

OASAS Outpatient Chemical Dependence Clinic and Opioid Treatment Program APG Readiness Process Checklist

PROVIDER		
	Action	Action Complete [√]
Senior Staff: Phase One: Initial Activities	Review APG Website Page to become familiar with online support tools and information http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm	
	Senior Staff Review APG Clinical and Billing Guidance Manual: http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm#CLINICALANDBILLINGMANUAL Clinic Category: Review New Outpatient Clinic and Opiate Treatment Service Categories - Definitions; Service delivery limitations; service specific time requirements; documentation requirements; and servicing practitioner definitions. Billing Rules: Review new CPT/ HCPCS service code assignments; review new rate code assignments; review claim submission guidance.	
	Senior Staff Review Medicaid Reimbursement Changes and the On-Line APG Medicaid Revenue Calculator: http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm#APGREVENUECALCULATOR OASAS developed the APG Medicaid Revenue Calculator. The calculator simulates Medicaid revenues projections associated with APG pricing. OASAS Certified outpatient programs may use the tool to continuously monitor and update their projected APG Medicaid revenues. NOTE: Programs should ensure they use the correct calculator – Hospital VS Freestanding	
	Senior Staff Review Regulatory Changes: http://www.oasas.ny.gov/regs/documents/822merge.pdf OASAS Part 822 and Part 828 Regulations have been merged into a single Part 822 Regulation (BUT outpatient clinic and opiate treatment programs will still maintain distinct certification 822.4 – Clinic; 822.5 Opiate). The new merged regulation support APGS implementation and includes, but is not limited to: General Provisions; Standards Applicable to Chemical Dependence Outpatient and Opioid Treatment Programs as a group; Standards Pertaining to Medicaid Reimbursement; and standards that pertain separately to Outpatient Treatment Programs or Outpatient Opioid Treatment Programs.	

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Senior Staff: Phase One Initial Activities Continued	Senior Staff Identify Key Program Clinical, Billing and Administrative Staff to begin Initial Education	
	<p>Senior Staff to Provide Key staff with initial overview of the major changes under APGs including, but not limited to:</p> <ul style="list-style-type: none"> • Identification of Program staff to take lead on APG implementation with the individual program and for those programs with multiple sites coordinate across all programs sites. • Overview of online support documents; • Overview of 15 new service categories; • Overview of new Medicaid payment amounts; • Overview of new Medicaid Billing rules. <p>Senior staff to facilitate discussion with key administrative / clinical staff begin initial identification of changes that will need to be made to program practices; including but not limited to:</p> <ul style="list-style-type: none"> • Service documentation; • Process proper communication between clinical and billing staff regarding service delivered; • Process to translate services delivered into billing claim; • Communication / Outreach to Vendor • Initial discussion about how the new billable service categories may impact clinic operating practices e.g. appointment scheduling; clinical staff time management; clinic hours <p>Suggestion: To facilitate initial discussion use a sample patient as a model to walk through the patient's service week and review: what services were delivered; how those services will need to be documented to fit with new service categories e.g. type / duration; how the billing staff will know what services were delivered and how to claim; and, how to ensure patient case record is kept up to date and captures scope of delivered services.</p> <p>Assign lead clinical / administrative staff to perform an actual walk through and ID areas that need modification. Bring modification areas back to program's APG implementation team to review need changes.</p>	

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Phase Two Activities Continued	<p>Senior Staff to Reconvene program's APG implementation team and review findings of case walk through and ID implementation action steps:</p> <ul style="list-style-type: none"> • Develop format / process for service documentation under APGS • Develop format / process for coding communication e.g. • Assign lead staff to coordinate with vendor to make changes necessary to process changes necessary to support APG claiming. Share online APG manual with vendor. • Assign key staff to coordinate agency communication with OASAS (e.g. to ensure responses to any clarifying questions are consistently share with program staff. • Review results of initial revenue calculator to identify how current service delivery patterns impact Medicaid revenue under APGs. 	
Phase Three Activities Continued	<p>Senior Staff to Reconvene program's APG implementation team to review draft;</p> <ul style="list-style-type: none"> • Review and refine draft format / process / program guidelines for service documentation under APGS; establish test process / time frame • Review and refine format / process for coding communication; establish test process / time frame • Assign lead staff to coordinate with vendor; – OASAS will notify the field when claims testing environment has been established. • Assign key staff to coordinate agency communication with OASAS (e.g. to ensure responses to any clarifying questions are consistently share with program staff. <p>Retest walk through with updated program generated documentation and billing guidelines.</p>	

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