



Quick Reference Guide: Protections for BH Government Rates

Source Document	Language
<a href="#">BH Policy Guidance</a>	<p><i>“Per the Medicaid Managed Care Model Contract, MCOs must reimburse ambulatory behavioral health providers licensed or certified by OMH or OASAS, including Comprehensive Psychiatric Emergency Programs and the Extended Observation Beds included in these programs and out of network providers, at Medicaid Fee for Service rates for 24 months.”</i></p>
<a href="#">BH Billing Manual</a>	<p><i>“New York State law currently requires that Medicaid MCOs pay the equivalent of Ambulatory Patient Group (APG) rates for OMH licensed mental health clinics. Beginning October 1, 2015 in NYC and July 1, 2016 in counties outside of NYC, Plans will be required to pay 100% of the Medicaid fee-for-service (FFS) rate (aka, “government rates”) for selected behavioral health procedures (see list below) delivered to individuals enrolled in mainstream Medicaid managed care plans, HARPs, and HIV Special Needs Plans (SNPs) when the service is provided by an OASAS and OMH licensed, certified, or designated program. This requirement will remain in place for the first two years (based on the regional carve-in/implementation schedule).”</i></p>
<a href="#">2017-2018 NYS Budget (page 117)</a>	<p><i>“Such reimbursement shall be in the form of fees for such services which 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, the office of alcoholism and substance abuse services, or the office of mental health for rate-setting purposes or any such other fees pursuant to the Medicaid state plan or otherwise approved by CMS in the Medicaid redesign waiver... The increase of such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of section [1] 29 of part [C] B of chapter [57] 59 of the laws of [2015] 2016 through March 31, [2018] 2020 for patients in the city of New York, for all rate periods on and after the effective date of section [1] 29 of part [C] B of chapter [57] 59 of the laws of [2015] 2016 through [June 30, 2018] March 31, 2020 for patients outside the city of New York”</i></p>

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<p><b>Model Contract Draft Amendments and referenced in contract guidance document</b></p>	<p><b>Sec 10.21(d)</b>  <i>The Contractor shall reimburse any OMH licensed provider, including out of network providers, at Medicaid Fee for Service rates for 24 months from the Effective Date of the Behavioral Health Benefit Inclusion in each geographic service area for ambulatory mental health services provided to Enrollees.</i></p> <p><b>Sec 10.23(d)</b>  <i>The Contractor shall reimburse any OASAS certified provider, including out of network providers at Medicaid Fee for Service rates for 24 months from the Effective Date of the Behavioral Health Benefit Inclusion in each geographic service area, for ambulatory substance use disorder services provided to Enrollees.</i></p>
<p><a href="#">New York Request for qualifications for adult behavioral health benefit administration (page 60)</a></p>	<p><i>MCOs will be required to reimburse OMH-licensed and OASAS-certified behavioral health providers including ambulatory service providers, CPEP and EOB programs, and Residential Addiction Services at the Medicaid FFS rates for at least 24 months after the effective date of the transition</i></p>