

Guide to Requirements for Service Payability and Data Reporting in NYC DOHMH Performance-Based Contracts for HIV Care and Prevention Administered by Public Health Solutions

October 2020



Contents

I.	Purpose and Scope of This Guide.....	4
II.	History of Changes	4
III.	Client-Level Data Submission and Payment.....	7
	A. Policy on Data Entry.....	7
	B. Submission of Client-Level Data	7
	C. The Payment Process.....	7
	D. The Master Itemization Report (MIR)	8
	E. Researching Apparent Data Discrepancies.....	8
IV.	The Data Review and Correction/Recoupment Processes	9
	A. Automatic Software-Based Review.....	9
	B. Site Visit Review by PHS Staff	9
	<i>Correction/Recoupment/Validation Reasons Resulting From Site Visit</i> <i>Findings.....</i>	9
	C. Taking Action Regarding Problematic Items	11
	D. Recoupment and Holding of Payments.....	11
V.	Ryan White Performance-Based Service Categories	12
	A. Housing Placement Assistance [HPA, HPC].....	12
	<i>Service Families and Service Types</i>	12
	<i>Payability Rules</i>	12
	B. Care Coordination [CCR].....	13
	<i>Service Families and Service Types</i>	13
	<i>Payability Rules</i>	13
	C. Food and Nutrition Services [FNS]	14
	<i>Service Families and Service Types</i>	14
	<i>Payability Rules</i>	14
	D. Supportive Counseling and Family Stabilization [SCG, SCI].....	15
	<i>Service Families and Service Types</i>	15
	<i>Payability Rules</i>	16
	E. General Non-Medical Case Management [NMG].....	16
	<i>Service Families and Service Types</i>	16
	<i>Payability Rules</i>	16
	F. Health Education and Risk Reduction [HER]	17
	<i>Service Families and Service Types</i>	17
	<i>Payability Rules</i>	17
	G. Harm Reduction Services [HRM]	18
	<i>Service Families and Service Types</i>	18
	<i>Payability Rules</i>	19
	H. Mental Health Services [MHV].....	20
	<i>Service Families and Service Types</i>	20
	<i>Payability Rules</i>	21
	I. Legal Services [LSN/LST]	21
	<i>Service Families and Service Types</i>	21
	<i>Payability Rules</i>	21
VI.	Tri-County Performance-Based Service Categories.....	22
	A. Tri-County Food and Nutrition Services [FBT]	22
	<i>Service Families and Service Types</i>	22
	<i>Payability Rules.....</i>	22
	B. Tri-County Housing/Short Term Services [HOT]	22
	<i>Service Families and Service Types</i>	22

C.	Tri-County Medical Case Management Services [MCT]	24
	<i>Service Families and Service Types</i>	24
	<i>Payability Rules</i>	24
D.	Tri-County Mental Health Services [MNT]	26
	<i>Service Families and Service Types</i>	26
	<i>Payability Rules</i>	27
E.	Tri-County Psychosocial Support Services [PST]	27
	<i>Service Families and Service Types</i>	27
	<i>Payability Rules</i>	28
Prevention Performance-Based Service Categories		28
A.	Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City Services [CON]	28
	<i>Service Families and Service Types</i>	28
B.	IDU Harm Reduction Services [HRS]	30
	<i>Service Families and Service Types</i>	30
	<i>Payability Rules</i>	30
VII. Service Categories that Offer or Link to PEP and/or PrEP or that offer incentives for suppressed viral load [ADL, BCP, BTP, EBP, LTP, OCP, PCC, PCE, SBH, SNC, UND, NCT, TPT]31		
	<i>Payability Rules for Sexual and Behavioral Health Contracts [SBH]</i>	38
	<i>Payability Rules for HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn [BTP]</i>	39
	<i>Payability Rules for Status Neutral – Care Coordination [SNC]</i>	39
	<i>Payability Rules for Undetectables Viral Load Suppression Program [UND]</i>	39
Payability Rules for Status Neutral Linkage and Navigation in Clinical Settings [NCT]		40
Payability Rules for Targeted HIV Testing Among Priority Populations [TPT]		41
Payment Processing: For the following services, a Short Intake Assessment (code N71) is sufficient for payment		41
VIII. Common Rules		42
A.	Outreach, Intake, and Service Planning	42
B.	HIV Testing and Linkage to Care	43
C.	Family and Group Services	44
D.	PrEP, PEP and Primary Behavioral and Sexual Health Services	46
The total sum of the following services cannot exceed 34% of the total MRA:		47
	NCT	47
	SBH	47
Payment Processing		47
STI Treatment (Gonorrhea/Chlamydia) (P97)		47
STI Treatment (Syphilis) (P98)		47
Vaccinations (N15)		47
PEP Starter Pack/PEP Medication (N20)		47
PrEP Starter Pack/PrEP Medication (N29)		47
PEP Initial Medical Visit (N05)		47
PEP Follow-up Medical Visit (N89)		47
PrEP Initial Medical Visit (N09)		47
PrEP Follow-up Medical Visit (N12)		47
E.	Other Individual Services	47

I. Purpose and Scope of This Guide

This guide is designed to bring together in a single place the most pertinent information about the services, data reporting requirements and payment rules in performance-based contract categories

This guide provides additional clarification to payment rules mentioned in contractors' individual Scope of Services. When this guide is in conflict with a contractor's individual scope of services, this guide will prevail, except when the scope of service explicitly exempts the contract from a service category's usual requirements. A contractor who feels that their scope of service is inconsistent with this guide should contact their contract manager for clarification.

Within each service category, this guide generally includes two subsections:

- First, there is a table listing all of the service families and each service type within each family. For each service type, the table provides the PHS Code (used on the Master Itemization Report) that represents the type.
- Second, there are payability rules that apply to particular service families or service types within the category; these contain a great deal of information relevant to payment processing, recoupment and compliance.

II. History of Changes

This guide is updated approximately quarterly to reflect ongoing changes in the performance-based service categories, the rules for reporting their data, and PHS' payment procedures. The table below shows, in reverse chronological order, a history of the changes in each version:

Version Date	Significant Changes
February 2020	<ul style="list-style-type: none"> • Starting January 2020, new service types have been added to the following categories: PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PEP Centers of Excellence (PCE), Outreach and Education for Combination Prevention: Community Based Organizations (OCP), Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs (LTP), Sexual and Behavioral Health (SBH), HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), Status Neutral - Care Coordination (SNC), and Status Neutral Linkage and Navigation in Clinical Settings (NCT). The new service types, which occur in one or more categories, are: <ul style="list-style-type: none"> ○ Confirmatory Test Third Party Pay (code M59) ○ HIV Testing Third Party Pay (code M60) ○ STI Testing Syphilis Third Party Pay (code M61) ○ STI Testing Gonorrhea/Chlamydia Third Party Pay (code M63) ○ Vaccinations (code N15) ○ Vaccinations Third Party Pay (code N26) ○ STI Treatment Syphilis Third Party Pay (code N24) ○ STI Treatment Gonorrhea/Chlamydia Third Party Pay (code N25) ○ PrEP Initial Medical Visit Third Party Pay (code N27) ○ PrEP Follow-up Medical Visit Third Party Pay (code N30) ○ iART – Same Day (code N73) ○ iART – 1-4 Days (code N74) ○ PEP Follow-up Medical Visit (code N89) ○ PEP Follow-up Medical Visit Third Party Payer (code N90) ○ PEP Support (code N91) ○ Health Education (code N92) ○ PrEP Support (code N95) • Starting January 2020, Prevention service categories and Playsure service categories will consolidate several services for streamlining of payment points. <ul style="list-style-type: none"> ○ The following services have been consolidated into Health Education (code N92). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP/PEP Combination Education (PrEP School) (code N19) ▪ iART Education (code N72) ○ The following services have been consolidated into PEP Initial Medical Visit (code N05) and PEP Initial Medical Visit Third Party Payer respectively. Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Eligibility Assessment (code N01). <u>Only service category PEP Center of Excellence – On Call Clinical Services (PCC) will continue this service</u> ▪ PEP Eligibility Assessment Third Party Payer (code N33) ○ The following services have been consolidated into PEP Follow-up Medical Visit (code N89) and PEP Follow-up Medical Visit Third Party Payer (code N90) respectively. Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Follow-up (Medical): Labs (code N38) ▪ PEP Follow-up (Medical): 30-day (code N07) ▪ PEP Follow-up (Medical): 90-day (code N08) ▪ PEP Follow-up (Medical): Labs – Third Party Payer (code N39) ▪ PEP Follow-up (Medical): 30-day – Third Party Payer (code N40) ▪ PEP Follow-up (Medical): 90-day – Third Party Payer (code N41)

	<ul style="list-style-type: none"> ○ The following services have been consolidated into PEP Support (code N91). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PEP Prescription (Non-medical) (code N17) ▪ PEP Follow-up (Non-medical): Weekly (code N18) ○ The following services have been consolidated into PrEP Initial Medical Visit (code N09) and PrEP Initial Medical Visit Third Party Payer (code N27). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP Prescription (Medical) (code N10) ▪ PrEP Prescription (Medical) – Third Party Payer (code N28) ○ The following services have been consolidated into PrEP Support (code N95). Categories are no longer accepting these services: <ul style="list-style-type: none"> ▪ PrEP Prescription (Non-medical) (code N11) ▪ PrEP Follow-up (Non-medical) (code N13) • In service category Status Neutral Linkage and Navigation in Clinical Settings (NCT), the following services have been removed: <ul style="list-style-type: none"> ○ iART Intake Assessment (code N75) ○ iART Service Plan Development (code 225) ○ Linkage to PrEP Provider (code N31) ○ Linkage to PEP Provider (code N42)
October 2019	<ul style="list-style-type: none"> • A new section has been added for the following service category: <ul style="list-style-type: none"> ○ Care Coordination (CCR) • In category Enhanced Condom Distribution Services (CON), the following services have been added: <ul style="list-style-type: none"> ○ Recruitment of Non-Traditional Condom Distribution Site (code C19) ○ Condom Distribution – Non-Traditional Site (code C20) ○ Condom Distribution – Hourly (code C21) • A new section has been added: Tri-County Performance-Based Service Categories • The following service categories have been added under Tri-County Performance-Based Service Categories: <ul style="list-style-type: none"> ○ Emergency Financial Services (EFS) ○ Tri-County Food & Nutrition Services (FBT) ○ Tri-County Housing/Short Term Services (HOT) ○ Tri-County Care Coordination Services (MCT) ○ Tri-County Mental Health Services (MNT) ○ Tri-County Psychosocial Support Services (PST) • In category HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), the following change has been made: <ul style="list-style-type: none"> ○ A recoupment rule permitting only four Linkage to STI Treatment (code N56) per client per contract year has been added. • In all categories that provide STI Treatment Gonorrhea/Chlamydia (code P97), STI Treatment Gonorrhea/Chlamydia Third Party (code N25), STI Treatment Syphilis (code P98), and STI Treatment Syphilis Third Party (code N24), the recoupment rule allowing only two services per client per contract year has been removed. • In all categories that provide Follow-up Communication (N46), the recoupment rule allowing only two services per client per enrollment period has been removed.
January 2019	<ul style="list-style-type: none"> • A new section has been added for service categories that offer a link to PEP and/or PrEP services. <ul style="list-style-type: none"> ○ Status Neutral Linkage and Navigation in Clinical Settings (NCT) ○ Targeted HIV Testing Among Priority Populations (TPT) • In categories HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) and Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), the following change has been made: <ul style="list-style-type: none"> ○ The recoupment rule permitting only two Follow Up Communication services (code N46) per client per enrollment period has been removed • In category HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP), the following changes have been made: <ul style="list-style-type: none"> ○ This category will now use HIV Testing (code 218) instead of Lab-based 4th generation HIV Testing (code N52) and Point of Care 4th Generation HIV Testing (code N53) ○ This category will now use STI Testing – Syphilis (code M06) and STI Testing – Gonorrhea/Chlamydia (code M62) instead of STI Screening (code P65) • In category Sexual and Behavioral Health (SBH), the following services have been removed: <ul style="list-style-type: none"> ○ Counseling – Substance Use Group (code 038) ○ Health Education Group (code 220) ○ Health Education Individual (code 221) ○ Linkage Navigation (code P28) ○ PEP Initial Medical and PAP Visit (code N06) ○ STI Screening (code P65) ○ Linkage to Care within 90 days (code P25) ○ Linkage to Care between 91-365 days (code P26) ○ Linkage to Care for Known Positive (code P27) • In category Sexual and Behavioral Health (SBH), the following services have been added:

	<ul style="list-style-type: none"> ○ STI Testing – Syphilis (code M06) ○ STI Testing – Gonorrhea/Chlamydia (code M62) ○ Linkage to Care within 14 days (code N54) ○ Linkage to Care between 15-30 days (code N55) ○ Linkage to Care within between 31-365 days (code N57) ● In service category Sexual and Behavioral Health (SBH), previous rules whereby payment of PEP and PrEP medical services depended on the presence of STI Testing and HIV Tests are no longer in force.
October 2018	<ul style="list-style-type: none"> ● New service types have been added to the categories PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PEP Centers of Excellence (PCE), and Outreach and Education for Combination Prevention: Community Based Organizations (OCP) The new service types, which occur in one or more categories, are: <ul style="list-style-type: none"> ▪ HIV Test (code 218) ▪ HIV Test Third Party Payer (M60) ▪ HIV Confirmatory Test (code 333) ▪ HIV Confirmatory Test Third Party Payer (code M59) ▪ STI Testing – Syphilis (code M06) ▪ STI Testing – Syphilis Third Party Payer (code M61) ▪ STI Testing – Gonorrhea/Chlamydia (code M62) ▪ STI Testing – Gonorrhea/Chlamydia Third Party Payer (code M63) ▪ Linkage to Care within 14 days (code N54) ▪ Linkage to Care between 15 and 30 days (code N55) ▪ Linkage to Care between 31 – 365 days (code N57) ● The new STI Testing and HIV Test service types in the categories PrEP for Adolescents (ADL), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), and PEP Centers of Excellence (PCE) were previously bundled as requirements within PEP and PrEP medical services. As part of their being unbundled into separate payment points, previous rules whereby payment of PEP and PrEP medical services depended on the presence of STI Testing and HIV Tests are no longer in force. ● In all the categories that provide Linkage to Services (code P69), a recoupment rule has changed. Only four linkage to services are payable per client per contract year. ● In the categories PrEP for Adolescents (ADL) and Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), there is a new recoupment rule for PrEP Reassessment (code N32). Only two PrEP Reassessments are permitted per client per contract year. ● Four new rules for HIV Testing (code 218) and HIV Testing Third Party Payer (code M60) have been added: <ul style="list-style-type: none"> ○ In the case of a pair of two screening tests for the same client on the same day having one reactive test result and one non-reactive test result, neither will be payable. ○ In the case of two Point of Care screening tests with reactive results for the same client on the same day, only one is payable, unless they use two different Point of Care test types. For both to be payable, both Point of Care tests must be entered under the same eSHARE Form ID. ○ In the case of two screening tests with non-reactive results for the same client on the same day, only one is payable, unless one is a Point of Care test while the other is lab-based. For both to be payable, both screening tests must be entered under the same eSHARE Form ID. ○ In the case of two screening tests for the same client on the same day with different Form IDs, only one test will be payable. ● PEP Starter Pack (code N20) has been renamed PEP Starter Pack/ PEP Medication. PEP Prescription (Medical) (code N16) and PEP Prescription Medical Third Party Payer (code N35) have been removed. ● STI Screening (code P65) has been replaced with STI Testing – Syphilis and STI Testing – Syphilis Third Party Payer (codes M06 & M61) and STI Testing – Gonorrhea/Chlamydia and STI Testing – Gonorrhea/Chlamydia Third Party Payer (codes M62 & M63) in the following Playsure categories: <ul style="list-style-type: none"> ○ PrEP for Adolescents (ADL) ○ Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP) ○ PEP Centers of Excellence (PCE) ○ HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn (BTP) ● For services STI Testing – Gonorrhea/Chlamydia and STI Testing – Gonorrhea/Chlamydia Third Party Payer (codes M62 & M63), a unit of payment is counted for each anatomical site tested. ● In categories which provide Linkage to Care services using the timeframes within 14 days (code N54), between 15 and 30 days (code N55), and between 31 – 365 days (code N57), a payment processing rule has changed. Previously, it was required that there be an earlier confirmatory test with a positive/reactive result entered in eSHARE under the same Form ID. The new rule is that there must be an earlier HIV Screening test with a date of test results received under the same Form ID.
May 2018	<ul style="list-style-type: none"> ● In Harm Reduction Services (HRM) and Mental Health Services (MHV), the rule that a Care Coordination – Primary Care Provider service (code 247) is only payable once per 90 days has been removed. ● In Harm Reduction Services (HRM) the service Health Education – Group (code Q20) has been added.

	<ul style="list-style-type: none"> • In Food Nutrition Services (FNS), a rule has been changed: no more than 21 Congregate Meals, Home Delivered Meals, and Pantry Bag Distribution (codes P46, 046, and 066) per index client are payable per week. • In Food Nutrition Services (FNS), Verification with HIV Primary Care Provider (code 247) has been removed. • In Supportive Counseling & Family Stabilization Services – General (SCG) and Supportive Counseling & Family Stabilization Services – SEP (SCI), a new service was added: <ul style="list-style-type: none"> ○ Pastoral Counseling – Family (code P75) • In Legal Services (LSN/LST), Group Legal Services/Workshops (code N79) has been changed from an anonymous service paid per attendee to an anonymous service paid by the event. • In HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn (BTP), units for an STI Screening (code P65) will be calculated based on how many infections are tested for in a given service.
January 2018	<ul style="list-style-type: none"> • New sections have been added for the Ryan White service categories: <ul style="list-style-type: none"> ○ Legal Services (LSN/LST) • New sections have been added for the following service categories: <ul style="list-style-type: none"> ○ Status Neutral – Care Coordination (SNC) ○ Undetectables Viral Load Suppression Program (UND) • In Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP), the service type Linkage to Care – Known Positive within 30 days (Code N58) has been removed. New service types have been added: <ul style="list-style-type: none"> ○ Linkage to Care within 14 days (Immediate) (Code N54) ○ Linkage to Care between 15 and 30 days (Expedient) (Code N55) ○ Linkage to Care between 31 and 365 days (Code N57) • In Harm Reduction Services (HRM) and Mental Health Services (MHV), the rule that a Reassessment (Code 076) is only payable once every six months has been removed. The frequency rule for a service plan update (Code 226) has been changed; it is now payable four times within a 365-day period. • Outreach and Status Neutral Prevention and Care Navigation in Brooklyn (BCP) and HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) have added the service type Follow-Up Communication (Code N46). This service type has a rule that it is only payable two times per client per enrollment period. • Sexual and Behavioral Health for Priority Populations (SBH) and HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn (BTP) have changed their recoupment rule for STI Screening (Code P65). The new rule is that only four STI Screenings are payable per client per contract year. • Rules have changed in Sexual and Behavioral Health for Priority Populations (SBH), Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings (EBP), PrEP for Adolescents (ADL), and PEP Centers of Excellence (PCE): <ul style="list-style-type: none"> ○ A PEP Follow Up – Weekly (Code N18) must occur no more than 60 days after an initial medical visit (Code N05, N34 or N06). ○ No more than four PEP Follow Up – Weekly (Code N18) visits are payable after each PEP initial medical visit (N05, N34 or N06).

III. Client-Level Data Submission and Payment

A. Policy on Data Entry

The DOHMH policy on data entry for funded contracts is that agencies should report all services provided under a contract even if the reported services are above the projected target for the contract period and/or even if the reported services are not payable because they exceed client-level limitations. It is important to report all services provided for the following reasons:

- During the course of the contract year, there may be a possibility that existing client-level limitation rules might be adjusted. Such changes could render previously non-allowable services payable.
- Both during and at the end of the contract year, there may be a possibility of an opportunity for enhancement of Maximum Reimbursable Amount (MRA) based on performance. Failure to report services provided over a contract's projected targets can make the contract less likely to be eligible for this type of enhancement.
- Decisions about subsequent years' contract MRAs are influenced by past and current contract performance. Over-performance can be the basis for a permanent increase to a contract MRA.

B. Submission of Client-Level Data

The standard due date for completing data entry is close of business on the 15th of the month following the service month. For example, the data extract containing April's data is due on May 15. If the 15th falls on a weekend or holiday, then the deadline is close of business on the next business day. However, during contract closeout, the due date may be different from the usual one.

C. The Payment Process

When the PHS payment system receives data representing payment point services, the contract manager reviews the data and the status of the contract. If all prerequisites are present, the contract manager approves the payment, enters the approval into PHS payment system, and forwards it to Public Health Solutions' fiscal department so that the funds can be disbursed. Factors

that can prevent a payment from being approved include, among others, a non-executed contract or renewal, lapsed insurance, non-submission of required monthly reports or an audit report.

PHS will process payment for those services that meet a basic threshold of data correctness. However, services included in payment may subsequently be assessed as non-payable, as described in the section below on Data Review and Correction/Recoupment.

D. The Master Itemization Report (MIR)

The Master Itemization Report (MIR) provides an itemized listing, as well as a summary, of the services that have been recognized as payable. It compares the summary totals with the target projections. The MIR also presents information about services recognized for payment that have been reviewed and found to be problematic.

The MIR is a cumulative report of all data received from the contract. It therefore reflects both data entry and any subsequent deletion of data.

At any given moment, the number of services recognized on the MIR may not equal the number of services that have been processed for payment; some of the services shown on the MIR may have already been paid, while others may be in the queue awaiting payment.

PHS emails the MIR monthly to the person who is designated as Program Manager on the contract. PHS simultaneously sends the Senior Administrator and Fiscal Manager a separate email alerting them that the report has been sent to the Program Manager. In the interim between the regularly distributed monthly MIR reports, an agency may request that their contract manager provide a current MIR representing data received as of that moment.

The MIR has several sections:

- Section I [DATA INCLUDED] contains information about when the MIR was run and the most recent data that affected the service count.
- Section I-A [PHS INFORMATION SYSTEM ACCOUNTING DISCREPANCIES UNDER INVESTIGATION] notes any discrepancies that may arise within PHS' payment system during the aggregation of item-level data. This section is for PHS' internal purposes only. It is usually blank. Any discrepancies that do arise will be investigated and corrected by PHS as soon as possible.
- Section II [YEAR-TO-DATE TOTALS BY SERVICE] shows, for each service type, the year-to-date total count of services, and their value, recognized by the PHS payment system, and compares them to year-to-date projections.
- Section III [SUMMARY OF ISSUES NOTED] shows a count, description and calculated value of those items which have been recognized by Public Health Solutions' payment system but are in some way problematic and will require further attention. Some such items may need to be corrected, some may need to be attested, and some may be subject to recoupment during closeout.
- Section IV [MONTH TOTALS FOR SERVICES SUBMITTED AND RECOGNIZED] shows the monthly total counts of services, and their value, recognized by the PHS payment system, and compares them to monthly projections.
- Section V [ITEMS RECOGNIZED] shows the item-level data that informed PHS payment system. The client ID, date of service, service type and units of service are included. Items identified as problematic are shaded in color, and the nature of the problem is noted.
- Section VI [GROUP ATTENDEES RECOGNIZED] shows the individual attendees who participated in each recognized group service. It includes group services paid on a per-attendee basis and also those paid on a per-event basis. Attendee records identified as problematic are shaded in color, and the nature of the problem is noted.

E. Researching Apparent Data Discrepancies

At times, an agency may believe that it has submitted items for payment that have not been recognized by PHS. In such instances, the agency should:

1. Find specific examples of services that it believes should have been paid but do NOT appear on the MIR.
2. Verify that the examples have been properly entered in eSHARE. Please consult this Guide's sections on Payability Rules for that service type, with special attention to "Payment Processing" rules; these rules articulate the minimum threshold of data quality without which an item will not be processed for payment.
3. If the examples appear to be properly entered, send those examples via email to your PHS contract manager. The example must include date, service type and client ID (unless it is an anonymous group service).

Although eSHARE data is the basis of payment, the logic of payment resides in Public Health Solutions' information systems, not in eSHARE. Agencies are therefore requested to contact Public Health Solutions' contract managers (not the Department of Health and Mental Hygiene) about apparent payment discrepancies. If necessary, Public Health Solutions' staff will reroute questions to DOHMH staff responsible for eSHARE.

IV. The Data Review and Correction/Recoupment Processes

Some items that are processed for payment may turn out not to meet the criteria for payability. In some situations, the problem may be a data entry error that can be fixed so that the item will become payable. In other situations, the item cannot be made payable, either because it does not represent work done, or because the work that was done does not meet programmatic rules for payability.

PHS has two ways of identifying problematic items. Some are identified automatically by software routines, while others are identified by contract managers during site visits. In both cases, the problematic items will be shaded in color on the MIR and the nature of the problem will be identified in the Issue Noted column.

A. Automatic Software-Based Review

Items submitted in the data extract are reviewed automatically when they are received by PHS. Items that are duplicates (or possible duplicates) may be marked, as are items that need certain data corrections or violate certain programmatic rules. The kinds of issues reviewed differ depending on the service category. *Each service category section below has a subsection on Payability Rules that contains information on “Rules Assessed Automatically That May Make Items Recoupable”.*

Note that the automatic review identifies both definite duplicates and possible duplicates.

- A *definite duplicate* means that there is more than one item of the same PHS service type for the same client on the same day, and that service type is such that no programmatic or clinical scenario could make it valid to provide more than one service. (Permanent Housing Placement would be an example.)
- A *possible duplicate* is a situation where there is more than one item of the same PHS service type for the same client on the same day, but it is programmatically possible that the second service is a valid separate service. (For example, some individual counseling service types could occur more than once on the same day.)

B. Site Visit Review by PHS Staff

PHS staff review reported items during site visits. The procedure is for the Contract Manager and/or Contract Coordinator to use a recent MIR to identify and select records for review. This list is sent to the agency prior to the site visit. During the site visit review, staff use a review tool to note any issues discovered with service tracking and documentation. At the exit interview, PHS staff discuss in detail the issues discovered and any necessary corrective actions.

The PHS staff then enters the issues discovered into the PHS payment system, attached to each specific item’s record. At that point, the problematic items will show up on the MIR with their issues noted. The contract manager will keep in contact with the agency about the issues found and the actions pending.

PHS staff may also, during site visits, review items that have been automatically marked on the MIR as requiring review (e.g. possible duplicates). If those services are found to be valid, PHS staff may then validate them in the PHS payment system so that they are shown as valid on the MIR.

Below is a list of the reasons for correction, recoupment or validation that may appear on the MIR as a result of site visit findings:

Correction/Recoupment/Validation Reasons Resulting From Site Visit Findings

Reason Shown on MIR	Definition/Scope/Usage Notes
INVALID/REMOVE: No Documentation for Service Provided	No reference to service in paper or electronic progress notes, encounter forms, service log or sign-in sheet; OR there is documentation that may be meant to refer to the service submitted, but the documentation indicates a different date. (Note: For technical reasons, the date shown on the MIR for Linkage to Care services may be different from the date shown in agency documentation.)
INVALID/REMOVE: Duplicate Data Entry Error	Used when PHS needs to manually flag as definitely duplicate a record previously marked for review as possible duplicate (e.g. if PHS needs to override an agency’s attestation that a possible duplicate was a separate service); OR when an otherwise duplicate record has been entered on a different date, and therefore has not been marked automatically.
INVALID: Minimum Required Data Elements Missing or Inadequate	For all services reviewed for “verification” during a site visit, specific data elements must be documented to consider the reported service verified. These data elements typically include client ID, date of service, notation of service provided, etc. If any one of these elements has not been documented, the service is flagged as recoupable.
INVALID: Extended Required Data Elements Missing or Inadequate	A sample of records reviewed for verification are also selected for an extended review to verify that all required data elements are documented. For each service type, specific data elements have been identified as necessary for verification. If any one of those elements has not been documented, the service is flagged as recoupable.
INVALID: No Documentation HIV+	No M11-Q, lab results, physician statement, etc. Applies to index clients. Applies to all services except Low Threshold (for which HIV- are permitted in first 90 days) and testing.
REMOVE & REENTER: Service Reported as Incorrect Service Type	Documentation indicates that a service provided was of a different type than entered.

MUST CORRECT BEGIN/END TIME TO AGREE WITH DOCUMENTATION	Documentation for a Direct Legal Advocacy service reviewed during site visit disagrees with begin/end time entered in eSHARE. Correction of times will result in recalculation of payment.
INVALID: Overdose Prevention Without Provision of Narcan	Documentation does not indicate that Narcan was provided or prescribed.
INVALID: Medical Outreach in SRO Requirements Not Met	Documentation does not indicate that at least 1.5 hours were spent and/or that at least one client was reached.
INVALID: Three Required Elements Not Collected/ Discussed	Documentation does not indicate that Care Coordination (PCP) included collection of elements regarding (a) appointment adherence; (b) most recent CD4 and VL; (c) HAART & prophylaxis adherence as applicable. OR documentation does not indicate that Treatment Adherence Counseling service included discussion of these elements.
INVALID: Reconstructed Documentation is Impermissible	Instances where documentation is known to have been deliberately created after the fact in order to meet contractual requirements. Includes claims found to be fraudulent.
INVALID: Payer of Last Resort Violation	For situations where there is affirmative documentation that the client had insurance, or the program had another funding source that was available to pay for the service. (Not applicable to most Prevention categories.)
INVALID: Double Billing	For services found to have been billed to other funding sources. (Applicable to both Ryan White and Prevention.)
INVALID: Lack of Required Provider Credential	For services found to have been performed by staff who did not possess the contractually required credential.
INVALID: Inadequate/ Inappropriate Service Per Service Definition	For situations where, e.g. a Mental Health service has no indication that mental health issues were discussed; a Harm Reduction rapid test with a positive result has no indication that a linkage to care was attempted.
VALID: Confirmed Separate	PHS staff have confirmed that a possible duplicate was, in fact, a separate service.
VALID: Times Verified	PHS staff have verified the times of a legal service.
VALID: Confirmed as Referral by Different Recruiter	PHS staff have verified that a second rapid test for the same client was the result of a second referral by a different recruiter.
INVALID: Deleted Client Records Still in System	PHS staff received information from a contractor and Data Link that for technical reasons, a record intended for deletion is still present in the data repository.
VALID/INVALID: Special Circumstance (See Note in Payment System)	Used for special circumstances

C. Taking Action Regarding Problematic Items

Some kinds of problematic items require that the agency take a specific action. Often, the action to be taken is mentioned in the first words of the message shown on the MIR (e.g. "REVIEW Possible Duplicate").

The basic principles of correcting data problems are as follows:

1. If an item does not represent work done for a program-eligible client, it may be marked with a message containing the word REMOVE. If the information system being used will permit removal of the item, then the item should be removed. Examples include duplicate data entry errors and instances where there is no documentation that a service took place. Removal will automatically trigger a negative adjustment in the PHS payment system. If it is not possible to remove the item, then it will be recouped during closeout.
2. If an item represents work done for a program-eligible client but does not meet the requirements for payment, it will be marked with a message that begins with the word INVALID. Examples would include violations of frequency rules, or groups with fewer than three participants. These records should NOT be removed!
3. Some items do not meet the requirements for payment but might be made payable by correcting a data entry problem. Providers should consult with their contract manager if they need further information about the possibility of fixing these.
4. Some items identified during site visits as non-payable may become payable based on the provision of further information. Providers should consult with their contract manager if they think they may have a situation of this kind. In such instances, the contract manager may later note that an item's issues have been resolved; at that point, the item will no longer be marked as problematic on the MIR.
5. Some kinds of items may require that providers make an attestation, during closeout, about the service provided. If attestations are required, specific instructions will be provided during closeout.

D. Recoupment and Holding of Payments

PHS identifies problematic payment items on an ongoing basis. Recoupment for items that cannot be corrected is calculated during closeout and added as a negative adjustment to the last payment.

However, PHS may require contractors having a high volume of data entry problems to address those problems well in advance of closeout. For example, contractors who have duplicates may be required to delete them mid-year (thereby triggering a negative adjustment in PHS' payment system). If the volume of problems grows large and a contractor fails to implement required data entry work, PHS may hold payments, pending completion of the corrections.

Toward the end of the contract year, PHS assesses the monetary value of items that are unlikely to be correctible. If the value of those items grows large, PHS may hold payments during final contract months in anticipation of the pending recoupment.

V. Ryan White Performance-Based Service Categories

A. *Housing Placement Assistance [HPA, HPC]*

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Housing Placement	Permanent Housing Placement <i>Placement and maintenance in a permanent type of housing for at least 30 consecutive days.</i>	047	Individual Event
Non-Reimbursable Housing Placement Services	Short-Term Housing Placement <i>Placement and maintenance in a transitional or short-term type of housing for at least 30 consecutive days.</i>	266	Individual Event
	Intake and Assessment	115	Individual Event
	Client Advocacy	281	Individual Event
	Referral to Benefits and Services	470	Individual Event
	Apartment Inspection	P71	Individual Event

Payability Rules

Permanent Housing Placement (047)	
Payment Processing	A placement must have lasted for at least 30 days in order to be processed for payment. A placement record which has an end date in the future will not be processed for payment.
Rules Assessed Automatically That May Make Items Recoupable	Only one placement per client is permitted during a contract year.
Other Rules and/or Data Reporting Required for Compliance with Contract	Programs must follow up on permanent placements on a monthly basis for at least one year post-placement.

B. Care Coordination [CCR]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment and Planning	Intake and Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
	Self-Management Assessment	N82	Individual Event
Service Coordination – Core Services	Accompaniment	030	Individual Event
	Case Conference (without client)	N83	Individual Event
	Case Conference (with client)	N84	Individual Event
	Coordination with Service Providers	P29	Individual Event
	Client Engagement	P55	Individual Event
	Outreach for Client Re-engagement	P56	Individual Event
	Linkage to Services	P69	Individual Event
	Client Assistance	P85	Individual Event
Health Education – Core Services	Individual Health Promotion	P22	Individual Event
	Health Education – Group	Q20	Group – PAID PER ATTENDEE - CAP
Immediate Antiretroviral (iART) Services	iART – Same Day	N73	Individual Event
	iART – 1-4 Days	N74	Individual Event
Modified Directly Observed Therapy – Core Services	Modified Directly Observed Therapy (mDOT) by Licensed Staff	N85	Individual Event
	Modified Directly Observed Therapy (mDOT) by Navigator	N86	Individual Event
Outreach	Case Finding	545	Anon Group – PAID AS EVENT
Staff Travel	Staff Travel	P83	Individual Event

Payability Rules

See Common Rules Section for These Services
Reassessment (076)
Intake and Assessment (115)
Service Plan Development (225)
Service Plan Update (226)
Case Conference (without client) (N83)
Case Conference (with client) (N84)
Linkage to Services (P69)

Coordination with Service Providers (P29)	
Payment Processing	Must specify "case conference" as coordination activity.

C. Food and Nutrition Services [FNS]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment & Treatment Planning	Intake and Assessment	115	Individual Event
	Reassessment	076	Individual Event
Nutritional Services	Comprehensive Nutritional Assessment	035	Individual Event
	Nutritional Counseling without Supplements	P10	Individual Event
	Nutritional Counseling with Supplements	P09	Individual Event
	Nutritional Education Group	M49	Group - PAID PER ATTENDEE - CAP
Food Services	Congregate Meals	P46	Group - PAID PER ATTENDEE - NO CAP
	Home-Delivered Meals	046	Individual Event
	Pantry Bags Distribution	066	Individual Event
	Voucher	P12	Individual Event

Payability Rules

See Common Rules Section for These Services
Reassessment (076)
Intake & Assessment (115)
Comprehensive Nutritional Assessment (035)
Nutritional Counseling with Supplements (P09)
Nutritional Counseling without Supplements (P10)

Reassessment (076)	
Rules Assessed Automatically That May Make Items Recoupable	Only three services of each of these types is payable per client within a twelve-month period.

D. Supportive Counseling and Family Stabilization [SCG, SCI]
Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment & Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
Staff Travel	Travel – Higher Rate	P81	Individual Event
	Travel – Lower Rate	P83	Individual Event
Service Coordination	Accompaniment	030	Individual Event
	Accompaniment – With Translation	P82	Individual Event
	Client Assistance	P85	Individual Event
	Coordination with Service Providers	P29	Individual Event
	Coordination with Service Providers – With Translation	P84	Individual Event
	Outreach for Client Re-engagement	P56	Individual Event
Supportive Counseling	Biomedical Counseling – Partners	P86	Individual Event
	Family Counseling	329	Family/Group - PAID AS EVENT
	Group Counseling – Supportive	P91	Group - PAID PER ATTENDEE - CAP
	Individual Counseling	319	Individual Event
	Pastoral Counseling	P80	Individual Event
	Pastoral Counseling - Family	P75	Family/Group - PAID AS EVENT
Evidence – Based Interventions	Seeking Safety – Individual	P61	Individual Event
	Seeking Safety – Group	Q14	Group - PAID PER ATTENDEE - CAP

Payability Rules

See Common Rules Section for These Services	
Reassessment (076)	
Outreach for Client Reengagement (P56)	
Intake & Assessment (115)	
Service Plan Development (225)	
Service Plan Update (226)	
Family Counseling (329)	
Group Counseling – Supportive (P91)	
Seeking Safety – Individual (P61)	
Seeking Safety – Group (Q14)	

Accompaniment – With Translation (P82) and Coordination with Service Providers – With Translation (P84)	
Payment Processing	Translation must be provided for this service.

E. General Non-Medical Case Management [NMG]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment & Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
Service Coordination	Accompaniment	030	Individual Event
	Accompaniment – With Translation	P82	Individual Event
	Client Assistance	P85	Individual Event
	Coordination with Service Providers	P29	Individual Event
	Coordination with Service Providers – With Translation	P84	Individual Event
	Outreach for Client Re-engagement – Home	H01	Individual Event
	Outreach for Client Re-engagement – Office	H02	Individual Event

Payability Rules

See Common Rules Section for These Services	
Reassessment (076)	
Intake & Assessment (115)	
Service Plan Development (225)	
Service Plan Update (226)	

Accompaniment – With Translation (P82) and Coordination with Service Providers – With Translation (P84)	
--	--

Payment Processing	Translation must be provided for this service.
--------------------	--

Outreach for Client Reengagement (H01 & H02)	
Payment Processing	An outreach for client reengagement is payable only within the 90 days following the most recent face-to-face service with the client.

F. Health Education and Risk Reduction [HER]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Case Finding	Targeted Case Finding	545	Anonymous Group - PAID AS EVENT
Assessment and Planning	Intake Assessment	115	Individual Event
	Outcome Evaluation - PreTest	Q03	Individual Event
	Outcome Evaluation - PostTest	Q04	Individual Event
	Outcome Evaluation - 90 Day	Q05	Individual Event
Service Coordination	Referral and Assistance	P93	Individual Event
Health Education	Alumni Series	Q06	Group - PAID PER ATTENDEE - NO CAP
	Health Workshop	Q07	Group - PAID PER ATTENDEE - NO CAP

Payability Rules

Alumni Series (Q06)	
Payment Processing	Only payable if it occurs on the same day or after an Outcome Evaluation – Post Test (Q04) for the same client.

Health Workshop (Q07)	
Rules Assessed Automatically That May Make Items Recoupable	The Health Workshop is recoupable if it occurs after an Outcome Evaluation – Post Test (Q04) for the same client.

G. Harm Reduction Services [HRM]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Case Finding	Targeted Case Finding	545	Anonymous Group - PAID AS EVENT
Assessment and Planning	Intake Assessment	115	Individual Event
	Service Plan Development	225	Individual Event
	Reassessment	076	Individual Event
	Service Plan Update	226	Individual Event
AOD Services	Individual Counseling - AOD	049	Individual Event
	Group Counseling - AOD	P87	Group - PAID PER ATTENDEE - CAP
	Family Counseling - AOD	031	Family/Group - PAID AS EVENT
	Auricular Acupuncture	286	Individual Event
	Overdose Prevention Training - Individual	262	Individual Event
	Overdose Prevention Training - Group	Q12	Group - PAID PER ATTENDEE - CAP
	Overdose Prevention Training - Family	Q11	Family/Group - PAID AS EVENT
Health Education	Biomedical Counseling - Partners	P86	Individual Event
	One-on-One Health Promotion	P22	Individual Event
	Health Education - Group	Q20	Group - PAID PER ATTENDEE - CAP
Service Coordination	Accompaniment	030	Individual Event
	Client Engagement Activities	P55	Individual Event
	Outreach for Client Reengagement	P56	Individual Event
	Travel - Higher Rate	P81	Individual Event
	Travel - Lower Rate	P83	Individual Event
	Client Assistance	P85	Individual Event
Medical Services	Buprenorphine Initial Visit	276	Individual Event
	Buprenorphine Routine Visit	277	Individual Event
Evidence-Based Interventions	Therapeutic Education System	Q16	Individual Event
	Seeking Safety - Individual	P61	Individual Event
	Seeking Safety - Group	Q14	Group - PAID PER ATTENDEE - CAP

Payability Rules

See Common Rules Section for These Services	
Targeted Case Finding (545)	
Outreach for Client Reengagement (P56)	
Service Plan Update (226)	
Family Counseling - AOD (031)	
Overdose Prevention Training - Family (Q11)	
Overdose Prevention Training - Group (Q12)	
Group Counseling - AOD (P87)	
Reassessment (076)	
Seeking Safety - Individual (P61)	
Seeking Safety - Group (Q14)	

Auricular Acupuncture (286)	
Rules Assessed Automatically That May Make Items Recoupable	Only 12 Acupuncture services authorized per month per client.

Therapeutic Education System (Q16)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Therapeutic Education per day per client.

H. **Mental Health Services [MHV]**

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment & Planning	Mental Health Intake and Assessment	058	Anonymous Group - PAID AS EVENT
	Service Plan Development	225	Individual Event
	Reassessment	076	Individual Event
	Service Plan Update	226	Individual Event
Mental Health Services	Individual Counseling - MH	050	Individual Event
	Group Counseling - MH	P88	Group - PAID PER ATTENDEE - CAP
	Family Counseling - MH	032	Family/Group - PAID AS EVENT
	Psychiatric Evaluation	073	Individual Event
	Psychiatric Visits	074	Individual Event
	Travel - Higher Rate	P81	Individual Event
	Travel - Lower Rate	P83	Individual Event
Other Counseling Services	Individual Counseling - AOD	049	Individual Event
	Group Counseling - AOD	P87	Group - PAID PER ATTENDEE - CAP
	Family Counseling - AOD	031	Family/Group - PAID AS EVENT
	Individual Counseling - Treatment Adherence	239	Individual Event
	Group Counseling - Treatment Adherence	P89	Group - PAID PER ATTENDEE - CAP
	Family Counseling - Treatment Adherence	237	Family/Group - PAID AS EVENT
	Biomedical Counseling - Partners	P86	Individual Event
	Wellness Individual	P57	Individual Event
	Wellness Group	Q15	Group - PAID PER ATTENDEE - CAP
	Client Assistance	P85	Individual Event
	Accompaniment	030	Individual Event
	Outreach for Client Reengagement	P56	Individual Event
	Client Engagement Activities	P55	Individual Event
Evidence-Based Interventions	Seeking Safety - Individual	P61	Individual Event
	Seeking Safety - Group	Q14	Group - PAID PER ATTENDEE - CAP

Payability Rules

See Common Rules Section for These Services	
Outreach for Client Reengagement (P56)	
Service Plan Update (226)	
Mental Health Counseling Services (032, 050, & P88)	
Treatment Adherence Counseling Services (237, 239, & P89)	
Seeking Safety - Group (Q14)	
AOD Counseling Services (031, 049, & P87)	
Reassessment (076)	
Seeking Safety - Individual (P61)	

Treatment Adherence Counseling Services - Family (237), Individual (239), Group (P89)	
Rules Assessed Automatically That May Make Items Recoupable	Only two services are payable per month.

I. Legal Services [LSN/LST]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Planning and Assessment	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
Direct Legal Advocacy	Direct Legal Advocacy	026	Individual Event
Group Legal Services/ Workshops	Group Legal Services/Workshops	N79	Anon Group - PAID PER EVENT

Payability Rules

Direct Legal Advocacy (026)	
Rules Assessed Automatically That May Make Items Recoupable	An attorney cannot bill for overlapping services with the same staff.

VI. Tri-County Performance-Based Service Categories

A. Tri-County Food and Nutrition Services [FBT]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment and Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
Linkage to Services	Linkage to Services	P69	Individual Event
Nutritional Services - Core Services	Comprehensive Nutritional Assessment	035	Individual Event
	Nutritional Education Group	M49	Group – PAID PER ATTENDEE - CAP
	Nutritional Counseling with Supplements	P09	Individual Event
	Nutritional Counseling without Supplements	P10	Individual Event
Food Services – Core Services	Home-Delivered Meal	046	Individual Event
	Pantry Bag Meal	066	Individual Event
	Supplemental Food Voucher - \$20	P13	Individual Event
	Full Food Voucher - \$40	P14	Individual Event
	Congregate Meal	P46	Group – PAID PER ATTENDEE - CAP

Payability Rules

See Common Rules for these services
Intake Assessment (115)
Reassessment (076)
Comprehensive Nutritional Assessment (035)
Nutritional Counseling with Supplements (P09)
Nutritional Counseling without Supplements (P10)
Nutritional Education Group (M49)
Home-Delivered Meal (046)
Pantry Bag Meal (066)
Congregate Meal (P46)

B. Tri-County Housing/Short Term Services [HOT]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Planning and Assessment	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Care/ Service Plan Development	225	Individual Event

Service Family	PHS Service Type	PHS Code	Payment Type
	Care/ Service Plan Update	226	Individual Event
	Rental Assistance Eligibility Verification	P72	Individual Event
Navigation	Apartment Inspection	P71	Individual Event
Fiscal Assistance	Rental/Utility Assistance Payment	P73	Individual Event

C. Tri-County Medical Case Management Services [MCT]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment and Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
	Self-Management Assessment	N82	Individual Event
Service Coordination – Core Services	Accompaniment	030	Individual Event
	Linkage to Services	P69	Individual Event
	Case Conference (without client)	N83	Individual Event
	Case Conference (with client)	N84	Individual Event
	Client Engagement	P55	Individual Event
	Outreach for Client Re-engagement	P56	Individual Event
	Client Assistance	P85	Individual Event
Health Education – Core Services	Health Education (Individual)	221	Individual Event
	Health Education (Group)	Q20	Group – PAID PER ATTENDEE - CAP
Modified Directly Observed Therapy – Core Services	Modified Directly Observed Therapy (mDOT) by Licensed Staff	N85	Individual Event
	Modified Directly Observed Therapy (mDOT) by Navigator	N86	Individual Event
Outreach	Case Finding	545	Anon Group – PAID AS EVENT
Staff Travel	Staff Travel	M50	Individual Event

Payability Rules

See Common Rules Section for These Services
Intake Assessment (115)
Reassessment (076)
Service Plan Development (225)
Service Plan Update (226)
Case Conference (without client) (N83)
Case Conference (with client) (N84)
Client Engagement (P55)
Outreach for Client Re-engagement (P56)
Linkage to Services (P69)

Case Finding (545)	
Payment Processing	<p>Only events that meet at least one (1) of the following criteria will be processed for payment:</p> <ol style="list-style-type: none"> 1) <u>Attempted</u> phone engagement with at least 10 individuals 2) Phone engagement (successful contact) with at least three (3) individuals 3) Face-to-face engagement with at least one (1) individual identified through testing 4) <u>Attempted</u> face-to-face engagement with at least one (1) patient lost to care

Staff Travel (M50)	
Payment Processing	<p>"Client home" or "Other field site" must be specified as site of service. Allowable off-site services include:</p> <ul style="list-style-type: none"> • Case Finding (545) • Client Assistance (P85) • Client Engagement (P55) • Outreach for Client Re-engagement (P56) • Linkage to Services (P69) • Accompaniment (030) • Modified Directly Observed Therapy (mDOT) (N85, N86)

Health Education (Group) (Q20)	
Rules Assessed Automatically That May Make Items Recoupable	<p>A health education group is only payable if at least three participants attend. (Note: <i>Groups must have at least 3 participants. At least 1 participant must be enrolled in the program.</i>)</p>

D. Tri-County Mental Health Services [MNT]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment and Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Services Plan Update	226	Individual Event
Mental Health Services – Core Services	Mental Health Counseling – Family	032	Family/Group – PAID AS EVENT
	Mental Health Counseling – Individual	050	Individual Event
	Psychiatric Evaluation	073	Individual Event
	Psychiatric Visit	074	Individual Event
	Mental Health Counseling – Group	P88	Group – PAID PER ATTENDEE – CAP
Other Counseling Services – Core Services	AOD Counseling – Family	031	Family/Group – PAID AS EVENT
	AOD Counseling – Individual	049	Individual Event
	Treatment Adherence Counseling – Family	237	Family/Group – PAID AS EVENT
	Treatment Adherence Counseling – Individual	239	Individual Event
	Wellness – Individual	P57	Individual Event
	Biomedical Counseling – Partners	P86	Individual Event
	AOD Counseling – Group	P87	Group – PAID PER ATTENDEE – CAP
	Treatment Adherence Counseling – Group	P89	Group – PAID PER ATTENDEE – CAP
Evidence-Based Interventions – Core Services	Seeking Safety – Individual	P61	Individual Event
	Seeking Safety – Group	Q14	Group – PAID PER ATTENDEE – CAP
Service Coordination	Accompaniment	030	Individual Event
	Care Coordination – Primary Care Provider	247	Individual Event
	Client Engagement	P55	Individual Event
	Outreach for Client Re-engagement	P56	Individual Event
	Client Assistance	P85	Individual Event
Staff Travel	Staff Travel – High	P81	Individual Event
	Staff Travel - Low	P83	Individual Event

Payability Rules

See Common Rules Section for These Services
Intake Assessment (115)
Reassessment (076)
Service Plan Development (225)
Service Plan Update (226)
Mental Health Counseling Services (032, 050, & P88)
Treatment Adherence Counseling Services (237, 239, & P89)
AOD Counseling Services (031, 049, & P87)
Outreach to Client Re-engagement (P56)
Seeking Safety – Individual (P61)
Seeking Safety – Group (Q14)

Staff Travel – High (P81)	
Payment Processing	Where applicable, to receive reimbursement for Travel, “Client home” or “Other field site” must be specified as the site of service. Allowable off-site services for Licensed Mental Health Clinician include: <ul style="list-style-type: none"> • Mental Health Counseling – Individual (050) • Care Coordination – Primary Care Provider (247)

Staff Travel – Low (P83)	
Payment Processing	Where applicable, to receive reimbursement for Travel, “Client home” or “Other field site” must be specified as the site of service. Allowable off-site services for Patient Navigator include: <ul style="list-style-type: none"> • Accompaniment (030) • Care Coordination – Primary Care Provider (247) • Outreach for Client Re-engagement (545)

E. Tri-County Psychosocial Support Services [PST]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Assessment and Planning	Intake Assessment	115	Individual Event
	Reassessment	076	Individual Event
	Service Plan Development	225	Individual Event
	Service Plan Update	226	Individual Event
Psychosocial Support Services – Core Services	Counseling – Individual	319	Individual Event
	Counseling – Family	329	Family/Group – PAID AS EVENT
	Pastoral Counseling – Individual	P80	Individual Event
	Biomedical Counseling – Partners	P86	Individual Event
	Counseling – Group	P91	Group – PAID PER ATTENDEE - CAP
Service Coordination	Accompaniment	030	Individual Event
	Coordination with Service Providers	P29	Individual Event

Service Family	PHS Service Type	PHS Code	Payment Type
	Outreach for Client Re-engagement	P56	Individual Event
	Client Assistance	P85	Individual Event
Evidence-Based Interventions – Core Services	Seeking Safety – Individual	P61	Individual Event
	Seeking Safety – Group	Q14	Group – PAID PER ATTENDEE - CAP
Outreach	Case Finding	545	Anon Group – PAID AS EVENT
Staff Travel	Staff Travel	M50	Individual Event

Payability Rules

See Common Rules Section for These Services
Intake Assessment (115)
Reassessment (076)
Service Plan Development (225)
Service Plan Update (226)
Case Finding (545)
Group Counseling - Supportive (P91)
Counseling – Family (329)
Outreach to Client Re-engagement (P56)
Seeking Safety – Individual (P61)
Seeking Safety – Group (Q14)

Staff Travel (M50)	
Payment Processing	<p>“Client home” or “Other field site” must be specified as site of service. Allowable off-site services include:</p> <ul style="list-style-type: none"> • Client Assistance (P85) • Targeted Case Finding (545) • Accompaniment (030) • Coordination with Service Providers (P29) • Outreach for Client Re-engagement (P56)

Coordination with Services Providers (P29)	
Payment Processing	If service site is a field site, clarify field site as either “client home” or “other field site” to trigger staff travel reimbursement.

Prevention Performance-Based Service Categories

A. Enhanced Distribution of Safer Sex Products Among Communities Disproportionately Impacted by HIV in New York City Services [CON]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Condoms	Recruitment of Non-Traditional Condom Distribution Site	C19	Individual Event
	Condom Distribution – Non-Traditional Site	C20	Individual Event
	Condom Distribution – Hourly	C21	Individual Event

All Services	
Payment Processing	Services must occur at sites within approved zip codes.

Recruitment – Non-Traditional Site (C19)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Recruitment service per site in a contract term.

Distribution – Non-Traditional Site (C20)	
Payment Processing	<ul style="list-style-type: none"> (1) Effective July 1st 2019 at least 250 male condoms must be distributed to be successful. (2) Only one (1) Distribution Service per site per month. (3) A Distribution Service will not be processed for payment if a previous <i>Recruitment Service</i> already exists for the same site of the same month. (4) A contract is allowed up to 160 unique sites per month.
Rules Assessed Automatically That May Make Items Recoupable	<ul style="list-style-type: none"> (1) Up to two (2) unsuccessful Distribution Services will be paid per venue within 365 days. (2) If multiple distribution services made in one month, only one can be paid (either 1st unsuccessful or 1st successful).

Distribution Targeted Outreach (C21)	
Payment Processing	<ul style="list-style-type: none"> (1) A service must last between one and five hours. (2) A service must have a minimum of 20 people contacted.

B. IDU Harm Reduction Services [HRS]

Service Families and Service Types

Service Family	PHS Service Type	PHS Code	Payment Type
Service Coordination	Intake Assessment	115	Individual Event
	Referral	470	Individual Event
	Targeted Case Finding		Anon Group - PAID AS EVENT
Health Education	Individual Health Promotion	P22	Individual Event
	Health Promotion - Group	P58	Family/Group - PAID AS EVENT
Hepatitis Care	Hepatitis Care Coordination	H04	Individual Event
	Hepatitis Treatment Counseling	H05	Individual Event
Health Care	Health Care Complementary Services	H06	Individual Event
	Health Care Coordination	H07	Individual Event
	Health Care Encounter	H08	Individual Event
Medical Services	Infectious Disease Testing - Agency	H10	Individual Event
	Infectious Disease Testing - Field	H11	Individual Event
	Vaccinations	N15	Individual Event
	Medication Assisted Treatment	276	Individual Event
	Naloxone Dispensing	258	Individual Event
Syringe Exchange	Syringe Exchange	H12	Anon Group - PAID PER ATTENDEE
	Syringe Exchange - Peer Delivered	H13	Anon Group - PAID PER ATTENDEE

Payability Rules

Hepatitis Care Coordination (H04), Health Care Coordination (H07), Health Care Encounter (H08), & Individual Health Promotion (P22)	
Payment Processing	For services entered through the anonymous forms, the total number of contacts must be equal to one.
Infectious Disease Testing - Agency (H10) & Syringe Exchange (H12)	
Payment Processing	The service site for all services must be an agency site.
Infectious Disease Testing – Field (H11)	
Payment Processing	The service site for all services must be a field site. Clarify field site as either “client home” or “other field site”.
Syringe Exchange - Peer Delivered (H13)	
Payment Processing	The service site for all services must be “other field site”.
Health Promotion - Group (P58)	
Payment Processing	The total number of contacts must be greater than or equal to three.
Referral (470)	
Rules Assessed Automatically That May Make Items Recoupable	Only one service linkage of each type per client per day.

VII. Service Categories that Offer or Link to PEP and/or PrEP or that offer incentives for suppressed viral load [ADL, BCP, BTP, EBP, LTP, OCP, PCC, PCE, SBH, SNC, UND, NCT, TPT]

***Please see Common Rules Section for services under these categories**

SBH	Sexual and Behavioral Health for Priority Populations
LTP	Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs
OCP	Outreach and Education for Combination Prevention: Community Based Organizations
EBP	Evidence-Based Interventions to Support Biomedical Prevention: Clinical Settings
ADL	PrEP for Adolescents
PCE	PEP Centers of Excellence
PCC	PEP Center of Excellence - On Call Clinical Services
BTP	HIV Testing and Status Neutral Prevention and Care Navigation in Brooklyn
BCP	Outreach and Status Neutral Prevention and Care Navigation in Brooklyn
SNC	Status Neutral - Care Coordination
UND	Undetectables Viral Load Suppression Program
NCT	Status Neutral Linkage and Navigation in Clinical Settings
TPT	Targeted HIV Testing Among Priority Populations

****The different categories in this section do not necessarily place the same service types under the same service families. This section therefore organizes service types into general substantive groupings instead of service families.***

[This page left intentionally blank.]

Service Group	PHS Service Type	PHS Code	Payment Type	SBH	LTP	OCP	EBP	ADL	PCE	PCC	BTP	BCP	SNC	UND	NCT	TPT	
Outreach Services	Targeted Outreach	545	Anon Group - PAID AS EVENT			✓		✓			✓	✓				✓	
	H-PLUS Screen	N21	Anon Group - PAID AS EVENT		✓	✓	✓	✓			✓	✓				✓	
	Brief Intervention	N22	Anon Group - PAID AS EVENT		✓	✓	✓	✓			✓	✓				✓	
Assessment & Education Services	Intake Assessment	115	Individual Event	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
	Short Intake Assessment	N71	Individual Event												✓		
	Reassessment	076	Individual Event	✓			✓	✓						✓	✓		
	Service Plan Development	225	Individual Event										✓				
	Service Plan Update	226	Individual Event										✓				
	Health Education	N92	Individual Event	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓	✓
	Mental Health/Substance Use Screening, Brief Intervention & Referral to Treatment	P96	Individual Event	✓													
Behavioral Health Services	Counseling - Substance Use Individual	049	Individual Event	✓													
	Counseling - Mental Health Individual	050	Individual Event	✓													
Testing Services	HIV Test	218	Individual Event	✓			✓	✓	✓						✓	✓	
	HIV Rapid Test Third Party Payer	M60	Individual Event				✓	✓	✓						✓		
	Confirmatory Test	333	Individual Event	✓			✓	✓	✓		✓				✓	✓	
	HIV Confirmatory Test Third Party Payer	M59	Individual Event				✓	✓	✓						✓		
	STI Testing - Syphilis	M06	Individual Event	✓			✓	✓	✓		✓				✓		
	STI Testing – Syphilis Third Party Payer	M61	Individual Event				✓	✓	✓						✓		
	STI Testing - Gonorrhea / Chlamydia	M62	Individual Event	✓			✓	✓	✓		✓				✓		
	STI Testing - Gonorrhea / Chlamydia - Third Party Payer	M63	Individual Event				✓	✓	✓						✓		
	Hepatitis B and C Screenings	P67	Individual Event	✓													
	Hepatitis C RNA Testing	P99	Individual Event	✓													
	Lab-based 4th Generation HIV Testing	N52	Individual Event									✓					
Point of Care 4th Generation HIV Testing	N53	Individual Event									✓						

[This page left intentionally blank.]

	PHS Service Type	PHS Code	Payment Type	SBH	LTP	OCP	EBP	ADL	PCE	PCC	BTP	BCP	SNC	UND	NCT	TPT
Other Medical Services	STI Treatment Syphilis	P98	Individual Event	✓			✓	✓	✓						✓	
	STI Treatment Syphilis Third Party Payer	N24	Individual Event				✓	✓	✓						✓	
	STI Treatment Gonorrhea/Chlamydia	P97	Individual Event	✓			✓	✓	✓						✓	
	STI Treatment Gonorrhea/Chlamydia - Third Party Payer	N25	Individual Event				✓	✓	✓						✓	
	Vaccination	N15	Individual Event	✓			✓	✓	✓						✓	
	Vaccination - Third Party Payer	N26	Individual Event				✓	✓	✓						✓	
PrEP Medical Services	PrEP Eligibility Assessment	N23	Individual Event						✓							
	PrEP Initial Medical Visit	N09	Individual Event	✓			✓	✓							✓	
	PrEP Initial Medical Visit - Third Party Payer	N27	Individual Event				✓	✓							✓	
	PrEP Follow-up – Medical	N12	Individual Event	✓			✓	✓							✓	
	PrEP Follow-up – Medical - Third Party Payer	N30	Individual Event				✓	✓							✓	
PEP Medical Services	PEP Eligibility Assessment	N01	Individual Event							✓						
	PEP Initial Medical Visit	N05	Individual Event	✓			✓	✓	✓						✓	
	PEP Initial Medical Visit - Third Party Payer	N34	Individual Event				✓	✓	✓						✓	
	PEP Emergency Prescription (Medical)	N36	Individual Event							✓						
	Confirmation of PEP Starter Pack Distribution	N37	Individual Event							✓						
	PEP Follow-up Medical Visit	N89	Individual Event	✓			✓	✓	✓						✓	
	PEP Follow-up Medical Visit - Third Party Payer	N90	Individual Event				✓	✓	✓						✓	

[This page left intentionally blank.]

	PHS Service Type	PHS Code	Payment Type	SBH	LTP	OCP	EBP	ADL	PCE	PCC	BTP	BCP	SNC	UND	NCT	TPT	
Linkage & Support Services	Benefits Navigation	470	Individual Event	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	
	Linkage to STI Treatment	N56	Individual Event								✓						
	Linkage to Services	P69	Individual Event	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	
	Linkage to PrEP Provider	N31	Individual Event		✓	✓			✓		✓	✓	✓			✓	
	Linkage to PEP Provider	N42	Individual Event		✓	✓				✓	✓	✓				✓	
	Appointment Support	N44	Individual Event	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	
	Appointment Support with Transportation	N45	Individual Event	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	
	Follow-up Communication	N46	Individual Event		✓	✓						✓	✓	✓			✓
	Linkage to Care within 14 days	N54	Individual Event	✓		✓	✓	✓	✓			✓	✓			✓	✓
	Linkage to Care between 15 and 30 days	N55	Individual Event	✓		✓	✓	✓	✓			✓	✓			✓	✓
	Linkage to Care between 31 and 365 days	N57	Individual Event	✓		✓	✓	✓	✓			✓	✓			✓	✓
	Linkage to iART – Same day	N77	Individual Event														✓
	Linkage to iART – 1-4 days	N78	Individual Event														✓
	PEP Support	N91	Individual Event	✓			✓	✓	✓							✓	
	PrEP Support	N95	Individual Event	✓			✓	✓								✓	
iART - Same day	N73	Individual Event	✓			✓	✓	✓							✓		
iART Services	iART - 1-4 days	N74	Individual Event	✓			✓	✓	✓						✓		
	PrEP Starter Pack/PrEP Medication	N29	Individual Event	✓			✓	✓							✓		
Medication Services	PEP Starter Pack/PEP Medication	N20	Individual Event	✓			✓	✓	✓	✓					✓		

Payability Rules for Sexual and Behavioral Health Contracts [SBH]

See Common Rules Section for These Services	
Rapid Tests (218)	
Confirmatory Test (333)	
STI Gonorrhea/Chlamydia Treatment (P97) and STI Syphilis Treatment (P98)	
PrEP Initial Medical Visit (N09)	
Vaccination (N15)	
PEP Initial Medical Visit (N05)	
Linkage to Services (P69)	

Mental Health/Substance Use Screening, Brief Intervention & Referral to Treatment (P96)	
Payment Processing	In order to be processed for payment, the record must show that all four screenings (PHQ9, GAD, DAST and AUDIT) have been completed. The record must also show that the client either received or refused the brief intervention for mental health or substance use.

Hepatitis B and C Screenings (P67)	
Rules Assessed Automatically That May Make Items Recoupable	Only one hepatitis screening is payable per client per contract year.

Hepatitis C RNA Testing (P99)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Hepatitis C RNA Testing is payable per client per contract year.

Mental Health/Substance Use Referral (P70)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Mental Health/Substance Use Referral is payable per client per enrollment.

Counseling - Substance Use Individual (049) & Counseling - Mental Health Individual (050)	
Rules Assessed Automatically That May Make Items Recoupable	Only 20 Individual counseling – AOD services or Individual counseling – MH services of any combination per contract year per client are payable.

Payability Rules for HIV Testing and Status – Neutral Prevention and Care Navigation in Brooklyn [BTP]

See Common Rules Section for These Services	
Intake and Assessment (115)	
Confirmatory Test (333)	
Appointment Support with Transportation (N45)	
Linkage to Services (P69)	

Lab-based 4th generation HIV Test (N52)	
Payment Processing	A test record that has no test result will not be processed for payment. The test must be one of the acceptable test types in order to be processed for payment.

Point of Care 4th generation HIV Test (N53)	
Payment Processing	A test record that has no test result will not be processed for payment. The test must be the acceptable test type in order to be processed for payment.

Linkage to Care 0 – 14 days (N54)	
Payment Processing	A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen within 14 days of the HIV screening test.

Linkage to Care 15 – 30 days (N55)	
Payment Processing	A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen between 15 and 30 days of the HIV screening test.

Linkage to STI Treatment (N56)	
Rules Assessed Automatically That May Make Items Recoupable	Only four Linkage to STI Treatment services per client per contract year.

Linkage to Care 31 – 365 days (N57)	
Payment Processing	A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date. The linkage to care must happen between 31 and 365 days of the HIV screening test.

Payability Rules for Status Neutral – Care Coordination [SNC]

See Common Rules Section for These Services	
Service Plan Development (225)	
Appointment Support with Transportation (N45)	

Linkage to PrEP Provider (N31)	
Rules Assessed Automatically That May Make Items Recoupable	Only three Linkage to PrEP Provider services are payable per client per contract year.

Service Plan Update (226)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Service Plan Update per six months.

Payability Rules for Undetectables Viral Load Suppression Program [UND]

Provisional of Financial Incentive (Q17)	
Rules Assessed Automatically That May Make Items Recoupable	Only four Provision of Financial Incentive services are payable in 365 Days.

Payability Rules for Status Neutral Linkage and Navigation in Clinical Settings [NCT]

Payment Processing: There must be a previous Baseline Assessment record in the same enrollment period in order for the following services to be payable.	
Reassessment (076)	
HIV Testing (218) and HIV Testing Third Party Payer (M60)	
Confirmatory Test (333) and Confirmatory Test Third Party Payer (M59)	
STI Testing – Gonorrhea/Chlamydia (M62) & STI Testing – Gonorrhea/Chlamydia Third Party Payer (M63)	
STI Testing – Syphilis (M06) & STI Testing – Syphilis Third Party Payer (M61)	
STI Treatment Syphilis (P98) & STI Treatment Syphilis Third Party Payer (N24)	
STI Treatment Gonorrhea/Chlamydia (P97) & STI Treatment Gonorrhea/Chlamydia Third Party Payer (N25)	
Vaccinations (N15) and Vaccinations Third Party Payer (N26)	
iART – Same day (N73)	
iART – 1-4 days (N74)	
iART Care Plan Development (225)	
Linkage to Care - 0-14 days (N54)	
Linkage to Care - 15-30 days (N55)	
Linkage to Care - 31-365 days (N67)	
Appointment Support (N44)	
Appointment Support with Transportation (N45)	
Linkage to Services (P69)	
Benefits Navigation (470)	
PrEP Support (N95)	
PEP Support (N91)	
PrEP Initial Medical Visit (N09) & PrEP Initial Medical Visit Third Party Payer (N27)	
PrEP Follow-up (Medical) (N12) & PrEP Follow-up – Medical Third Party Payer (N30)	
PEP Initial Medical Visit (N05) & PEP Initial Medical Visit Third Party Payer (N34)	
PEP Follow-up Visit (N89) & PEP Follow-up Medical Visit Third Party Payer (N90)	
PrEP Starter Pack/ PrEP Medication (N29)	
PEP Starter Pack/ PEP Medication (N20)	
Health Education (N92)	
Short Intake Assessment (N71)	
Rules Assessed Automatically That May Make Items Recoupable	Only one Short Intake Assessment per client per enrollment is payable.

Payability Rules for Targeted HIV Testing Among Priority Populations [TPT]

Payment Processing: There must be a previous Baseline Assessment (115) service in the same enrollment period in order to be payable.
Linkage to PrEP Provider (N31)
Linkage to PEP Provider (N42)
Linkage to iART – Same day (N77)
Linkage to iART – 1-4 days (N78)
Linkage to Care – 0-14 days (N54)
Linkage to Care – 15-30 days (N55)
Linkage to Care – 31-365 days (N57)
Appointment Support (N44)
Appointment Support with Transportation (N45)
Benefits Navigation (470)
Linkage to Services (P69)
Follow-up Communication (N46)

Payment Processing: For the following services, a Short Intake Assessment (code N71) is sufficient for payment
HIV Testing (218)
Confirmatory Test (333)

Linkage to iART – Same day (N77) & Linkage to iART – 1-4 days (N78)	
Payment Processing	Linkage to iART services are distinguished based on a clock that starts with the date the HIV screening test result (with a reactive result) was delivered to the client. If the HIV screening test does not exist, the enrollment date is used as a start date instead. The clock ends with the linkage appointment date.
Rules Assessed Automatically That May Make Items Recoupable	Only one Linkage to iART service per client per contract year.

VIII. Common Rules

A. Outreach, Intake, and Service Planning

Targeted Outreach / Case Finding (545)		
ADL BCP BTP HRM OCP PST TPT	Payment Processing	Only events which made at least ten contacts or at least three engagements will be processed for payment.
HRS	Payment Processing	Must have ten people contacted.
ADL BCP BTP HRM OCP PST TPT	Payment Processing	The event must last at least two hours.
Intake and Assessment (115)		
ADL BCP BTP EBP FBT FNS LTP MCT MNT NCT OCP PCE PST SBH SNC TPT	Rules Assessed Automatically That May Make Items Recoupable	Only one Intake & Assessment service is payable for each client enrollment period.
CCR FBT MCT MNT NMG PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Assessment-related services (the original Intake Assessment and subsequent Reassessments) are payable only four times within a 365-day period.
Service Plan Development (225)		
FNS MCT MNT PST SNC	Rules Assessed Automatically That May Make Items Recoupable	Only one Assessment and Comprehensive Care Plan Development is payable for each client enrollment period.
CCR MCT MNT NMG PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Service Plan-related services (the original Service Plan Development and subsequent Service Plan Updates) are payable only four times within a 365-day period.

Reassessment (076)		
FBT FNS HRM MCT MHV MNT NMG PST SCG, SCI CCR	Payment Processing	A reassessment service (Code 076), which is based on the eSHARE service type detail 'Reassessment (clinical, psychosocial, general health/well-being, housing, enrollments, etc.)', will not be recognized unless both an Individual Services Delivered form and a Reassessment form have been entered in eSHARE, with the service date on the former having the same date as the Date of Reassessment on the latter.
CCR FBT MCT MNT NMG PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Assessment-related services (the original Intake Assessment and subsequent Reassessments) are payable only four times within a 365-day period.

Service Plan Update (226)		
CCR HRM MCT MHV MNT NMG PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Service Plan Updates are payable only four times within a 365-day period.

B. HIV Testing and Linkage to Care

HIV Pre-test Counseling and Rapid Testing (218) & HIV Testing Third Party Payer (M60)		
ADL EBP PCE NCT SBH TPT	Payment Processing	A test record that has no test result will not be processed for payment.
	Rules Assessed Automatically That May Make Items Recoupable	<ol style="list-style-type: none"> (1) In the case of two screening tests under the same form ID with the same test type for the same client on the same day, with one having a reactive result and one having a non-reactive result, neither will be payable. (2) In the case of two Point of Care screening tests under the same form ID with reactive results for the same client on the same day, only one is payable unless they use two different Point of Care test types. (3) In the case of two screening tests with non-reactive results for the same client on the same day, only one is payable, unless one is a Point of Care test while the other is lab-based. For both to be payable, both screening tests must be entered under the same eSHARE Form ID. (4) In the case of two screening tests for the same client on the same day with different Form IDs, only one test will be payable.
ADL EBP PCE NCT SBH TPT	Rules Assessed Automatically That May Make Items Recoupable	Any test that is reported for the same client on the same day in more than one of an agency's contracts will have both records (under both contracts) marked for recoupment. It is the responsibility of the agency to review marked records, determine which contract actually provided the test, and correct the reporting.
ADL EBP PCE NCT SBH TPT	Rules Assessed Automatically That May Make Items Recoupable	Each client may be tested up to four times per contract year.

HIV Positive Confirmatory Test, Results Provided (333) & Confirmatory Test Third Party Payer (M59)		
ADL BTP EBP PCE NCT SBH TPT	Payment Processing	A confirmatory test that does not have an earlier HIV screening test entered in eSHARE under the same Form ID will not be processed for payment.
	Rules Assessed Automatically That May Make Items Recoupable	A confirmatory test is only payable if an earlier HIV antibody test was reactive OR if the confirmatory test uses NAAT/RNA technology. Only one confirmatory test per client is payable, with the exception of situations where a second test is necessary because the first test was (a) indeterminate; (b) negative and an OraSure HIV-1 western blot; or (c) invalid. A confirmatory test is not payable if it is performed using rapid test technology.

Linkage to Care 0 - 14 days (N54), Linkage to Care 15 - 30 days (N55), & Linkage to Care 31 - 365 days (N57)		
ADL BCP BTP EBP NCT OCP PCE SBH TPT	Payment Processing	(1) A linkage to care for a client identified by testing must have an earlier HIV Screening test with a date of test results received. The timeframe for a linkage to care for a client who was known positive will be based on the enrollment date. (2) Linkage to care services are distinguished based on a clock that starts with the date the HIV screening test (with a reactive result) was delivered to the client. If the client is a known positive, the enrollment date is used as a start date instead.
	Rules Assessed Automatically That May Make Items Recoupable	A second linkage to care for the same client is not payable.

Payment Processing: A linkage to care will not be processed for payment unless it is indicated in eSHARE that the client attended an appointment on a specific date.				
	SBH	BTP, BCP	ADL, EBP, PCE, OCP	NCT, TPT
Linkage to Care 0 - 14 days (N54)	✓	✓	✓	✓
Linkage to Care 15 - 30 days (N55)	✓	✓	✓	✓
Linkage to Care 31 - 365 days (N57)	✓	✓	✓	✓

C. Family and Group Services

Recoupment Rules: Family Services that are only payable if they have at least two participants.					
	HRM	MHV	MNT	PST	SCG, SCI
AOD Counseling - Family (031)	✓	✓	✓		
Mental Health Counseling - Family (032)		✓	✓		
Treatment Adherence Counseling - Family (237)		✓	✓		
Overdose Prevention Training - Family (Q11)	✓				
Family Counseling – Office (329)				✓	✓

Recoupment Rules: The payment unit is the attendee. A maximum of six attendees are payable per session.						
	FBT	HRM	MHV	MNT	PST	SCG, SCI
Nutritional Education Group (M49)	✓					
AOD Counseling – Group (P87)		✓	✓	✓		
Mental Health Counseling – Group (P88)			✓	✓		
Treatment Adherence Counseling – Group (P89)			✓	✓		
Group Counseling – Supportive (P91)					✓	✓
Seeking Safety – Group (Q14)		✓	✓	✓	✓	✓
Wellness – Group (Q15)			✓	✓		
Health Education - Group (Q20)		✓				

Recoupment Rules: Group Services are only payable if they have at least three participants, including both those paid by Ryan White and those paid by other funding sources. In the situation of only one or two participants arriving for a scheduled group service, a service provider may provide each client with a separate individual counseling session. Providing a joint service to two participants and reporting it as two individual services is not permitted.					
	HRM	MHV	MNT	PST	SCG, SCI
AOD Counseling - Group (P87)	✓	✓	✓		
Mental Health Counseling - Group (P88)		✓	✓		
Treatment Adherence Counseling - Group (P89)		✓	✓		
Group Counseling – Supportive (P91)				✓	✓
Seeking Safety - Group (Q14)	✓	✓	✓	✓	✓
Wellness – Group (Q15)		✓	✓		

Seeking Safety – Group (Q14)		
HRM MHV MNT PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Only one Seeking Safety - Group per day per client.

Nutritional Education Group (M49)		
FBT FNS	Rules Assessed Automatically That May Make Items Recoupable	A nutritional education group is only payable if at least three participants attend, including those paid by Ryan White and other funding sources. At least one participant must be enrolled in the program.
	Rules Assessed During Site Visits That May Make Items Recoupable	Only one nutritional education group per client within a seven-day period is payable.

AOD Counseling Services - Family (031), Individual (049), and Group (P87)		
MHV MNT	Rules Assessed Automatically That May Make Items Recoupable	No more than 10 services of the AOD Counseling service types together (individual, family, group) are payable per client per month.

Mental Health Counseling Services - Family (032), Individual (050), and Group (P88)		
MHV MNT	Rules Assessed Automatically That May Make Items Recoupable	No more than 10 services of the Mental Health Counseling service types together (individual, family, group) are payable per client per month.

Treatment Adherence Counseling Services - Family (237), Individual (239), Group (P89)		
MHV MNT	Rules Assessed Automatically That May Make Items Recoupable	No more than 10 services of the Treatment Adherence Counseling service types together (individual, family, group) are payable per client per month.

D. PrEP, PEP and Primary Behavioral and Sexual Health Services

Payment Processing: Client must be insured at the time of service.				
	EBP	ADL	PCE	NCT
HIV Testing - Third Party Payer (M60)	✓	✓	✓	✓
HIV Confirmatory Test - Third Party Payer (M59)	✓	✓	✓	✓
STI Testing - Syphilis - Third Party Payer (M61)	✓	✓	✓	✓
STI Testing - Gonorrhea/Chlamydia - Third Party Payer (M63)	✓	✓	✓	✓
STI Treatment Syphilis - Third Party Payer (N24)	✓	✓	✓	✓
STI Treatment Gonorrhea/Chlamydia - Third Party Payer (N25)	✓	✓	✓	✓
Vaccination - Third Party Payer (N26)	✓	✓	✓	✓
PrEP Initial Medical Visit - Third Party Payer (N27)	✓	✓		✓
PrEP Follow Up Medical - Third Party Payer (N30)	✓	✓		✓
PEP Initial Medical Visit - Third Party Payer (N34)	✓	✓	✓	✓
PEP Follow Up Medical Visit – Third Party Payer (N90)	✓	✓	✓	✓

STI Testing - Syphilis (M06) & STI Testing - Syphilis Third Party Payer (M61)		
ADL BTP EBP NCT PCE SBH	Rules Assessed Automatically That May Make Items Recoupable	Only four services are payable per client per contract year.

STI Testing - Gonorrhea/Chlamydia (M62) & STI Testing - Gonorrhea/Chlamydia Third Party Payer (M63)		
ADL BTP EBP NCT PCE SBH	Payment Processing	A unit of payment is counted for each anatomical site tested.
	Rules Assessed Automatically That May Make Items Recoupable	Only four services are payable per client per contract year.

STI Treatment Gonorrhea/Chlamydia (P97) & STI Treatment Gonorrhea/Chlamydia Third Party Payer (N25)		
ADL EBP NCT PCE SBH	Payment Processing	An STI treatment record will not be processed for payment unless it indicates that treatment was initiated for the appropriate STD.

STI Treatment Syphilis (P98) & STI Treatment Syphilis Third Party Payer (N24)		
ADL EBP NCT PCE SBH	Payment Processing	An STI treatment record will not be processed for payment unless it indicates that treatment was initiated for the appropriate STD.

Vaccination (N15) & Vaccination Third Party Payer (N26)		
ADL EBP HRS NCT PCE SBH	Rules Assessed Automatically That May Make Items Recoupable	A vaccination service for Hepatitis A (Alone), or for Hepatitis B (Alone), is not payable if the client also has a TwinRix vaccination on the same date.
	Rules Assessed Automatically That May Make Items Recoupable	Each vaccination service type is allowed once per client per day.

PEP Starter Pack/PEP Medication (N20) & PrEP Starter Pack/PrEP Medication (N29)		
ADL EBP NCT PCC PCE SBH	Payment Processing	Payment units are based on the number of days provided in the starter pack or regimen.

The total sum of the following services cannot exceed 34% of the total MRA:		
NCT SBH	Payment Processing	STI Treatment (Gonorrhea/Chlamydia) (P97)
		STI Treatment (Syphilis) (P98)
		Vaccinations (N15)
		PEP Starter Pack/PEP Medication (N20)
		PrEP Starter Pack/PrEP Medication (N29)
		PEP Initial Medical Visit (N05)
		PEP Follow-up Medical Visit (N89)
		PrEP Initial Medical Visit (N09)
		PrEP Follow-up Medical Visit (N12)

E. Other Individual Services

Outreach for Client Reengagement (P56)		
HRM MHV SCG, SCI	Payment Processing	An outreach for client reengagement is payable only within the 90 days following the most recent face-to-face service with the client.
CCR MCT MNT PST	Payment Processing	An outreach for client reengagement is payable only within the 90 days following the most recent missed appointment.

Seeking Safety - Individual (P61)		
HRM MHV MNT PST SCG, SCI	Rules Assessed Automatically That May Make Items Recoupable	Only one Seeking Safety - Individual is payable per day per client.

Appointment Support (N44)		
ADL BCP BTP EBP LTP NCT OCP PCC PCE SBH TPT	Rules Assessed Automatically That May Make Items Recoupable	Only one unique Appointment Support service type is payable per client per day

Appointment Support with Transportation (N45)		
ADL BCP BTP EBP LTP NCT OCP PCC PCE SBH SNC	Payment Processing	Must be escorted to medical appointment.
	Rules Assessed Automatically That May Make Items Recoupable	Only one unique Appointment Support with Transportation service type is payable per client per day

TPT		
Case Conference (without client) (N83)		
CCR MCT	Payment Processing	Must specify if client was <u>not</u> present.
Case Conference (with client) (N84)		
CCR MCT	Payment Processing	Must specify if client was present.
iART – Same day (N73) & iART – 1-4 days (N74)		
ADL EBP NCT PCE SBH	Payment Processing	iART services are distinguished based on a clock that starts with enrollment date and ends with the date medication was dispensed.
Benefits Navigation (470)		
ADL BCP BTP EBP LTP NCT OCP PCE TPT	Payment Processing	Only pay for one type of Benefits Navigation assistance (PEP, PrEP, HIV care, Insurance, or Other) per service date.
Comprehensive Nutritional Assessment (035)		
FBT FNS	Rules Assessed Automatically That May Make Items Recoupable	Only one comprehensive nutritional assessment per client is payable within an enrollment period.
Individual Nutritional Counseling (P09 and P10)		
FBT FNS	Rules Assessed Automatically That May Make Items Recoupable	Only one nutritional counseling session per client within a seven-day period is payable.
Congregate Meals, Home-Delivered Meals and Pantry Bag Distribution (P46, 046, 066)		
FBT FNS	Rules Assessed During Site Visits That May Make Items Recoupable	No more than twenty one meals of all three types together (congregate meals, home-delivered meals, pantry bag distribution) per index client are payable per week. An index client's dependent children are the only collaterals who are eligible to receive meals.
Linkage to Social Services (P69)		
ADL BCP BTP EBP LTP NCT OCP PCE SBH TPT	Payment Processing	The service is only payable if its disposition is one of the following three: Completed, Refused or cancelled by agency staff, Client showed but appointment not completed, not rescheduled.
	Rules Assessed Automatically That May Make Items Recoupable	Each referral type (e.g. to Legal Services, to Health Insurance, to Mental Health Services) is only payable once per client. Only four Linkage to Services (P69) are payable per client per contract year.
CCR MCT	Payment Processing	Must specify "verification" as coordination activity.
Client Engagement (P55)		
MCT MNT	Payment Processing	Only events that meet at least one (1) of the following criteria will be processed for payment: 1) Phone/text/email engagement (<u>successful</u> contact) achieved with client 2) <u>Successful</u> or <u>attempted</u> face-to-face contact delivered in the field