

# Provider Orientation: Behavioral Health Services for Healthcare Providers



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# MetroPlus Overview

- MetroPlus is a Prepaid Health Services Plan (PHSP) licensed to operate in all 5 NYC borough (Manhattan, Brooklyn, Queens, Bronx, Staten Island)
- We have over 600,000 members across all our lines of business
- MetroPlus, which began operations in 1985, is a wholly owned subsidiary of NYC Health + Hospitals
- Ranked #1 in overall quality in the 2020 Medicaid Quality Incentive Program, according to the NYS Department of Health's 2020 Quality Incentive results
- Our headquarters are located at 50 Water Street, in lower Manhattan

# MetroPlus Health Insurance Products

Medicaid  
Managed Care  
(MMC)

Child Health  
Plus (CHP)

Qualified Health  
Plan  
(MarketPlace  
Plans)

Partnership in  
Care (SNP)

Essential Plan  
(EP)

MetroPlusHealth  
Medicare  
Advantage Plan  
(HMO SNP)

MetroPlus  
Medicare  
Platinum Plan  
(HMO)

MetroPlusHealth  
Gold

MetroPlusHealth  
Enhanced  
(HARP)

MetroPluHealth  
GoldCare

Medicaid  
Advantage Plus  
(MAP) Ultracare

Effective 11/1/21

# Our Behavioral Health Program

- As of 10/1/21, MetroPlus Health will be providing the Behavioral Health services previously delegated to Beacon Health Options. Services include:
  - Provider network development and contracting
  - Care management & coordination
  - Utilization management
  - Customer services & grievance management
  - Claims processing & payment
  - Quality management



MetroPlus Health BH includes:

1. Health and Recovery Plan (HARP)
2. Children's services, including Voluntary Foster Care Agencies
3. Behavioral Health services for other MetroPlus Health Plan lines of business.

# Behavioral Health Populations

- Adults with behavioral health needs and/or substance use disorders
- Transition age youth with behavioral health needs
- Children with behavioral health needs and/or substance use disorders and/or Voluntary Foster Care Agency services
- High risk groups such as individuals with co-occurring disorders, co-morbid medical needs or those involved in multiple services systems (e.g. education, justice, medical, welfare, and child welfare)
- Individuals with Intellectual/Developmental Disorders in need of behavioral health services



# HARP Vision & Values

- To create an environment where managed care plans, service providers, peers, families, and government partner to help members prevent chronic health conditions and recover from serious mental illness and substance use disorders.
- HARP Values
  - Person-Centered Care
  - Recovery-Oriented Care
  - Data-driven
  - Integrated Care
  - Evidence-Based Practices



# HARP Team: Coordinating Care of BH & PH Services

## Behavioral Health Benefits

- Home and Community Based Services (HCBS) that can be delivered in members home or social setting
- Inpatient and outpatient psychiatric care
- Partial Hospitalization Program (PHP)
- Detoxification Inpatient
- Inpatient Rehabilitation
- Crisis Residence and/or Crisis Respite
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)

## Physical Health Benefits

- Making PCP (Personal Care Physician) appointments
- Looking up Providers
- DME (Durable Medical Equipment)
- PCS (Personal Care Services)
- Transportation to appointments
- Dental Care
- Vision
- Hospital stays
- Promote Medication Adherence
- Collaborate with providers/vendors
- Assisting with integrated care



# Children's Special Services Program (CSS)

- Our CSS team serves medically fragile children under 21 years old by:
  - Coordinating care -oversight of utilization and case management to support the complex physical, behavioral, and developmental health needs of members
  - Monitoring plans of care for children eligible for Home and Community Based Services to anticipate complex needs by collaborating with Health Homes and assessing if services in place are meeting member needs
  - Following up on issues raised by members/families, Care Management Agencies (CMA), Voluntary Foster Care Agencies (VFCAs), PCPs, specialty providers, homecare agencies, DME providers, pharmacy, and any other collateral contacts to support the complex member's needs
  - The CSS team takes a multi-generational approach to care management. Supporting the caregivers' needs helps to ensure that the child/youth will continue to receive support to remain in the community and engage in their care. Many of the new services in this program are designed to support the member and family to promote better outcomes.

**CSS Department can be reached by calling MetroPlus Health at 1-800-303-9626**

# Members with Developmental Disabilities (DD)

- The NYS Office for People With Developmental Disabilities (OPWDD) coordinates services for New Yorkers with developmental disabilities
- To qualify for OPWDD services, a member must have had developmental disability prior to turning 21
- Members requesting OPWDD services, need the following documentation:
  - Psychological evaluation (within the last 3 years)
  - Psychosocial evaluation (within the last year)
  - Medical evaluation (anything signed by a doctor that indicates a DD diagnosis)
  - School records (the member must contact the DOE to have records mailed)
- Care Coordination Organizations that provide care management to people with DD:
  - Care Design - [Enroll for Services - Care Design NY](#)
  - Advance Care Alliance - [Enroll | ACA NY](#)
  - Tri-County Care - [Contact - Tri-County Care \(tricountycare.org\)](#)

Borough OPWDD Office (DDSO) Information:

Manhattan - [Home - Manhattan DD Council](#)

Queens - [Queens Council on Developmental Disabilities \(qcddny.org\)](#)

Brooklyn - [Brooklyn Developmental Disabilities Council \(brooklynddcouncil.org\)](#)

Bronx - [A description of the Bronx DD Council](#)

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Staten Island - [SIDDC](#)

# Improving Care for Children

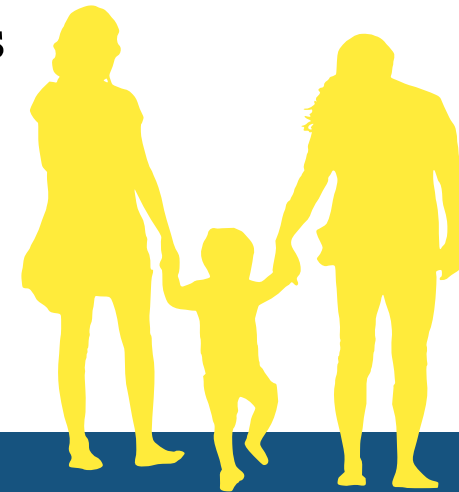
NYS focus on improving health outcomes, managing costs, and providing care management services for Medicaid children and youth under 21 years with complex medical, behavioral, and/or developmental issues makes these services available to MetroPlus Health members:



- **Child and Family Treatment Supports and Services (CFTSS)**
  - Medicaid or SNP members 0-21 have access to 6 CFTSS behavioral health services that members can receive in clinics, home, or in the community
- **Home and Community Based Services (HCBS)**
  - For children with complex medical, behavioral, and/or developmental health issues who are at risk for institutional placement and have been determined eligible for waiver services
- **Crisis Residence**
- **Support for Children placed in the care of Voluntary Foster Care Agencies**
  - Members will have access to new benefits and care

# Additional Supports

- Children/youth in HCBS services are usually enrolled with **Children's Health Homes** to coordinate care and promote health outcomes
  - **Health Homes** provide care management to help members/families connect to the services that meet their needs
- Foster care children receive care coordination from MetroPlus Health, Voluntary Foster Care Agencies, and community providers
  - If eligible, children in foster care will also receive HCBS services and care coordination from Children's Health Homes
- The additional services that have been transitioned to managed care, allow MetroPlus Health and providers to work together to support children's goals and development as they transition to adulthood



# Additional Initiatives

- **Psychotropic Pharmacy Initiative**
  - Medicaid children on multiple psychotropic medications receive telephonic MetroPlus CSS team support to assess needs, review gaps in care, and assist with community linkages including treatment, housing, food insecurity, health coverage for caregivers, and technology/educational issues
- **Children/youth on Blood Clotting Factor Medications**
  - CSS provides care management for members on Blood Clotting Factor
  - **Khalilah McCrimon**, Manager of CSS and Medically Fragile Liaison oversees the care of these complex members
- **Children/youth with Sickle-Cell Anemia**
  - CSS provides care management for these members
  - **Khalilah McCrimon**, Manager of CSS and Medically Fragile Liaison oversees the care of these complex members

# Lab Services & Approved In-Office Lab Tests

- Participating labs can be found on [www.metroplus.org](http://www.metroplus.org)
- To perform in-office lab testing, a location must have a CLIA (Clinical Laboratory Improvement Act) certificate.
- Providers may bill one draw fee per patient (CPT Code 36415 or 36416) per day; providers paid under a capitated arrangement will be reimbursed for in-office lab services in their monthly capitation payment
- All other lab tests must be referred to a MetroPlusHealth participating reference laboratory
- Any lab test not available at an in-network laboratory, call **Utilization Management at 800-303-9626** to obtain an out-of-network prior authorization
- Any claims from a provider for tests other than the list of approved tests will be denied; please remember that MetroPlusHealth members cannot be billed for these services.



# Pharmacy Benefits through Our PBM: CVS Caremark

- Member formularies available at [www.metroplus.org](http://www.metroplus.org)
- Long-acting antipsychotic injections covered without prior authorization
- Some drugs may have additional requirements or limits on coverage, including prior authorization, quantity limits and step therapy. Please see below for contact info to initiate a request.



# Pharmacy Benefits through CVS Caremark, Cont.

- Child Health Plus (CHP)
- Partnership in Care (SNP)
- MetroPlus Enhanced (HARP)

Phone: 877-433-7643  
Fax: 866-255-7569

- Medicare Advantage Plan (HMO SNP)
- Medicare Platinum Plan (HMO)

Phone: 866-693-4615  
Fax: 855-633-7673

## All Other Plan Products:

Phone: 855-582-2022  
Fax: 855-245-8333

For members who require specialty drugs, call MetroPlus Health Pharmacy department at:

Phone: 800-303-9626  
Fax: 844-807-8455

- Medicaid, CHP, HIV SNP, or HARP members can receive a 90-day supply for maintenance medication
- No authorization is needed for Sublocade injection received in the provider's office.
  - Effective 10/1/2021, Sublocade will also be covered under the pharmacy benefit without prior authorization for Medicaid, CHP, HIV SNP and HARP members
- Medication Assisted Therapy (MAT) is covered under the pharmacy benefit without prior authorization.
  - Effective 10/1/2021, opioid substance use disorder medication coverage is dictated by the New York State Department of Health Single Statewide Medication Assisted Treatment Formulary.



# Free 24/7 Virtual Visits

- Virtual Visits are a plan benefit through **American Well (AmWell)** for medical and initial online behavioral health visits
- Members use online technology to connect to board certified medical providers by using a smart phone, tablet or computer
- Doctors are available 24/7 for the treatment of non-emergencies. BH televisits must be scheduled.
  - Urgent Care: migraines, sinus infections, bronchial problems, cold, flu, sore throat, strep throat, pink eye, diarrhea, urinary infections
  - Behavioral Health Therapy: depression, anxiety, bereavement, trauma, couples therapy, stress
  - Psychiatry: insomnia, mild substance abuse, panic attacks, PTSD, OCD
- MetroPlusHealth members can access virtual visits at

**[www.metroplusvirtualvisits.com](http://www.metroplusvirtualvisits.com)**



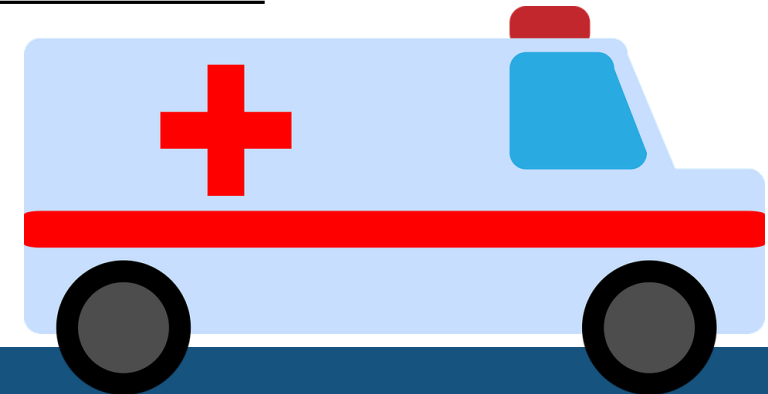
# Transportation Services

Providers are responsible to pre-purchase MetroCards from the MTA and distribute to members of the following plans for public transportation:

- Medicaid Managed Care
- Medicaid HIV Special Needs Plan

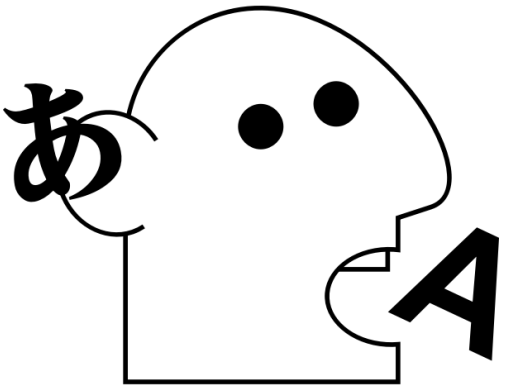
Providers must register to participate for reimbursement in the Public Transportation Automated System (PTAR) available on:

[http://www.nyc.gov/html/hra/html/services/ptar\\_system.shtml](http://www.nyc.gov/html/hra/html/services/ptar_system.shtml)



# CyraCom Language Interpreter Services

CyraCom, the leading provider of language interpreter services in healthcare is available to reduce language barriers for MetroPlusHealth members. CyraCom offers a variety of services to assist with language needs, including qualified interpreters. More information can be found at:



[www.cyracominternational.com](http://www.cyracominternational.com)

# Handling Member Crisis Calls

- Vibrant Emotional Health is MetroPlus Health's Behavioral Health Crisis Vendor (24/7/365) 1-866-728-1885. Vibrant's phone number is on the back of our members' insurance cards for members to utilize in the event of a behavioral health emergency.
- Vibrant will support the member in resolving the immediate crisis. They will then facilitate the member in being connected to their MetroPlus Care Manager for additional support if requested by the member.



# MetroPlus Health Care Management

**Case managers coordinate services** to meet the medical, behavioral, psychosocial and functional goals of members helping them attain wellness and autonomy through advocacy, assessment, planning, communication, and education.

**Case Managers collaborate** with providers, health homes and other case managers around inpatient admissions, discharge planning and gaps of care. Case Managers coordinate the services of physical, substance use disorder and behavioral health providers to help members attain optimal health outcomes.

**Our Case Managers are Social Workers, LMHC's, Nurses (RN) and CASACs** working with members' assigned Health Home and/or Care Management Agency workers, medical professionals, service providers and other community resources.

Care managers:

- **Link members to providers and resources**
- **Identify and reduce the impact of clinical and social determinants of health issues**
- **Ensure members receive medical, behavioral, and social services** consistent with their plan of care

# Case Management Training

Click [Here](#) for additional details on Case Management

# Behavioral Health Utilization Management



A team of Licensed Clinicians (LMHC, LMSW, LCSW) and physicians specializing in BH of children, BH of adults, and substance use disorders. The BH utilization management team monitors and evaluates medical necessity and appropriateness of behavioral health services or procedures.

# Services Reviewed

In addition to BH Clinical Denials & Appeals for these Services:

## INPATIENT BH SERVICES

- Inpatient psychiatric
- Partial Hospitalization Program (PHP)
- Substance Use Disorder Inpatient Detoxification
- Substance Use Disorder Inpatient Rehabilitation
- Intermediate Stay Unit
- Crisis Residence and/or Crisis Respite
- Out of network inpatient behavioral health care

## OUTPATIENT BH SERVICES

- Assertive Community Treatment (ACT)
- Continuing Day Treatment Program
- Personalized Recovery Oriented Services (PROS)
- Substance Use Disorder Outpatient Detoxification
- Substance Use Disorder Residential Treatment Program
- Opioid Treatment Program
- ECT (Electroconvulsive Therapy)
- Out of network outpatient behavioral health care
- Applied Behavioral Analysis (ABA)
- Children's Special Services (CSS)
- Home and Community Based Services (HCBS/CORE)



# Provider Communication of Clinical Services



**Providers can provide clinical information for review via the web portal at [providers.metroplus.org](https://providers.metroplus.org).**



**Telephonically at 1-800-303-9626.  
The phone IVR will direct providers to the appropriate behavioral health queue.**



**By Fax:  
BH UM Fax: 212-908-5208  
BH UM Appeals Fax: 212-908-5209**

# Utilization Management Training

- Click [Here](#) to link to additional details regarding Utilization Management
- Click [Here](#) to link to our Grid of Services that require precertification or Notice of Action

# Claims Submission

Claims must be submitted detailing services rendered for every encounter within timelines defined in provider contract.

- This applies regardless of whether the provider is paid on a capitated or fee-for-service methodology

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

Claims for all members can be submitted electronically using MetroPlus Emdeon Payer ID# 13265.

Paper claims must be submitted on CMS 1500 or UB-04 forms

- **Send paper claims for Medicaid, CHP, EP, SNP, MetroPlus Gold, Managed Long-Term Care (MLTC), MetroPlus Enhanced (HARP) and QHP (Exchange) to:**

**MetroPlus Health Plan**

**P.O. Box 830480**

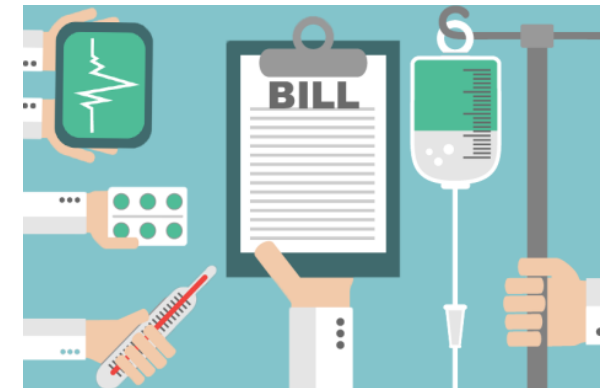
**Birmingham, AL 35283-0480**

- **Send paper claims for MetroPlus Medicare to:**

**MetroPlus Health Plan**

**P.O. Box 381508**

**Birmingham, AL 35238-1508**



# Portal & Clearinghouse Claims Submission

Claims can be submitted through the MetroPlus Health provider portal at <http://providers.metroplus.org>

Providers can register for access to the provider portal at: [www.metroplus.org](http://www.metroplus.org)

The Change HealthCare or Relay clearinghouse

Claims status can be checked at <http://providers.metroplus.org>  
or by calling MetroPlus Health Customer Services at  
800-303-9626



# Claim Reconsideration/Appeals

You have the right to appeal claim determinations. Explanation for the appeal, all pertinent information, as well as a copy of the original claim must be provided. Claims must be submitted in writing within 45 calendar days of the date of the original check or denial notification.



- Regular Mail:  
**MetroPlus Health Plan**  
**P.O. Box 830480**  
**Birmingham, AL 35283-0480**
- Certified Mail:  
**50 Water Street, 7<sup>th</sup> Floor**  
**New York, NY 10004**
- By phone: **800-303-9626**
- By fax: **212-908-8789**



# Balance Billing & Claim Status

- Balance billing is prohibited. Providers may not balance bill members above allowed co-pays, deductibles, or co-insurance for any covered services.
  - Providers who seek payment from a member for any covered service, may be subject to termination as a participating provider.
  - Providers are required to educate staff and affiliated providers concerning this requirement.
- 
- Check Claim Status
  - MetroPlus Health Provider Portal: <http://providers.metroplus.org>
  - MetroPlus Health Customer Services: 800-303-9626



# Claims Management Drill Down

- Click [Here](#) to link to additional details regarding Claims Management

# Clinical Practice Guidelines

- Used as a decision support tool to assist in the management of certain types of preventive and clinical care.
- Utilization Management policies and procedures, benefit coverage, and member educational materials are consistent with guidelines
- Some MetroPlusHealth guidelines are:
  - Child preventative health
  - Depression screening in Children, Adolescents, and Adults
  - Alcohol and substance abuse
  - Behavioral health screening



**To access further information on the clinical practice guidelines please see Appendix V of the Provider's Manual located on the MetroPlus Provider Portal**

**<https://www.metroplus.org/Provider>**



# Quality Management

## **MetroPlusHealth is committed to providing comprehensive, patient-centered, quality health care**

In as much, MetroPlusHealth strives to manage a coordinated, cost-effective health care delivery system which provides timely and appropriate care for members

- MetroPlusHealth collects and analyzes data used to measure quality for HEDIS & QARR throughout the year
  - Quality Assurance Reporting Requirements (QARR) for CHP, EP and Medicaid products
  - Healthcare Effectiveness Data and Information Set (HEDIS) for Commercial & Medicare products

**Providers are required to assist with collecting data as needed. This includes submitting encounter data, medical records, supplemental data and correctly coded claims.**

# Provider Profile Reporting

- MetroPlusHealth monitors the performance of its provider network to ensure the quality and appropriate use of healthcare services and to identify opportunities for provider improvement and managing medical costs
- MetroPlusHealth will have criteria and methodologies to collect and analyze profiling data to evaluate a provider's practice patterns and performance



# Provider Responsibilities

**Participating Providers assume responsibility for the care of members agreeing to adhere to administrative procedures, reporting requirements, medical records maintenance, quality assurance and utilization review policies, and regulatory standards**

Key responsibilities include, but are not limited to, the following:

- Providing appropriate and cost-effective care in accordance with utilization management plan, protocols and clinical guidelines
- Ensuring that members (or a designee, when appropriate) give informed consent for any procedure or treatment.
- Complying with all Public Health Guidelines, including statutory reporting requirements for communicable diseases.
- Complying with standards for appointment access.



# Provider Responsibilities, Cont.

- Screen and evaluate members for behavioral health symptoms and needs
- Incorporate Evidence based assessments
  - **Motivational Interviewing**- collaborative, goal-oriented communication style that uses “the language of change” to create an atmosphere of acceptance, compassion & coaching
  - **SBIRT**- screening, brief intervention and referral to treatment to assess severity of substance use and identify the right level of treatment
  - **DAST**- drug abuse screening test
  - **PHQ-9** – clinical rating scale for depression assessment
- Engage in treatment planning
- Contact MetroPlusHealth with referrals for members needing support and advocacy in BH and MH systems
- Coordinate with MetroPlusHealth Care Management staff
- Participate in MetroPlusHealth Quality Management program
- Help enroll HARP eligible members into the HARP

# Access to Care



- Providers are required to schedule appointments in accordance with the appointment and availability standards.
- Providers ***must not*** require a new patient to provide prerequisites to schedule an appointment, such as a copy of their medical record, a health screening questionnaire, and/or an immunization record.
- The provider may request additional information from a new member, if the appointment is scheduled at the time of the telephonic request.

**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**

# Access to Care, Cont.

**MetroPlus Health members must secure appointments within the following time guidelines:**

## 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 Use Follow up visit	Within 1 week of request
Health Assessment for Ability to Work	Within 10 days of request
Follow up visits after emergency care/ hospital discharge	Within 5 days of request
Follow up re inpatient behavioral health and substance use settings	Within 1 week of discharge

## Primary Care

Emergency Care	Immediately upon presentation
Urgent Medical/ Behavioral Care	Within 24 hours of request
Non-urgent “sick” visit	Within 48-72 hours of request
Specialist Referrals (non-urgent)	Within 4-6 weeks of request
Routine non-urgent preventative health visits	Within 28 days of request
Well child care	Within 28 days of request

# Advanced Directives

- PCPs and other Participating Providers, are **expected to inform adult members** about their right to execute advance directives.
- If a **member chooses** to
- execute an advance directive, the Participating Provider should **document the decision** and place copies of the signed advance directive form in the member's medical record.
- If the **member decides not to execute** an advance directive, the Participating Provider should **document in the medical record that the member was given written information and advised of their right** to execute an advance directive.



# Communicable Disease Public Health Reporting

MetroPlusHealth requires compliance with public health reporting requirements of communicable diseases and conditions by participating providers mandated in Article 21 of the NYS Public Health Law and for Contractors operating in New York City, the New York City Health Code (24 RCNY §§11.03-11.07)





# Smoking Cessation Counseling

- Every provider should advocate for smoking cessation and consider prescribing Nicotine Replacement Therapy (both long acting patches and short acting gum or lozenges) to patients for 8-12 weeks
- Free smoking cessation resources include:
  - MetroPlusHealth Customer Service line:  
**800-303-9626 | Mon-Sat from 8am to 8 pm**
  - New York State Toll-free Smokers' Quit line:  
**866-697-8487 | Mon-Thurs from 9am to 9pm**  
**Fri-Sun from 9am to 5 pm**



# Compliance Policy



- Providers should be compliant with all MetroPlusHealth approved clinical treatment and preventive health guidelines and Public Health Guidelines.
- MetroPlusHealth will periodically collect data regarding incident reporting and performance standards to monitor contractual compliance.

# Our Fraud & Abuse Prevention Program

MetroPlusHealth is committed to preventing fraud, waste and abuse by members, providers and employees

- member overutilization of ER services, oversupply of controlled substances, prescriptions or DME, doctor shopping, pharmacy shopping, inappropriate medication combinations, prescription forgeries and member card loaning or sharing

**Providers are encouraged to report suspected fraud, abuse, questionable and illegal activities to MetroPlus Health:**

- **MetroPlusHealth Compliance Hotline:** Call **888-245-7247**; you can give your name or report anonymously
- **Corporate Compliance Officer:** Contact Raven Solon, MetroPlus Corporate Compliance Officer, at **212-908-5205** or **complianceofficer@metroplus.org**
- **Provider Services:** Contact your MetroPlus Provider Services Representative

# Our Fraud & Abuse Prevention Program, Cont.



## **MetroPlusHealth Special Investigations Unit (SIU)**

- MetroPlus Health has a dedicated SIU responsible for performing provider-based fraud and abuse audits and investigations
- The SIU accepts tips, referrals and allegations of fraud or abuse from a variety of internal and external sources
- Some examples of the fraudulent and abusive activities that the SIU audits and investigates for : double billing, upcoding, overutilization, unbundling, billing for services not rendered, billing for services without a license, etc.

# Cultural Competency

- As part of MetroPlus Health's continuing mission to provide quality care to our members, we encourage network providers to become acquainted with the many resources available on Cultural Competency. Cultural Competency is the ability to work effectively with your patients, regardless of their culture, religion, ethnicity, or socio-economic status. Gaining Cultural Competency skills will benefit your patients and your practice.

**For more information on Cultural Competency, please refer to Appendix XIX in the MetroPlus Health Plan Provider Manual.**

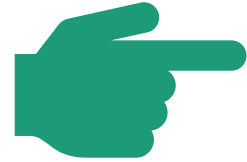


# Our Website & Provider Portal



Visit [www.MetroPlus.org](http://www.MetroPlus.org) to access information 24/7

Provider Manual, Provider Newsletters  
Formularies, Benefits  
Provider Search, Provider Directory (PDF)



Once you register, you can access the Provider Portal to:

- Check member eligibility
- Check the status of submitted claims
- Check Member authorization status
- Access Provider orientation, benefit changes and clinical guidelines.
- PCPs can access membership rosters, updated rosters are posted weekly.
- Obtain MetroPlus reports:
  - ✓Membership reports
  - ✓Utilization reports
  - ✓Provider Performance Profiles
  - ✓Diagnosis Code lists



To register, go to [www.MetroPlus.org](http://www.MetroPlus.org)

# Provider Portal Navigation Training

- Click [Here](#) to link to additional details regarding Provider Portal Training

# Key Points to Remember



Check eligibility for each visit



Always check Prior Authorization requirements



Submit claims for all services rendered on every encounter



Notify MetroPlusHealth as soon as possible of any changes in your practice, including extended leave of absence



The Provider Manual including medical coverage policies can be accessed from the MetroPlus website:  
<https://www.metroplus.org/provider/tools>



Call MetroPlusHealth Provider Services at **800-303-9626** with any questions



# Provider Services Is Here to Help You

Behavioral Health Provider Service Representatives are assigned by region and serve as a direct liaison between network providers and MetroPlusHealth  
**[Bhproviderservices@metroplus.org](mailto:Bhproviderservices@metroplus.org)**

## **Region: Brooklyn/ Staten Island**

Marya Abbas, BH Provider Service Representative

Mobile: 347-852-4446 | Email: [abbasma@metroplus.org](mailto:abbasma@metroplus.org)

Relationship Manager: Sheila Charles

Mobile: 646-296-4768 | Office: 212-908-8469

## **Region: Manhattan**

- Tina Amechand, BH Provider Service Representative
- Mobile: 347-640-2525 | Email: [amecht@metroplus.org](mailto:amecht@metroplus.org)
- Relationship Manager: Kenya McCall
- Mobile: 917-567-1305 | Office: 212-908-8681



# Provider Services Is Here to Help You, Cont.

## **Region: Bronx/Westchester**

Madeline Franklin-Herlihy, BH Provider Service Representative

Mobile: 917-242-0980 | Email: [frankhm@metroplus.org](mailto:frankhm@metroplus.org)

Relationship Manager: April Fowler

Mobile: 347-446-5050 | Office: 212-908-3724

## **Region: Queens/Long Island**

Alexis Medina, BH Provider Service Representative

Mobile: 646-734-8811 | Email: [medina@metroplus.org](mailto:medina@metroplus.org)

Relationship Manager: Reginald LeGagneur

Mobile: 347-996-6638 | Office: 212-908-8805

# Helpful Resources

**LEARN MORE**

**For more information on the transition of children placed in foster care please visit:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/vfca\\_mmc\\_transition\\_policy\\_paper.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/vfca_mmc_transition_policy_paper.pdf)

**To learn more about Early Periodic Screening, Diagnosis, and Treatment (EPSDT) please visit:**

<https://www.emedny.org/ProviderManuals/EPSDTCTHP/PDFS/EPSDT-CTHP.pdf>

**To learn more about the Office of Health Insurance Programs Principles for Medically Fragile Children please visit:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/2017-07-31\\_mmc\\_plan\\_rqmts.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-07-31_mmc_plan_rqmts.pdf)

# Conclusion

Thank you for participating in the MetroPlus Health Behavioral Health Provider Orientation.

Please click the link below to attest that you have completed the training

<https://www.metroplus.org/provider/behavioral-health/bh-training-registration>

For any general queries or concerns please contact [bhproviderservices@metroplus.org](mailto:bhproviderservices@metroplus.org) to connect with a provider service representative.

