

2022 Amendment

to

CDPHP ANCILLARY PROVIDER AGREEMENT
Behavioral Health Clinic Services

This amendment (hereinafter "Amendment") is made and entered into as of April 01, 2022 ("Effective Date") by and between CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC., a not-for-profit corporation duly organized and existing under the laws of the State of New York and certified under Article 44 of the Public Health Law of the State of New York having as a principal office for the transaction of business 500 Patroon Creek Boulevard, Albany, New York 12206-1057 and its Affiliates (collectively, "CDPHP"), and **Albany County Department of Mental Health** (hereinafter "Provider").

WHEREAS, CDPHP and Provider have previously entered into a CDPHP Ancillary Provider Agreement which is currently in effect (the "Agreement"); and

WHEREAS, CDPHP and Provider desire to modify the CDPHP Ancillary Provider Agreement to allow for billing and payment of Child Health Plus Covered Services at the New York State APG Rates.

NOW, THEREFORE, in consideration of the premises set forth herein and other good and valuable consideration the receipt and adequacy of which is hereby acknowledged by the parties, the parties agree as follows:

FIRST: Effective April 01, 2022, Schedule E shall be deleted and replaced with a new Schedule E, to read in its entirety as attached hereto.

SECOND: In the event of any conflict between the terms and provisions of this Amendment and those of the Agreement, the terms and provisions of this Amendment shall control and supersede, and shall take priority over, those of the Agreement, but only to the extent of any such conflict.

THIRD: Except as specifically modified by this Amendment, the Agreement shall remain unchanged and in full force and effect.

FOURTH: The individual signing this Amendment on behalf of Provider represents and warrants that s/he is duly authorized and has legal capacity to execute and deliver this Amendment on behalf of Provider and agrees to indemnify and hold harmless CDPHP from any claim that such authority did not exist. Each party represents and warrants to the other that this Amendment is binding upon such party and enforceable in accordance with its terms.

**Albany County Department of Mental
Health**

**CAPITAL DISTRICT PHYSICIANS'
HEALTH PLAN, INC.**

Signature

**Denise Corcoran
Senior Vice President, Healthcare Network
Strategy**

Print Name / Title

Date

Date

SCHEDULE E
to
CDPHP ANCILLARY PROVIDER AGREEMENT
by and between
CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN, INC.,
And
Albany County Department of Mental Health

REIMBURSEMENT FOR GOVERNMENT PRODUCTS

The parties agree that Provider will provide the listed Covered Services in accordance with Articles II and III of the Agreement, and CDPHP will compensate Provider in accordance with Article IV of the Agreement. Provider shall bill CDPHP for such services utilizing the corresponding and appropriate descriptive codes listed below.

I. Alcohol/Substance Services

A. Alcohol / Substance Services.

CDPHP Medicaid, Child Health Plus and HARP Products: CDPHP will pay Provider for outpatient alcohol and substance abuse Covered Services provided by Qualified Personnel at One Hundred percent (100%) of the New York State APG Rates posted on the NYS DOH HCS website on the date of service. For purposes of this paragraph, "Qualified Personnel" shall be as that term is defined by the New York State Office of Addiction Services and Supports. CDPHP will pay Provider for non-APG outpatient mental health Covered Services at the CDPHP Medicaid fee amount.

II. Mental Health Services

CDPHP Medicaid (Select Plan and HARP) and Child Health Plus Products: CDPHP will pay Provider for outpatient mental health Covered Services provided by Qualified Personnel at one hundred percent (100%) of the New York State APG Rates posted on the NYS DOH website on the date of service. To receive payment at New York State APG Rates, Provider must comply with CDPHP's claims submission requirements and NYS DOH policies and billing guidance for submitting claims under the APG methodology. For purposes of this paragraph, "Qualified Personnel" shall be as that term is defined by the New York State Office of Mental Health. CDPHP will pay Provider for non-APG outpatient mental health Covered Services at the CDPHP Medicaid fee amount unless otherwise set forth below.

<u>Description</u>	<u>Rate</u>
Mobile Crisis Services	NYS Medicaid Rate