

Behavioral Health Services Provider Orientation

November 2023



METROPLUSHEALTH PROVIDER GUESTBOOK

Before you begin this training:

Please complete your information in the guestbook [here](#).

This guestbook will also serve as an attestation that you have completed this training.



METROPLUSHEALTH INSURANCE PRODUCT LINES

INDIVIDUAL & FAMILY PLANS	MEDICARE & DUAL-ELIGIBLE PLANS	SPECIAL NEEDS & LONG-TERM CARE	COMMERCIAL PLANS (NYC Employee Plans)
Medicaid Managed Care (MMC)	Medicare	Enhanced (HARP) Plan	MetroPlusHealth Gold Plan
Child Health Plus (CHP)	Medicare Advantage Plan (HMO D-SNP)	Managed Long-Term Care	
Essential Plan (EP)	Medicare Platinum Plan (HMO)	Partnership In Care (PIC) (HIV SNP)	MetroPlusHealth GoldCare Plans
Qualified Health Plans (QHP) – Marketplace Plans	MetroPlus Ultracare (HMO D-SNP)		

METROPLUSHEALTH OVERVIEW

MetroPlusHealth is a Prepaid Health Services Plan (**PHSP**) licensed to operate in all 5 NYC boroughs. Headquartered at 50 Water Street, in lower Manhattan.

MetroPlusHealth, which began operations in 1985, is a wholly owned subsidiary of NYC Health + Hospitals.

2022 MetroPlusHealth Highlights:

- We have over 713,000 members across all our lines of business.
- Nearly 1 in 5 New Yorkers who enroll in EP.
- Medicaid, or Child Health are our members.
- Highest quality score ever in Medicare: 4-star rating from the Centers for Medicare & Medicaid.
- Highest Google review rating ever: Over 4.1 stars out of 5.
- Highest QHP membership retention rate ever: Over 87% retention rate.

METROPLUSHEALTH BEHAVIORAL HEALTH PROGRAM & POPULATIONS

Behavioral Health Related Functions:

- Provider Network Development and Contracting
- Care Management and Coordination
- Utilization Management
- Claims Processing and Payment
- Quality Management
- Behavioral Health Peer Services
- Member Services and Grievance Management

Behavioral Health Populations:

- Adults with behavioral health needs and/or substance use disorders.
- Children, and transition age youth with behavioral health needs and/or substance use disorders, and coordination with Voluntary Foster Care Agencies.
- Children or adults who experience First Episode Psychosis (**FEP**).
- High risk groups such as individuals with co-occurring disorders, co-morbid medical needs or those involved in multiple services systems (education, justice, medical, welfare, and child welfare).
- Individuals with Intellectual/Developmental Disorders with behavioral health needs and/or Applied Behavioral Analysis (**ABA**).

PROVIDER RESPONSIBILITIES, CON'T

Participating Providers assume responsibility for the care of members agreeing to adhere to administrative procedures, reporting requirements, medical records maintenance, quality assurance, 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.
- Screen and evaluate members for behavioral health symptoms and needs.

PROVIDER RESPONSIBILITIES

- Application of clinical practice guidelines and EBPs for BH conditions commonly treated in primary care settings.
- Engage in treatment planning.
- Contact MetroPlusHealth with referrals for members needing support and advocacy in Behavioral Health (BH) and Mental Health (MH) systems.
- Coordinate with MetroPlusHealth Care Management Staff.
- Participate in MetroPlusHealth Quality Management program.
- Help enroll HARP eligible members into the HARP.
- Understand that a restricted member, has a R on their ID card and cannot be seen by another provider without prior authorization.
- Ensure Claims submitted with appropriate prior authorization, or they will be denied.
- Utilize the tools and assessments shown on the next slide to evaluate the need for Behavioral Health services and interventions.

RESOURCES FOR BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE DISORDER) CON'T

Link to MetroPlusHealth Plan Provider Tools and Resources <https://metroplus.org/providers/behavioral-health/> (*This link will provide the tools and assessments to evaluate the need for Behavioral Health services and interventions*).

- Mental Health Notice of Admission Form
- Substance Use Disorder (SUD) Notice of Admission Form
- Alcohol-Use Assessment Brochure
- Information on Attention Deficit Hyperactivity Disorder (ADHD)
- Smoking Cessation
- Screening Brief Intervention & Referral to Treatment (SBIRT)
- Navigating a Mental Health Crisis
- Edinburgh Postnatal Depression Scale (EPDS)

RESOURCES FOR BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE DISORDER)

Additional Resources

- PHQ 9: PHQ 9 tool is a questionnaire aimed at assessing a patient's depression measure <https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9>
- American Foundation for Suicide Prevention Non-Profit organization dedicated to preventing suicides <https://afsp.org/>
- 988 Suicide and Crisis Lifeline Suicide and Crisis support hotline <https://988lifeline.org/>
- Mental Health America Non-Profit organization dedicated to the promotion of mental health, well-being, and illness prevention <https://www.mhanational.org/>
- Crisis Text Line Crisis text line is dedicated to connect people in crisis to volunteer crisis counselors via text message <https://www.crisistextline.org/>
- MetroPlusHealth Provider Manual. https://metroplus.org/wp-content/uploads/2023/11/PRV-23.089_MPH-Provider-Manual-Oct-2023_FULL_Final.pdf

PROVIDER PROFILE REPORTING AND ADVANCED DIRECTIVES

MetroPlusHealth Provider Profile Reporting:

- Monitors the performance of its providers to ensure the quality and appropriate use of healthcare services.
- Identifies opportunities for provider improvement and managing medical costs.
- Also has criteria and methodologies to collect and analyze profiling data to evaluate a provider's practice patterns and performance.

MetroPlusHealth Advanced Directives:

- PCPs and other Participating Providers, are expected to inform adult members about their right to execute advance directives.

MetroPlusHealth 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.



FRAUD, WASTE AND 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 Durable Medical Equipment (DME), doctor shopping, pharmacy shopping, inappropriate medication combinations, prescription forgeries and member card loaning or sharing.

MetroPlusHealth Special Investigations Unit (SIU):

- MetroPlusHealth 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 & external sources.
- Some examples of fraudulent and abusive activities that the SIU audits and investigates for: double billing, upcoding, overutilization, unbundling, billing (for services not rendered, and services without a license).



FRAUD, WASTE AND ABUSE CONTACT INFORMATION

Fraud, Waste and Abuse concerns maybe reported confidentially in the following ways:

Compliance Hotline:

- Anonymous and accessible 24 hours a day, 7 days a week, 365 days a year
- Call 1-888-245-7247,
- Submit an online report at <https://app.mycompliancereport.com/report?cid=MPH>

Write: MetroPlusHealth

Office of Corporate Compliance
50 Water Street, 7th Floor
New York, NY 10004

Email: fraud@metroplus.org

Customer Service: MetroPlusHealth Plan members and providers can always call the Customer service at 1-800-303-9626 with questions or concerns.

CREDENTIALING REQUIREMENTS & VERIFICATIONS

MetroPlusHealth Credentials and Re-Credentials:

- Providers in accordance with New York State Department of Health law.
- With any and other regulatory guidelines.
- Practitioners must meet the criteria for enrollment as outlined in MetroPlusHealth credentialing policy.
- Credentialing staff verifies telehealth approvals for Adult BH HCBS and CORE providers by requesting State approval letters.
- The Credentialing Committee reviews the credentialing policy at least annually, updates the policy as needed to ensure that credentialing and re-credentialing processes meets regulatory guidelines.

MetroPlusHealth Recredentials organizational providers on a periodic basis (not less than once every three (3) years).

This includes, but is not limited to review of:

- Providers qualifications
- Performance
- Complaints
- Certifications required by contract.
- Exclusions and criminal activity checked from State and Federal Databases.

Credentialing Staff verifies OMH telehealth approval for Children and Family Treatment and Support Services (CFTSS) by:

- Requesting copies of operating certificates.
- Requesting approval letter for telehealth.
- For additional information see the Notes section.

METROPLUSHEALTH ENHANCED (HARP) & ELIGIBILITY

This plan offers the following benefits:

- It is a comprehensive and integrated Physical Health, BH and Substance Use Disorder Plan with added Social Services and Supports.
- Additionally, the plan manages physical health, MH, and substance use services in an integrated way for adults with BH needs.
- HARP is qualified by New York State and has specialized expertise, tools and protocols that are not part of most medical plans.

To be eligible for MetroPlusHealth Enhanced:

- Must be 21 or older, be insured only by Medicaid, and eligible for Medicaid Managed Care.
- Members are deemed eligible for a HARP by meeting the criteria established by the New York State Department of Health (DOH), the Office of Mental Health (OMH), and the Office of Addiction and Substance Abuse Services (OASAS).
- Eligibility criteria include a diagnosis of a serious mental illness and/or substance use disorder, among other factors.
- HARP eligibility status may be found in **MAPP**, **PSYCKES**, **EMEDNY**, and in **e-PACES** it appears on an individual's file in the restriction/exception code part of the report.
- A **H9 code** indicates that the member is HARP eligible, but not yet enrolled in a HARP plan.

This plan does not require you to change your current health care providers.

METROPLUSHEALTH ENHANCED PLAN BENEFITS

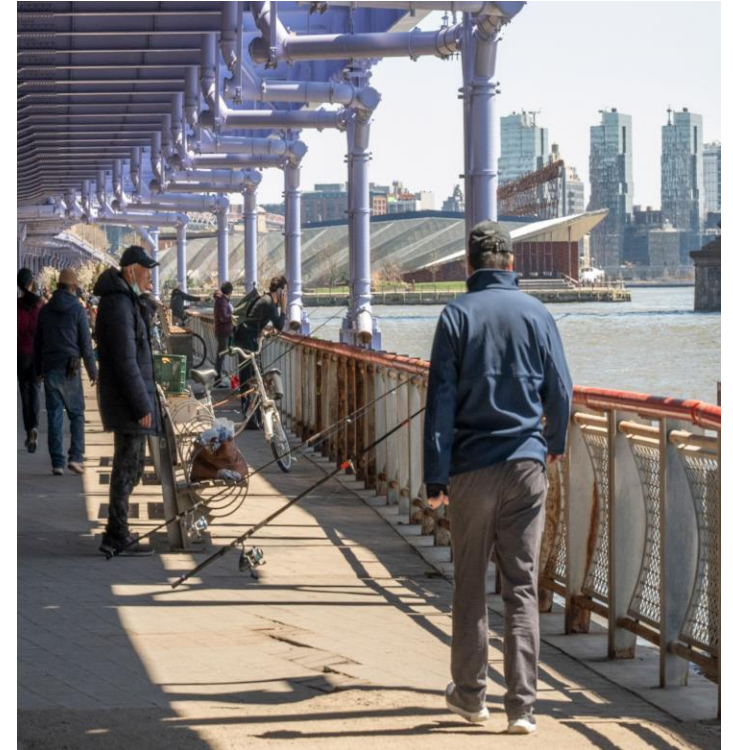
These Services are only Available to HARP Members:

Community Oriented Recovery and Empowerment (CORE) Services

- Community Psychiatric Support and Treatment (CPST).
- Psychosocial Rehabilitation (PSR).
- Empowerment Services – Peer Support.
- Family Support and Training.

Adult Home and Community Based Services (HCBS)

- Educational and Employment Support Services.
- Habilitation.



METROPLUSHEALTH ENHANCED PLAN (HARP)

Additional HARP Provider Network Training:

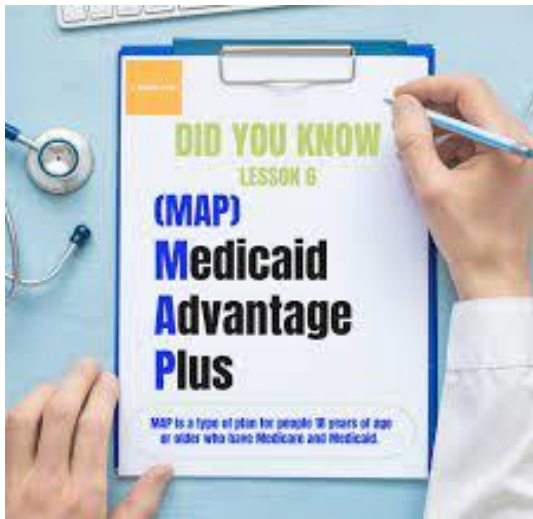
Provider Relations, in collaboration with the Behavioral Health HARP Clinical team, provides the following training via Webex, Newsletters, notifications via the Provider website as well as ad hoc/individual provider educations:

- Training to all BH providers and Health Homes regarding HCBS requirements
- Training and technical assistance to develop primary care provider capacity to successfully engage and work with individuals with Serious Mental Illness (SMI) and functionally limiting SUD.
- Training to all contracted providers regarding common medical conditions and medical challenges in working with individuals with Serious Mental Illness (SMI) and functionally limiting SUD.

MEDICAID ADVANTAGE PLUS (“MAP”) ULTRACARE & ELIGIBILITY

Medicaid Advantage Plus (“MAP”) Plan is especially designed for people who have Medicare (Parts A and B) and FULL Medicaid.

They need health and community based long-term care services like home care and personal care, to stay in their homes and communities as long as possible.



Your patients are eligible to join the MAP if they are enrolled in a Medicare Advantage plan (Part C) and:

- Are age 18 or older and have FULL Medicaid.
- Reside in the plan’s service area, which is the Bronx, Brooklyn, Manhattan, Queens, and Staten Island.
- Must be eligible for nursing home level of care (as of time of enrollment) using the Uniform Assessment System (UAS).
- Capable at the time of enrollment of returning to or remaining in your home and community without jeopardy to your health and safety.

TRANSPORTATION BENEFITS

For MetroPlusHealth Advantage Plan (HMO-DSNP) transportation and other benefit information, see

<https://metroplus.org/plans/medicare/ultra-care/>

BEHAVIORAL HEALTH SERVICES

MetroPlusHealth UltraCare (HMO-DSNP) covers behavioral health (mental health and addiction) services, including the following:

Adult Outpatient Mental Health Care

- Continuing Day Treatment (CDT)
- Partial Hospitalization (PH)

Adult Outpatient Rehabilitative Mental Health Care

- Assertive Community Treatment (ACT)
- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
- Personalized Recovery Oriented Services (PROS)

Adult Outpatient Addiction Services

- Opioid Treatment Centers (OTP)

Adult Outpatient Rehabilitative Mental Health and Addiction Services*

These Services are also known as CORE (Community Oriented Recovery and Empowerment)

- Psychological Rehabilitation (PSR)
- Community Psychiatric Supports and Treatment (CPST)
- Empowerment Services – Peer Supports
- Family Supports and Training (FST)

*For Members Who Meet Clinical Requirements

Adult Mental Health Crisis Services

- Comprehensive Psychiatric Emergency Program (CPEP)
- Mobile Crisis and Telephonic Crisis Services
- Crisis Residential Program

Adult Inpatient Addiction Rehabilitation Services

- State Operated Addiction Treatment Centers (ATC)
- Inpatient Addiction Rehabilitation
- Inpatient Medically Supervised Detox

Adult Residential Addiction Services

- Residential Services

CHILDREN'S SPECIAL SERVICES PROGRAM (CSS)

Our CSS team serves children under 21 years old who have complex medical (medically fragile), developmentally delayed, and behavioral health needs by:

- Monitoring plans of care for children eligible for Home and Community Based Services (HCBS) 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 that supports the needs of the caregiver to help 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 whole family unit to promote better outcomes for the member.
- Guidance for the HCBS program can found here: <https://omh.ny.gov/omhweb/guidance/hcbs/>
- Guidance for Health Home and HCBS Eligibility can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/eligibility.htm



CSS Children's Initiatives

Follow up after Emergency Department visits and/or Hospitalization

- CSS care managers conduct outreach to members after acute psychiatric or medical hospitalization and emergency room visits.

Psychotropic Pharmacy Initiative

- Medicaid children on multiple psychotropic medications receive telephonic MetroPlusHealth 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.

Medically Fragile/Complex Medical Cases

- The CSS Medically Fragile Liaison oversees the care of members with complex physical health needs.
- CSS provides care management for members with Sickle Cell Disease or those on Blood Clotting Factor medications.

Children identified with Autism or Developmental Issues

- The CSS team assesses the complex needs of children and may coordinate referrals for Applied Behavioral Analysis (ABA), referrals to Office for People with Developmental Disabilities (OPWDD).

Supporting the coordination of care for the mandated initial health assessments for children placed in foster care:

- Prior authorization is not required for the mandated initial health assessments. Additional information is available here: https://www.health.ny.gov/health_care/medicaid/publications/docs/adm/21adm03.pdf

Eligibility for Children's Health Homes and HCBS Services

To be eligible for Children's Health Home services, the individual must be enrolled in Medicaid and must have:

- Two or more chronic conditions (e.g., Substance Use Disorder, Asthma, Diabetes*) **OR,**
- One single qualifying chronic condition: **HIV/AIDS**; **Serious Mental Illness (SMI) (Adults)**; **Sickle Cell Disease (both Adults and Children)**; **Serious Emotional Disturbance (SED)**; or **Complex Trauma (Children)**.

Network providers or managed care organizations may refer members aged 0-21 years with complex who are covered by Medicaid to Health Homes where they can be evaluated for additional services like CFTSS and HCBS services.

Members who do not wish to be enrolled with a Health Home may be referred to the NYS Independent Entity (IE) called Child and Youth Evaluation Service (C-YES) to be evaluated for HCBS eligibility. If found eligible, C-YES will work with the family, the MCO, and complete the initial Plan of Care.

For additional information on documentation requirements regarding:

- Disability Determination for the **Medically Fragile (MF)** Target Population for Children's: [guide re mfdd req.pdf\(ny.gov\)](#)
- **Serious Emotional Disturbance (SED)** Target Population for Children's HCBS Eligibility Determination: [clarif guide.pdf\(ny.gov\)](#)

Once a child is found eligible for HCBS services, the Health Home Care Management Agency (HH/CMA) is responsible for creating the Plan of Care, coordinating services, and sharing it with the member and the managed care organization. The HH/CMA is also responsible for the annual reassessment for HCBS eligibility. For addition guidance:

- Health Home Plan of Care Policy: [Health Home Plan of Care Policy \(ny.gov\)](#)
- Plan of Care Development: [Community First Choice Option \(CFCO\) \(ny.gov\)](#)

ADDITIONAL SUPPORTS FOR VULNERABLE POPULATIONS

- **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 MetroPlusHealth, 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 transition of these services to managed care allow MetroPlusHealth and providers to work together to support children's goals and development as they transition to adulthood.
- **Coordinate Trauma-Informed services:** these services are based on an understanding of the vulnerabilities or triggers experienced by trauma survivors that may be exacerbated through traditional service delivery approaches so that these services and programs can be modified to be more supportive and avoid re-traumatization. The CSS team engages all individuals with the assumption that trauma has occurred within their lives.



IMPROVING CARE FOR CHILDREN

The CSS team supports New York State's 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 and helps to coordinate these services available to MetroPlusHealth members:

Child and Family Treatment Supports and Services (CFTSS)

- Medicaid, Child Health Plus, and SNP members 0-21 have access to 6 CFTSS behavioral health services that members can receive in clinics, home, or in the community.
- Prior authorization is not required for contracted providers designated to provide these services.

Home and Community Based Services (HCBS)

- For Medicaid enrolled children with complex medical, behavioral, and/or developmental health issues who are at risk for institutional placement and have been determined eligible for these waiver services.
- Prior authorization is required for these services.
- The medical necessity criteria to evaluate authorization requests is defined by Children's Health and Behavioral Health Medicaid System Transformation: Children's Home and Community Based Services Manual March 2023:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf
- The link to the HCBS authorization request form: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/childrens_hcbs_authorization_cm_notification_form_fillable.pdf
- MetroPlusHealth CSS HCBS Training is available for more details.

Crisis Residence (CR) [Services for Children and Families \(ny.gov\)](#)

- The major goal of the program is to stabilize the situation and return the child to the home, rather than to provide long-term care.
- CRs serve children and adolescents exhibiting acute distress who may need stabilization in an alternate setting.

Support for Children placed in the care of Voluntary Foster Care Agencies

Linkage to Health Home Care Management for children

PROVIDER RESPONSIBILITIES FOR CSS

- Provide trauma informed care to children placed in foster care
- Provide initial health assessments within mandated timeframes as required by the *New York Medicaid Program 29-1 Health Facility Billing Manual* and the *Transition of Children Placed in Foster Care and NYS Public Health Law Article 29-1 Health Facility Services into Medicaid Managed Care* guidance documents located at: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm.
- Provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services that include appropriate preventive, dental, health, behavioral health, developmental and specialty services for all Medicaid children.
- Provide EPSDT services that assist medically fragile children in reaching their maximum functional capacity, considering the appropriate functional capacities of children of the same age. Additional information is available here: [NEW YORK STATE DEPARTMENT OF HEALTH \(emedny.org\)](http://www.emedny.org)
- Medically fragile children have chronic debilitating condition or conditions, who may or may not be hospitalized or institutionalized, and meets one or more of the following criteria:
 - Is technologically dependent for life or health sustaining functions, requires complex medication regimen or medical interventions to maintain or to improve their health status; and/or needs ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk.
- Chronic Debilitating Conditions: include, but are not limited to bronchopulmonary dysplasia, cerebral palsy, congenital heart disease, microcephaly, pulmonary hypertension, and muscular dystrophy.

PROVIDER RESPONSIBILITIES FOR CSS

Ensure initial health activities are completed within 60 days of a child's placement to 29-I Health Facility. The table below outlines the activities and the individual responsible for each item.

Foster Care Initial Health Services and On-going Assessment and Treatment

Time Frame	Activity	Mandated Activity	Mandated Time Frame	Who Performs
24 Hours	Initial screening/ screening for abuse/ neglect	X	X	Health practitioner (preferred) or child welfare caseworker
5 Days	For children under the age of 13, conduct HIV risk assessment *	X	X	Child Welfare Caseworker or designated staff
10 Days	Request consent for release of medical records & treatment	X	X	Child Welfare Caseworker or health staff
30 Days	Initial medical assessment	X	X	Health practitioner
30 Days	Initial dental assessment ¹⁸	X	X	Health practitioner
30 Days	Initial mental health assessment	X	X	Mental health practitioner
30 Days	Family Planning Education and Counseling and follow-up health care for youth age 12 and older (or younger as appropriate)	X	X	Health practitioner
45 Days	Initial developmental assessment	X	X	Health practitioner
45 Days	Initial substance abuse assessment	X	X	Health practitioner
60 Days	Follow-up health evaluation	X	X	Health practitioner

MEMBERS WITH DEVELOPMENTAL DISABILITIES (DD)

Children's Special Services Team

Supports linkage to OPWDD and ABA services for members with developmental disabilities.

Children's Special Services ABA Clinicians

Conduct utilization management on requests for ABA services and evaluate based on medical need.

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

The following documentation is needed:

- 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 (member must contact the DOE to have records mailed).

ADULT HCBS

BH HCBS are available for people 21 and over who are enrolled in a Medicaid Managed Care (MMC) Health and Recovery Plan (HARP) and found eligible after completing the NYS Eligibility Assessment.

People enrolled in a Special Needs Plan (SNP) may also be eligible for BH HCBS

- Service standards for Adult Behavioral Health Home and Community Based Services can be found at <https://omh.ny.gov/omhweb/bho/adult-bh-hcbs-service-standards.pdf>
- Guidance for BH HCBS settings, evaluation and prior authorization can be found at https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/adult_bh_hcbs_workflow_2022.pdf
- Guidance regarding service structure, admission/level of care criteria and eligibility can be found at: <https://omh.ny.gov/omhweb/bho/docs/hcbs-manual.pdf>

METROPLUSHEALTH 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.
- **Collaborate** with providers, health homes and other case managers around inpatient admissions, discharge planning and gaps of care.
- **Case Managers** are LMSW/LCSW's, LMHC's, Nurses (RN) and Credentialed Alcoholism and Substance Abuse Counselor (CASAC) 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 and 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.



Peer Supports & Family Peer Support Services

- Connects members with from someone with similar lived experiences for additional support.

SERVICES FOR INDIVIDUALS WITH FIRST EPISODE PSYCHOSIS (FEP)

An abundance of data accumulated over the past two decades supports the value of early intervention with services to help people maximize recovery following a first psychotic episode.

Providers (inpatient & outpatient) will assess for and refer members experiencing first-episode psychosis to specialty programs.

OnTrackNY Providers, trained by The Center for Practice Innovations (CPI) at Columbia Psychiatry/NYS Psychiatric Institute, deliver coordinated, specialty care, for those experiencing FEP, including:

“psychiatric treatment, including medication; cognitive-behavioral approaches, including skills training; individual placement and support approach to employment and educational services; integrated treatment for mental health and substance use problems; and family education and support” (CPI website).

Each site can care for up to 35 individuals. The requirements are:

- 1. Ages 16-30**
- 2. Began experiencing psychotic symptoms for more than a week, yet less than 2 years, prior to referral**
- 3. Borderline IQ (70-85)**

Our Behavioral Health Care Management team works with members who experience FEP for up to three years to support and connect to services.

WHAT IS A HEALTH HOME?

A Health Home is:

- Not a physical place.
- A care coordination service which enables all of an individual's care givers to communicate with one another so that medical, behavioral and social needs are addressed in a comprehensive manner.
- As a MetroPlusHealth member, Health Home services are **100% free of charge**.

Health Home Services were created by the [Affordable Care Act of 2010, Section 2703](#)

- The goal of Health Home is to coordinate care for people with Medicaid who have chronic conditions.
- The Health Home providers operate under a “whole-person” philosophy to integrate all primary, acute, behavioral health and long-term service and supports to treat the whole person.

HEALTH HOMES CONTRACTED WITH METROPLUSHEALTH

Health Home	Serving Population	Service area
BAHN Bronx Accountable Healthcare Network (Affiliated with Montefiore Medical Center)	Serves adults and children Health Home/Health Home Plus	Bronx
CBC Coordinated Behavioral Care	Serves adults and children Health Home/Health Home Plus	Bronx, Brooklyn, Manhattan, Queens, Staten Island
CCC Community Health Care Collaborative (Affiliated with Sun River Health) Hudson River Health Care & Brightpoint are now Sun River Health *** Merging with CHN 9/2022	Serves adults	Bronx, Brooklyn, Manhattan, Queens, Rockland, Suffolk, Westchester
CCF Collaborative for Children and Families	Serves children	Bronx, Brooklyn, Manhattan, Queens
CCMP Community Care Management Partners	Serves adults and children Health Home/Health Home Plus	Bronx, Brooklyn, Manhattan, Queens
CHN Community Health Care Network *** Merging with CCC 9/2022	Serves adults	Bronx, Brooklyn, Manhattan, Queens, Staten Island
Northwell	Serves adults and children	Adults: Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Suffolk, Westchester Children: Brooklyn, Nassau, Queens, Staten Island, Suffolk
NYC H+H NYC Health and Hospitals	Serves adults Health Home/ Health Home Plus	Bronx, Brooklyn, Manhattan, Queens
BHH Southwest Brooklyn Health Home (Affiliated with Maimonides Medical Center)	Serves adults Health Home/Health Home Plus	Brooklyn

SPECIALTY HEALTH HOME SERVICES

Health Home Plus (HH+):

Is an intensive Health Home Care Management (HHCM) service established for defined populations with Serious Mental Illness (SMI) who are enrolled in a Health Home.

Specialty Mental Health Care Management Agencies (MH CMAs):

A Care Management Agency (CMA) designated by New York State (NYS) Office of Mental Health (OMH) designated to receive Health Home Plus (HH+) referrals and provide HH+ level of service.

ELIGIBILITY CRITERIA FOR HEALTH HOME SERVICES

The individual must be enrolled in Medicaid and must have:

- **Two or more chronic conditions** (e.g., Substance Use Disorder (SUD*), Asthma, Diabetes, etc.) **Individuals with SUDS must have another chronic condition to qualify;*

OR

- **One single qualifying chronic condition:**
 - ☐ HIV/AIDS OR
 - ☐ Serious Mental Illness (SMI) (Adults) OR
 - ☐ Sickle Cell Disease (both Adults and Children) OR
 - ☐ Serious Emotional Disturbance (SED) OR Complex Trauma (Children)

HEALTH HOME REFERRAL KEY ELEMENTS

If a member is eligible for Health Home services complete the Referral Form appropriate to member's age:

- Adult Health Home Referral Form (Age 21 and Over)
- Children's Health Home Referral Form (Under 21 years old)

Demographics:

- If a member is street homeless, ask the member if they have any specific hangout spots (ask them time/day they are normally at that location). I.E. Corner of Fulton St in Brooklyn by the Dunkin Donuts.

Verbal Consent:

- Verbal consent must be obtained by the member/guardian;
 - ☐ An HH referral cannot be proceed without speaking to the member/guardian (if the member is a minor).

HEALTH HOME REFERRAL PROCEDURE

The Health Home Liaison will receive and complete Health Home referrals for members, both adults and children. The Health Home Liaison will facilitate connection between the referring staff member and the assigned Health Home/Case Management Agency (CMA) to ensure contact is made with the member for Health Home enrollment.

- Staff will refer members using The Plan's Adult and Children's Health Home Referral forms.
- Referrals will be received via Outlook email. Upon receipt of a referral, member's current Health Home status/history will be verified via ePACES, MAPP and PSYCKES.
- Referral will be reviewed to confirm criteria for Health Home referral is met and ensure pertinent clinical information is included on referral:
 - ☐ Review member's chart in DCMS, ePACES, MAPP, and PSYCKES.
 - ☐ Confirm with referring staff of any new clinical information discovered in PSYCKES to support the referral as needed.
 - ☐ If referral does not meet criteria, reconcile with referring staff member.
 - ☐ Referrals will be reviewed to also ensure any restricted Protected Health Information (PHI) is not disclosed without appropriate verbal/written member consent.
 - ☐ Referral allocation to a Health Home is also determined by catchment area, population served and specialties.

BEHAVIORAL HEALTH UTILIZATION MANAGEMENT PROGRAM

What is Behavioral Health Utilization Management Program?

The Behavioral Health Utilization Management Program cover all of MetroPlusHealth's Lines of Business which include the Health and Recovery Plan (HARP), Children's Special Services, which include Voluntary Foster Care Agencies, (VFCA) as well as the Behavioral Health component of all the other MetroPlusHealth Plan lines of business, referred to as Mainstream Behavioral Health (BH).

What is Behavioral Health Utilization Management?

Behavioral Health Utilization Management is a team of Licensed Clinicians and Medical Directors specializing in children, adults and substance use disorders. Behavioral Health Utilization Management monitors or evaluates medical necessity and appropriateness of behavioral health care services or procedures.

BEHAVIORAL HEALTH UTILIZATION MANAGEMENT (UM)

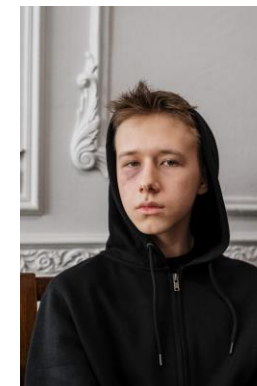


Adults with behavioral health needs such as mental health and/or substance use disorders (including gambling).

WHO DO WE SERVICE



High risk groups such as individuals with co-occurring disorders, co-morbid medical needs or those involved in multiple services systems (Ex: education, justice, medical, welfare, and child welfare).



Transition age youth with behavioral health needs.



Children with behavioral health needs which include mental health needs, substance use disorders, Autism Services and/or VFCA services.



Individuals with Intellectual/Developmental Disorders in need of behavioral health services.

SERVICES WE REVIEW/MONITOR

Inpatient Behavioral Health Services:

- Inpatient Mental Health Unit
- 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

We also handle BH Clinical denials & appeals for these services

For information related to UM requirements, documentation requirements and a full listing of behavioral health benefits, please click on the link below:

[Provider Authorization - MetroPlusHealth](#)

Outpatient Behavioral Health Services:

- Continuing Day Treatment Program (CDT)
- Substance Use Disorder Residential Treatment Program (RTC)
- 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
- Health and Recovery Program(HARP) Home and Community Based Services (HCBS)
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Transcranial Magnetic Stimulation (TMS)



Items needed for a Mental Health Notice of Admission or Substance Use Disorder Admission

- ☐ Provider/Facility Name and Provider ID/NPI
- ☐ Contact at Facility, Name & Call Back Number
- ☐ Member Name, DOB and ID
- ☐ Line of Business
- ☐ Level of Care/Bed Type: (*for SUD admissions a LOCADTR is also required*)
- ☐ Admission Date
- ☐ Diagnosis
- ☐ Presenting Problems

BEHAVIORAL HEALTH UM WORKFLOW



Step 1: Provider Notification to MetroPlus & Event Set Up

- Providers will notify MetroPlusHealth of a notice of admission or authorization need via phone, fax or portal. The BH UM Care Coordinators will take the provided information to set up the event shell.



Step 2: Review & Authorization

- BH UM Clinicians will conduct a preauthorization, concurrent or retrospective review upon receipt of clinical information to assess for medical necessity.



Step 3: Treatment and Discharge Planning

- BH UM Clinicians assist providers with treatment and discharge planning by providing treatment history, family and related provider information and potential resources to enhance member's connectivity to supportive services in the community. They collaborate with BH Care Managers and Peers both in MetroPlusHealth and the community to ensure members receive optimal care and continuity of services to remain healthy in the community upon discharge.

EVIDENCE-BASED PRACTICE: CHILDREN

Patients are offered treatments with credible research evidence to support their efficacy in treating the target condition. These will include:

Inpatient Behavioral Health Services:

- Trauma-focused cognitive behavioral therapy
- Multidimensional family therapy
- Multi-dimensional treatment foster care
- Seven challenges
- Trauma informed care

Outpatient Behavioral Health Services:

- Multisystemic therapy
- Assertive continuing care
- Functional family therapy
- Dialectical behavior therapy
- Adolescent community reinforcement
- Trauma informed child-parent psychotherapy

EVIDENCE-BASED PRACTICE: ADULT



SAMHSA's ACT Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products
<https://www.samhsa.gov/>



SAMHSA's Family Psychoeducation Evidence-Based Practices (EBP) KIT | SAMHSA Publications and Digital Products
<https://www.samhsa.gov/>



Twelve-Step Facilitation Project Match Volume 1: Twelve Step Facilitation Therapy Manual
<https://www.nih.gov/>



SAMHSA's Illness Management and Recovery – Practitioners Guides and Handouts
<https://www.samhsa.gov/>



OMH FEP practice guidelines nimh-white-paper-csc-for-fep_147096.pdf
<https://www.nih.gov/>



Cognitive-Behavioral Therapy for Substance Use Disorders
<https://www.nih.gov/>



SAMHSA's Integrated Dual Disorder Treatment for co-occurring disorders Clinical Guide for Integrated Dual Disorder Treatment (IDDT)
<https://easacommunity.org/>



Seeking Safety – Treatment Innovations
<https://www.treatment-innovations.org/>



Medication Assisted Recovery for SUD Medication-Assisted Treatment (MAT) | SAMHSA TIP 63: Medications for Opioid Use Disorder – Full Document | SAMHSA Publications and Digital Products
<https://www.samhsa.gov/>



Tobacco Cessation
<https://www.nih.gov/>



Motivational Enhancement Therapy for AUD508.pdf Project MATCH Volume 2: Motivational Enhancement Therapy Manual
<https://www.nih.gov/>

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.

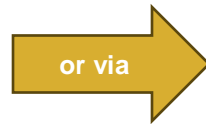
Some MetroPlusHealth guidelines are:

- ❖ Child preventative health
- ❖ Depression screening in Children, Adolescents, and Adults
- ❖ Alcohol and substance abuse(LOCADTR)
- ❖ Behavioral health screening

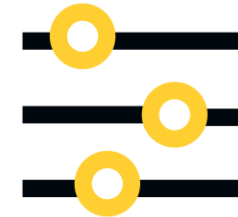
To access further information on the clinical practice guidelines please see Appendix V of the Provider's Manual located on the MetroPlusHealth Provider Portal: metroplus.org/provider and click [here](#).



[Providers can provide clinical information](#) for review via the web portal at [Provider Portal Login](#)



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



BH UM Fax: 212-908-5208
BH UM ABA Fax: 212-908-5182
BH UM Appeals Fax: 212-908-5209

BEHAVIORAL HEALTH UM RESOURCES

✓	OPWDD	Office for People With Developmental Disabilities https://opwdd.ny.gov
✓	DOH	Department of Health https://www.ny.gov
✓	OFCS	Office of Children and Family Services https://ocfs.ny.gov
✓	OMH	Office of Mental Health; https://omh.ny.gov
✓	OASAS	Office of Addiction Services and Supports; https://oasas.ny.gov
✓	SAMSHA	Substance Abuse and Mental Health Services Administration; https://www.samhsa.gov

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 throughout the year.

- Quality Assurance Reporting Requirements (QARR) for CHP, EP and Medicaid products.
- Healthcare Effectiveness Data and Information Set (HEDIS) for Commercial and Medicare products.

Critical Incidents

Providers are required to report critical incidents to MetroPlusHealth Plan by calling us at 1-800-303-9626.

Critical incidents are defined as any serious or traumatic event that causes, or can cause, physical or mental harm or harm to the well-being of a person. Critical incidents are classified as abuse, neglect or exploitation.

Examples of critical incidents include: *Wrongful death; Medication errors resulting in injury; Use of Restraints; and Crimes committed against the member.*

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.
- To access the **Behavioral Health Access and Availability Standards**, please click [here](#).



BEHAVIORAL HEALTH CLAIMS INFORMATION

- Claims must be submitted detailing all services rendered for every encounter within 90 days of the date of service or discharge.
- 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 SUBMISSION & RECONSIDERATION/APPEALS

Claims Submission

- 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:

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

For Submitting Claims Electronically, go here:

<https://www.changehealthcare.com/>

- Our Payer ID is 13265

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:

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

Certified Mail:

MetroPlusHealth
50 Water Street, 7th Floor
New York, NY 10004



Phone: 800.303.9626

Fax: 212.908.8789

BALANCE BILLING AND 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.**
- **For additional Claims Management information please refer to the “Claims Submission and Reimbursement” section in the Provider Manual [here](#).**
- Check Claim Status:
 - MetroPlusHealth Provider Portal: providers.metroplus.org
 - MetroPlusHealth Customer Service: **800.303.9626**



METROPLUSHEALTH PROVIDER NETWORK LAB SERVICES AND APPROVED IN-OFFICE LAB TESTS

MetroPlusHealth providers network laboratories when requesting lab services for our members.

These labs can be found at:

<https://metroplus.org/providers/network-laboratories/>

All services for out of network providers require prior authorization.

- 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 & LANGUAGE INTERPRETER BENEFITS

Pharmacy Services

Beginning April 1, 2023, all Medicaid members enrolled in MetroPlusHealth Medicaid, Partnership In Care, and Enhanced (HARP) plans will receive their prescription drugs through NYRx, the Medicaid Pharmacy Program. For general information about NYRx, the Medicaid Pharmacy Program can be found [here](#) along with information for [Members](#) and [Providers](#).

- **Providers** can access the Pharmacy Benefit Carve-Out Frequently Asked Questions (FAQs) [here](#).
- **Members** can access the Pharmacy Benefit Carve-Out Frequently Asked Questions (FAQs) [here](#).

Language Interpreter Services

- For language interpreter services, contact Provider Services at 1-800-303-9626.

FREE 24/7 VIRTUAL VISIT CARE

MetroPlusHealth Virtual Visit is the fast, easy way for our members to see a provider for common physical, mental, emotional, and behavioral health issues that are not emergencies.

This service is provided by NYC Health + Hospitals/ExpressCare and is available as part of MetroPlusHealth's coverage to members.

Members get 24/7 access to:

- Fast care for non-emergency health needs. 95% satisfaction over 30,000 patients
- Board-certified and licensed doctors and providers
- High-quality urgent care with medical, mental health and substance use services to meet all your needs
- Medications sent to the pharmacy of your choice
- Help with your follow-up care
- Connections to services, including lab testing and radiology available in-person centers
- Language interpretation in 200+ languages
- Immediate transfer to the ER, if necessary
 - **Members can click [here](#) to start their virtual visit, or they can call us 24/7 at 1-855-287-3508.**

METROPLUSHEALTH TRANSPORTATION BENEFITS

The link [here](#) will provide you with the information you need to know to secure Transportation Services for our members.

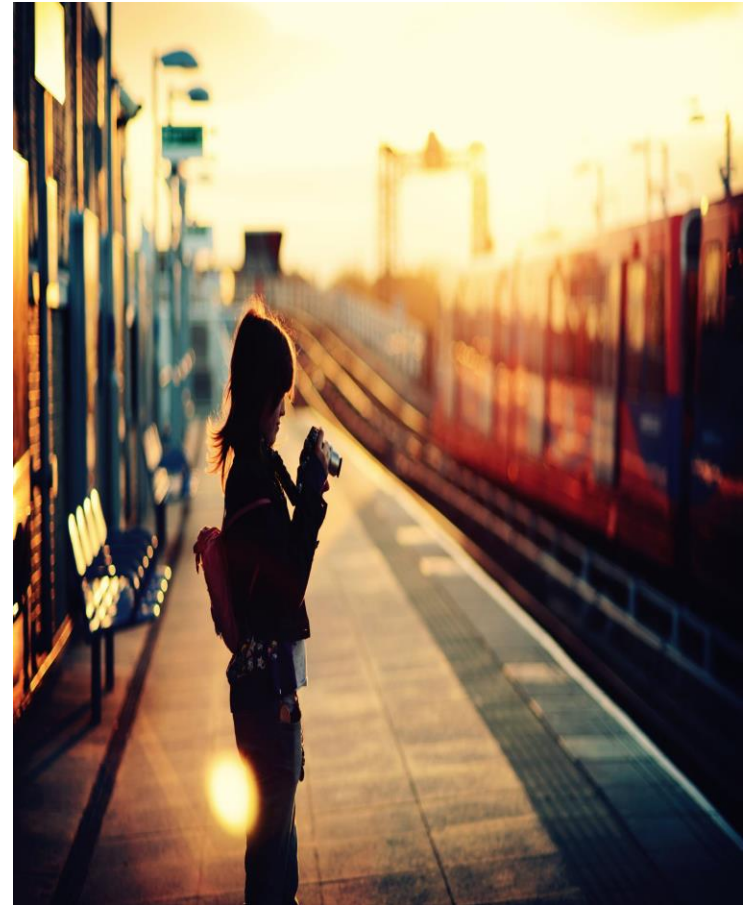
Providers are responsible to pre-purchase MetroCards from the MTA and distribute to members of the following plans for public transportation:

- Medicaid Managed Care
- Medicaid HIV Special Needs Plan

Providers must register to participate for reimbursement in the Public Transportation Automated System (PTAR) at: <https://ptar.emedny.org/>

For Transportation Services from vendor ModivCare and Managed Long-Term Care please call 877-718-4216.

Please remember FOR EMERGENCY TRANSPORTATION CALL 911, ALWAYS!!



GAMBLING BENEFIT NEW AS OF 1/1/23

Effective January 1, 2023, MetroPlusHealth will be covering Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs. Members can get Gambling Disorder Treatment face-to-face; or through telehealth.

- Gambling disorder **involves repeated, problem gambling behavior**. The behavior leads to problems for the individual, families, and society. Gambling Disorder Treatment, is provided from an OASAS outpatient program or if necessary, an OASAS inpatient or residential program.
- MetroPlus**Health** members do not need a referral from their primary care provider (PCP) to get these services.
- Notice of Admission is required for Inpatient Rehabilitation Gambling Treatment (line of business: Medicaid, PIC, HARP).

HANDLING MEMBER CRISIS CALLS

Our Behavioral Health Crisis after hours partner — Vibrant Emotional Health — can be reached 24/7 at: **866-728-1885** (SMS capable for the hearing impaired). Vibrant's phone number is on the back of our members' insurance cards for members to utilize in the event of a mental health emergency.

- Vibrant will support the member in resolving the immediate crisis. They will then facilitate the member in being connected to their MetroPlusHealth Care Manager for additional support if requested by the member.
- Want To Know More? Please visit our website by clicking [here](#) to find additional services that are covered under our plan.



COMPLAINTS & GRIEVANCES

The Behavioral Health Process

If the member expresses dissatisfaction with services or their experience from MetroPlusHealth, a MetroPlusHealth provider, or a MetroPlusHealth vendor, a complaint should be filed. Customer Service representatives document complaints in our Consumer Relationship Management tool.

MetroPlusHealth aims to resolve all complaint appeals in an efficient manner. Cases involving increased risk to a member's health will be reviewed expeditiously, in accordance with the line of business.

Most complaints are resolved within 30 days including many during the initial phone call by our front-line customer service representatives or the Complaint Coordinator team.

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: 1-800-303-9626**
Mon-Sat 8am to 8 pm
- **New York State Toll-free Smokers' Quit line: 1-866-697-8487**
Mon - Thurs 9am to 9pm
Fri - Sun 9am to 5 pm



PROVIDER TRAININGS

Mandated Annual Provider Trainings

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.

Please complete the mandated training at:
metroplus.org/provider/tools/Annual-Cultural-Competency-Training

MODEL OF CARE - MOC

MOC Provider Training & Communication

- Initial Orientation (MOC) on portal: [Please complete the mandated training here.](#)
- Notifications: posted in newsletter, email flyer to Providers, and quarterly calendar
- Updates: MOC via website, newsletters, emails, regular mail
- Face-to-face training sessions: MOC provided
- Coordination of webinar if MOC hasn't been completed

OUR WEBSITE AND PROVIDER PORTAL



Visit metroplus.org to access information 24/7

Provider Manuals, Newsletters, Formularies, Benefits Provider Search, Provider Directory (PDF).

For Language Interpreter Services, please contact Provider Services at 1-800-303-9626.



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

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



To register, go to metroplus.org

Click [here](#) to link to additional details regarding **Provider Portal Navigation Training**.

PROVIDER SERVICES IS HERE TO HELP YOU

We are pleased to share that we have launched a new, dedicated, and improved Provider Services Call Center to support all provider and vendor inquiries and concerns.

- We will resolve all your queries and issues expeditiously and with minimal effort on your part.
- You can reach our **Provider Services Call Center at 800.303.9626, Monday-Friday 8am-8pm**, for all contracting, billing, and credentialing inquiries.
- For any general queries or concerns please contact bhproviderservices@metroplus.org to connect with a provider service representative.



CONCLUSION: 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 MetroPlusHealth website: metroplus.org/provider/tools.



Call MetroPlusHealth Provider Services at **800.303.9626** with any questions.

THANK YOU

Thank you for participating in the MetroPlusHealth Behavioral Health/MAP Provider Orientation.





Metro Plus Health

metroplus.org