POLICY: 1.020 BILLING

The NYP Health Home (HH), acting on the behalf of Care Management Agencies (CMAs), will bill New York State, and Managed Care Plans for services provided by HH and CMAs. BTQ, the HH's contracted billing vendor, will submit claims based on services documented in AllScripts Care Director (ACD). All claims submissions and payments will be processed in accordance with the HH Contracts, DOH Billing Guidance, and BTQ policy.

PROCEDURES:

- 1. Acting on behalf of Care Management Agencies, the HH, utilizing the services of BTQ, will bill New York State and Managed Care Plans for services provided by the HH and collaborating CMAs.
- 2. BTQ will prepare and submit claims based on information received from AllScripts Care Director. All claims are submitted in accordance with New York State Department of Health Billing Guidance and Exhibit A of the Health Home Contract, at a minimum, on a weekly basis.
- 3. Once remittances are received, BTQ will prepare disbursement summaries and send information to HH.
- Payments to CMAs will be in accordance with the terms and conditions of HH contract and / or other
 applicable provider agreements and New York State Department of Health requirements of Health
 Homes.

For more information on billing requirements, please review Care Management Program Standards. To review the current billing workflow, please see Appendix P. For more information on BTQ processes and reports, please see *Appendix P*.

For more information on DOH Billing Guidance and Updates, please see following links:

- https://www.health.ny.gov/health-care/medicaid/program/medicaid-health-homes/docs/hh-prov-m anual.pdf
- https://www.health.ny.gov/health-care/medicaid/program/medicaid-health-homes/docs/update-bill-guidance.pdf



