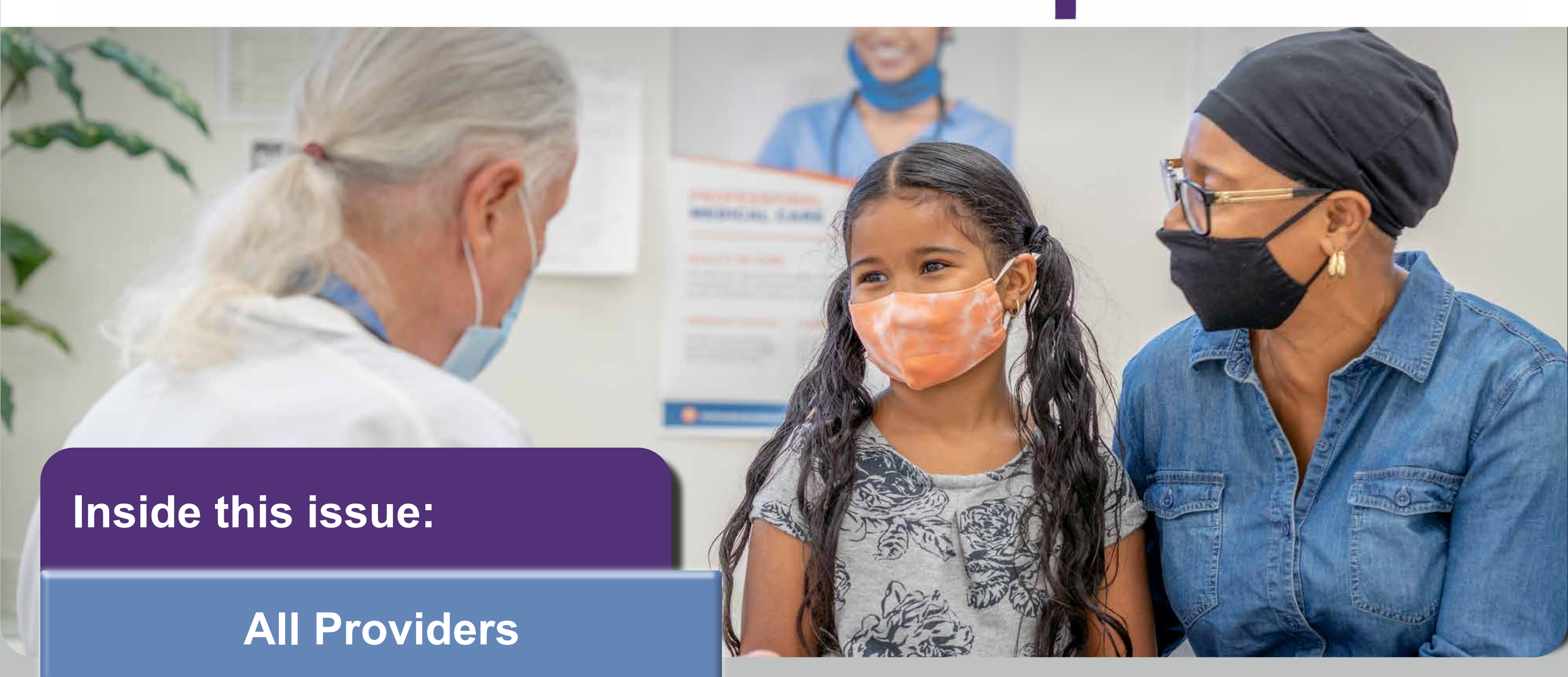
Department of Health | Medicaid Program

March 2021
Volume 37 | Number 3

Medicaid Update



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Reminder: All Providers Serving Children

As a reminder, New York State (NYS) Medicaid-covered children/youth in the care of Voluntary Foster Care Agencies (VFCAs) or placed in foster homes certified by Local Departments of Social Services (LDSS) will be enrolled in Medicaid Managed Care Plans (MMCPs) on or after July 1, 2021, including in Mainstream MMCPs and HIV Special Needs Plans (HIV-SNP), unless they are otherwise excluded or exempt from mandatory Medicaid managed care. **Effective July 1, 2021**, VFCAs will no longer be payors for services provided to this population; providers will be reimbursed directly by Medicaid fee-for-service (FFS) or the children's/youth's MMCP.

In preparation for this transition, MMCPs will contract with VFCAs as they become licensed to provide a limited set of health-related services to children/youth in their care pursuant to Article 29-I of the NYS Public Health Law. MMCPs are also seeking and offering contracts with community providers with expertise in working with, as well as, treating the foster care population. Pharmacies and other providers serving this population are strongly encouraged to enroll in the NYS Medicaid program and then engage with MMCPs in their area to ensure continued coverage for their members, as VFCAs will no longer be the payor for these services after this transition.

All medications and supplies that are not part of the managed care benefit package will be reimbursed under Medicaid FFS, effective July 1, 2021. The Foster Care Pharmacy Carve-Out list will no longer apply. Pharmacies and Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPROS) that provide drugs/products to children/youth in the care of VFCAs must enroll in Medicaid FFS prior to July 1, 2021, to be reimbursed by Medicaid FFS for medications, equipment and supplies provided to this population.

Information and Questions:
- Policy requirements for this transition, including continuity of care requirements for transitioning children/youth enrolling in MMCPs, 29-I Health Facility rate information, and 29-I Health Facility services guidelines, can be located on the NYS Department of Health's 29-I Health Facility (VFCA Transition) web page.
- All questions may be directed to BH.transition@health.ny.gov.

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All Providers

Help Stop the Spread of COVID-19 by Sharing the COVID Alert NY App

New York State Department of Health's COVID Alert NY app is gaining participation with more New Yorkers every day. Please keep sharing the COVID Alert NY app information with partners and consumers. Together everyone can help stop the spread of this virus.

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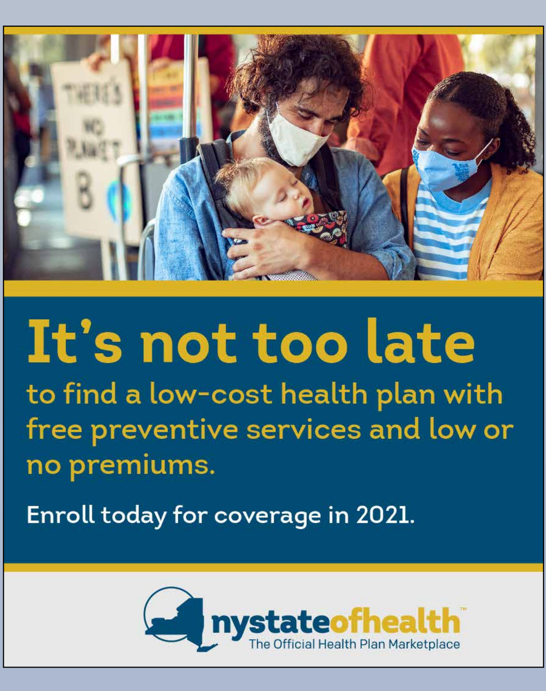
NY State of Health: Significant New Tax Credits Available Now to Lower the Cost of Health Coverage

Increased financial assistance is now available to current and new consumers enrolling in a health plan through NY State of Health, the state's official health plan marketplace. This financial assistance is being implemented as part of the American Rescue Plan which President Biden recently signed into law. More than 150,000 consumers who are already enrolled in coverage will receive increased tax credits, further lowering their health care costs. In addition, in June 2021, NY State of Health will expand tax credits to tens of thousands of additional New Yorkers with higher incomes who, before the American Rescue Plan, did not qualify for financial assistance. NY State of Health will provide information about the tax credits available to higher income individuals in the coming weeks.



To allow as many consumers as possible to access these enhanced tax credits and, in light of the ongoing public health emergency, the 2021 Open Enrollment Period has been extended through December 31, 2021. Consumers can apply for coverage through the NY State of Health website, by phone at (855) 355-5777, or by connecting with a free enrollment assistor via the NY State of Health's "Find a Broker/Navigator" search tool.

Additional Information:
- More detail is provided in the *How NY State of Health Enrollees Benefit from the American Rescue Plan* web page.
- NY State of Health insurance options during the COVID-19 emergency can be found at the NY State of Health Coronavirus (COVID-19) Information web page.

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Medicaid Consumer Fact Sheets Now Available

New York State Department of Health (DOH) Office of Health Insurance Programs (OHIP) has created Medicaid consumer fact sheets focused on chronic health conditions. Each fact sheet provides information regarding how a condition can be prevented and managed, as well as relevant Medicaid benefits that can be used to help enrollees stay healthy. Topics include diabetes, high blood pressure, asthma control, and HIV-PrEP (Human Immunodeficiency Virus - Pre-Exposure Prophylaxis).

Fact sheets can be found on the Medicaid Redesign Team (MRT) II Policies and Guidance web page, available in the following languages: English, Spanish, Traditional Chinese, Russian, Haitian Creole, Bengali and Korean.

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Policy and Billing

Medicaid Newborn Reporting and Billing Procedures for Hospitals in New York State

As required by Section 366-g of the New York Social Services Law (SSL), hospitals must report live births to the New York State (NYS) Department of Health (DOH) via the newborn reporting system. This system has been active through the local departments of social services since 2001 and statewide through NY State of Health since 2018. Hospitals must report each live birth of a child born to an individual receiving Medicaid to the NYS DOH within five (5) business days of the birth. Failure to report each birth within the established timeframe could result in a financial penalty of up to $3,500, per occurrence.

Establishing Medicaid Coverage for Birthing Individuals and Newborns

Hospitals are required to have procedures in place to correctly capture and report birthing individuals' Medicaid Client Identification Numbers (CINs). The CIN is the most accurate way for NYS DOH to identify an individual so that their newborn can be added to their Medicaid case. It is important for a birthing individual's demographic information to be reported as precisely as possible. Incorrect information may result in the inability to match the infant to the parent and delay establishing coverage for the newborn. Incorrect reporting of a birthing individual's CIN by a hospital can also cause a Health Insurance Portability and Accountability Act of 1996 (HIPAA) violation when a newborn is added to the wrong Medicaid case. NYS DOH must report all HIPAA violations to the Centers for Medicare and Medicaid Services (CMS) with identified corrective actions for preventing further violations.

A hospital that prematurely opens a newborn's Medicaid case on an NY State of Health account prior to reporting the birth through the NYS DOH automated newborn reporting system risks creating a duplicate CIN for the newborn and assigning incorrect coverage. Hospitals are instructed not to manually add newborns to NY State of Health accounts before the births are reported.

Billing for Hospital Services Provided to Newborns of Birthing Individuals

A hospital is responsible for capturing a birthing individual's correct Medicaid coverage information and billing appropriately. A hospital must not bill Medicaid fee-for-service (FFS) for a newborn when the identified birthing individual is enrolled in a Medicaid Managed Care Plan (MMCP). The birthing individual's MMCP is required to cover the newborn's stay in the hospital. Claims that are billed to and paid by Medicaid FFS for a newborn born to an individual enrolled in an MMCP will be recouped. The hospital must then rebill the MMCP to receive payment.

Questions

Questions regarding newborn reporting requirements or newborn enrollment for Medicaid can be emailed to NYSOH.Operations@health.ny.gov.

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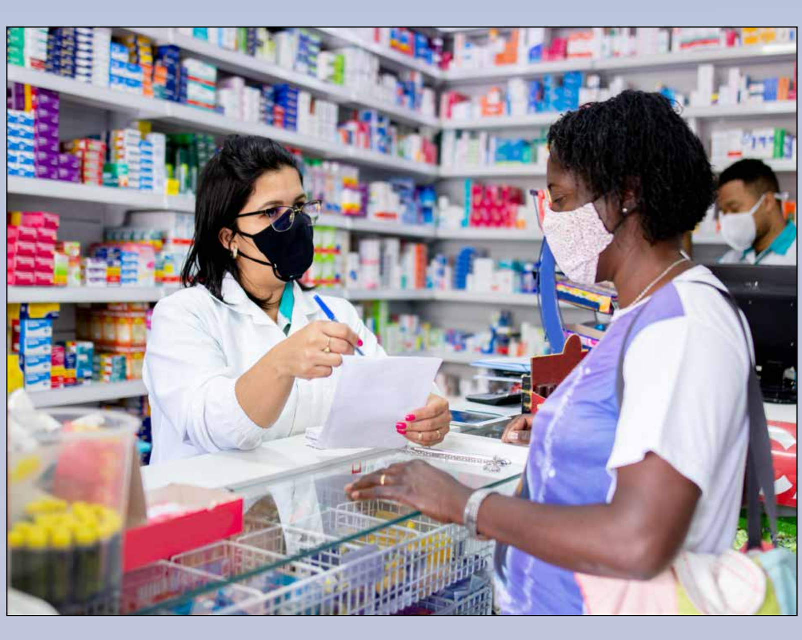
Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers

New York State (NYS) Medicaid requires enrollment of all licensed providers who serve Medicaid members, including prescribing practitioners identified on pharmacy claims per the Centers for Medicare and Medicaid Services (CMS) and federal regulations. However, under the Medicaid Provider Enrollment Compendium (MPEC) there are two exceptions to the provider enrollment requirement.

1. Interns, Residents and Foreign Physicians in Training – Unlicensed Physicians

In accordance with NYS Education Law Article 131 § 6526, unlicensed physicians who are residents, interns and foreign physicians participating in training programs, are authorized to prescribe. NYS Medicaid recognizes the authority under which these unlicensed providers may prescribe; however, these physicians are not eligible for enrollment into the Medicaid program without a license. MPEC allows unlicensed physicians to provide ordering/prescribing/referring/attending services to Medicaid members. The State Medicaid Agency (SMA) is not required to enroll a provider type, such as unlicensed physicians, for the purpose of complying with 42 of the Code of Federal Regulations (CFR) § 455.410(b) or § 455.440 when the provider type ***is ineligible*** to enroll in the NYS Medicaid Program.



Guidance and Billing

Additional guidance regarding claim submission for prescriptions written by unlicensed physicians can be found in articles within both the December 2018 and May 2019 issues of the *Medicaid Update*.

Documentation

With regard to any claims submitted for a prescription issued to a Medicaid enrollee by any unlicensed prescriber, records should be contemporaneously created and maintained supporting the issuance of such prescription. This requirement applies to all residents, interns and foreign physicians who participate in any medical training program. The documentation must include the National Provider Identifier (NPI) of the Medicaid provider who is responsible for supervising the prescribing unlicensed resident, intern or foreign physician in a training program.

All records related to the issuance of a prescription by non-enrolled prescribers are subject to production upon request by NYS, including but not limited to, by NYS Department of Health (DOH), Office of the Medicaid Inspector General (OMIG), Office of the State Comptroller (OSC) and the NYS Office of the Attorney General.

2. Out-of-State (OOS) Licensed Prescribers

Under federal regulations, all ordering or referring physicians or other professionals (ORPs) must be enrolled in the Medicaid Program. However, the MPEC allows for payment of prescription claims prescribed by OOS licensed physicians or ORPs under limited circumstances.

Please note: The billing guidance below does not apply to OOS licensed prescribers that are treating Medicaid members for more than a single instance of emergency care or order within 180 days, or more than one Medicaid member when the services provided are more readily available in another state within 180 days. Federal regulations require NYS Medicaid enrollment for these prescribers.

To view the billing guidance, which applies to OOS licensed prescribers enrolled in an "approved" status in Medicare or their own state's Medicaid plan, please refer to the *Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers article* in this month's edition.

Questions
All questions regarding this policy can be directed to the Medicaid Pharmacy Policy unit at ppno@health.ny.gov or by calling (518) 486-3209.

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Medicaid Breast Cancer Surgery Centers

Research shows that five-year survival rates are higher for women who have their breast cancer surgery performed at high-volume facilities. Therefore, it is the policy of New York State (NYS) Department of Health (DOH), that Medicaid members receive mastectomy and lumpectomy procedures associated with a breast cancer diagnosis at high-volume hospitals and ambulatory surgery centers defined as averaging 30 or more all-payer surgeries annually over a three-year period. Low-volume facilities will not be reimbursed for breast cancer surgeries provided to Medicaid members.

Each year, NYS DOH reviews the list of low-volume facilities and releases an updated list effective April 1, 2021. NYS DOH has completed its annual review of all-payer breast cancer surgical volumes for 2017 through 2019 using the Statewide Planning and Research Cooperative System (SPARCS) database. Ninety-six hospitals and ambulatory surgery centers throughout NYS were identified. These facilities have been notified of the restriction effective April 1, 2021. The policy does not restrict a facility's ability to be reimbursed for providing diagnostic or excisional biopsies and post-surgical care (chemotherapy, radiation, reconstruction, etc.) Medicaid members. For mastectomy and lumpectomy procedures related to breast cancer, Medicaid members should be directed to high-volume providers in their area.

NYS DOH will annually re-examine all-payer SPARCS surgical volumes to revise the list of low-volume facilities. The annual review will also allow previously restricted providers meeting the minimum three-year average all-payer volume threshold to be reimbursed for providing breast cancer surgery services for Medicaid members.

Questions and Additional Information:
- All questions regarding this policy can be directed to hcre@health.ny.gov.
- For more information on this policy and to view the full-list of restricted low-volume facilities, please refer to the NYS DOH Restricted Breast Cancer Surgery Facilities for Medicaid Recipients web page.

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Provider Directory

Office of the Medicaid Inspector General:
For suspected fraud or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit Office of Medicaid Inspector General (OMIG) web site.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:
Please visit the eMedNY website.

Providers wishing to listen to the current week's check/EFT amounts:
Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

For questions about billing and performing MEVS transactions:
Please call the eMedNY Call Center at (800) 343-9000.

Provider Training:
Please enroll online for a provider seminar. For individual training requests, call (800) 343-9000.

Beneficiary Eligibility:
Call the Touchtone Telephone Verification System at (800) 997-1111.

Medicaid Prescriber Education Program:
For current information on best practices in pharmacotherapy, please visit the following websites:
- DOH Prescriber Education Program page
- Prescriber Education Program in partnership with SUNY

eMedNY
For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another NPI, or revalidating an existing enrollment, please visit eMedNY's Provider Enrollment page and choose the appropriate link based on provider type.

NY Medicaid Electronic Health Record (EHR) Incentive Program
Contact the New York Medicaid EHR Call Center at (877) 646-5410 for assistance.

Comments and Suggestions Regarding This Publication
Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.

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The Medicaid Update is a monthly publication of the New York State Department of Health

Howard A. Zucker, M.D., J.D.
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Donna Frescatore
Medicaid Director
Office of Health Insurance Programs