



An Anthem Company

April 2016

Behavioral health managed care transition: Expanded benefits and HARP effective July 1, 2016

Background

The New York State Department of Health is collaborating with New York State Office of Mental Health and New York Office of Alcohol and Substance Abuse Services to implement the behavioral health (BH) benefits within managed care. This is in response to the Medicaid Redesign Team's recommendation and guiding principles set forth by the BH subcommittee. The transition to managed care is now underway. All BH and physical health (PH) services are integrated under the management of mainstream managed care plans and Health and Recovery Plans (HARP). Empire BlueCross BlueShield HealthPlus (Empire) was awarded designation to manage all BH benefits for Empire Medicaid members and to administer HARP for eligible Medicaid members residing in Nassau and Putnam counties. This change will be effective July 1, 2016.

What this means to you

Because HARP is a Medicaid managed care program, it is covered by your current contract with Empire. BH providers and clinics will have the opportunity and ability to deliver expanded services for Medicaid and HARP members. PH providers will continue to provide the same covered medical services to Medicaid and HARP members according to Medicaid benefits and your current Medicaid contract.

What services are affected by this change

Medicaid and HARP members can now access all BH services, such as partial hospitalization, intensive outpatient services, personalized recovery oriented services, assertive community treatment, outpatient mental health and substance use services. Effective October 1, 2016, HARP members can also access all Home and Community-Based Services (HCBS) 1915(i) waiver services such as rehabilitation, employment and educational supports that focus on recovery.

What is the impact of this change

All covered services are already included in your current Medicaid contract. No action is needed. Current Medicaid members who qualify for the HARP product will be passively enrolled. No new ID card will be distributed. Please note: BH providers and PH providers will continue to directly bill HealthPlus Amerigroup for covered services. BH providers will directly bill Empire BlueCross BlueShield HealthPlus for new covered carved in BH services and new covered HCBS 1915(i) waiver services for HARP. Providers will only be able to deliver services for which they are credentialed. Billing guidance will be sent via separate communication and will be given by the state authorities.

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Empire BlueCross BlueShield HealthPlus is the trade name of HealthPlus HP, LLC, an independent licensee of the Blue Cross and Blue Shield Association.

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What if I have questions or want to opt out of HARP

If you have questions about this communication or would like to opt out of providing services to HARP members, please contact your Provider Relations representative or call **1-800-450-8753**.

You can find or obtain additional information at:

- omh.ny.gov/omhweb/bho
- oasas.ny.gov/ManCare/BHO/PhaseI
- health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition