



## NEW YORK STATE MEDICAID COLLABORATIVE CARE PROVIDER CERTIFICATION OVERVIEW

To bill NYS Medicaid for Collaborative Care (CoCM) services provided, prior approval from the Commissioner of the Department of Health and the Commissioner of the Office of Mental Health, or their designees, must be obtained. Submit your application attesting the model is being practiced with fidelity to the evidence-base to the Office of Mental Health using the form linked below. Please complete all fields in full. Incomplete applications will not be processed. Questions should be directed to [NYSCollaborativeCare@omh.ny.gov](mailto:NYSCollaborativeCare@omh.ny.gov)

Before starting a new application form, be advised the following information is needed:

1. Practice information:
  - Annual patient volume, number of primary care providers, payer mix, EMR, population served
  - Billing details relevant to practice license type
    - i. Article 28 sites submitting institutional claims: Group NPI/Medicaid ID and Practice Locator Code
    - ii. Non-Article 28 Private Practitioners submitting professional claims: Group NPI and Primary care provider names, NPIs, Medicaid IDs
2. Planned CoCM Staffing:
  - Names and emails for all Clinic Implementation Team members
  - Planned Behavioral Health Care Manager FTE and expected caseload
3. Collaborative Care Registry plans (see Appendix 1 for requirements)
4. Collaborative Care Workflow
5. Documentation of Leadership Support (See Appendix 2 and 3)
  - Signed Primary Care Leadership Attestation
  - Signed Executive Finance Leadership Attestation

Continue reading for more information about Collaborative Care and Collaborative Care Medicaid Program (CCMP) participation.

[Click here to start a new application.](#)

[Click here to add a site to an existing application or returning health system/organization.](#)



## TERMS FOR PROVIDERS PARTICIPATING IN NYS COLLABORATIVE CARE MEDICAID PROGRAM (CCMP)

If you are a primary care provider seeking Medicaid reimbursement for Collaborative Care, please see these terms.

- **Applicants must be primary care practices or serve as patient’s primary provider for management of behavioral health condition** (Article 28 or non-Article 28 licensed practices are both eligible to participate).
- **Establishment of Clinic Implementation Team** dedicated to behavioral health integration and sustainability of Collaborative Care. This includes trained primary care providers, behavioral health care managers, psychiatric consultant and financial/data leadership involvement.
- **Use of a state-approved patient care registry** for ongoing performance monitoring that includes the delivery of services; patient responses through routine use of the relevant screening tool; and ongoing performance improvement. (See Appendix 1)
- **Commitment to practicing Collaborative Care with fidelity**, as indicated by submission of a workflow that shows practice protocol for screening and identification of patients with behavioral health needs through their CoCM involvement to graduation or discharge. Workflows should include the five core principles of CoCM and their informing of all aspects of implementation (Patient-Centered Care Team, Population-Based Care, Measurement-Based Treatment to Target, Evidence-Based Care, and Accountability).
- **Quarterly data reports** submitted in a timely manner.
- **Commitment to sustainability** and agreement to reimbursement terms in NYS CoCM Billing Guidance

Additional factors considered in determining who will receive approval to receive CoCM reimbursement include:

1. Past performance delivering Collaborative Care
2. Capacity to scale up Collaborative Care

## APPENDIX 1: State-Approved Patient Care Registry

Effective management of common behavioral health conditions requires the ability to track clinical outcomes for populations of patients and to support systematic changes in treatment for patients who are not improving as expected. This measurement-based, treatment-to-target approach is one of the core principles of Collaborative Care and is essential in ensuring stated goals are being met. It requires a systematic method of tracking information on all patients being treated for behavioral health conditions, like anxiety or depression. How it is done is much less important than that it is done.

Registries must be able to support the following functions:

- ✓ Track clinical outcomes and progress at the individual patient and caseload levels.
- ✓ Track population-based outcomes.
- ✓ Prompt treatment to target by summarizing patient's improvement and challenges in an easily understandable way, such as charts.
- ✓ Facilitate efficient case review, allowing providers, including the psychiatric consultant, to prioritize patients who need to be evaluated for changes in treatment or who are new to the caseload.
- ✓ Able to extract the relevant data for the required quarterly reporting to NYS OMH.
- ✓ Able to supply de-identified reports to outside auditors to demonstrate regulatory compliance, intensity of clinical contacts, staffing ratios, and outcomes.

Sites use a variety of programs to perform these functions.

- The AIMS Center offers an online, HIPAA compliant Care Management Tracking System (CMTS) that is particularly useful for healthcare organizations using multiple EMRs and diverse primary care practices. NYS OMH has designed a build that address all reporting criteria. If you are interested in using CMTS, please contact [NYSCollaborativeCare@omh.ny.gov](mailto:NYSCollaborativeCare@omh.ny.gov) for information on access to this version.
- Some organizations have customized registry builds for their EMR or in a care management software system.
- Some clinics begin their Collaborative Care programs using a spreadsheet as a registry while they work on build in EMR.

For more information on registry requirements and the various options, see [Collaborative Care Registry Design Considerations](#).



## APPENDIX 2: Primary Care Leadership Attestation

### PRIMARY CARE LEADERSHIP ATTESTATION:

I understand the terms and eligibility criteria for participation for the NYS Medicaid Collaborative Care Program and attest that this practice meets all specified eligibility requirements, including currently having in place all the required service elements and care team involvement for delivering Collaborative Care (CoCM) with full fidelity. Furthermore, I understand full compliance with the terms and standards is required for reimbursement; and that failure to comply may result in financial penalty.

- **Trained primary care providers** in screening and identification, and providing evidence-based, stepped care for certain behavioral health diagnoses. Primary care physician champion [Primary Care Provider Champion](#) designee will oversee aspects of implementation, communicate practice change expectations to their PCP colleagues, and act as the liaison between the PCP team and the BHCM and PC to solve any implementation challenges. The PCP Champion should understand the care quality goals of the practice and support the practice in implementing the established CoCM workflow with fidelity.
- **Trained Behavioral Health Care Managers** in the primary care setting who oversee and provide mental health care support; screening; patient engagement, education and follow-up; ongoing patient contact; monitoring of adherence with psychotropic medications; mental health and substance disorder referrals; brief interventions appropriate for primary care settings; and related activities. Some acceptable individuals for this role are: LCSW, LMSW, BSW with appropriate supervision, LMHC, LMFT, RN with behavioral health training. [For job description click here](#)
- **Designated Psychiatric Consultant** who provides caseload-focused consultation at least weekly with the Behavioral Health Care Managers or primary care providers on patients, for those not responding to care. Psychiatrist or Psychiatrist Nurse Practitioner can provide caseload supervision remotely (e.g. by phone or video) but must have access to the patient care registry. [For job description click here](#).
- **Use of a state-approved patient care registry** for ongoing performance monitoring that includes the delivery of services; patient responses through routine use of the relevant screening tool; and ongoing performance improvement.
- **Quarterly data reports** submitted in a timely manner.

Name:

Title:

Signature: \_\_\_\_\_

Date:



## APPENDIX 3: Financial Leadership Attestation

### FINANCIAL LEADERSHIP ATTESTATION:

I understand the terms and eligibility criteria for Collaborative Care (CoCM) reimbursement for the NYS Medicaid Collaborative Care Program and attest that this practice meets all specified eligibility requirements. I have read the NYS CoCM Billing Guidance document and understand that full compliance with the terms and standards is required for reimbursement; and that failure to comply may result in financial penalty.

- CoCM billing is a primary care services and shall be done on a monthly basis. To bill for services for a Medicaid patient receiving CoCM, the primary care provider and/or BHCM must -
  - Manage the caseload and individual patient care in a state-approved registry.
  - Have a minimum of one clinical contact with the patient where treatment is delivered with corroborating documentation in the patient chart, and one validated symptom-monitoring tool completed at least once every month.
  - If using the 99492-99494 billing codes, the minimum minutes criteria to submit a claim must be met.
  - Consult for one hour or more per week with a designated consulting psychiatric provider regarding enrolled patients. **This psychiatric provider may not bill Medicaid for the CoCM consultation work but may be eligible to bill for separate in-person evaluation and consultation services.**
- Payment for CoCM services will only be made for patients that meet diagnostic criteria for behavioral health conditions approved by NYS OMH
- CoCM is carved-out of Medicaid Managed Care. CoCM claims for any Medicaid recipients, including managed care individuals, must be submitted directly to FFS Medicaid.
- Certified providers in compliance with all requirements described in the corresponding application will be notified when they are approved and eligible to bill, with an effective date, only after which they can begin billing.
- Claims must be submitted within 90 days of the date of service to avoid timely filing denials. Claims older than 90 days require prior authorization of use of Delay Code Reason 3.
- The Collaborative Care program will be subject to audit by a designated NYS entity. In cases where the provider has failed to comply with any clinical or reporting requirements, approval will be revoked, rate codes will be inactivated, and payments will be recovered.

Name:

Title:

Signature: \_\_\_\_\_

Date: