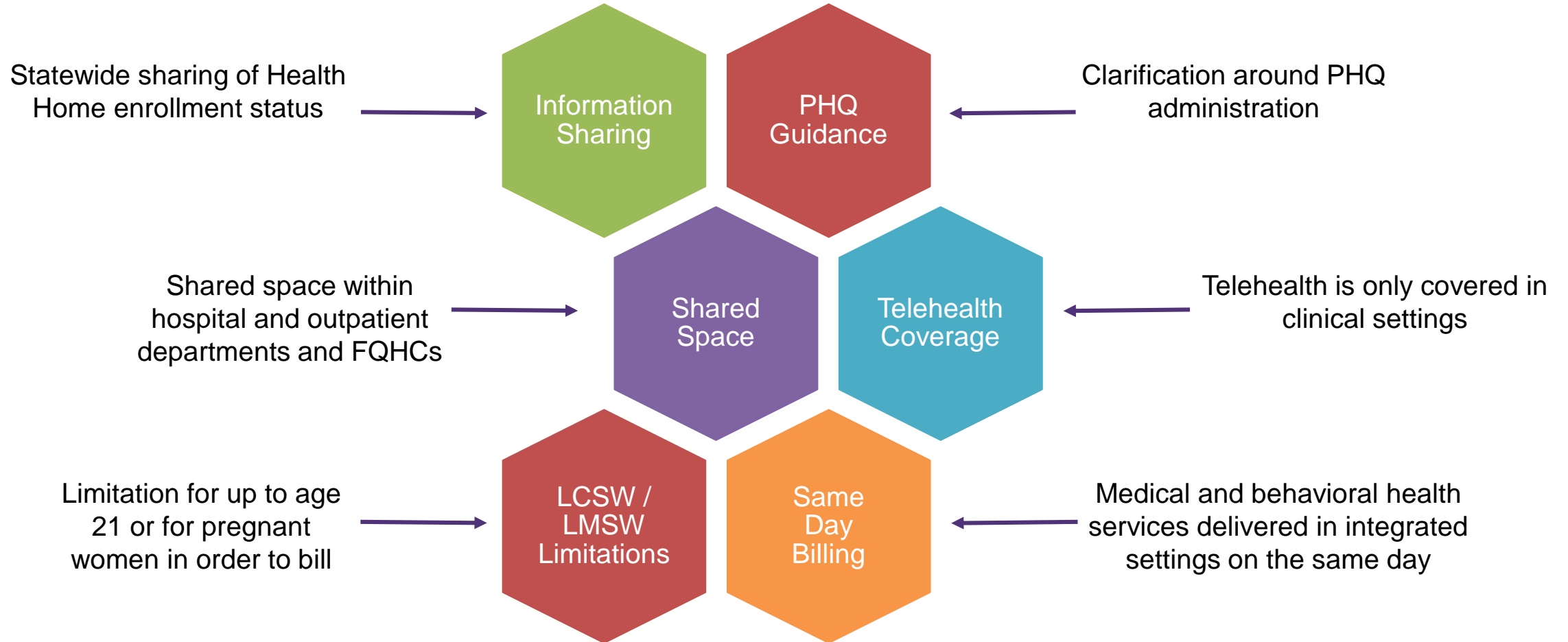
There are key elements and steps to achieve full collaboration in an integrated practice.



# Issues/Questions for Implementation

# Issues/Questions for Implementation

The following issues and questions emerged from PPS discussions with DOH, OMH, and OASAS.





# Current Licensure Thresholds

# Current Licensure Thresholds (non-DSRIP)

A provider may opt to pursue the integration of primary care (PC), mental health (MH), and/or substance use disorder (SUD) services by obtaining a separate license or certificate from each corresponding agency (Department of Health (DOH), Office of Mental Health (OMH) or Office of Alcoholism and Substance Abuse Services (OASAS), as appropriate to the additional services).

**Primary Care Site Offering MH Services**



A provider licensed under Article 28 and offering mental health services and which has more than 2,000 total visits per year must be licensed under Article 31 by OMH if **more than 10,000 annual visits for mental health services or more than 30 percent of its total annual visits are for mental health services**

**Primary Care Site Offering SUD Services**



**Certification required by OASAS for ANY SUD services.** A primary care provider may not provide substance use disorder services without being certified by OASAS pursuant to Article 32

**MH or SUD Services Provider Offering PC Services**



A provider licensed by OMH under Article 31 to provide outpatient mental health services or certified by OASAS under Article 32 to provide outpatient SUD services must obtain Article 28 licensure by DOH if **more than 5 percent of total annual visits** are for primary care services or if any visits are for dental services

**MH Services Provider Offering SUD Services and SUD Services Provider Offering MH Services**



**There are no Licensure Thresholds.** However, programs licensed by OMH or certified by OASAS currently are able to integrate MH and SUD services with certain limitations pursuant to a Memorandum of Agreement between the agencies

# DSRIP Project 3.a.i Licensure Thresholds

# DSRIP Project 3.a.i Licensure Thresholds

Additional options for integration are also available to providers participating in DSRIP.

**DSRIP Project 3.a.i Licensure Thresholds** allow **up to 49% of visits** to be for non-licensed / non-certified services, without requiring an additional license or certification.

- For these licensure thresholds to apply, the provider must be identified as participating in a PPS's 3.a.i project and have the appropriate DSRIP regulatory waiver for one of the following:

A facility licensed by **DOH** requires a waiver for adding MH and/or SUD services

A facility licensed by **OMH** requires a waiver for adding PC and/or SUD services

A facility certified by **OASAS** requires a waiver for adding PC and/or MH services

**Note:** Providers that integrate services under the DSRIP Project 3.a.i Licensure Threshold will only be able to use this approach for the life of the DSRIP program

# How to Apply

To operate under the DSRIP Project 3.a.i Licensure Threshold model, the provider must submit an application to and receive approval from the agency responsible for the new services being added.

If you are an...

## Article 28

A provider licensed by DOH pursuant to PHL (Public Health Law) Article 28 seeking to add **behavioral health services** must submit a Certificate of Need (CON) application or a Limited Review Application (LRA) through New York State Electronic Certificate of Need (NYSE-CON). A separate application ID is required for each site.

## Article 31

A provider licensed by OMH pursuant to MHL (Mental Health Law) Article 31 seeking to add **primary care or substance use disorder services** must submit the *DSRIP Project 3.a.i Licensure Threshold Application*. The provider can include all the sites that wish to integrate services on a single application.

## Article 32

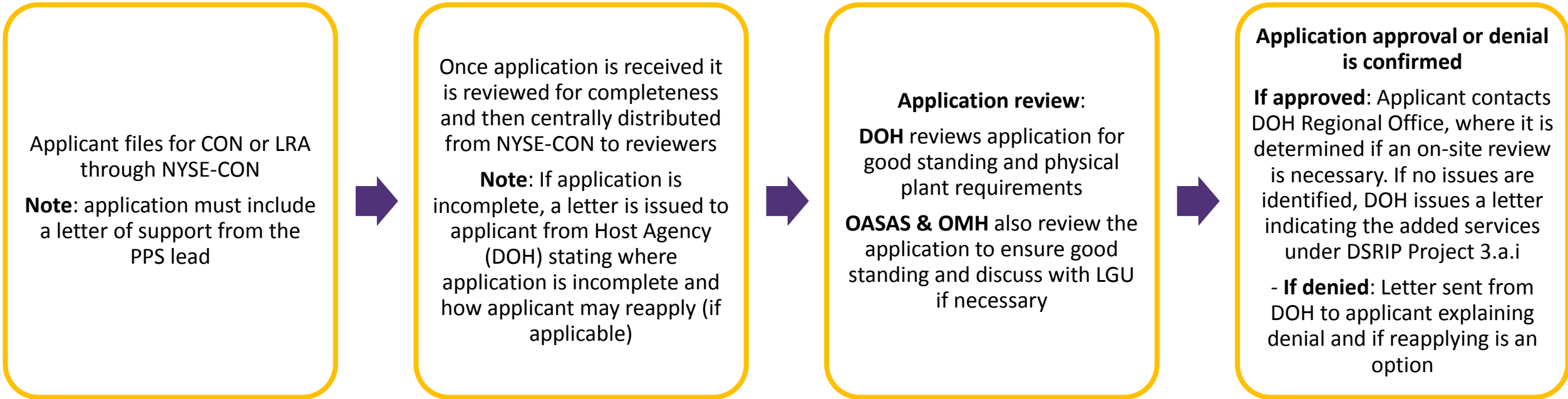
A provider certified by OASAS pursuant to MHL Article 32 seeking to add **primary care or mental health services** must submit the *DSRIP Project 3.a.i Licensure Threshold Application*. The provider can include all the sites that wish to integrate services on a single application.

Application documents and instructions can be found at:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/regulatory\\_waivers/draft\\_appl\\_instructions.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrp/regulatory_waivers/draft_appl_instructions.htm)

# Process and Timeline – Article 28

The process below is intended for providers licensed by DOH pursuant to Article 28 that are seeking to add behavioral health (mental health (MH) and/or substance use disorder (SUD) services) under DSRIP Project 3.a.i Licensure Thresholds.



*Overall process takes 4-6 weeks. Timeline delays may occur in the event of incomplete applications.*

# Process and Timeline – Article 31

The process below is intended for providers licensed by OMH pursuant to Article 31 that are seeking to add primary care (PC) or substance use disorder (SUD) services under DSRIP Project 3.a.i Licensure Thresholds.

Applicant submits *DSRIP Project 3.a.i Licensure Threshold Application* through the DSRIP email ([dsrip@health.ny.gov](mailto:dsrip@health.ny.gov))

**Note:** Application should include a letter of support from the PPS lead



Once the application is received it is reviewed for completeness by OMH and distributed to reviewers

**Note:** If application is incomplete, a letter is issued to the applicant from Host Agency (OMH) stating where application is incomplete and whether applicant may reapply



**Application review:**

**OMH** reviews application for good standing and physical plant requirements

**OASAS/DOH** also review the application to ensure good standing and discuss with LGU if necessary



**Executive approval or denial is confirmed**

**If approved:** OMH issues a letter indicating the added services under DSRIP Project 3.a.i

**If denied:** Letter sent from OMH to applicant explaining denial and if reapplying is an option

*Overall process takes 4-6 weeks. Timeline delays may occur in the event of incomplete applications.*

# Process and Timeline – Article 32

The process below is intended for providers licensed by OASAS pursuant to Article 32 that are seeking to add primary care (PC) or mental health (MH) services under DSRIP Project 3.a.i Licensure Thresholds.

Applicant submits *DSRIP Project 3.a.i Licensure Threshold Application* through the DSRIP email ([dsrip@health.ny.gov](mailto:dsrip@health.ny.gov))

**Note:** application should include a letter of support from the PPS lead



Once the application is received it is reviewed for completeness by OASAS and distributed to reviewers

**Note:** If application is incomplete, a letter is issued to the applicant stating where application is incomplete and applicant may reapply (if applicable)



## Application review:

**OASAS** reviews application for good standing and physical plant requirements

**OMH/DOH** also review the application to ensure good standing and discuss with LGU if necessary



## Executive approval or denial is confirmed

**If approved:** OASAS issues a letter indicating the added services under DSRIP Project 3.a.i

**If denied:** Letter sent from OASAS to applicant explaining denial and if reapplying is an option

*Overall process takes 4-6 weeks. Timeline delays may occur in the event of incomplete applications.*



# Applicant Questions & Next Steps

All application questions or concerns should be addressed to the applicant's Host Agency.

## Article 28

### Host Agency: DOH

For application questions or status queries, please contact:  
[dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)

## Article 31

### Host Agency: OMH

For application questions or status queries, please contact:  
[DSRIP\\_PARs@OMH.ny.gov](mailto:DSRIP_PARs@OMH.ny.gov)

## Article 32

### Host Agency: OASAS

For application questions or status queries, please contact:  
[certification@oasas.ny.gov](mailto:certification@oasas.ny.gov)

# Above DSRIP Project 3.a.i Licensure Thresholds

When a provider believes its volume of services will approach the DSRIP Project 3.a.i Licensure Threshold limits of 49%, a provider has the option of integrating services by either seeking a second license for a particular site or integrating services under the integrated outpatient services regulations.

Providers may not bill Medicaid for any service rendered above the DSRIP Project 3.a.i Licensure Threshold amount unless the appropriate licensure or certification is in place at the time the service was rendered.

Providers must meet the prescribed requirements of the integrated outpatient services regulations as outlined in the DSRIP Licensure Threshold Guidance:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/regulatory\\_waivers/licensure\\_threshold\\_guidance.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/regulatory_waivers/licensure_threshold_guidance.htm)

# Integrated Services Billing

# Information Needed from PPS Leads

In order to submit claims for Integrated Services, PPS Leads will need to identify those providers participating in DSRIP Project 3.a.i.

DOH will provide PPS Leads with a tracker document to input the details needed to identify providers participating in the project. Information needed will include:

- Provider Name
- Provider ID
- Facility License Type
- National Provider Identifier (NPI)
- Operating Certificate Number
- Locator Code
- Postal Code (zip code + 4)

## **A Regulatory Waiver Tracker webinar will be held on August 3, 2016**

PPS leads will receive a communication from DOH with further details on this webinar. Additionally, PPS Leads will be asked to complete and return the tracker document included in the communication for all DSRIP Project 3.a.i provider categories by mid-September

# Professional Services Component

There is a distinction in billing for the professional component that providers should be aware of.

## Article 28 – DOH

- Physicians can submit a claim for professional services for patients directly seen by them; all other professional services rendered are included in the APG rate
- Professional services claim is only applicable for hospital outpatient departments. Free-standing diagnostic and treatment centers have an all-inclusive APG payment; no services can be billed

## Article 31 – OMH

- Clinics can submit a claim for services; there is not a professional component for any provider type

## Article 32 – OASAS

- Only clinics can submit a claim for services; there is not a professional component for any provider type

# Prospective Billing

DSRIP Project 3.a.i providers billing for Integrated Services will be prospective from Ambulatory Patient Group (APG) date changes.

Prospective Billing



Implemented July 1, 2016

Once rate codes are assigned, DOH will work with providers to grant the necessary waiver for reimbursement back to July 1, 2016

# Article 28 Licensed Providers Billing APGs (1/2)

Billing information for providers licensed by DOH pursuant to Article 28:

	What is the licensure threshold for services by provider?	What are the associated rate codes for integrated service?	What are the rules for submitting claims for integrated services?	What services can and cannot be billed?
<b>Licensure Threshold (non-DSRIP)</b>	Up to 10,000 visits or 30% of total annual visits may be for mental health services. Providers must be certified to provide substance use disorder services (threshold is "0%"; i.e., cannot provide any SUD services without Article 32 certification)	Providers should use their regular APG rate codes	Provider billing should reflect the services furnished to the patient using the appropriate institutional claim form	Provider billing should reflect the services furnished to the patient
<b>DSRIP 3.a.i Licensure Threshold</b>	<b>Standard:</b> Up to 10,000 visits or 30% of total annual visits if adding Article 31 or "0%" if adding Article 32 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming	1102: DOH DTC IS DSRIP 1104: DOH OPD IS DSRIP	Providers should bill for the services furnished to the patient using the appropriate institutional claim form	Provider billing should reflect the services furnished to the patient. Follow normal APG billing process
	<b>DSRIP:</b> Up to 49% of total annual visits, if adding Article 31 or 32 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming	Effective July 1, 2016		
<b>Integrated Outpatient Services</b>	Standard licensure threshold (non-DSRIP) applies for non-licensed/non-certified services	1594: DOH OPD IOS 1597: DOH DTC IOS	Providers should bill for the services furnished to the patient using the appropriate institutional claim form	Provider billing should reflect the services furnished to the patient. Follow normal APG billing process

Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits



# Article 28 Licensed Providers Billing APGs (2/2)

Billing information for providers licensed by DOH pursuant to Article 28:

Can you bill multiple services in the same day (primary care, behavioral health, substance use disorder services)?	
Licensure Threshold (non-DSRIP)	<p>Providers should submit one claim per visit with all procedures/services rendered on the date of service (e.g., behavioral health services and primary care services). The provider should use the XP modifier on the behavioral health Evaluation and Management (E&amp;M) line. The XP modifier should allow the full payment and negate any discounting that would normally apply. The primary diagnosis should be applicable to the first E&amp;M, the secondary diagnosis should be applicable to the second E&amp;M code, which should have the XP modifier. Additional payment modifiers should be added; more information is forthcoming</p>
DSRIP 3.a.i Licensure Threshold	
Integrated Outpatient Services	

### Provider APG rate codes

Diagnostic & Treatment Center (D&TC) and Ambulatory Surgery Center (ASC) Base Rates and Rate Codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/dtc/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/matrix.htm)

Hospital based rate codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/hospital/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/matrix.htm)

*Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits*



# FQHCs (Article 28) Billing PPS Rates (1/2)

Billing information for FQHC providers licensed by DOH pursuant to Article 28:

	What is the licensure threshold for services by provider?	What are the associated rate codes for integrated service?	What are the rules for submitting claims for integrated services?	What services can and cannot be billed?
<b>Licensure Threshold (non-DSRIP)</b>	Up to 10,000 visits or 30% of total annual visits may be for mental health services. Providers must be certified to provide substance use disorder services (threshold is "0%"; i.e., cannot provide any SUD services without Article 32 certification)	FQHC should bill Prospective Payment System (PPS) rate for all services provided to patient within the same day		
<b>DSRIP 3.a.i Licensure Threshold</b>	<b>Standard:</b> Up to 10,000 visits or 30% of total annual visits if adding Article 31 or "0%" if adding Article 32 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming	FQHC should bill Prospective Payment System (PPS) rate for all services provided to patient within same day	DOH sets the Prospective Payment System (PPS) rate using the methodology established under federal law. PPS methodology, including the "per visit basis", is established under federal law. DOH does not have the authority to waive federal rules	FQHCs that have not opted into APGs operate under the Prospective Payment System (PPS) rate. FQHCs must bill their all-inclusive PPS rate for individual therapy and a lesser rate per recipient for group therapy
	<b>DSRIP:</b> Up to 49% of total annual visits, if adding Article 31 or 32 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming			
<b>Integrated Outpatient Services</b>	Standard licensure threshold (non-DSRIP) applies for non-licensed/non-certified services	FQHC should bill Prospective Payment System (PPS) rate for all services provided to patient within the same day		

Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits

# FQHCs (Article 28) Billing PPS Rates (2/2)

Billing information for FQHC providers licensed by DOH pursuant to Article 28:

	Can you bill multiple services in the same day (primary care, behavioral health, substance use disorder services)?
<b>Licensure Threshold (non-DSRIP)</b>	Yes, all services furnished to the same patient on the same day are included in the Prospective Payment System (PPS) rate paid to the FQHC
<b>DSRIP 3.a.i Licensure Threshold</b>	No regulatory waiver of 10 NYCRR § 86-4.9 can be provided to allow for reimbursement of two visits on one day
<b>Integrated Outpatient Services</b>	Yes, all services furnished to the same patient on the same day are included in the Prospective Payment System (PPS) rate paid to the FQHC

*Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits*

# Article 31 Licensed Providers Billing APGs (1/2)

Billing information for providers licensed by OMH pursuant to Article 31:

	What is the licensure threshold for services by provider?	What are the associated rate codes for integrated service?	What are the rules for submitting claims for integrated services?	What services can and cannot be billed?
<b>Licensure Threshold (non-DSRIP)</b>	Up to 5% of total annual visits may be for primary care services	Providers should use their regular APG rate codes	Provider billing should reflect the services furnished to the patient using the appropriate institutional claim form	Provider billing should reflect the services furnished to the patient. Follow normal APG billing process
<b>DSRIP 3.a.i Licensure Threshold</b>	Up to 49% of total annual visits, if adding Article 28 or 32 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming	1106: OMH DTC IS DSRIP 1108: OMH DTC IS SED DSRIP 1110: OMH OPD IS DSRIP 1112: OMH OPD IS SED DSRIP  <b>Effective July 1, 2016</b>		
<b>Integrated Outpatient Services</b>	Standard licensure threshold (non-DSRIP) applies for non-licensed/non-certified services	1122: OMH OPD IS Dual License 1124: OMH OPD IS SED Dual License 1480: OMH DTC IS Dual License 1483: OMH DTC IS SED Dual License		

Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits

# Article 31 Licensed Providers Billing APGs (2/2)

Billing information for providers licensed by OMH pursuant to Article 31:

Can you bill multiple services in the same day (primary care, behavioral health, substance use disorder services)?	
Licensure Threshold (non-DSRIP)	<p>Providers should submit one claim per visit with all procedures/services rendered on the date of service (e.g., behavioral health services and primary care services). The provider should use the XP modifier on the behavioral health Evaluation and Management (E&amp;M) line. The XP modifier should allow the full payment and negate any discounting that would normally apply. The primary diagnosis should be applicable to the first E&amp;M, the secondary diagnosis should be applicable to the second E&amp;M code, which should have the XP modifier. Additional payment modifiers should be added; more information is forthcoming</p>
DSRIP 3.a.i Licensure Threshold	
Integrated Outpatient Services	

### Provider APG rate codes

Diagnostic & Treatment Center (D&TC) and Ambulatory Surgery Center (ASC) Base Rates and Rate Codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/dtc/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/matrix.htm)

Hospital based rate codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/hospital/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/matrix.htm)

*Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits*

# Article 32 Certified Providers Billing APGs (1/2)

Billing information for providers licensed by OASAS pursuant to Article 32:

	What is the licensure threshold for services by provider?	What are the associated rate codes for integrated service?	What are the rules for submitting claims for integrated services?	What services can and cannot be billed?
<b>Licensure Threshold (non-DSRIP)</b>	Up to 5% of total annual visits may be for primary care services	Providers should use their regular APG rate codes	Provider billing should reflect the services furnished to the patient using the appropriate institutional claim form	Provider billing should reflect the services furnished to the patient. Follow normal APG billing process. *Excludes FQHCs that bill Prospective Payment System (PPS) rate
<b>DSRIP 3.a.i Licensure Threshold</b>	Up to 49% of total annual visits, if adding Article 28 or 31 DOH is currently developing a methodology to calculate the threshold; more information is forthcoming	1114: OASAS DTC IS DSRIP 1116: OASAS DTC MMTP IS DSRIP 1118: OASAS OPD IS DSRIP 1120: OASAS OPD MMTP IS DSRIP  Effective July 1, 2016	Providers should bill for the services furnished to the patient using the appropriate institutional claim form	
<b>Integrated Outpatient Services</b>	Standard licensure threshold (non-DSRIP) applies for non-licensed/non-certified services	1130: OASAS DTC MMTP IOS 1132: OASAS OPD IOS 1134: OASAS OPD MMTP IOS 1486: OASAS DTC IOS	Providers should bill for the services furnished to the patient using the appropriate institutional claim form	

Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits

# Article 32 Certified Providers Billing APGs (2/2)

Billing information for providers licensed by OASAS pursuant to Article 32:

Can you bill multiple services in the same day (primary care, behavioral health, substance use disorder services)?	
Licensure Threshold (non-DSRIP)	<p>Providers should submit one claim per visit with all procedures/services rendered on the date of service (e.g., behavioral health services and primary care services). The provider should use the XP modifier on the behavioral health Evaluation and Management (E&amp;M) line. The XP modifier should allow the full payment and negate any discounting that would normally apply. The primary diagnosis should be applicable to the first E&amp;M, the secondary diagnosis should be applicable to the second E&amp;M code, which should have the XP modifier. Additional payment modifiers should be added; more information is forthcoming</p>
DSRIP 3.a.i Licensure Threshold	
Integrated Outpatient Services	

### Provider APG rate codes

Diagnostic & Treatment Center (D&TC) and Ambulatory Surgery Center (ASC) Base Rates and Rate Codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/dtc/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/matrix.htm)

Hospital based rate codes:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/rates/hospital/matrix.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/rates/hospital/matrix.htm)

*Provider Enrollment Claims unit will be monitoring incoming claims to track total annual visits*

# Questions?

dsrip@health.ny.gov

