

Social Care Network Provider Policy Manual

eMedNY New York State Medicaid Provider
Policy Manual

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Links and eMedNY Contacts

New York State Medicaid Update:

New York State (NYS) *Medicaid Update articles* are published monthly. Updates to the Social Care Network (SCN) Services policy guidelines may be made periodically and posted on the NYS Medicaid program's *Medicaid Update* web page. NYS *Medicaid Updates* are available at: [DOH Medicaid Update](#)

Provider Communications:

Provider communications may periodically be posted on eMedNY's *SCN Provider Manual* website. Providers should click on the *SCN Services Provider Communications* icon under "Featured Links" for further information: [Provider Manuals \(emedny.org\)](#).

New York State Medicaid Fee-for-Service Social Care Network (SCN) Services: Screening and Navigation:

Screening and Navigation to existing local, state and federal services provided to NYS Medicaid fee-for-service (FFS) will be reimbursed according to the NYS established fee schedule for SCN – Screening and Navigation services. Fee schedule and billing codes for Screening and Navigation may be found on page 14 of this SCN Provider Manual.

Social Care Network: Program, Billing, and Data Governance Operations Manual:

This includes requirements governing the delivery of HRSNs services to New York's Medicaid members, as well as instructions related to data management, data security and data sharing; and instructions for submitting reporting to support the integration of social, physical, and behavioral health care within Medicaid. SCN Operations Manual can be accessed at: [Social Care Networks](#)

New York State Medicaid General Policy Manual – Information for All Providers:

General Medicaid policy information and billing guidance is available at: [eMedNY: Provider Manuals: Information For All Providers](#)

New York Codes, Rules, and Regulations, Title 18 (Social Services):

[New York Codes, Rules and Regulations, Title 18 - New York State Department of Health \(ny.gov\)](#)

New York Codes, Rules, and Regulations, Title 10:

[New York Codes, Rules and Regulations, Title 10 - New York State Department of Health \(ny.gov\)](#)

eMedNY:

General eMedNY website: <https://www.emedny.org/>
eMedNY Phone Number: (800) 343-9000

Provider Enrollment Forms: [Provider Enrollment \(emedny.org\)](#)

Change of Address for Enrolled Providers:

[Provider Enrollment - Change of Address \(emedny.org\)](#)

Contact eMedNY for the following: Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange, FTP).

The eMedNY LISTSERV® is a Medicaid mailing system that offers providers, vendors, and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and other helpful notices. Additional information regarding eMedNY LISTSERV® can be found at: [LISTSERV \(emedny.org\)](#)

Information for all Providers – General Policy: [eMedNY: Provider Manuals: Information For All Providers](#)

Timely Billing:

- [Timely Billing Information \(emedny.org\)](#)
- [eMedNY: Provider Manuals: Information For All Providers](#)
- Includes information on:
 - Frequently Asked Questions on Delayed Claim Submission
 - Submitting Claims over 90 Days from Date of Service

Search Tool for Denied Claims: [eMedNYHIPAASupport - EEKB Search Tool](#)

Medicaid Eligibility Verification System (MEVS):

[MEVS DVS Provider Manual \(emedny.org\)](#)

Medicaid Managed Care (MMC) Plan Directory:

[Medicaid Managed Care \(MMC\) Plan Directory](#)

ePACES Reference Guide:

[ePACES Reference Guide](#)

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Introduction

OHIP's overarching vision for the Social Care Network (SCN) program is to build a comprehensive statewide infrastructure that enables a consistent end-to-end process for identifying unmet health-related social needs (HRSNs), connecting members with unmet HRSNs to services, delivering effective HRSN services, and reimbursing HRSN service providers. The SCN program was authorized under the New York Health Equity Reform (NYHER) 1115 Waiver Amendment.

Towards that vision, OHIP has contracted with regional SCN Lead Entities that will be responsible for administering a core set of responsibilities using standardized processes, tools, and partnerships to ensure consistency and equity in how HRSNs are identified and addressed at scale across regions and across many different HRSN service providers. SCN Lead Entities are regional organizations designated by OHIP as Medicaid providers and charged with building strong Networks of contracted HRSN service providers to collectively ensure consistent Screening, Navigation, and delivery of Enhanced HRSN services for the Medicaid members in their area.

OHIP has awarded 9 SCN Lead Entities for a contract term running from 8/1/2024 – 3/31/2027. The following organizations were selected and will be covering 13 regions throughout the State.

Table 1: SCN Lead Entities and Region

Organization	Region
Care Compass Collaborative	Southern Tier
Finger Lakes IPA Inc.	Finger Lakes
Health and Welfare Council of Long Island	Long Island
Healthy Alliance Foundation Inc.	Capital Region, Central NY, North Country
Hudson Valley Care Coalition, Inc.	Hudson Valley
Public Health Solutions	Manhattan, Queens, Brooklyn
Staten Island Performing Provider System	Staten Island
Somos Healthcare Providers, Inc.	Bronx
Western New York Integrated Care Collaborative Inc.	Western NY

Effective January 1, 2025, NYS Medicaid program members are eligible for HRSN screening annually (based on a rolling 12-months calendar year). This service will be available to both Medicaid FFS and Medicaid Managed Care (MMC) members. All Medicaid members whose HRSN screens demonstrate unmet HRSNs, are deemed eligible during an Eligibility Assessment and who are interested in receiving support for those needs will be navigated to appropriate HRSN services. The Medicaid FFS population will only be eligible for Navigation to existing federal, state, and local services.

Overview

HRSN Services covered for the Medicaid FFS population:

OHIP aims for every Medicaid member to receive an HRSN Screening annually (based on a rolling 12 months) or a re-screening on an as-needed basis due to a major life event. Members will be screened using the Accountable Health Communities (AHC) Health-Related Social Need (HRSN) Screening Tool to assess HRSNs related to housing and utilities, food security, transportation, employment, education, and interpersonal safety. This manual applies to the following HRSN services available to Medicaid FFS members under the SCN program:

1. HRSN Screening; **and**
2. Navigation to existing local, state, and federal benefits and resources

Under the NYHER 1115 Waiver Amendment, FFS members are not eligible for Enhanced HRSN Services established under the SCN program. Additionally, some NYS Medicaid populations are excluded from NYHER 1115 waiver, thus, they are not eligible for Screening and Navigation to existing local, state or federal services at all, including¹:

Table 2: Excluded Populations:

Population excluded from NYHER	Population Exclusion Reason
Members with provisional eligibility for Medicaid benefits	No coverage; unable to enroll in Managed Care
Members who are eligible for emergency services only	Limited services; unable to enroll in Managed Care
Members participating in the Medicare Savings Program	Unable to enroll in Managed Care
Members exclusively in the Family Planning Benefit Programs	Population is not eligible for Federal Funding Match
Members residing in a state psychiatric facility	Limited services; institutional setting; unable to enroll in Managed Care
Members who are currently incarcerated	Limited services; institutional setting; unable to enroll in Managed Care
Members who are in a NYC Public Shelter	Population is not eligible for Federal Funding Match

Population excluded from NYHER	Population Exclusion Reason
Aliessa Court Ordered Individuals/ Qualified Aliens not eligible for federal financial participation	Population is not eligible for Federal Funding Match
Members who are non-citizen aged 65+ years old	Population is not eligible for Federal Funding Match
Members who have Alien Eligibility	Population is not eligible for Federal Funding Match
Members enrolled as Legal Aliens	Population is not eligible for Federal Funding Match
Members who are undocumented pregnant women	Population is not eligible for Federal Funding Match
Individuals enrolled in Child Health Plus	Population is not part of the Medicaid Program
Individuals enrolled in Essential Plan	Population is not part of the Medicaid Program
PACE	Plan type unable to receive non-risk adjusted payments; HRSN PMPM is non-risk adjusted
FIDA IDD	Plan type unable to receive non-risk adjusted payments; HRSN PMPM is non-risk adjusted
Individuals with a “county of fiscal responsibility” code of 97, except for individuals in the New York Office of Mental Health family care program who other than their residence in district 97 would be eligible to enroll in MMMC	Population is not eligible for Federal Funding Match; excluded from 1115 demonstration populations per STCs
Individuals with a “county of fiscal responsibility” code of 98 including Individuals in an Office for People with Developmental Disabilities (OPWDD) facility or treatment center	Population is not eligible for Federal Funding Match; excluded from 1115 demonstration populations per STCs

Population excluded from NYHER	Population Exclusion Reason
Individuals who are under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention breast, cervical, colorectal or prostate cancer, and who are not otherwise covered under creditable health coverage (Individuals with a “county of responsibility” code of 99)	Population is not eligible for Federal Funding Match; excluded from 1115 demonstration populations per STCs
Members permanently placed in a nursing home	Programmatic decision to exclude because they are permanently placed in an institutional setting
Members enrolled as Qualified Alien/PRUCOL	Population is not eligible for Federal Funding Match
Members enrolled as Qualified Alien Not MOE (Maintenance of Effort) Eligible	Population is not eligible for Federal Funding Match
Special Agricultural Workers (SAW)	Population is not eligible for Federal Funding Match
Individuals with access to comprehensive private health insurance, with the exception of IB Duals, MAP, and MLTCP lines of business	Unable to enroll in Managed Care
Members enrolled under Supplemental Payment – OTB Retiree NYS Medicaid NYC	Population is not eligible for Federal Funding Match

Overview of Billing and Reimbursement for FFS HRSN Screening and Navigation:

HRSN Screening and Navigation are billable and reimbursable when provided by HRSN service providers that are contracted with an SCN Lead Entity or when provided by an SCN Lead Entity itself. Billing for HRSN Screening and Navigation for Medicaid FFS members is the responsibility of SCN Lead Entities and must occur within eMedNY. SCN Lead Entities will bill via eMedNY on behalf of contracted HRSN service providers, including on behalf of Medicaid-enrolled providers that are responsible for billing eMedNY for non-SCN program services. Only OHIP designated SCN Lead Entities will be allowed to bill for Screening and Navigation of Medicaid FFS members under the SCN

program. Organizations that are not a Social Care Network Lead Entity cannot bill for screening and navigation through eMedNY.

NOTE: *Detailed FFS billing guidance for the SCN program will be covered in this manual.*

Description of Services

Description of HRSN services billable to eMedNY for FFS Members:

1. HRSN Screening and Re-screening: Defined as screening conducted to assess member for health-related social needs. Each Medicaid member will receive a Screening annually (based on a rolling 12 months) or a re-screening on an as-needed basis due to a major life event. Members will be screened using the AHC HRSN Screening Tool to assess HRSNs related to housing and utilities, food security, transportation, employment, education, and interpersonal safety.

- **Eligible providers:** SCN Lead Entities will be responsible for ensuring there is sufficient capacity in their region(s) to conduct screenings of all Medicaid members. This includes coordinating with partners in the regional ecosystem [i.e., HRSN service providers, healthcare providers, behavioral health providers, care management providers, Managed Care Organizations (MCOs)] who are already conducting HRSN screening and building additional screening capacity as needed.

Screening can be conducted by employees of the SCN Lead Entity or by HRSN service providers contracted into the SCN's Network. Only Screening conducted by contracted providers in the SCN Network will receive reimbursement (assuming criteria outlined in *Reimbursement for Screening Requirements* section below are met). Screenings conducted by organizations that are not contracted with the SCN Lead Entity will not be reimbursed.

- **Screening Tools and IT Platforms:** SCN Lead Entities may bill for Screens conducted by contracted entities using unique screening IT platforms independent from the SCN IT Platform if it meets the criteria below, which allows the screening data to be seamlessly integrated into the SCN IT Platform and ingested by the Statewide Health Information Network for New York (SHIN-NY):
 - The system is capable of sharing required screening data with the QEs. The QEs will then submit the screening data to the NYeC/SHIN-NY data lake for subsequent SCN IT Platform screening ingestion; **and**
 - Screenings use the AHC HRSN Screening Tool; **or** Another assessment instrument with identical LOINC coding as the AHC HRSN Screening Tool for question-and-answer pairs and must be approved by OHIP. It must

also contain “Question 0” to obtain necessary consent. Questions cannot be adjusted or changed.

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- **Details on Re-screening and Major Life Events:** Members will be eligible for reimbursed HRSN Screening if a major life event occurs. If the Screener identifies a major life event during their interaction with the member, or if a member was referred to the SCN for a Screening because of a major life event, the member may be re-screened within the same year and the Screener may be reimbursed for the re-screen.
 - A major life event is defined as: Permanent or fluctuating event in a member’s life that has significant impact on a member’s HRSNs status. A major life event may be identified by any contracted entity within the SCN that is authorized to have direct contact with a member (e.g., through Screening, Eligibility Assessment, HRSN service delivery, service follow-up).
 - Major life events may include:
 - Change in functioning (including an increase or decrease of symptoms or a new diagnosis);
 - Inpatient or outpatient hospital admittance and/or discharge;
 - Serious injury;
 - Admittance, discharge, or transfer from detox or residential placement;
 - Significant change in housing, including move to a different SCN region, move to different housing, or loss of housing;
 - Significant change in income or support resources;
 - Significant change to family, including but not limited to: marriage or divorce; giving birth (regardless of outcome) to or adopting a child, loss of a family member;
 - Arrest;
 - Loss of benefits; or
 - Change in coverage from FFS to Managed Care
- **Requirements for Screening Reimbursement:** Screening reimbursement is time based and includes the time spent explaining the SCN program to a member, obtaining consent, walking through the Screening, inputting the member’s information and answers to Screening questions, and responding to the member’s questions about next steps. If a Screening takes fewer than 8 minutes, it will not be reimbursed. If a Screening takes 8 minutes or more, it may be reimbursed. In order to qualify for Medicaid reimbursement, an HRSN Screening must be:
 - **Conducted on behalf of a Medicaid Member:** While Screens of individuals beyond Medicaid members may be uploaded to SHIN-NY, only Screens of eligible Medicaid members will receive reimbursement.

- **Conducted using the standardized tool:** Screenings must use the AHC HRSN Screening Tool or another assessment instrument with identical LOINC coding as the AHC HRSN Screening Tool for question-and-answer pairs. Questions cannot be adjusted or changed. SCNs should reach out to OHIP Contract Managers to speak with NYHER data subject matter experts before conducting any proposed mappings to the LOINC coding in the AHC HRSN Screening Tool.
- **Completed such that all questions have a response captured:** All questions need to have a response captured (with either a response from the member or indication that the question was not answered). Screening consent - Question 0 must be answered, and 1 additional question within questions #1-12 must have a response corresponding to a valid LOINC code which cannot be a Data Absent Reason code.
- **Entered into the SCN IT Platform or a system that can share screening data with the QEs for submission to NYeC/SHIN-NY Data Lake and ingested by the SCN IT Platform:** Screeners contracted with the SCN Lead Entity can either use the SCN IT Platform or a system capable of sharing data required screening data to the QEs for submission to the NYeC/SHIN-NY Data Lake and subsequently ingested by the SCN IT platform.
- **Member's annual Screen or a verified Re-screen due to a major life event:** SCNs will only be reimbursed for one annual screen per member **based on a rolling 12 months**, or up to one re-screen per year after original screen date due to a major life event. Major life events can warrant paid Re-Screening and can be tracked using the Re-screening Healthcare Common Procedure Coding System (HCPCS) code and supporting modifier to indicate it is a valid Re-screening.
- **Involve one-on-one Member interaction:** Screening must include a one-on-one interaction between the Screener and member for Screener or Navigator to be eligible to receive payment. Entities will not receive payment if a member self-screens without a subsequent one-on-one interaction with a Screener or Navigator.

2. Navigation: Defined as assessing members' eligibility for HRSN services, confirmation of unmet needs and providing FFS members linkage to federal, state, and local benefits and programs. Examples of benefits to which a member may be referred include Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), U.S. Department of Housing and Urban Development (HUD) housing assistance programs, Temporary Assistance for Needy Families (TANF), and Housing Energy Assistance Program (HEAP).

- **Eligible providers:** Social Care Navigators will be responsible for Navigation. As best practice, Screeners may also have the dual role of Social Care Navigator as determined during the contracting process. Navigators may be employed by the

SCN Lead Entity or by other entities in the Network (such as an HRSN service providers or healthcare providers). For example, community health workers, care managers or resource coordinators employed by community-based organizations, healthcare providers, or care management providers may play Navigator roles as long as they are contracted by the SCN Lead Entity to perform the role and are trained to use the SCN IT Platform.

- **Requirements for reimbursement:** In order to receive reimbursement, Navigation must be:
 - **Conducted on behalf of a Medicaid Member:** Only Navigation services for enrolled Medicaid members will receive reimbursement.
 - **Conducted by a Social Care Navigator:** Services must be delivered by a Social Care Navigator; Social Care Navigators may include employees of the SCN Lead Entity or of organizations that are contracted as part of the Network. Navigation will not be reimbursed if conducted through an automated program or website. Navigators should be trained in accordance with guidance outlined in the *SCN Operations Manual*.
 - **Time spent engaging with the Member or on behalf of the Member:** Social Care Navigators will only be reimbursed for time spent (on the phone, in person, virtual) engaging with a member or other stakeholders (e.g., guardian, clinical provider) on behalf of the member with regards to eligibility assessment, referral to services, or care coordination.
 - **Conducted using the SCN IT Platform:** Details of Navigation should be documented in the SCN IT Platform or through an integrated or interoperable application that is able to incorporate assessment and referral information into the SCN IT platform.

Documentation Requirements

Screeners and Navigators are required to document Screening responses and information collected during the Eligibility Assessment, as set out in the *SCN Operations Manual*.

- **Screening:** All screening responses are required to be entered into the SCN IT Platform (either directly or through a platform capable of sharing data with the SCN IT platform). Platforms are not required to capture a data element for the name / relationship of the person who completed the Screening on a child's behalf. However, SCNs are expected to include this in the case notes.
 - The SCN IT Platform has the capability to map each individual question from the AHC HRSN Screening Tool and response with a corresponding LOINC code. This ensures question and answer pairs are properly categorized, organized, and accessed for retrieval from the qualified entity (QEs) via the SHIN-NY Data Lake. Screening Question and Response

LOINC Codes are used for documenting HRSN screening question and answer pairs.

- **Eligibility Assessment:** All positive AHC HRSN Screening Tool responses will require further Eligibility Assessment to confirm need. The coding required during the Eligibility Assessment can only be completed by manual data entry by the Social Care Navigator by selecting an appropriate ICD-10 code description of member's unmet HRSN. The Eligibility Assessment finding provided by the Navigator will trigger accurate referral information.
 - If a member is screened, identified as having an unmet HRSN on any associated individual AHC HRSN Screening Tool question, and during the Eligibility Assessment confirms their desire to accept the HRSN referral, a corresponding ICD-10 Z code (social condition) will be used to map each identified need.

Please refer to the *SCN Operations Manual* for any additional documentation requirements.

Billing Guidance

eMedNY FFS Billing

- OHIP will reimburse the SCN Lead Entity for the Medicaid FFS population upon receipt of a submitted claim.
- Claims must be submitted within 90 days of the date of service delivery date to be valid and enforceable. Please see [eMedNY Timely Billing Information](#) for more details on timely billing.
- The SCN Lead Entity will provide HRSN fee schedule-based reimbursement payments to contracted HRSN service providers within thirty (30) days after an accurate invoice for service delivery is received.
- Each regional SCN Lead Entity will have direct access to bill eMedNY for Screening and Navigation associated to the Medicaid FFS population.
- SCN Lead Entities should bill eMedNY directly for services completed based on the regional HRSN fee schedule and billing codes provided by OHIP.
- HRSN service providers contracted with the SCN Lead Entity will submit invoices for Screening and Navigation to SCN Lead Entity for payment. The SCN Lead Entity in turn, will submit the rendered Medicaid FFS claim through eMedNY with their corresponding Medicaid Management Information System (MMIS) number; National Provider Identifier (NPI) number; HRSN service data; and, if applicable, the HRSN service provider's Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or National Provider Identifier (NPI).

- OHIP will monitor Medicaid FFS claims within eMedNY as needed. The SCN is not required to submit a report to support eMedNY claims.

Billing Guidance for HRSN Screening

- **Pricing Unit:** Per 15 minutes
- **Unit Max:** 2 units per year (additional 2 units possible if major life event); max of 4 units per year
- **Setting:** Screening must include a one-on-one interaction between the Screener and member to receive payment (interaction may be in-person, telephone, or other synchronous format). Entities will not receive payment if a member self-screens without a subsequent one-on-one interaction with a Screener or Navigator.
- **Duration:** Entire waiver period, through March 2027

Billing Guidance for Navigation

- **Pricing Unit:** Per 15 minutes
- **Unit Max:** 8 units per year (additional 8 units possible if major life event); max of 16 units per year
- **Setting:** Screening must include a one-on-one interaction between the Screener and member to receive payment (interaction may be in-person, telephone, or other synchronous format). Entities will not receive payment if a member self-screens without a subsequent one-on-one interaction with a Screener or Navigator.
- **Duration:** Entire waiver period, through March 2027

OHIP encourages Social Care Navigators to conduct both Screening and Eligibility Assessment in the same encounter to streamline member experience and allow faster access to services. When this occurs, the Screening and Navigation HCPCS codes may be individually billed for the encounter, accounting for the time spent on each individual service.

Billing Codes

Billing codes for HRSN Screening, Re-screening and Navigation for FFS Members are as follows:

Table 3: HRSN Billing Codes

Service Name	Procedure Code	Modifier	Unit of Service	Reimbursement Rate
Annual Screening	G0136	U8, U2	Per 15 minutes	\$17.50

Re-screening (following major life event)	G0136	UB, UA	Per 15 minutes	\$17.50
Navigation Services	T1016	UB, U1	Per 15 minutes	\$17.50

SCN Provider Enrollment

Awarded SCN Lead Entities will enroll as Medicaid billing social care providers. They will be re-designated by New York State every five years and must also revalidate with the Medicaid program every five years. OHIP expects that SCN Lead Entities will go through the full enrollment and determination process to become a New York State-designated Medicaid billing social care provider. The Medicaid billing social care provider designation will enable SCN Lead Entities to bill via eMedNY directly for HRSN Screening and Navigation of Medicaid FFS members. SCN Lead Entities must initiate an application in eMedNY to become a Medicaid billing social care services provider and obtain an MMIS number in accordance with established protocol. The designation will permit the SCN Lead Entity to bill eMedNY directly using an official MMIS number for FFS Medicaid member's Screening and Navigation.

SCN Revalidation of Enrollment

Medicaid providers must revalidate information provided at the time of enrollment every 5 years from either the enrollment effective date as specified in their Medicaid Welcome Letter, or the Last Date revalidation was completed as indicated in their Successful Completion of Revalidation Letter.

Additional information on Revalidation of Enrollment is available at <https://www.emedny.org/info/ProviderEnrollment/revalidation/>

Medicaid Managed Care (MMC) Considerations

HRSN Screening and Navigation services delivered to a MMC members will be billed towards the SCN Lead Entity's per member per month (PMPM) payment received from OHIP.