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Today is the first day of the Office of Mental Health's new clinic reform model "599" regulations – sort of.

In fact, the federal government's Centers for Medicare and Medicaid Services (CMS) have yet to approve the new ambulatory patient group (APG) structure for services and billing. Therefore, providers cannot be paid using the new APG system. There are also concerns about lack of approval for an "indigent care pool" and supplementation of Medicaid managed care rates. Finally, there is an unresolved issue about the provision of off-site visits to homebound seniors.

For these reasons, a coalition of four leading provider groups had urged OMH "to reschedule the implementation date of clinic restructuring until at least January 1, 2011 or until you reasonably believe the necessary approvals from the Centers for Medicare and Medicaid Services (CMS) will be in place."

The groups – the Coalition of Behavioral Health Agencies, Long Island Coalition of Behavioral Health Providers, NYS Coalition for Children's Mental Health Services and UJA/Federation of New York – had argued that the absence of CMS approval "creates an enormous administrative and compliance challenge for our membership" and that billing workarounds "will not only compound the administrative burdens faced by our agencies, but subject them to a potential cash-flow nightmare as their billings from one reimbursement system are reconciled with the other and will make them sitting ducks for a subsequent audit..."

Other providers, including the Federation of Mental Health Centers which represents clinics not currently receiving

COPS supplemental rate payments, took an alternate view, urging OMH to press forward with the implementation. "We don't think that delaying is a good idea," said Dr. John Rosslund, President of the Federation and Executive Director of Bleuler Psychotherapy Center in Queens. These providers argued that clinic restructuring offered a variety of extremely important benefits to both consumers and the system as a whole and that delay could potentially derail the initiative entirely. "Many, many clinics want this and need this to go forward," he said.

On Tuesday, OMH Commissioner Michael Hogan confirmed that the implementation would go through. "In any significant undertaking, there are many challenges to address as implementation nears," he wrote in a letter to the four groups urging postponement. He laid out a series of solutions to the provider concerns, including continuation of "COPS Only" supplemental payments on Medicaid Managed Care rates pending CMS approval of the APG methodology. "We firmly believe that implementing these reforms on October 1 is in the best interest of the consumers and are confident that clinic providers can make the necessary billing adjustments."