NEW YORK STATE | Department of Health | Medicaid Program

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New York State Medicaid Perinatal Care Standards

The New York State (NYS) Department of Health (DOH) has issued new ***NYS Medicaid Perinatal Care Standards***, which incorporate and replace the previously published *NYS Prenatal Care Standards*, in full. The official *NYS Medicaid Perinatal Care Standards* policy document is available on the NYS DOH "Medicaid Perinatal Care Standards" web page.

The updated standards are **effective August 1, 2022**, for NYS Medicaid fee-for-service (FFS), and **effective October 1, 2022**, for NYS Medicaid Managed Care (MMC) Plans [inclusive of Mainstream MMC Plans, Human Immunodeficiency Virus (HIV) Special Needs Plans (HIV-SNPs), as well as Health and Recovery Plans (HARPs)]. This policy is applicable to all Medicaid perinatal care providers who provide prenatal/antepartum care, intrapartum care, and/or postpartum care. This includes medical care facilities, public or private not-for-profit agencies or organizations, physicians, licensed nurse practitioners, licensed midwives practicing on an individual or group basis, and MMC Plans that contract with these providers.

Questions and Additional Information:
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information* document.

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Policy and Billing

Attention: Inpatient Hospital Providers Billing for Alternate Level of Care Status

The New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) has recently identified hospital inpatient billings for an acute level of care when the Medicaid member was in an alternate level of care (ALC) status, which has resulted in overpayments to inpatient facilities. Hospitals must accurately report the ALC status of a patient when billing Medicaid to ensure appropriate payment. Hospitals should adjust claims for overpayments and should also self-disclose overpayments to the Office of the Medicaid Inspector General (OMIG). Information regarding self-disclosure can be found on the OMIG "Self-Disclosure" web page.

New York State Codes, Rules, and Regulations (NYCRR) Title 10, §86-1.15(h) defines ALC services as "those services provided by a hospital to a patient for whom it has been determined that inpatient hospital services are not medically necessary, but that post-hospital extended care services are medically necessary, consistent with utilization review standards, and are being provided by the hospital and are not otherwise available." In addition, ALC claims for Medicaid members who have Coverage Code 20 (Community Coverage without Long Term Care) assigned, will be denied. If an individual assigned Coverage Code 20 no longer requires acute care and is being moved to ALC status, the inpatient facility must contact the local social services district of fiscal responsibility to determine the patient's eligibility for ALC care. Providers can refer to the NYCRR Title 18, §505.20 for more information regarding inpatient hospital responsibilities when a Medicaid member is in an ALC status.

NYS DOH has also published the following guidances to address the appropriate billing for Medicaid members in ALC status:
- *Billing Guidance for the Reporting of Alternate Level of Care* article, published in the July 2019 issue of the *Medicaid Update*,
- *Billing Guidance for Reporting Alternate Level of Care* article, published in the June 2020 issue of the *Medicaid Update*.

For more information regarding inpatient billing, providers should refer to the eMedNY *New York State UB-04 Billing Guidelines – Inpatient Hospital*.

Questions and Additional Information:
- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the OHIP Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid Managed Care (MMC) reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information document*.

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Expanded List of Lactation Services Certifications: Breastfeeding Support Authorized for Payment

New York State (NYS) Medicaid has been providing payment for lactation counseling services since 2013. **Effective July 1, 2022**, for NYS Medicaid fee-for-service (FFS), and **effective September 1, 2022**, for NYS Medicaid Managed Care (MMC) Plans [including mainstream MMC Plans, Human Immunodeficiency Virus (HIV) Special Needs Plans (HIV-SNPs) and Health and Recovery Plans (HARPs)], the list of allowable lactation certifications provided below, will be expanded to include those from nationally recognized accrediting agencies. NYS Medicaid payment is available for separate and distinct breastfeeding services provided by licensed medical professionals, who are also specially trained lactation counselors with the allowable certifications. Providers must be licensed as a physician, midwife (MW), nurse practitioner (NP), physician assistant (PA), or registered nurse (RN) and certified by a nationally recognized accrediting agency, as listed below, to be eligible for NYS Medicaid reimbursement for lactation counseling. Unlicensed providers and licensed professionals who are not listed below, even with certification in lactation counseling, are not eligible for NYS Medicaid reimbursement for lactation counseling.

Licensed Practitioners:
- Physician
- NP
- MW
- PA
- RN

Licensed Practitioner Allowable Certifications:
- International Board-Certified Lactation Consultant (IBCLC)
- Certified Lactation Specialist (CLS)
- Certified Breastfeeding Specialist (CBS)
- Certified Lactation Counselor (CLC)
- Certified Lactation Educator (CLE)
- Certified Clinical Lactationist (CCL)
- Certified Breastfeeding Educator (CBE)

Breastfeeding education and lactation counseling services must be ordered by a physician, NP, MW, or PA. Lactation consultants in this program are expected to practice within the scope of practice appropriate to their respective discipline, as defined by the Office of the Professions, New York State Education Department (NYSED).

To view billing Medicaid FFS information, providers can refer to the *Expanded List of Lactation Services Certifications: Breastfeeding Support Authorized for Payment* article in this month's issue.

Questions and Additional Information:
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information document*.

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Reminder: Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers

As previously stated in the April 2022 *Medicaid Update* article titled *Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers*, **all Medicaid Managed Care (MMC) network furnishing, ordering, prescribing, referring and attending (OPRA) providers must be enrolled with New York State (NYS) Medicaid program**. **Effective September 1, 2022**, MMC Plans will deny payment to unenrolled pharmacies, other unenrolled practitioners, and providers for services provided and/or prescribed. Providers servicing MMC members should, without delay, begin the enrollment process and complete all required forms, including certifications.

Please note: The enrollment requirement is applicable ***only*** to enrollable provider types including pharmacies and most licensed practitioners. Non-enrollable provider types must not be terminated from MMC networks for failure to enroll in NYS Medicaid. Providers can refer to the *NYS Enrollable Providers list*, available through Excel.

Criteria for NYS Medicaid Enrollment

Not all practitioner and pharmacy providers will meet criteria to qualify for enrollment. Providers can refer to the provider manuals available on the eMedNY "Provider Manuals" web page and on the eMedNY "Provider Enrollment and Maintenance" web page by selecting the appropriate provider type from the right-hand box titled "Provider List Filter".

For information regarding how to check provider enrollment status, providers can refer to the *Reminder: Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers* article in this month's issue.

Questions and Additional Information:
- FFS coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at PPNO@health.ny.gov.
- Enrollment questions may be directed to the Medicaid Enrollment Unit by telephone at (800) 343-9000 or by email providerenrollment@health.ny.gov.
- MMC network-related questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found on the NYS DOH "New York State Medicaid Managed Care (MMC) Pharmacy Benefit Information Center" homepage.

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New York State Medicaid Dental Services for Children in Foster Care Placement

Effective July 1, 2021, children in foster care placement were no longer excluded from New York State (NYS) Medicaid Managed Care (MMC) enrollment. Children who enter foster care placement receive a dental screening during their initial medical assessment. It is required that children in foster care up to three years of age have their mouths examined at such medical examination and, where appropriate, referred for dental care. Children in foster care over the age of three are required to see a dentist at minimum, once a year, and must be provided dental care when needed.

Children may enter foster care having never seen a dentist. It is critical that these children receive expedited access to care. Providers must consider making an extra effort to ensure availability of appointments. As a reminder, the cost of analgesic and anesthetic agents, including nitrous oxide, is **included** in the reimbursement for dental services under the NYS Medicaid dental policy, which is available in the eMedNY *New York State Medicaid Program Dental Policy and Procedure Code Manual*. By enrolling in the NYS Medicaid program, providers have agreed to provide this service when medically necessary as part of the dental procedure. MMC Plans are also required to cover nitrous oxide when medically necessary; reimbursement for nitrous oxide is determined by the terms of the contract between the provider and the plan and may be included in rates for service or separate. Providers should check the terms of their contracts with the MMC Plans they participate with on appropriate billing for analgesic and anesthetic agents.

Foster parents should never be charged for services that are already covered. For additional information, providers can refer to the *Medicaid Beneficiaries Cannot be Billed* article, published in the February 2014 issue of the *Medicaid Update*.

Questions and Additional Information:
- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information document*.

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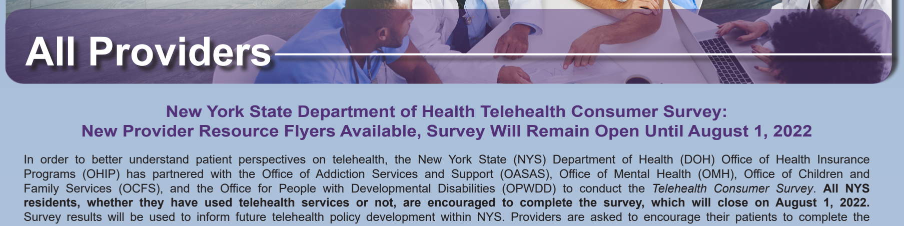

All Providers

New York State Department of Health Telehealth Consumer Survey: New Provider Resource Flyers Available, Survey Will Remain Open Until August 1, 2022

In order to better understand patient perspectives on telehealth, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) has partnered with the Office of Addiction Services and Supports (OASAS), Office of Mental Health (OMH), Office of Children and Family Services (OCFS), and the Office for People with Developmental Disabilities (OPWDD) to conduct the *Telehealth Consumer Survey*. **All NYS residents, whether they have used telehealth services or not, are encouraged to complete the survey, which will close on August 1, 2022.** Survey results will be used to inform future telehealth policy development within NYS. Providers are asked to encourage their patients to complete the survey before August 1, 2022.

The survey is available in 11 languages – Arabic, Bengali, Chinese, English, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, and Yiddish – and only takes approximately five minutes to complete. Additionally, providers can now access printable Portable Document Format (PDF) flyers to handout or place in waiting rooms and offices for patient, consumer, and network use. The flyer, which is available in 11 languages, contains an easy-to-scan QR code. To directly access the survey and flyers, visit the NYS DOH "Telehealth Consumer Survey" web page or scan the QR code provided below using your mobile device.

Questions
All questions regarding the *Telehealth Consumer Survey* should be sent to the NYS DOH at Telehealth.Policy@health.ny.gov.

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Unwinding from the COVID-19 Public Health Emergency: New York State Department of Health Shares Strategy to Help Consumers Maintain Coverage

In early 2020, the United States Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) in response to the Coronavirus Disease 2019 (COVID-19) pandemic, allowing New York (NY) residents enrolled in Medicaid, Child Health Plus (CHP), and the Essential Plan (EP) to keep their coverage without requiring an annual eligibility review. To view the official PHE announcement, providers can refer to the HHS "Public Health Emergency Declarations" web page. For more information on the federal PHE wind down, providers can refer to the *Unwinding and Returning to Regular Operations after COVID-19* web page.

As NY prepares for the transition out of the PHE, the move to resume eligibility reviews could result in a large number of beneficiaries becoming disenrolled. The NYS Department of Health (DOH) is working with partners, local districts, and other stakeholders to inform consumers about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid, CHP or EP.

To view DOH strategy information, providers can refer to the *Unwinding from the COVID-19 Public Health Emergency: New York State Department of Health Shares Strategy to Help Consumers Maintain Coverage* article in this month's issue.

To view information regarding the NY State of Health public education campaign, providers can refer to this month's issue.

Help Us Spread the Word

An outreach toolkit, located on the NY State of Health "Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered" web page, is available to help prepare consumers for the changes coming once the PHE ends. Providers can use these regularly updated resources to help communicate with their patients enrolled in Medicaid, CHP or EP about the important steps they need to take to maintain their health coverage.

Questions
For questions or feedback, providers should email pheunwind@health.ny.gov.

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Update to New York Independent Assessor Implementation Date for Initial Assessment Process Based on an Immediate/Expedited Need for Personal Care Services and/or Consumer Directed Personal Assistance Services

On May 18, 2022, the *Medicaid Update* published a Special Edition issue which outlined the implementation of the New York Independent Assessor (NYIA) for personal care services (PCS) and/or consumer directed personal assistance services (CDPAS). This update is to revise the implementation date of Section IV, in the May 18, 2022 Special Edition to **October 1, 2022** for the assessment type described below ***only***. **Effective October 1, 2022**, the NYIA will begin to conduct the initial assessment process for:
- individuals seeking PCS and/or CDPAS based on an immediate need for PCS and/or CDPAS, ***and***
- Medicaid MCO members seeking PCS and/or CDPAS for the first time through an expedited process.

All other information provided in the May 18, 2022 Special Edition regarding guidance and policies will remain in effect.

Questions
All questions should be directed to independent.assessor@health.ny.gov.

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Identification, Specimen Collection, Testing, and Vaccine Administration for Suspected Cases of Orthopoxvirus/Monkeypox

The Centers for Disease Control and Prevention (CDC) is tracking multiple cases of orthopoxvirus/monkeypox that have been reported in several countries that do not normally report orthopoxvirus/monkeypox, including the United States (U.S.). The CDC is urging healthcare providers in the U.S. to be on alert for patients who have rash illnesses consistent with orthopoxvirus/monkeypox, as explained on the CDC Monkeypox "Clinical Recognition" web page.

An orthopoxvirus/monkeypox rash may look like blisters or pimples, and can appear on the face, inside the mouth, or on other areas of the body such as the genitals, anus, hands, or feet. In addition to a rash, other symptoms may include fever, chills, headache, swollen lymph nodes, exhaustion, muscle aches, and backache. Additional information on the symptoms related to orthopoxvirus/monkeypox can be found on the CDC Monkeypox "Signs and Symptoms" web page. Updated total cases of confirmed orthopoxvirus/monkeypox in New York State (NYS) can be found on the NYS Department of Health (DOH) "Monkeypox" web page.

To view testing information, providers can refer to the *Identification, Specimen Collection, Testing, and Vaccine Administration for Suspected Cases of Orthopoxvirus/Monkeypox* article in this month's issue.

To view reporting information, providers can refer to this month's issue.

Vaccines

The CDC is providing two, free immunizations, licensed by the U.S. Food and Drug Administration (FDA), ***JYNNEOS*** (also known as Imvamune or Imvanex) and ***ACAM2000***. NYS Medicaid will reimburse for administration of this vaccine. LCHD Article 28 clinics may bill NYS Medicaid for the administration of this vaccine by submitting an ordered ambulatory claim with Current Procedural Terminology (CPT) code **"90471"** (immunization administration), appended with modifier **FB** (indicating free vaccine). A diagnosis code of **B04** (indicating Monkeypox) must be included on the claim. Current reimbursement for each vaccine administration reported will be in the amount of $13.23. Article 28 clinics that partner with LCHDs for vaccine administration should follow the billing guidelines listed above. Similarly, private practitioners [i.e., physicians, nurse practitioners (NPs), and midwives (MWs)] may bill a professional claim for vaccine administration using the billing guidelines listed above.

Treatment

Tecovirimat, also known as TPOXX or ST-246, is FDA-approved for the treatment of human smallpox disease caused by Variola virus in adults and children. Tecovirimat is used for other orthopoxvirus infections, including monkeypox, and is not FDA-approved; therefore, the CDC holds non-research expanded access Investigational New Drug (EA-IND) protocol that allows for the use of tecovirimat for primary or early empiric treatment of non-variola orthopoxvirus infections, including monkeypox, in adults and children of all ages. Additional information on how to order tecovirimat will be provided when available.

Questions and Additional Information:
- Additional Information regarding orthopoxvirus/monkeypox is available on the NYS DOH "Monkeypox" web page and on the NYC Health "Monkeypox (Orthopoxvirus)" web page.
- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid Managed Care (MMC) general coverage questions should be directed to the OHIP Division of Health Plan Contracting and Oversight (DHPCO) by email at covques@health.ny.gov or by telephone at (518) 473-1134.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information document*.

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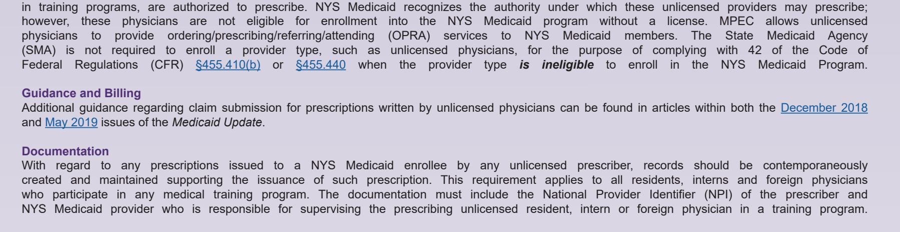

Pharmacy

Reminder: Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers

The New York State (NYS) Medicaid program 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.

Interns, Residents and Foreign Physicians in Training – Unlicensed Physicians

In accordance with NYS Education Law (NYSED), 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 NYS Medicaid program without a license. MPEC allows unlicensed physicians to provide ordering/prescribing/referring/attending (OPRA) services to NYS 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 ***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 prescriptions issued to a NYS 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 prescriber and the NYS 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.

Out-of-State Licensed Prescribers

Under federal regulations, all ordering or referring physicians (ORPs), or other professionals, must be enrolled in the NYS Medicaid program. However, the MPEC allows for payment of prescription claims prescribed by out-of-state (OOS) licensed physicians or ORPs under limited circumstances. **Please note:** Federal regulations and NYS Medicaid policy require NYS Medicaid program enrollment for prescribers who do not meet the exceptions below, in order for their claims to be valid and enforceable against the NYS Medicaid program.

To view guidance information, providers can refer to the Reminder: Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers article in this month's issue.

To view pharmacy billing information, providers can refer to this month's issue.

Questions
Questions regarding this policy should be directed to the Medicaid Pharmacy Policy Unit by email at ppno@health.ny.gov or by telephone at (518) 486-3209.

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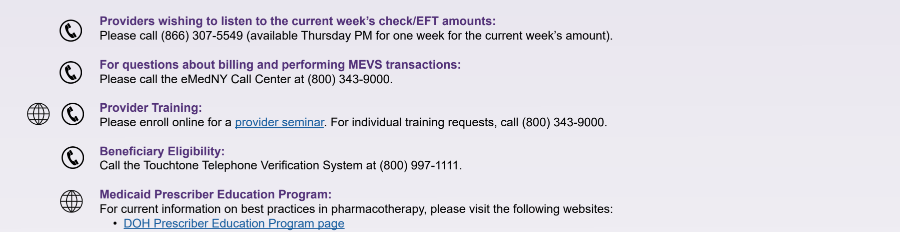

Provider Directory

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).

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.

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

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