



Behavioral Health Benefits Carve-In to Medicaid Advantage Plus (MAP) FAQ

The purpose of this FAQ is to provide information on frequently asked questions to Behavioral Health providers regarding the transition of Behavioral Health services into MAP plans.

- [Overview](#)
- [Member Eligibility](#)
- [Provider Notification, Prior Authorization, and Utilization Management](#)
- [Billing and Claiming Requirements](#)
- [Resources](#)

Frequently Asked Questions

Overview

1. What is the Behavioral Health carve-in to MAP?

Effective Jan. 1, 2023, New York State is carving additional Behavioral Health services into the Medicaid Advantage Plus (MAP) plan.

2. What is the Healthfirst MAP plan?

Healthfirst's MAP plan is called CompleteCare (HMO D-SNP). MAP Plans are a type of Dual-Eligible-Special Needs Plan (D-SNP) combined with a Medicaid Managed Long-Term Care (MLTC) Plan, which administer Medicare and Medicaid benefits, including Medicaid long-term care services.

3. Why are Behavioral Health services being included in MAP Plans?

Behavioral Health services are being included in MAP plans because:

- MAP becomes more comprehensive for members.
- Adding in those Behavioral Health services that are not covered will make MAP the premier integrated product for members in need of Long-Term Support Services (LTSS).
- Allows individuals receiving Behavioral Health services in Mainstream Medicaid Managed Care/Health and Recovery Plans (HARPs) to continue to receive these services if/when the member enrolls to a MAP plan.

4. Which Behavioral Health services are being added to MAP?

- Community Oriented Recovery and Empowerment (CORE) Services
 - Community Psychiatric Supports and Treatment
 - Empowerment Services – Peer Supports
 - Family Support Training
 - Psychosocial Rehabilitation
- Mental Health Outpatient Services
 - Assertive Community Treatment (ACT)
 - Continuing Day Treatment (CDT)
 - Comprehensive Psychiatric Emergency Program (CPEP)
 - Partial Hospitalization
 - Personalized Recovery Oriented Services (PROS)

Frequently Asked Questions

- Adult Crisis Intervention
- OASAS Services
 - OP Opioid Treatment
 - Freestanding inpatient programs: Addiction Treatment Centers (ATC), Inpatient Rehabilitation (IP Rehab), Inpatient Detox (IP Detox), Residential Services (Part 820)

Member Eligibility

1. Who is eligible for the Behavioral Health services under MAP?

- All MAP Plan members may access Mental Health Outpatient Services and OASAS Services.
- For CORE Services, eligibility is based on State designated H9 indicator code on the RRE field/834 transaction, which can be found on ePACES. For more information about CORE services, [view this FAQ](#).

2. Should member enrollment and eligibility status be checked?

Yes. Before delivering services to an individual, you should always check [ePACES](#) to verify the individual's eligibility status (H-indicators) and active Healthfirst insurance coverage on the date of service.

Provider notification, prior authorization, and Utilization Management

1. Are the Utilization Management and eligibility requirements for MAP the same as HARPs and Medicaid Mainstream Managed Care?

Utilization management and eligibility requirements for mental health and addiction services included in the MAP benefit package will be the same as the requirements in HARPs and Medicaid Mainstream Managed Care.

2. Is prior authorization required for the first 90 days for any carved-in services?

No. Prior authorization is not required for 90 days for the newly carved-in Behavioral Health services.

Healthfirst will not apply utilization management requirements to newly carved-in Behavioral Health services until April 1, 2023. In addition, for new enrollees enrolling into MAP in 2023 or 2024, Healthfirst will not apply utilization management requirements to these services for 90 days after enrollment.

Frequently Asked Questions

3. Is notification required for the newly carved-in services?

For the first 90 days, notification is not required for the following services:

- Assertive Community Treatment (ACT)
- Partial Hospitalization
- Inpatient Rehabilitation (IP Rehab)
- Inpatient Detox (IP Detox)
- Residential Services (Part 820)
- Community Oriented Recovery and Empowerment (CORE) Services
 - i. Please note for CORE services, CORE providers must submit the CORE Service Initiation Notification Form to Healthfirst via the Healthfirst Provider Portal, Member Document Upload feature, within the first three business days of the first CORE service visit.

4. How do I notify Healthfirst, and what is required?

- Providers may submit notifications via the [Provider Portal](#) (login required). For additional information or training, reach out to your Behavioral Health Account Manager.
- CORE providers must submit the CORE Service Initiation Notification Form to Healthfirst via the Healthfirst Provider Portal, Member Document Upload feature, within the first three business days of the first CORE service visit.

5. After the first 90 days, which services will require a prior authorization?

- Assertive Community Treatment (ACT)
- Partial Hospitalization
- Inpatient Rehabilitation (IP Rehab)
- Inpatient Detox (IP Detox)
- Residential Services (Part 820)

6. Do newly enrolled MAP members require prior authorization?

For the first two years (CY2023 and CY2024), newly enrolled MAP members do not require prior authorization for the first 90 days of their enrollment, however notification is required.

Frequently Asked Questions

Billing and Claiming Requirements

1. How should I submit a claim for newly transitioned Behavioral Health services in MAP?

- Claims will be submitted using the 837i (institutional) or UB-04 (paper) claim form.
- Please ensure you are referencing the government rate table and coding taxonomy also found on the OMH website at [map-coding-taxonomy-for-bh-services.xlsx](#)
- Providers must enter the rate code in the header of the claim as a value code. This is done in the value code field1 by first typing in "24" and following that immediately with the appropriate four-digit rate code.

Resources

- [Community Oriented Recovery and Empowerment \(CORE\) Billing Guidance](#)
- [MAP Billing](#)
- [Managed Care Technical Assistance Center of New York \(MCTAC\)](#)

Support

- Support for clinical questions: please contact Carlene Sclafani at **1-917-286-3918**. For CORE services, please contact Victoria Stoyanova at **1-917-938-4046**.
- Support for billing, provider portal, and other questions: contact the dedicated Account Manager in your area.
- Support for Provider Portal: Call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm, or contact your dedicated Behavioral Health Account Manager for help.

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Frequently Asked Questions

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