



Notification to 29-I VFCA Health Facilities Regarding the Waived Requirement to Receive a Third-Party Health Insurer Denial Prior to Billing for Services Provided to Children/Youth in Foster Care

To: 29-I VFCA Health Facility Providers, Medicaid Managed Care Plans, and Stakeholders

August 16, 2022

Effective immediately, for Medicaid Fee-for-service (FFS) claims submitted on or after August 16, 2022, 29-I Health Facilities are no longer required to bill and receive a denial from third-party health insurers (TPHI) prior to billing Medicaid FFS for all services provided by the 29-I Health Facility to children/youth in foster care. For Medicaid Managed Care Plans (MMCPs), this change will be effective as of November 15, 2022, to allow 90 days from the issuance of this memo for MMCPs to configure their systems to allow for this change.

While it is still the provider's responsibility to determine the type of coverage (Medicare, Medicaid, or private insurance) that the member is eligible to receive, third-party coverage determinations are not required prior to billing Medicaid FFS or MMCPs for these services when provided to children/youth in foster care. Third-party coverage determinations are required for other individuals served by the 29-I Health Facility, such as children/youth who have been discharged from foster care or whose placement was recommended by the Committee on Special Education (CSE).

Any questions related to this topic can be sent to bh.transition@health.ny.gov.