Medicaid Update



following advantages:

Medical Transportation Services (Cover) Reminder: Sign Up for eMedNY Training Webinars

Reminder: Facilities that Affiliate Practitioners NY State of Health Announces Enrollment in Qualified Health Plan Coverage Remains Open, Enrollment Continues to Climb

Reminder of Changes Impacting Providers Serving Children

Groups

Policy and Billing New York Collaborative Care Medicaid Program

Coverage for Developmental Screening, including Autism Spectrum Disorder, in the "First Three Years of Life"

Update to Dental Clinic Billing Logic in Ambulatory Patient

Provider Directory

They delivered advance hardcopy are in rosters, enable earlier which payment submission and storage of electronic PA rosters They have on

Non-Emergency Medical Transportation Services

Providers who currently receive hardcopy prior approval (PA) rosters for

non-emergency medical transportation (NEMT) services are encouraged to switch to

electronic paper/PDF (Portable Document Format) PA rosters, which offer the

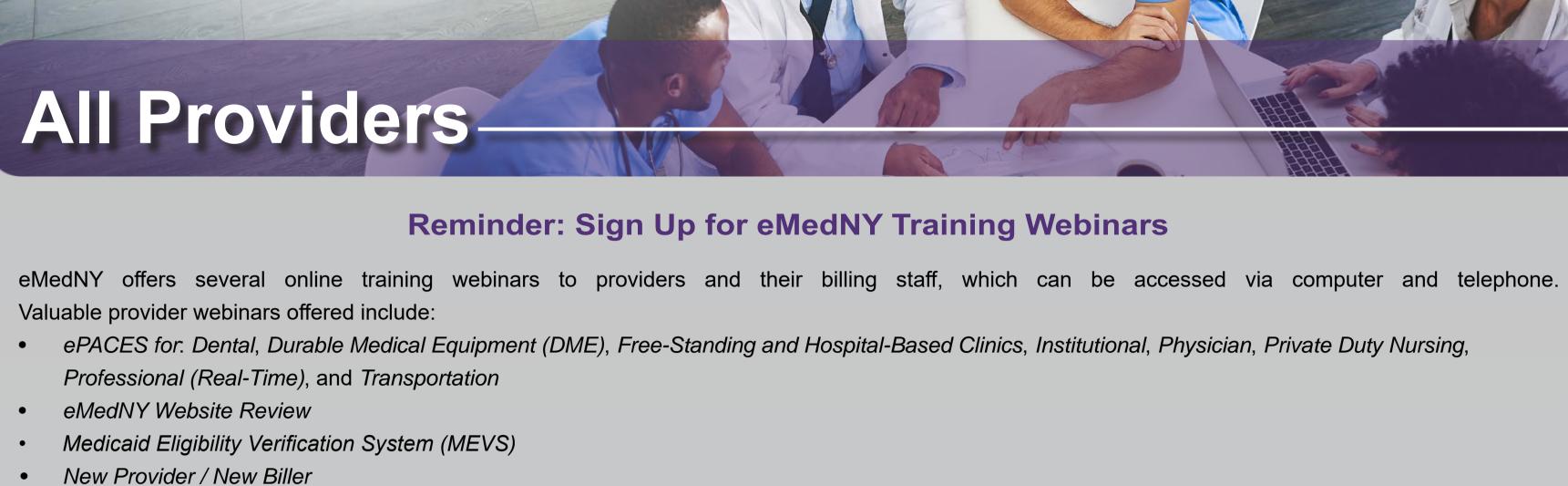
claims; personal of historical information; computer, which make for easy retrieval the Provider **Assisted** They be received in electronic (ePACES) eXchange; Claim Entry System the or and

• Their delivery does not rely on the United States Postal Service (USPS). Electronic paper/PDF PA rosters are delivered as PDF files that can be viewed via Adobe Acrobat™, available free of charge. Rosters can then be printed, saved on computers for future reference, or saved as electronic records. Weekly rosters for NEMT service providers posted

to the eXchange every Monday. Providers already enrolled in ePACES are

automatically enrolled in eXchange. To request electronic paper/PDF PA rosters

through providers delivered the eXchange, be must complete Electronic Request Form. **Please** note: **Providers** the must in ePACES PA advice. requesting electronic prior to enrolled **Questions and Additional Information** questions related to signing for **ePACES** up and eXchange, as well as Electronic PA Rosters advice, should directed to the eMedNY Call Center at (800) 343-9000. **↑**Back to Top



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by meeting with an in-person assistor via the NY State of Health "Find a Broker/ Navigator" search tool, or by calling the

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November 16, 2021. Consumers Monday through Friday from 8 a.m. to 8 must All health plans offered through NY State of p.m. and Saturdays from 9 a.m. to 4 p.m. enroll by January 15, 2022 for health coverage beginning February 1, 2022. Health cover preventive care, such as routine Extended customer service hours during the 2022 Open Enrollment Period are Saturday, doctor visits and screenings, at no additional American Rescue Plan Act (ARPA) tax credits cost. In addition to QHPs, NY State of Health January 15, 2022 from 9 a.m. to 4 p.m. remain available throughout 2022 to help offers eligible New Yorkers the opportunity and Saturday, January 29, 2022, from

MMC Plans have already established, and will continue to offer, contracts with community providers with expertise in working with and treating the foster care population. Pharmacies and other providers serving this population are strongly encouraged to enroll in the NYS Medicaid program and engage with MMC Plans in their area to ensure continued coverage for their patients. LDSS are reminded of the critical importance to verify and/or establish Medicaid immediately upon a child/youth entry into foster care to prevent potential delays in coverage and/or payment below:

receiving identification (ID) cards.

Primary care providers not participating in

the New York State (NYS) Collaborative Care

Medicaid Program (CCMP) are encouraged to

do so to qualify for up to \$150 per month per

outcomes, measurement-based practice, and the

treatment to target approach. Trained primary

care providers as well as embedded behavioral

health professionals provide evidence-based

consultation and treatment adjustment for

patients who are not improving as expected.

NYS Collaborative Care Medicaid Program

Since 2015, the NYS Office of Mental Health

(OMH) has supported the adoption of the CoCM

in primary care and other physical health

practices. There are more than 300 practices that

are part of the program today. In addition to Medicaid

reimbursement for CoCM services, OMH provides

comprehensive technical assistance for practices

to help successfully implement and sustain

the model. Practices can receive one-on-one

coaching, skills training for staff, and assistance

with billing to financially support the CoCM.

Questions and Additional Information:

Questions and Additional Information:

well-childcare schedule.

Procedure Code

Ages and Stages Questionnaires, Third Edition (ASQ-3)

Parents' Evaluation of Developmental Status (PEDS)

Questions and Additional Information:

email at PPNO@health.ny.gov.

96110

are validated

Billing Guidance

Medicaid FFS

MMC

There

Toolkits website.

Behavioral Health Integration!" web page.

regular

medications or

by

supported

psychosocial treatments,

psychiatric

Questions

through NY State of Health, the Official Health

Plan Marketplace (Marketplace), remains open

through January 31. 2022. Consumers are

encouraged to enroll today to start the new

year with coverage. To date, more than 200,000

New Yorkers have enrolled in a QHP since

the start of the Open Enrollment Period on

New Yorkers pay for health insurance. This

cost of premiums for current and new enrollees,

including higher-income individuals for the

first time. In 2021, over 60 percent of QHP

enrollees qualified for financial assistance. To

learn more about ARPA, providers can visit

the How NY State of Health Enrollees Benefit

from the American Rescue Plan web page.

to enroll into the Essential Plan, Medicaid

9 a.m. to 4 p.m.

Individuals and families can apply for coverage

through the NY State of Health website,

Customer Service Center at (855) 355-5777,

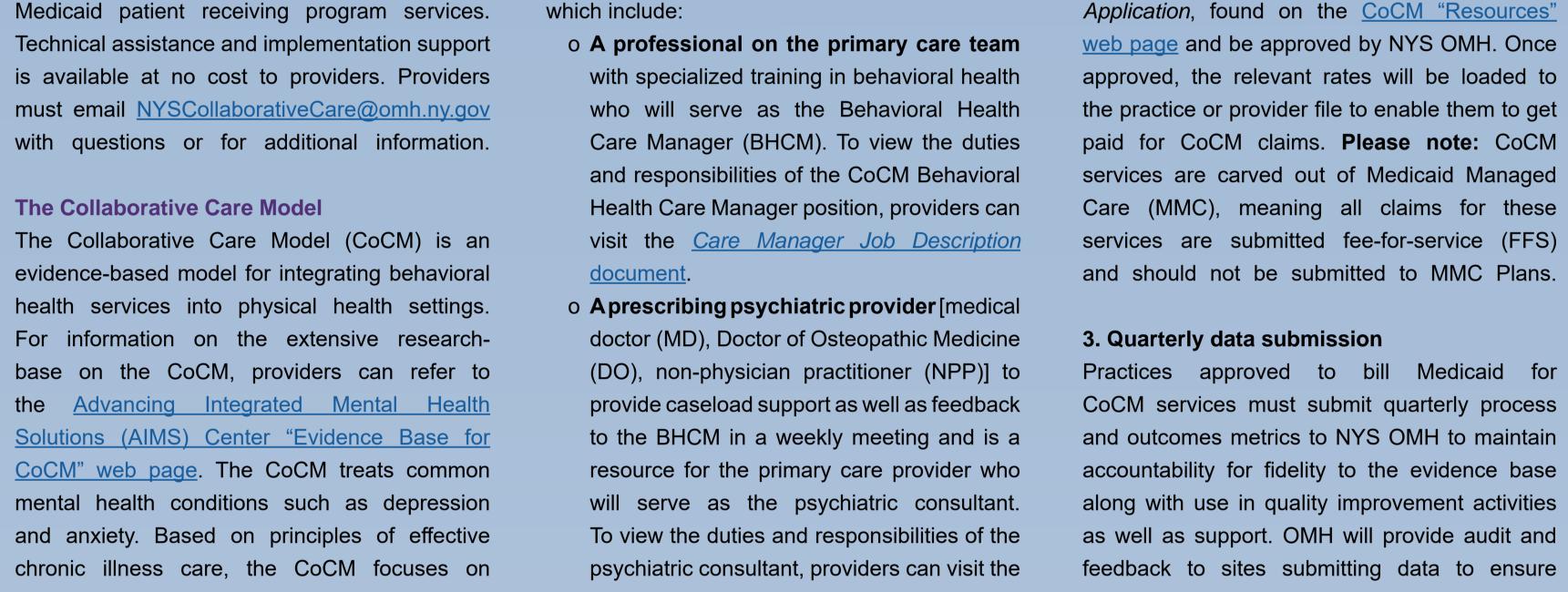
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children/youth enrolling in MMC, can be found on the Department of Health (DOH) "29-I Health Facility (VFCA transition)" website.

NYS has recently amended the utilization review guidelines to extend the prohibition on utilization reviews from no earlier than 180 days

from the child/youth enrollment in the MMC Plan to no earlier than April 1, 2022 or no earlier than 180 days from the child/youth enrollment

in the MMC Plan, whichever is later. Policy requirements for this transition, including continuity of care requirements for transitioning



As mentioned above, reimbursement for CoCM services to Medicaid patients is carved out of MMC. All claims for these services are submitted FFS and should not be submitted to MMC Plans. Providers must be approved to bill Medicaid and have the rates loaded to the proper Medicaid identification numbers to bill for CoCM services. CoCM Medicaid claims pay \$112.50 per Medicaid

Medicaid Reimbursement

for their patients. Metrics for these reports

be captured by practice registries.

2. Approval from the NYS OMH

Practices that have the above elements in place

and would like to bill Medicaid for CoCM services

must complete the NYS OMH Provider Certification

ReimbursementforCoCMservicesisalsoavailable for Medicare and commercially insured patients in NYS. **↑**Back to Top

to the payment for an Evaluation and Management (E&M) service, effective January 1, 2022 for Medicaid fee-for-service (FFS) and effective April 1, 2022 for Medicaid Managed Care (MMC) Plans, to include mainstream MMC Plans, and Human Immunodeficiency Virus (HIV) Special Needs Plans (SNPs). Developmental screening is a structured process that involves the use of one or more standardized, validated screening tools to identify and refine the recognized risk. The provider scores and documents the objective data including any delay in the attainment of developmental milestones and age-appropriate maturity of speech/language of a child using the measurable parameters of the standardized instrument. Developmental screening recommendations are based on the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule (ages 9, 18, and 30 months for screening for global developmental delay and ages 18 and 24 months for autism spectrum disorder (ASD) screening). Developmental screening for ASD by a primary care provider using a validated screening tool may be reimbursed up to two times in the child's "First Three

Procedure Description

interpretation and report, per

• FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

Developmental Screening

• Modified Checklist for Autism in Toddlers, Revised, with Follow-up (M-CHAT-R/F)

Developmental screening, with Z13.41

tools

• Survey of Wellbeing of Young Children (SWYC) (milestones) and Parent's Observations of Social Interactions (POSI)

and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.

standardized instrument form Encounter for screening for \$15.60 Developmental screening, with Z13.42 96110 interpretation and report, per global developmental delays standardized instrument form (milestones) **Screening Tools:**

for

Additional information can be found in the Bright Futures Tool and Resource Kit, 2nd Edition, located on the American Academy of Pediatrics (AAP)

• FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development

• FFS Pharmacy coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by

• MMC general coverage questions should be directed to the OHIP Division of Health Plan Contracting and Oversight (DHPCO) by email at

use.

available

Code Z13.41 (Encounter for autism screening) or ICD-10-CM Code Z13.42 (Encounter for screening for global developmental delays – milestones).

ICD-10-CM Diagnosis Code

Provider Directory_

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.

Mary T. Bassett, M.D., M.P.H. **Acting Commissioner** Governor New York State

Brett R. Friedman

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

Webinar registration is fast and easy. To register and view the list of topics, descriptions and available session dates, providers should visit the eMedNY "Provider Training" web page. Providers are reminded to review the webinar descriptions carefully to identify the webinar(s) appropriate for their specific training needs. Reminder: Facilities that Affiliate Practitioners The article titled Important Reminder to Hospitals and Clinics: Affiliated Practitioners Must Record Their National Provider Identifiers with eMedNY, published in the <u>July 2021 issue</u> of the *Medicaid Update* provides additional information for facilities that affiliate practitioners, listed below: 1. Facilities eMedNY that accurate information is entered into during the practitioner-facility affiliation must ensure process. 2. Facilities responsible for appropriately screening affiliated furnishing, ordering, referring, prescribing, attending practitioners to ensure that practitioners in enrollable provider categories are actively enrolled in the New York State (NYS) Medicaid program and are not currently excluded from participation in a federal or state health care program (e.g., Medicare, Medicaid). Questions All questions should be directed to the eMedNY Call Center at (800) 343-9000. **↑**Back to Top NY State of Health Announces Enrollment in Qualified Health Plan Coverage Remains Open, **Enrollment Continues to Climb** Enrollment in a Qualified Health Plan (QHP) enhanced financial assistance may lower the or Child Health Plus, available year-round.

Reminder of Changes Impacting Providers Serving Children Effective July 1, 2021, 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) were enrolled in Medicaid Managed Care (MMC) Plans, including Mainstream MMC Plans and Human Immunodeficiency Virus (HIV) Special Needs Plans (SNPs), unless otherwise excluded or exempt from mandatory MMC. VFCAs are no longer the payor for services provided to this population; providers will be reimbursed directly by Medicaid fee-for-service (FFS) or the child's/youth's MMC Plan.

All questions should be directed to BH.transition@health.ny.gov.

• Medicaid coverage for an eligible child/youth will be retroactive to the beginning of the month in which the child/youth enters foster care. • Enrollment in the child's/youth's selected MMC Plan will be retroactive to the beginning of the month in which the Medicaid case was established. Upon establishment of Medicaid coverage and issuance of a Medicaid Client Identification Number (CIN), claims for services provided during this retroactive coverage period can be billed to the child/youth MMC Plan for the period during which plan coverage applies, or to eMedNY for the FFS coverage period. Providers are encouraged to work collaboratively with the LDSS and the VFCA if there is a service need prior to the CIN being issued and are reminded to honor letters of coverage, as instances may arise where children/youth require immediate and medically necessary services prior to

cy and Billing

New York Collaborative Care Medicaid Program

Practices Required to Bill Medicaid for CoCM:

1. The core evidence-based elements of the

CoCM - A primary care provider must provide

all the evidence-based elements of the CoCM,

defined patient populations tracked treatment and practices are achieving optimal outcomes Psychiatric Consultant Job Description

o A patient care registry is key to the

treatment-to-target approach pillar of the

CoCM in that it allows for the easy

identification of patients who are or are not

Patient Health Questionnaire 9 (PHQ-9)

subscale of the Patient Health Questionnaire

(GAD-7) over time. For more information,

providers can refer to the **Behavioral Health**

Integration and Collaborative Care Registry

Strategies in Medical Settings document.

Center Care Management Tracking System

registry at no cost for an initial year. Contact

OMH by email at NYSCollaborativeCare@

omh.ny.gov, for additional information

System (CMTS) as a registry option.

Care

on

APG

367

368

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(DPDM) by phone at (518) 473-2160 or by email at dentalpolicy@health.ny.gov.

• FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

Management

Tracking

o Practices may be eligible to use the AIMS

and Generalized Anxiety

by displaying scores like

document.

improving

• For questions on the CCMP program regarding how to provide CoCM services, gaining access to technical assistance, or reimbursement for CoCM services, providers should email <u>NYSCollaborativeCare@omh.ny.gov.</u> • Relevant forms and additional resources are available on the AIMS Center "Welcome to the New York Center for the Advancement of **Update to Dental Clinic Billing Logic in Ambulatory Patient Groups** Effective January 1, 2022, the Ambulatory Patient Group (APG) crosswalk will be updated to version 3.17. This update will result in a change in billing (Level IV Oral Maxillofacial Procedure) will be eliminated.

APG Description

Level I Oral and Maxillofacial Procedure

Level II Oral and Maxillofacial Procedure

Level III Oral and Maxillofacial Procedure

Coverage for Developmental Screening, including Autism Spectrum Disorder,

in the "First Three Years of Life"

The New York State (NYS) Medicaid program will provide reimbursement for developmental screening in the "First Three Years of Life" of a child, in addition

Years of Life" of the child, beginning at 18 months of age. Developmental screening for global developmental delay by a primary care provider using

a validated screening tool may be reimbursed up to one time per year in the "First Three Years of Life" of the child. Screening can be integrated into the

NYS Medicaid will provide reimbursement for developmental screening in the "First Three Years of Life". Developmental screening for ASD may be

reimbursed up to two times in the "First Three Years of Life" of the child, beginning at 18 months of age. Developmental screening for global developmental

milestone screening services may be reimbursed up to one time per year in the "First Three Years of Life" of a child. The services can be reimbursed in

To be eliminated

patient receiving CoCM services per month. Clinics licensed under Article 28 are also eligible to receive the additional Quality Supplemental Payment (QSP) of \$37.50 per month for achieving certain quality benchmarks. Additional billing information, including information regarding QSP, is available in the Medicaid Collaborative Care Program Billing Guidance document.

logic to APG 367 – 369 (Level I-III Oral Maxillofacial Procedure) from Type 2 (Significant Procedure) to Type 23 (Dental Procedure). Please note: APG 370 The July 2021 issue of the Medicaid Update article titled Change to Dental Clinic Billing Logic in Ambulatory Patient Groups instructed providers to use an "XS" modifier to subsequent repeat dental code lines on the same APG claim for reimbursement of APG 367-370 (Level I – IV Oral Maxillofacial Procedure). Effective January 1, 2022, the "XS" modifier will no longer be needed for repeat dental code lines. Providers are instructed to submit clinic claims for multiple dental code lines without using the "XS" modifier. The first line will pay at 100 percent and subsequent lines will pay at 75 percent. • Medicaid Dental Policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development

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addition to the E&M visit. Primary care providers should bill the services using Current Procedural Terminology (CPT) code "96110" (developmental screening, with interpretation and report, per standardized instrument form) along with International Classification of Diseases (ICD) ICD-10-CM Code Z13.41 (Encounter for autism screening) or ICD-10-CM Code Z13.42 (Encounter for screening for global developmental delays – milestones). MMC Plans will reimburse for developmental screening in the "First Three Years of Life". The screening services provided to the children are billed to the MMC Plans providing coverage for the children. Providers should follow the billing procedures and requirements of the MMC Plan for each child, including the use if CPT code "96110" (developmental screening, with interpretation and report, per standardized instrument form) along with ICD-10-CM

ICD-10-CM Diagnosis Code

Description

Examples of

Encounter for autism screening \$15.60

recommended

Rate

screening

tools

include:

covques@health.ny.gov or by telephone at (518) 473-1134. • MMC reimbursement, billing, and/or documentation requirement questions should be directed to enrollee MMC Plans. • MMC Plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers Managed Care **↑**Back to Top

Office of the Medicaid Inspector General: For suspected fraud, waste 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).

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.

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

Beneficiary Eligibility:

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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Department of Health

Acting Medicaid Director Office of Health Insurance Programs