

Best Billing and RCM Practices for Working with Medicaid Managed Care Plans (MMCPs)

1. Communicate regularly with the MMCPs you are contracted with!
2. Establish a relationship with your MMCPs.
 - Looking for a place to start? Check the Manage Care Plan Matrix: <https://matrix.ctacny.org/>
 - Make yourself known. Reach out to your provider relations contact.
 - Determine who the correct contacts are for common concerns (denials, authorizations, etc.).
3. If you are encountering an issue (for example: cannot generate bills, access issues, etc.), reach out to MMCPs to discuss possible solutions. Don't wait for the issue to snowball. I
 - If after diligent efforts you are unable to resolve the issue or successfully reach the MMCP, reach out to the state.
 - State Mailboxes:
 - NYS OMH Managed Care Mailbox: OMH-Managed-Care@omh.ny.gov
 - NYS OASAS Mailbox: PICM@oasas.ny.gov
 - NYS DOH Transition: BH.Transition@health.ny.gov
 - NYS OCFS Mailbox: OCFS-Managed-Care@ocfs.ny.gov
4. Register for your plan's online website/portal to help verify eligibility, claim status, prior authorization status, as well as to research and review any online medical policy and authorization guidelines.
5. If pre-authorization is not required for a service, it is still best practice to notify the MMCPs that a client will be receiving a service(s). This helps reduce duplication of care, ensure proper claim processing and enables providers to obtain additional information about current and/or past treatment.
6. Be mindful that claims forms often have pre-populated fields which worked for FFS but won't work with MMCPs.
7. Sign up for Electronic Payments and Statements with each payer.
8. Regularly review and respond to internal billing reports or clearinghouse reports (i.e. acceptance and denials) and make corrections quickly.
9. If you notice a pattern of denials, determine if a procedure can be put in place (a system set up or a protocol established) to prevent this in future.
10. If your agency is going to start offering a new service, run claims testing with your MMCPs before you begin (if possible).
11. If your agency is opening a new site/location or closing a location, reach out to the MMCPs you contract with, with the rate letter you received from the State if available, in order to credential that site and make sure MMCPs have all the information to update provider profile in their billing system or let them know services will no longer be provided at that location.
12. If your agency is adding a new NPI number, reach out to the MMCPs to register the number in order to ensure there is no delay in claims payment.
13. Monitor timely filing limits and make sure both initial and resubmissions are completed within timely filing requirements.
14. For APG reimbursable claims, submit all procedure codes using the same rate code for the same date of service for the same claim form.
15. Stay up to date with latest state guidance, rates, and memos as they affect billing practices.
 - Make sure all claims contain a valid New York State Rate Code for Behavioral Health services.