NEW YORK STATE | Department of Health | Medicaid Redesign Team

Integration of Primary Care and Behavioral Health

PPS and Medicaid Managed Care Organization Cooperation

Dr. Douglas Fish, Medical Director
Dr. Khalil Alshaer, Medical Director

September 11, 2017

Agenda

1. Pathways to Integration of Primary Care and Behavioral Health
2. Impact for Performance Valuation and Measurement
3. Reimbursement, Rate Code Loading and Site Identification
4. PPS and Medicaid Managed Care Organization (MMCO) Cooperation
    a. MMCO Reimbursement, Contracting and Credentialing
    b. PPS Model 2 sites tracking
5. Integration Resources

3 Pathways to Integration of Primary Care and Behavioral Health

Standard 2008 Threshold	A provider, whether or not participating in DSRIP Project 3.a.i, may provide services that are at or below State-established annual visit thresholds (2008 Certificate of Need (CON) Reform for Ambulatory Services). https://www.health.ny.gov/press/releases/2008/2008-03-04_con_reform_ambulatory_care_services.htm
DSRIP Project 3.a.i Licensure Threshold	A provider participating in DSRIP Project 3.a.i that exceeds the 2008 CON thresholds but is providing services up to a 49% threshold must seek waiver authority from the State and submit the appropriate application to provide integrated services.
Integrated Outpatient Services (IOS)	A qualifying DSRIP or non-DSRIP provider may seek Integrated Outpatient Services (IOS) licensure from its host agency or additional licensure/certification at any time. a. A non-DSRIP provider that is exceeding the 2008 CON threshold must obtain IOS or additional licensure/certification. b. A DSRIP provider that is exceeding the 49% threshold must obtain IOS or additional licensure/certification
Note: Dual Licensure	A provider can apply for additional licensure at any time, but it may not be considered integrated care.

Project 3.a.i - Primary Care and Behavioral Health Integration Overview of the 3 Models

- Model 1: Behavioral health specialist integration into primary care setting
- Model 2: Primary care integration into established behavioral health sites, such as mental health clinics and/or methadone maintenance treatment programs.
- Model 3: IMPACT/Collaborative Care Model incorporating depression care into primary care practices, with consultation requested from a physician and/or depression care manager with a psychiatrist as needed, for members who are not responding to treatment as expected.

Standard Licensure Thresholds (pre-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 mental health 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 Service Provider Offering SUD Services and SUD Service 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 an agreement between the agencies.

May 2015. New York State Department of Health. Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health Services under Project 3.a.i.

DSRIP Project 3.a.i Licensure Thresholds

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' 3.a.i project and must 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 Primary Care 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.

May 2015. New York State Department of Health. Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health Services under Project 3.a.i.

NEW YORK STATE OF OPPORTUNITY. Department of Health

Going 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:

1) integrating services under the integrated outpatient services (IOS) regulations, or

2) seeking a second license for a particular site.

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/dsrip/regulatory_waivers/licensure_threshold_guidance.htm

May 2015. New York State Department of Health. Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health Services under Project 3.a.i.

Impact for Performance Valuation and Measurement

Project 3.a.i Total PPS Valuation
Integration of Primary Care and Behavior Health

PPS Name	Models	Project 3.a.i Valuation
Adirondack Health Institute, Inc.	Model 1, 2	Total Valuation $524,433,842
Advocate Community Providers, Inc.	Model 1, 2, 3	
Alliance for Better Health Care, LLC	Model 1, 2	
Bassett/Leatherstocking Collaborative Health Partners	Model 1, 2	
Better Health for NE NY	Model 1, 2, 3	
Bronx-Lebanon Hospital Center	Model 1, 3	
Care Compass Network	Model 1, 2	
Central New York Care Collaborative, Inc.	Model 1, 2	
Finger Lakes Performing Provider System, Inc.	Model 1, 2, 3	
Maimonides Medical Center	Model 1, 2, 3	
Millennium Collaborative Care	Model 1, 2	
Montefiore Medical Center	Model 1, 2, 3	
Mount Sinai PPS, LLC	Model 1, 2, 3	
Nassau Queens Performing Provider System, LLC	Model 1, 2	
New York City Health & Hospitals Corporation	Model 1, 2, 3	
New York-Presbyterian/Queens	Model 1, 2	
NYU Lutheran Medical Center	Model 1, 3	
Refuah Health Center, Inc.	Model 1, 2	
Samaritan Medical Center	Model 1, 2, 3	
SBH Health System	Model 1, 2, 3	
Sisters of Charity/Community Partners of WNY	Model 1, 2	
Staten Island Performing Provider System, LLC	Model 1, 2	
Stony Brook University Hospital	Model 1, 2, 3	
The New York and Presbyterian Hospital	Model 2	
WMC PPS	Model 1	

Common PPS and Medicaid MCO Metrics Associated with Project 3.a.i

Measure Name	High Performance Fund Eligible	Measure Steward	HEDIS 2017
Potentially Preventable Emergency Room Visits (for persons with BH diagnosis)[HP]	HP$	3M	N
Antidepressant Medication Management- Acute Phase	HP$	NCQA	Y
Antidepressant Medication Management- Continuation Phase	HP$	NCQA	Y
Diabetes Monitoring for People with Diabetes and Schizophrenia	HP$	NCQA	Y
Diabetes Screening for People with Schizophrenia or Bipolar Disease Using Antipsychotic Medication		NCQA	Y
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	HP$	NCQA	Y
Follow-up care for Children Prescribed ADHD Medications- Initiation Phase*		NCQA	Y
Follow-up care for Children Prescribed ADHD Medications- Continuation Phase*		NCQA	Y
7- Day Follow-up After Hospitalization for Mental Illness	HP$	NCQA	Y
30-Day Follow-up After Hospitalization for Mental Illness	HP$	NCQA	Y
Screening for Clinical Depression and Follow-up*		CMS	N (Y for 2018)
Adherence to Antipsychotic Medications for People with Schizophrenia		NCQA	Y
Initiation of Alcohol and Other Drug Dependence Treatment (1 visit within 14 days)		NCQA	Y
Engagement of Alcohol and Other Drug Dependence Treatment (Initiation and 2 visits within 44 days)		NCQA	Y

The Multiplier Effect: if a PPS selected both projects 3.a.i and 3.a.ii, performance on P4P measures counts twice in the applicable performance based payments.

*Not a P4P measure in MY 2

NEW YORK STATE OF OPPORTUNITY. Department of Health

Additional High Performance Program that rewards Primary Care and Behavioral Health Integration

- The Additional High Performance Program (AHPP) is funding available to all PPS designed to further incentivize performance target achievement for 9 of the 12 measures in the HP-eligible measure set (2 are composite measures with 2 rates each).

- PPS earn AHPP funds if that PPS achieves at least half (50% or more) of its available AHPP metrics in a given year.

Reimbursement and Site Identification for Rate Code Loading

Billing Multiple DSRIP Services on the Same Day (primary care, behavioral health, substance use disorder services) for sites billing APGs

- 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).
- Retroactive claims are allowed back to the date of approval on the rate code letters.
- Payments will be processed through the APG grouper/pricer and paid in accordance with APG pricing rules associated with services normally billed under that APG rate code.
- When two E&Ms are provided to a member on the same date of service, both E&Ms may receive full payment.
  - The provider should affix the XP/XE/XU modifier as appropriate on the E&M corresponding to the service that was integrated to allow the full payment and negate any consolidation that would normally apply.
  - The primary diagnosis should be applicable to the first E&M code.
  - The secondary diagnosis should be applicable to the second E&M code, which should have the XP/XE/XU modifier.

XP – separate practitioner
XE – separate encounter
XU – unusual non-overlapping service

Project 3.a.i PPS Site identification

- Each PPS is required to report to the DOH DSRIP team which sites are participating in Project 3.a.i.
- Ensures sites receive the proper rate code loading to bill for the two services on the same day.
- In the past 8 months, PPS have submitted over 1,100 sites that may be participating in Project 3.a.i.
- Approximately 550 of these are currently under review for rate code processing.
- When the PPS site lists come in, DOH, OMH and OASAS ensure the integrated sites are properly licensed or certified and approved for rate loading.
- Model 2 site lists distributed to Medicaid MCOs to verify that Primary Care Provider contracting/credentialing is complete, in process, denied, or not yet requested.

Two Services and Same Day Billing Rate Codes

- Rate codes exist for:
  - DOH sites adding MH and/or SUD services
  - OMH sites adding DOH Primary Care and/or SUD services
  - OASAS sites adding DOH Primary Care and/or MH services

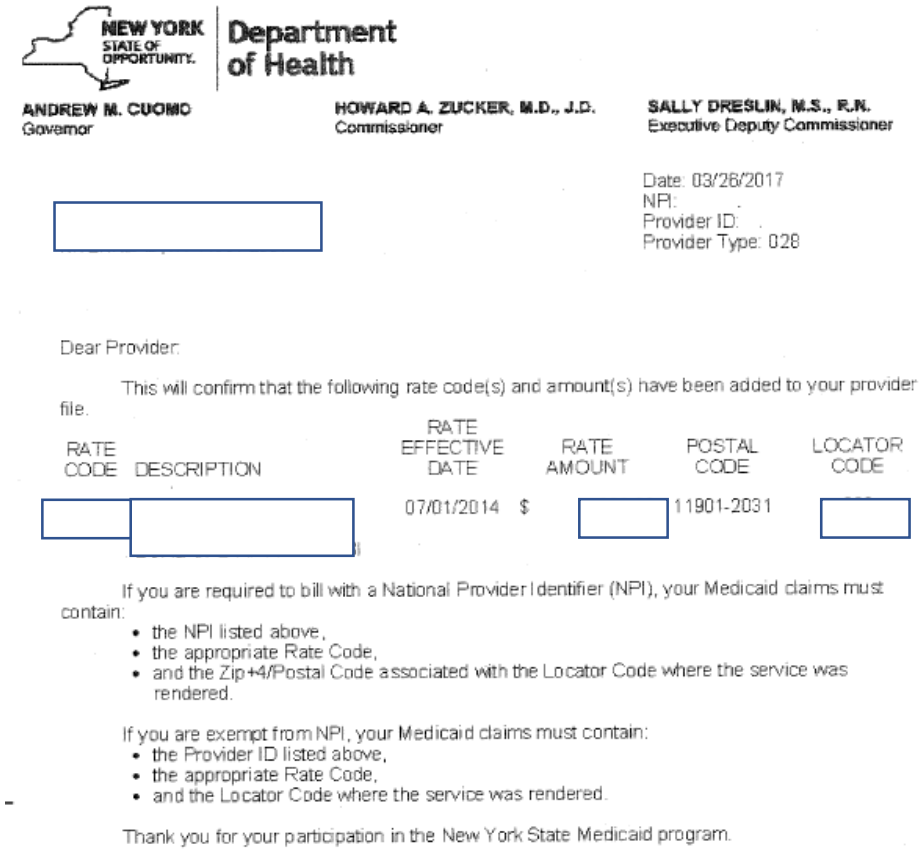
- Medicaid Managed Care Organizations (MMCO) pay these integrated rates to the contracted and credentialed sites using rate codes on the following slide:

Integrated Services Billing Rate Codes

DSRIP 3.a.i Provider Rate Codes	Integrated Outpatient Services Provider Rate Codes
1102 - DOH DTC APG ART 28 INTEGRATED SVC (DSRIP)	1480 - OMH DTC APG ART 31 INTEGRATED OUTPATIENT SVC
1104 - DOH OPD APG ART 28 INTEGRATED SVC (DSRIP)	1483 - OMH DTC APG ART 31 INTEGRATED OUTPATIENT SVC-SED
1060: DOH DTC APG ART 28 IS MR/DD/TBI (DSRIP)	1486 - OASAS DTC APG ART 32 INTEGRATED OUTPATIENT SVC
1062: DOH OPD APG ART 28 IS MR/DD/TBI (DSRIP)	1594 - DOH OPD APG ART 28 INTEGRATED OUTPATIENT SVC
1106 -OMH DTC APG ART 31 INTEGRATED SVC (DSRIP)	1597 - DOH DTC APG ART 28 INTEGRATED OUTPATIENT SVC
1108 - OMH DTC APG ART 31 INTEGRATED SVC-SED (DSRIP)	1003 - DOH DTC APG ART 28 MR/DD/TBI INTEGRATED OUTPATIENT SVC
1110 - OMH OPD APG ART 31 INTEGRATED SVC (DSRIP)	1000 - DOH OPD APG ART 28 MR/DD/TBI INTEGRATED OUTPATIENT SVC
1112 - OMH OPD APG ART 31 INTEGRATED SVC-SED (DSRIP)	1122 - OMH OPD APG ART 31 INTEGRATED OUTPATIENT SVC
1114 - OASAS DTC APG ART 32 INTEGRATED SVC (DSRIP)	1124 - OMH OPD APG ART 31 INTEGRATED OUTPATIENT SVC-SED
1116 - OASAS DTC APG MMTP INTEGRATED SVC (DSRIP)	1130 - OASAS DTC APG MMTP INTEGRATED OUTPATIENT SVC
1118 - OASAS OPD APG ART 32 INTEGRATED SVC (DSRIP)	1132 - OASAS OPD APG ART 32 INTEGRATED OUTPATIENT SVC
1120 - OASAS OPD APG MMTP INTEGRATED SVC (DSRIP)	1134 - OASAS OPD APG MMTP INTEGRATED OUTPATIENT SVC

Rate Code Approval Letters

- Upon Processing of DSRIP 3.a.i or IOS Rate Codes, EMedNY will send an auto-processed letter to the provider site (example at right).
- Information included:
  - Provider Address
  - NPI, MMIS, Provider Type
  - Rate Codes and Description
  - Effective Date
  - Rate Amount
  - Postal Code
  - Locator Code



NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Date: 03/26/2017
NPI:
Provider ID:
Provider Type: 028

Dear Provider:

This will confirm that the following rate code(s) and amount(s) have been added to your provider file.

RATE CODE	DESCRIPTION	RATE EFFECTIVE DATE	RATE AMOUNT	POSTAL CODE	LOCATOR CODE
		07/01/2014	$	11901-2031	

If you are required to bill with a National Provider Identifier (NPI), your Medicaid claims must contain:

- the NPI listed above,
- the appropriate Rate Code,
- and the Zip+4/Postal Code associated with the Locator Code where the service was rendered.

If you are exempt from NPI, your Medicaid claims must contain:

- the Provider ID listed above,
- the appropriate Rate Code,
- and the Locator Code where the service was rendered.

Thank you for your participation in the New York State Medicaid program.

NEW YORK STATE OF OPPORTUNITY. Department of Health

DSRIP 3.a.i Provider Education Letters

- The DSRIP Team will send a follow-up letter providing additional guidance to providers (example at right).
- Information Included:
  - Provider Address
  - MMIS
  - Rate Code(s)
  - Effective Date(s)
  - End Date(s) on previous APG Rate(s)
  - Additional Instruction

- DOH will also send an excel spreadsheet of processed Project 3.a.i provider sites identifying loaded rate codes and effective dates to the relevant PPS.
  - This will allow the PPS to track which sites are allowed to bill for same-day services if FFS or MMCO (if contracting and credentialing are in place.)

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO, Governor | HOWARD A. ZUCKER, M.D., J.D., Commissioner | SALLY DRESLIN, M.S., R.N., Executive Deputy Commissioner

August 10, 2017

Name of Organization
Street Address
City, State, Zip-code

MMIS ID: [mail merge] Rate Code(s): [mail merge]

SAMPLE

Dear Provider:

The purpose of this letter is to inform the provider site of the new rate codes that have been added for the above listed MMIS ID. These rate codes have been loaded as a result of the provider site being identified as participating in Project 3.a.i under the Delivery System Reform Incentive Payment (DSRIP) program. They are effective July 1, 2016. The provider can re-submit their claims in order to receive the full reimbursement for two E&Ms and remove the 10% discount that previously applied to Primary Care and Behavioral Health Integration services.

Please be advised previous APG rate codes have been end dated for this provider site on [mail merge] for the remainder of DSRIP.

To provide Integrated Services using one of the models for Project 3.a.i, providers must possess at least one of the following licenses or certification: Department of Health (Article 28), Office of Mental Health (Article 31), or Office of Alcoholism Substance Abuse Services (Article 32). The three models are: Model 1, Behavioral Health integrating into a Primary Care site; Model 2, Primary Care integrating into a Behavioral Health site; Model 3, IMPACT model of Collaborative Care for Depression.

Please note: In order for an Article 28 or Article 31 to provide Substance Use Disorder services (site specific), providers must either be certified by OASAS to provide substance use disorder services or must apply for a DSRIP Project 3.a.i. waiver. Therefore, an Article 28 or Article 31 cannot bill for Article 32 services prior to the approval of a DSRIP Project 3.a.i application, CON or LRA.

If there are any questions or concerns regarding DSRIP or the DSRIP rate codes, please contact the DSRIP Team at dsrip@health.ny.gov.

Thank you,

The NYS DSRIP Team

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

NEW YORK STATE OF OPPORTUNITY. Department of Health

PPS and Medicaid MCO Cooperation

MMCO Reimbursement, Contracting and Credentialing

1 of 2

- Integrated Services are reimbursable in Fee-For-Service and the Medicaid Managed Care Organization (MMCO) contract.
- Covered procedures/services include medical/physical and behavioral health care provided by an Integrated Service provider.
- MMCO are responsible for contracting all the services and credentialing PCPs at integrated behavioral health sites in their network.

MMCO Reimbursement, Contracting and Credentialing

2 of 2

- Division of Health Plan Contracting and Oversight is tracking the contracting and credentialing of PCPs of PPS-identified Model 2 sites:
  - First round of twenty-five Model 2 sites was distributed to twelve MMCOs on August 8 to verify that Primary Care provider credentialing is complete, in process, denied or not yet requested.
  - Responses were due back to Division of Health Plan and Oversight on August 21. All plans, except for one, have responded.
- Next round of Model 2 Behavioral Health sites integrating Primary Care that has come from PPS through the DOH/OMH/OASAS review process will be circulated back out to MMCO for contracting/credentialing verification status.
  - Additional 150+ Article 31 sites which will add Primary Care and/or OASAS services have also been vetted.
  - Additional 65+ Article 32 sites are under review to add Primary Care or Mental Health services.
- New Sites and/or corrected sites reported by PPS are expected and cycled monthly thereafter.

Model 2 Letter Sent to Medicaid MCO CEOs

"Dear MMCP CEO: August 4, 2017

Given the importance of physical health and behavioral health service integration, the Department will be monitoring the contracting and provider credentialing status of Mainstream Medicaid Managed Care and Health and Recovery Plans at Delivery System Reform Incentive Payment (DSRIP) integrated behavioral health clinics. This will help the Department address any identified challenges and the status of this effort.

Please see the attached spreadsheet identifying the integrated behavioral health clinics in your Plan's approved service areas (statewide). The identified clinics are integrating physical health services at their sites through DSRIP project 3.a.i – model 2. Also attached is a guidance document on how your Plan can request a waiver of the minimum Primary Care Provider (PCP) office hour requirement. The waiver request should be utilized for integrated behavioral health clinics demonstrating that patients receiving services at that clinic are experiencing hardships in accessing their Plan assigned PCPs.

Please answer the questions on the spreadsheet that correspond to each of the listed integrated behavioral health sites and return the updated tracker with responses to: Julianne Bouchard at julianne.bouchard@health.ny.gov by COB Friday, August 21, 2017.

The list of integrated behavioral health clinics is continuously evolving. As such, the Department will continue to send you an updated spreadsheet periodically to continue monitoring your Plan's progress on contracting and provider credentialing of DSRIP integrated behavioral health clinics.

Thank you in advance for your attention to this matter. If you have any questions regarding this notice, please contact Khalil Alshaer, Medical Director, at khalil.alshaer@health.ny.gov ."

Sincerely,

Jonathan Bick
Director
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

NEW YORK STATE OF OPPORTUNITY. Department of Health

Model 2 sites – MCO Contracting vs Credentialing status

as of 9/7/17

Contracting Summary		
Plan Name	Contracting Status	Count
MCO 1		1
	Reach-out in progress	1
MCO 2		1
	Contracted	1
MCO 3		18
	Contracted	18
MCO 4		14
	Contracted	12
	Negotiations in progress	2
MCO 5		7
	Contracted	6
	No intention to contract	1
MCO 6		11
	Contracted	10
	Reach-out in progress	1
MCO 7		9
	Contracted	8
	Reach-out in progress	1
MCO 8		4
	Contracted	3
	Reach-out in progress	1
MCO 9		2
	Contracted	1
	Reach-out in progress	1
MCO 10		16
	Contracted	15
	Negotiations in progress	1
MCO 11		9
	Contracted	8
	Reach-out in progress	1

Credentialing Summary		
Plan Name	Credentialing Status	Count
MCO 1		1
	No requests to credential received	1
MCO 2		1
	Credentialed	1
MCO 3		18
	Credentialed	4
	No requests to credential received	14
MCO 4		14
	No requests to credential received	10
	Requests to credential from clinic declined	4
MCO 5		7
	Credentialing in progress	2
	No intention to credential	1
	Requests to credential from clinic accepted	4
MCO 6		11
	No requests to credential received	11
MCO 7		9
	Credentialed	8
	No requests to credential received	1
MCO 8		4
	Credentialed	1
	No requests to credential received	2
	No Response	1
MCO 9		2
	Credentialed	1
	No Response	1
MCO 10		9
	Credentialing in progress	2
	No requests to credential received	7
MCO 11		16
	No Response	16

Purpose of the DOH Project 3.a.i Model 2 Contracting/Credentialing Tracker

- Identify specific MMCO issues or barriers that prevent contracting or credentialing at Model 2 sites. Why is site declined? Why was provider not credentialed?

- PPS should be communicating with the provider's site to ensure contact has been made with the MMCO to initiate contracting request and credentialing steps at that site.

- PPS coordinates with a Model 2 provider site to assess if that site is eligible to request a waiver of the minimum PCP office hours managed care requirement to the MMCO.

Model 2 Managed Care Designated Primary Care Provider (PCP)

- General Requirements
  - A Managed Care Designated PCP must practice a minimum of sixteen (16) hours a week at each primary care site.
  - Source is Model Contract (Section 21.13)
    - http://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf
- Primary and preventive services provided at a Behavioral Health Integrated Licensed Clinic (article 31 or 32 facility) can be reimbursed by the Plan without the practitioner being the member's PCP, *as long as the clinic/practitioner billing for primary and preventive services is credentialed and contracted with the plan*

Model 2 - Waiver of Minimum PCP Office Hour requirement

- PCPs who are practicing in Shortage Areas (areas that are defined by the DOH as areas in need of Medicaid primary care physicians) may be excluded from the 16-hour requirement.
- Under unique circumstances the State will waive the 16-hour requirement for a primary care provider (PCP) working with a Medicaid managed care plan.
- Per the Model Contract, **the Contractor (through the Plan) submits the request waiver of minimum PCP Office Hour requirement:**
  - **The plan submits the request to**:
    Medical Director, Office of Health Insurance Programs
    One Commerce Plaza, Suite 1609
    Albany, NY 12237
  - *Or By Email:* Khalil.Alshaer@health.ny.gov

- The following information must be provided in the letter:
  - Name of Plan requesting the waiver
  - Clinic Name, NPI, Medicaid Provider ID, Host Agency Certification
  - Full name, credential (MD or NP) and License Number of the PCP(s) at the integrated BH clinics who will be working below the minimum PCP office hour requirement.
  - Reason for requesting the waiver, along with supporting documentation (documentation demonstrating that patients at the integrated behavioral health clinic are experiencing hardships in accessing their Plan assigned PCPs, and would be better served if they receive their primary care services by PCPs at that integrated behavioral health clinic).

- In addition, the request for a waiver should affirm the following information:
  - PCP is available at least eight (8) hours/week at the Integrated BH clinic that the waiver request is for
  - PCP is participating in a Health Professional Shortage Area (HPSA) or other similarly determined shortage area; This requirement could be fulfilled if an integrated behavioral health clinic, working with the Plan, can demonstrate that patients at that integrated clinic are experiencing hardships as detailed above
  - PCP is able to fulfill the responsibilities of a PCP as described in the MMC Model Contract and
  - Waiver request must demonstrate there are systems in place to guarantee continuity of care and meet all access and availability standards (24-hr/7 day week coverage, appointment availability, etc.)

Sources: Provider Network Data System dictionary - https://www.health.ny.gov/health_care/managed_care/docs/dictionary.pdf
Model Contract http://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf

Integration Resources

- **Link to the DOH webpage on the "DSRIP 3.a.i" integration model:**

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulatory_waivers/licensure_thresholds.htm

- "All Things Integration" webinar links (see next slide)
- September 2017 Medicaid Update
- Regulatory Modernization Initiative
- Pre-recorded Provider Integration Billing Webinar (September 2017) to be posted to DSRIP website

“All Things Integration”

2 webinars in 2016 – each had over 1,000 registrants. January 2016, includes over an hour of Q&A:

https://www.youtube.com/watch?v=jOanGi7Lyjk&feature=youtu.be

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-01-26_integrate_serv_webinar.pdf

July 2016, focused more on the billing aspects:

https://www.youtube.com/watch?v=csOomn43oWI&feature=youtu.be

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-07-14_integrate_serv_webinar.pdf

From both, FAQs were developed:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-01_integrated_care_faqs.htm

“Integration” billing matrix:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-03-18_billing_matrix.pdf

On the OMH website, since January 2015, Integrated Outpatient Services regulations, guidance and application:
http://www.omh.ny.gov/omhweb/clinic_restructuring/integrated-services.html

DOH published the following “shared space/co-location” guidance document:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-09-14_shared_space_guide.htm

September 2017 Medicaid Update

Medicaid Update will have comprehensive guidance on Integrated Services, including information on:

- Thresholds
- DSRIP 3.a.i Waivers
- DSRIP 3.a.i Application
- Certificate of Need Application (CON)
- Limited Review Application (LRA)
- FQHC APG Opt-in
- Rate Codes
- Billing and Reimbursement
- Payer Expectations

Regulatory Modernization Initiative: Integrated Primary Care and Behavioral Health Workgroup next meeting

- **Next meeting**: Friday, October 13, 2017 from 10:30 am-3:00 pm in Albany at Empire State Plaza, meeting room 6

- **RSVP**: RegulatoryModernization@health.ny.gov.

- **Viewable** on the day of the event at https://www.health.ny.gov/events/webcasts/

- First meeting was held August 17 in Albany
- **Purpose:** Streamline and update existing policies and regulations. Topics include Integration licensure and regulatory change, scope of practice, reimbursement, technology, ambulatory oversight, successes and challenges, etc.
- **Workgroup** members consist of: Dr. John Rugge, Executive Chairman, Hudson Headwaters Network; Anne Monroe, Past President, Health Foundation for Western & Central New York; Jennifer Treacy, Associate Deputy Director of the Office of Primary Care and Health Systems Management; service providers; and policy officials from DOH, OMH, OASAS and OPWDD.

Opportunities for collaboration between Medicaid MCO & PPS for Primary Care and Behavioral Health Integration

- Most mainstream Medicaid MCO now have access to the MAPP DSRIP Performance dashboard and have received member rosters with attributed PPS identified.
- Dashboard can be utilized for strategic outreach, PPS project engagement, and data analytics.
- Invitation for a PPS – Medicaid MCO collaborative workgroup to discuss issues and identify solutions, particularly related to Model 2.

Questions?

Contact the DSRIP team at:

DSRIP@health.ny.gov

Use subject line:

DSRIP Project 3.a.i Integration of Primary Care and Behavioral Health