

Behavioral Health Providers

Frequently Asked Questions

As of October 1, 2021, MetroPlusHealth will be transitioning the Behavioral Health services previously delegated to Beacon Health Options. These services include:

- Provider network development and contracting
- Care management & coordination
- Utilization management
- Customer services & grievances
- Claims processing & payment
- Quality Management

Our goal is to ensure that MetroPlusHealth allows you to better serve your patients, by offering a greater integration of all behavioral and medical health services.

Q: Who should I contact regarding Behavioral Health services prior to October 1, 2021?

A: Prior to October 1, 2021, please reach out to Beacon Health Options directly regarding the following: provider referrals, authorizations, clinical matters, provider relations & claims. You can contact Beacon via phone at 855-371-9228 or online at www.beaconhealthoptions.com or www.provider.beaconhs.com

Q: How do I register for the MetroPlus Provider Portal?

A: Providers can register for the provider portal online at <https://www.metroplus.org/Provider>
Once registered with the provider portal you can:

- ✓ Check member eligibility
- ✓ Check the status of submitted claims and payment status
- ✓ Submit authorizations and check member authorization status
- ✓ Submit a claim
- ✓ Diagnosis and service code look-up and other helpful resources

Q: Who are my Behavioral Health Provider Service Representatives?

A: Each BH Provider Service Representative is assigned by region and serves as a direct liaison between network providers and MetroPlusHealth. Please contact

bhproviderservices@metroplus.org to connect with a provider service representative, and schedule a new provider orientation.

Claim Submissions:

Q: When do claims need to be submitted by?

A: Claims must be submitted within 90 days (for Medicaid, Medicare, Family Health Plus), 120 days (for MetroPlus Gold, and Child Health Plus) from the date of service or discharge OR 30 days following MetroPlus' request to the IPA or IPA Provider as applicable, for additional Information OR 60 days following receipt of an explanation of benefits from a primary payer if Metroplus is secondary.

Please allow 30 days for electronic and 45 days for paper claim submission date to receive payment.

Q: How do I submit a claim?

A: Electronically: Via EMDEON at <https://www.emdeon.com> MetroPlus Payer Number: 13265
Paper claims must be submitted on CMS 1500 or UB-04 forms.
Send paper claims for Medicaid, CHP, EP, HIV SNP, MetroPlus Gold, Managed Long-Term Care (MLTC), MetroPlus Enhanced (HARP) and QHP (Exchange) to:

***MetroPlusHealth
P.O. Box 830480
Birmingham, AL 35283-0480***

Send paper claims for MetroPlus Medicare to:

***MetroPlusHealth
P.O. Box 381508
Birmingham, AL 35238-1508***

Q: How do I check the status of a claim?

A: Claim status can be checked either by visiting the MetroPlus Provider Portal at <http://providers.metroplus.org> or by calling MetroPlus Customer Services at **800-303-9626**.

Q: How do I appeal a claim?

A: If you disagree with a claim payment determination, you have the right to appeal. You must explain the reason for the appeal and include all pertinent information as well as a copy of the original claim. Appeals must be submitted in writing within 45 calendar days of the date of the original check or denial notification.

In writing:

MetroPlusHealth
P.O. Box 830480
Birmingham, AL 35283-0480

Certified Mail:
50 Water Street, 7th Floor
New York, NY 10004

By phone: 800-303-9626
By fax: 212-908-8789

Q: How do I verify member eligibility?

A: Members' coverage and PCP must be verified before every encounter.

Step 1: Ask to see their MetroPlus Member ID Card and a Photo ID

Step 2: Check member's eligibility using one of these methods:

MetroPlus Provider Portal: <http://providers.metroplus.org>

EMEVS website: www.emedny.org for Medicaid, Medicaid HIV SNP and MetroPlus Medicare Advantage

EMEVS verification line: 800-997-1111

Enter the MetroPlus Provider Number 01529762 and the Plan Code 092

MetroPlus Customer Services: 800-303-9626

Authorization / Utilization Management:

Q: How do I obtain prior authorization / verify benefits?

A: Providers must call MetroPlus Customer Services at **800-303-9626** to obtain prior authorization, provide Notice of Admission (NOA) or receive verification of benefits for the following services:

- Services provided by a Non-Participating Provider including specialists
- Behavioral Health and Substance Abuse Services
- Inpatient Admissions, Home Health Care, Skilled Nursing Facility Care, Durable Medical Equipment, Personal Care, Erectile Dysfunction Treatments, Potentially Cosmetic Procedures

Q: Where can I check the authorization status of a member?

A: Check Member authorization status via the provider portal: <https://www.metroplus.org/Provider>
Find out more about services requiring prior authorization online:
<https://www.Metroplus.org/provider/authorization-request>

Q: What are the access to care standards for Behavioral Health?

A: Providers are required to schedule appointments in accordance with the appointment and availability standards. Please see below for scenarios and appointment standards for Behavioral Health:

Emergency Care	Immediately upon presentation
Urgent Medical/ Behavioral Care	Within 24 hours of request
Non-urgent “sick” visit	Within 48-72 hours of request
Behavioral Health or Substance Abuse Follow up visit	Within 1 week of request
Follow up visits after emergency care/ hospital discharge	Within 5 days of request

Providers **must not** require a new patient to complete prerequisites to schedule an appointment, such as a copy of their medical record, a health screening questionnaire, and/or an immunization record. Please refer to the Provider Manual located at: <https://www.metroplus.org/provider/tools> for more in-depth information on access to care requirements for primary and behavioral health providers.

Q: How does MetroPlus receive clinical information from Providers?

A: Providers can provide clinical information for review via the web portal, telephone or fax.

Website: providers.metroplus.org

Phone: 1-800-303-9626 (The phone IVR will direct providers to the appropriate behavioral health queue)

Fax: Fax: 212-908-5208 (BH UM)| Fax: 212-908-5209 (BH UM Appeals)

Q: What is HARP?

A: The Enhanced Health Plan is a New York State Medicaid Health and Recovery Plan (HARP) with Enhanced Physical Health, Behavioral Health, Substance Use Disorder and Home & Community Based Services.

Q: How do I enroll HARP eligible members into a HARP?

A: Please note: Insurance companies, including MetroPlus, are not allowed to directly enroll patient into HARP plans. The process **must** be initiated by the patient (either alone or with their provider) NYS determines who is eligible for HARP and generates an updated list of H9s every other month. The H9 code can be found in ePaces, MAPP, Psyckes, and EMEDNY or by calling NY Medicaid Choice at 1-855-789-4277.

All members enrolled in the HARP program will be offered Health Home care management services which will serve as a primary goal of successful HARP participation.

Q: What is a Health Home?

A: Health Homes provide the opportunity to address and receive enhanced integration and coordination of primary, acute, behavioral health, and long-term services for persons with chronic

illness. There are 33 health homes in NYS (16 serve children, 17 serve adults only). Providers can contact the MetroPlus Health Health Home Liaison at 844-225-4277 for assistance, and to find out which health homes we work with.

Health Homes Goals:

- Reduce the utilization associated with avoidable ED visits / inpatient stays
- Improve outcome for persons with mental illness or substance abuse disorders
- Improve disease-related care for chronic conditions
- Improve preventive outcomes

Q: How do I refer members to a Health Home (HH)?

A: Contact the Medicaid Helpline (1-800-541-2831) or NYS DOH Health Home line (518)-473-5569
Contact a lead health home (either directly or via the MHP Health Home coordinator)

Providers can refer directly to one of the 5 NYC Children’s HH:

- a. Collaborative for Children and Families (CCF) 212-444-5437
- b. Coordinated Behavioral Care (CBC) <http://www.cbcare.org> 646-930-8851 or 866-899-0152
- c. Bronx Accountable Health Network (BAHN) <https://www.montefiore.org/bahn-contact-us> 1-855-680-2273
- d. Northwell Health Home <https://www.northwell.edu/about/our-organization/northwell-health-solutions/health-home> (888) 680-6501
- e. Community Care Management Partners (CCMP) <http://ccmphealthhome.org/> (888) 682-1377

Q: What are Home and Community Based Services (HCBS)?

A: HCBS provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. These services are available for children and adult HARP members. Health Home Care Managers (HHCMs) use the NYS Eligibility Assessment to determine if Adult HARP eligible/HIV SNP enrollees are eligible for Adult BH HCBS and, if so, which tier of service they qualify for. Prior to the assessment, the HHCM must verify current HARP or HIV SNP enrollment through EPACES/EMEDNY.

Q: How do I contact Child Special Services at MetroPlus?

A: The MetroPlus Child Special Services (CSS) Department can be reached by calling MetroPlus at 1-800-303-9626.

To submit clinical information, Plans of Care, authorization requests, or Transmittal Forms:
CSS email: childrensspecialservice@metroplus.org

Q: How do I enroll a Member in BH Care Management?

A: Call the member services number at (800) 303-9626, and request a transfer to BH or HARP Care Manager to assist with enrollment and connection to services.

For a provider who is looking to refer a member to a Health Home: Call (844)-225-4277 to facilitate coordination with a Health Home.

Q: What is Assertive Community Treatment (ACT)?

A: Evidence-based practice that offers treatment, rehabilitation, and support services. Including: Assertive outreach, mental health treatment, vocational support and integrated dual disorder treatment. To refer members to ACT either visit [Mental Health: Single Point of Access - NYC Health](#) or email spoa@health.nyc.gov or call 347-396-7258.

Q: What Is Assisted Outpatient Treatment (AOT)?

A: AOT is for people 18 and older with severe mental illness (SMI) who, in view of their treatment history and present circumstances, are unlikely to survive safely in the community without supervision. When court ordered, ACT services are called AOT.

To refer someone to AOT, you must contact your county mental health coordinators listed on the OMH website https://omh.ny.gov/omhweb/kendra_web/khome.htm

Q: Who is MetroPlus' Behavioral Health Crisis Vendor?

A: Vibrant Emotional Health's crisis care will be available to MetroPlus members 24/7 and can be accessed by calling **866-728-1885**. Vibrant's phone number is located on the back of MetroPlus insurance cards for members to utilize in the event of a mental health emergency.

Please reference the Provider Manual at: <https://www.metroplus.org/provider/tools> for more in-depth information on behavioral health and medical coverage policies.