NEW YORK STATE | Department of Health | Medicaid Program

Medicaid Update

The Official Newsletter of the New York State Medicaid Program

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Provider Revalidation Message – Pended Claims

If you have enrolled, revalidated or notified the Medicaid office of a change of ownership within the past five years this notice does not apply to you.

Federal regulation 42 CFR Section 455.414 requires providers to revalidate their enrollment with the New York State Medicaid Program. Providers have already received written reminders to revalidate, though some providers have not done so. The deadline for submission of revalidation packages was September 25, 2016.

Effective for eMedNY claims processing starting October 27, 2016, all claims from non-revalidating billing providers will be pended until the provider's revalidation package is received. To avoid interruption of claims payment, providers must revalidate immediately.

To revalidate:

1. Visit the Provider Enrollment page at www.emedny.org/revalidation, locate the enrollment form and additional required documentation applicable to your provider type and determine whether an enrollment fee is required. There is a slide presentation, step-by-step processes, and an FAQ section. These resources provide important information on the revalidation process.
2. Complete and mail the appropriate form(s) with all required documentation to the address provided. Keep a copy of the submitted forms and documentation for your records.

Next steps:

1. **Allow 2 to 3 weeks for the receipt and processing of the revalidation packet by eMedNY.** Once your completed revalidation is received, all claims that have been held due to missing or late revalidation will be released for processing during that cycle.
2. If more than 3 weeks have passed after sending the revalidation to eMedNY, please contact providerenrollment@health.ny.gov **with the subject "FINAL REVALIDATION NOTICE"** and provide all pertinent information regarding your submission, such as the date you sent it, and the address you sent it to, so that staff can research it.
3. The **remittance message** for these pended claims is: Health Claim Status Code: 46 INTERNAL REVIEW/AUDIT

If you have additional questions about revalidation, please call the eMedNY Call Center at 800-343-9000, option 2 or contact via e-mail at providerenrollment@health.ny.gov with the subject **"FINAL REVALIDATION NOTICE".**

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

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Medicaid State Plan Amendment
Community First Choice Option (CFCO) Update

The Department of Health received approval from the Centers for Medicare and Medicaid Services (CMS) to amend the State's Medicaid Plan to effectuate the Community First Choice Option (CFCO) as of July 1, 2015.

CFCO will incorporate enhanced services and supports into the Medicaid State Plan for eligible individuals who need assistance with everyday activities due to a physical, developmental or behavioral disability. These services and supports will address activities of daily living (ADLs), instrumental activities of daily living (IADLs) and health-related tasks through hands-on assistance, supervision and/or cueing.

On April 1, 2017, the Department anticipates implementing CFCO for both fee-for-service and managed care enrollees. Medicaid beneficiaries must meet certain setting and needs-based criteria in order to be eligible for CFCO services. Local Departments of Social Services and Managed Care Organizations will be required to assess as well as authorize CFCO services/supports in addition to those services for which they currently assess and authorize. CFCO services must be provided pursuant to a Person Centered Service Plan (PCSP).

CFCO State Plan services and supports include:

Assistive technology beyond the scope of Durable Medical Equipment: These are items, pieces of equipment, product systems, or instruments of technology, whether acquired commercially, modified, or customized, that increase a consumer's independence or substitutes for human assistance that would otherwise be authorized, e.g., personal care services. This service is subject to cost limitation.

ADL and IADL skill acquisition, maintenance, and enhancement: This service is intended to maximize the consumer's independence and/or promote integration into the community by addressing the skills needed for the consumer to perform ADLs and IADLs. ADL and IADL skill acquisition, maintenance, and enhancement may include assessment, training, supervision, cueing, or hands-on assistance to help a consumer perform specific tasks.

Community Transitional Services: Assistance to consumers who are transitioning from an institutional setting to a home in the community. This service includes payments for first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for a consumer to make the transition from an institutional setting. This service is subject to cost limitation.

Moving Assistance: This service is available to consumers who are transitioning from an institutional setting to a community-based setting. This service covers the cost of physically moving the consumer's furnishings and other belongings to the community-based setting where she or he will reside. This service is subject to cost limitation.

Environmental Modifications: This service encompasses internal and external adaptations to a consumer's residence that are necessary to ensure the consumer's health, welfare and safety while enabling them to function with greater independence and prevent institutionalization. This service is subject to cost limitation.

Vehicle Modifications: This service encompasses modifications to a vehicle that is the consumer's primary means of transportation when said modifications are necessary to increase the consumer's independence and inclusion in the community. This service is subject to cost limitation.

Non-Emergent Transportation (social): The non-emergent transportation service is expanded to include transportation to and from non-medical activities such as social gatherings, religious services and other events in the community when the activity is related to a need identified through assessment and the PCSP process.

Congregate and/or Home Delivered Meals: This service includes up to two meals per day for consumers who cannot prepare or access nutritionally adequate meals for themselves and the cost of this service is less than it would be to have someone provide in-home meal preparation.

In advance of the implementation date, the Department posted provider lists in an effort to assist Local Social Services Districts and Managed Care Organizations with identifying potential providers of CFCO services. The provider lists can be found on the CFCO website at: https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm. These lists will be updated periodically.

Additional guidance will be forthcoming. If you have any questions please contact the Division of Long Term Care at CFCO@health.ny.gov

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All Providers

Certification of Compliance with Section 6032 of the Deficit Reduction Act of 2005, Section 1902 of the Social Security Act, and Title 42 of the United States Code Section 1396a (a)(68)

Reminder

This is a reminder from the New York State Office of the Medicaid Inspector General (OMIG) for all providers who are subject to the requirements under Title 42 of the United States Code Section1396a (a)(68) [42 USC §1396a (a)(68)].

OMIG will host a webinar in November 2016 that will explain the new certification form. Please check OMIG's listserv, Facebook page or Twitter feeds for registration information. You can subscribe to OMIG's listserv at www.omig.ny.gov.

On December 1, 2016, OMIG will make available on its website the Federal Deficit Reduction Act (DRA) of 2005 Certification Form (Certification Form) for 2016.

42 USC §1396a provides in relevant part that:

(a) A State plan for medical assistance must—

(68) provide that any entity that receives or makes annual payments under the State plan of at least $5,000,000, as a condition of receiving such payments, shall—

(A) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs (as defined in section 1320a-7b(f) of this title);

(B) include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; and

(C) include in any employee handbook for the entity, a specific discussion of the laws described in subparagraph (A), the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; ...

OMIG addresses this mandate by monitoring providers' annual DRA Form performance and by conducting reviews of providers' compliance with the DRA requirements during a review.

The certification form and Frequently Asked Questions (FAQs) will be available on the OMIG website. OMIG's listserv subscribers will be notified when the new forms are posted. If you have any questions, please contact OMIG's Bureau of Compliance at (518) 408-0401 or by using the Bureau of Compliance's dedicated email address: compliance@omig.ny.gov.

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All Providers

Mandatory Compliance Program Certification Requirement under Title 18 of the New York Codes, Rules and Regulations (NYCRR) §521.3(b)

Reminder

This is a reminder from the New York State Office of the Medicaid Inspector General (OMIG) for all required providers who are subject to the New York State Social Services Law Section 363-d Mandatory Compliance Program Requirement.

OMIG will host a webinar in November 2016 that will explain the new certification form. Please check OMIG's listserv, Facebook page or Twitter feeds for registration information. You can subscribe to OMIG's listserv at www.omig.ny.gov.

On December 1, 2016, OMIG will make available on its website the New York State Social Services Law § 363-d and 18 NYCRR Part 521 Certification Form (Certification Form) for 2016. The Certification Form for 2015 will remain active on OMIG's website until December 1, 2016 for newly enrolling and revalidating Medicaid providers.

The required providers listed below must have compliance programs. If you are required to have a compliance program, you are also required to certify on OMIG's website at www.omig.ny.gov that your compliance program meets the requirements of the applicable law and regulations. The certification must occur in December of each year.

OMIG has actively enforced Social Services Law §363-d and Part 521 of Title 18 of the New York Codes, Rules and Regulations since 2009. **The regulation mandates all required providers under the Medicaid program in the following categories to certify in December of each year that they have adopted, implemented, and maintain an effective compliance program:**

- *persons subject to the provisions of articles 28 or 36 of the New York State Public Health Law;*
- *persons subject to the provisions of articles 16 or 31 of the New York State Mental Hygiene Law;*
- *other persons, providers or affiliates who provide care, services or supplies under the Medicaid program, or persons who submit claims for care, services or supplies for or on behalf of another person or provider for which the Medicaid program is or should be reasonably expected by a provider to be a substantial portion of their business operations.*

Under 18 NYCRR § 521.2 (b), "substantial portion" of business operations means any of the following:

(1) when a person, provider or affiliate claims or orders, or has claimed or has ordered, or should be reasonably expected to claim or order at least $500,000 in any consecutive 12-month period from the Medical Assistance Program;

(2) when a person, provider or affiliate receives or has received, or should be reasonably expected to receive at least $500,000 in any consecutive 12-month period directly or indirectly from the Medical Assistance Program; or

(3) when a person, provider or affiliate who submits or has submitted claims for care, services, or supplies to the Medical Assistance Program on behalf of another person or persons in the aggregate of at least $500,000 in any consecutive 12-month period.

Each compliance program must contain the eight elements required under SSL § 363-d and 18 NYCRR § 521.3 (c). **Upon applying for enrollment in the medical assistance program, and during the month of December each year thereafter**, 18 NYCRR § 521.3 (b) requires those subject to the mandatory compliance program obligation to certify to the New York State Department of Health (DOH) and OMIG that a compliance program meeting the requirements of the regulation is in place. For those Medicaid providers required to have a compliance program and to certify in December 2016, OMIG recommends that providers test the operation of their compliance program and make any adjustments necessary so that in December, the Medicaid provider is prepared to certify that its compliance program meets the requirements of SSL § 363-d and 18 NYCRR § 521.3 (c).

Please note that DOH is revalidating Medicaid providers' enrollment in the Medical Assistance Program. As part of DOH's revalidation process, required providers will be asked to submit evidence that they met the December certification obligation. Certifying in December and retaining a copy of the Certification Confirmation and/or confirmation emails will help Medicaid required providers complete the revalidation process.

The regulation and Frequently Asked Questions (FAQs) are available on the OMIG website. OMIG's listserv subscribers will be notified when the new forms are posted.

It is the responsibility of a required provider to determine if:

a. they have a compliance plan that meets the requirements of SSL § 363-d and 18 NYCRR § 521.3 (c); and
b. the compliance program is effective.

Required providers must assess their compliance programs to determine whether they can certify that they do or do not have a compliance program in place that meets the requirements of SSL § 363-d and 18 NYCRR Part 521.

Additionally, OMIG recommends a regular visit to its website to review the information and resources that are published under the Compliance tab on OMIG's homepage. The Compliance Library under the Compliance tab provides copies of current forms, publications and other resources that are helpful in conducting a self-assessment and completing the certification form in December.

If you have any questions, please contact OMIG's Bureau of Compliance at (518) 408-0401 or by using the Bureau of Compliance's dedicated email address: compliance@omig.ny.gov.

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Get Smart (Know When Antibiotics Work) Program

As cold and flu season settles in, the New York State Department of Health (NYSDOH) offers you a way to demonstrate to patients your commitment to safe and appropriate antibiotic prescribing. As a participant in the Centers for Disease Control and Prevention's (CDC) Get Smart: Know When Antibiotics Work campaign, NYSDOH would like to announce the Get Smart Guarantee poster is now available in print and electronic formats.

Healthcare providers may be pressured by patients to prescribe antibiotics even when they have a viral infection. Displaying this poster in waiting or examination rooms sends a message to patients that antibiotics aren't always appropriate. We hope the posters will help facilitate conversations with patients on the appropriate use of antibiotics. It also demonstrates your commitment to safe, effective prescribing.

The Get Smart Guarantee poster is designed to be personalized by attaching a photo of your choice. The poster is available at no cost to you and may be ordered by contacting the NYSDOH Get Smart Program Coordinator, Mary Beth Wenger, at marybeth.wenger@health.ny.gov or by downloading the poster at: http://www.health.ny.gov/publications/1156.pdf

Additional information about the CDC Get Smart: Know When Antibiotics Work program is available by visiting the website: http://www.cdc.gov/getsmart/index.html.

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All Providers

New York Medicaid EHR Incentive Program Update

The New York Medicaid Electronic Health Record (EHR) Incentive Program provides financial incentives to eligible professionals and hospitals to promote the transition to EHRs. Providers who practice using EHRs are in the forefront of improving quality, reducing costs and addressing health disparities. Since December 2011 ***over $783 million*** in incentive funds have been distributed ***within 24,287*** payments to New York State Medicaid providers.

24,287 Payments	$783+ Million Paid	Are you eligible?

For more information, visit www.emedny.org/meipass

Did you know?

2016 is the last year that eligible professionals (EPs) may begin participation in the New York Medicaid EHR Incentive Program. An EP may receive up to $63,750 over the course of six years for the adoption and meaningful use of certified EHR technology. All adoption or meaningful use activities for payment year 2016 must be completed within the 2016 calendar year.

MEIPASS Availability

The New York Medicaid EHR Incentive Program Administrative Support Service (MEIPASS) is currently closed due to important maintenance being performed on the system for meaningful use attestations for payment year 2015 and beyond. Program support will continue to be available by phone at 877-646-5410.

We thank you for your patience. Launch of the new MEIPASS system has been delayed due to issues found during testing. We want to make sure that the system operates smoothly for the provider community and for our team at the Department of Health. Please sign up for our LISTSERV to receive notification about when we will be accepting attestations again.

Preparing to Attest

Visit https://ehrincentives.cms.gov/hitech/login.action to register for the program.
Verify your system is complete and certified at http://chpl.healthit.gov/ on the Certified Health IT Product List.
Utilize New York Medicaid EHR Incentive Program support services:

- **Numerator Request**: EPs may request a summary of their Medicaid claims as guidance for calculating Medicaid patient volume.
- **Pre-validation**: Individual and group EPs who have already determined their Medicaid patient volume may submit data to New York Medicaid prior to attesting.

Questions? Contact New York Medicaid EHR Incentive Program Support at hit@health.ny.gov.

Need Assistance?

In addition to the New York Medicaid EHR Incentive Program Support Team, who can be reached via phone at 877-646-5410 or via email at hit@health.ny.gov, there are two Regional Extension Centers (RECs) available to assist you. EPs in New York City can contact NYC REACH at 347-396-4888 or pcip@health.nyc.gov.
EPs outside of New York City can contact NYeC at 646-619-6400 or hapsinfo@nyehealth.org.

Questions? Contact hit@health.ny.gov for program clarifications and details.

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Policy & Billing Guidance

Transporting Enrollees with Service Dogs

Attention Transportation Providers

This is a reminder that Medicaid enrollees with service dogs must be given equal access to Medicaid transportation services. The Bureau of Medicaid Transportation appreciates efforts of transportation providers in accommodating for people with disabilities. Discrimination against individuals with disabilities is prohibited under the ***Americans with Disabilities Act (ADA)****. It is both a federal and State requirement that businesses allow people with disabilities to bring their service animals onto the premises in whatever areas customers are generally allowed.*[1] *An individual with a service animal may not be segregated from other customers. This requirement applies to all modes of Medicaid Transportation services.*

Medicaid Transportation services: Medicaid enrollees with a service animal cannot be denied transportation under the ADA. The receiving facility can be notified of the presence of a service animal accompanying the patient, however a business or public accommodation shall not ask or require a disabled individual with a service animal to pay for a surcharge, even if people accompanied by pets are required to pay fees, or to comply with other requirements generally not applicable to people without pets.[2] This means private taxicab companies are prohibited from charging higher fares or fees for transporting disabled individuals and their service dogs.

Definition of a service animal: The ADA defines a service animal as any size or breed of *dog* that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability, regardless of whether the dog has been licensed or certified by a state or local government. The care or supervision of a service animal is solely the responsibility of his or her owner. The ADA defines the following[3]:

"Guide dog" means any dog that is trained to aid a person who is blind and is actually used for such purpose, or any dog owned by a recognized guide dog training center located within the state during the period such dog is being trained or bred for such purpose.

"Service dog" means any dog that has been or is being individually trained to do work or perform tasks for the benefit of a person with a disability, provided that the dog is or will be owned by such person or that person's parent, guardian or other legal representative.

Questions regarding this policy should be directed to Shannon Tierney at the Office of Heath Insurance Programs, Bureau of Medicaid Transportation at 518-473-2160. Questions about service animals or other requirements of the ADA should be directed to the U.S. Department of Justice ADA information line at 800-514-0301 (voice) or 800-514-0383 (TTY).

[1] https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm#a302, refer to section c, item 7.
[2] https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm#a302, refer to section c, item 8.
[3] https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm#a104, refer to section on *Service Animals*

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Policy & Billing Guidance

Implementation of Edit 02255 to Pend Clinic Claims (Medicare Managed Care Amounts Invalid)

Effective **November 1, 2016** clinic claims that set eMedNY **edit 02255** (Medicare Managed Care amounts invalid) **will pend to the New York State Department of Health (NYSDOH) for review.**

The 835 Medicaid remittance statement will show Claim Adjustment Reason Code 23 with no Remittance Remark Code listed. The Healthcare Claims Status Code will be 286, indicating that the claim has been pended for review.

What should the provider do when a claim is pended for review?

1. Confirm that the patient responsibility amounts were entered exactly as reported on the Medicare Managed Care's remittance advice or Explanation of Benefits (EOB). If errors were made, correct and re-submit the claim.

2. If the amount entered on the claim is exactly as reported on the Medicare Managed Care remittance advice, write the corresponding 16 digit Medicaid Transaction Control Number (TCN) of the pended claim (located on the Medicaid remittance statement) on the Medicare EOB and send to:

New York State Department of Health
Attn: Medical Pended Claims
150 Broadway
Albany, NY 12204-2736

NYSDOH staff will review the Medicare EOB and adjudicate the claim accordingly. The adjudicated claims will appear on a future provider remittance statement. Failure to submit the Medicare EOB within 60 days from the date of the Medicaid remittance statement will result in the pended claim being denied.

Questions should be directed to the eMedNY Call Center at 1-800-343-9000.

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Reminder

Payment Policy for Global Surgery Periods

Medicaid payment rules for global surgery periods, also known as follow-up days or post-operative periods will be ***phased in beginning November 1, 2016***. New York State Medicaid follows Medicare's rules on billing and payment during global surgery periods. Medicare's March 2015 guidance on global surgery periods is available on the Centers for Medicare and Medicaid Services website. Specific Medicaid billing information for these edits can be found in the July 2016 New York State *Medicaid Update*.

For questions related to Medicaid fee-for-service policy, please contact the Office of Health Insurance Programs, Division of Program Development and Management at (518) 473-2160. Billing questions for individuals enrolled in Medicaid managed care plans should be directed to the individual enrollee's Medicaid managed care plan.

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Updated Prenatal Care Standards

The New York State Medicaid Prenatal Care Standards (Standards) have been recently updated to be consistent with the most recent guidelines from the New York State Department of Health and the Centers for Disease Control and Prevention (CDC) for Lead Poisoning Prevention, Testing and Management. This update contains guidelines from the 2010 CDC "Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women".

To review the Standards, please visit: http://www.health.ny.gov/health_care/medicaid/standards/prenatal_care/

NYSDOH Lead Poisoning Prevention Guidelines for Prenatal Care Providers Website: http://www.health.ny.gov/publications/2535/index.htm

For additional information about this update, please contact the Office of Quality and Patient Safety at (518) 486-9012 or via email at: qi@health.ny.gov

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New Legislation - Electronic Prescribing

Use of an Exception to the E-Prescribing Mandate No Longer Requires a Notification to the New York State Department of Health

There are a number of exceptions to the electronic prescribing mandate which allow a practitioner to issue an Official New York State Prescription (ONYSRx) form, an oral prescription or a facsimile of a manually signed ONYSRx in lieu of an electronic prescription.

Prior to the passage of this legislation, practitioners who utilized an exception to the e-prescribing mandate were required to report to the Department of Health's email box, erx@health.ny.gov

Effective September 30, 2016, use of an exception to the e-prescribing mandate no longer requires a notification to the New York State Department of Health. The change in legislation did not in any way repeal the e-prescribing mandate but rather adjusted the reporting requirements. The prescribing practitioner must indicate the use of an exception in the patient's health record when issuing a non-electronic prescription for one of the approved exceptions below:

- Temporary technological failure;
- Temporary electrical failure;
- To be dispensed by a pharmacy located outside the state, outside the country, or on federal property, including and not limited to the following examples; Veterans Administration, West Point, Fort Drum, and Indian Reservations; and
- The practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition.

Questions may be directed to the Bureau of Narcotic Enforcement at 1-866-811-7957.

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Correct Billing for Herceptin and Other Drugs Provided in Multi-Use Vials

Reminder

This is to remind providers that New York State Medicaid does not provide reimbursement for discarded amounts of drugs and biologicals supplied in multi-use vials. A multi-use vial contains more than one dose of a drug or biological.

The federal Office of the Inspector General (OIG) recently identified improper billing for multi-use vials of Herceptin (trastuzumab), a drug used to treat cancer. Providers were frequently found to be billing incorrectly for the entire multi-use vial, rather than the specific dose administered to the Medicaid enrollee.

Physicians, hospitals and other providers are reminded to administer drugs and biologicals to Medicaid enrollees in the most efficient and clinically appropriate manner, utilizing the most cost-effective vial or combination of vial sizes in order to minimize waste. Medicaid will reimburse providers based on the drug dose administered to the patient. This policy applies to Herceptin and all other drugs supplied in multi-use vials. For policy guidance on drugs and biologicals supplied in single-use vials, see the May 2016 *Medicaid Update.*

Auditable records must be maintained by providers for a period of not less than six years from the date of payment. Post-payment reviews are conducted by the New York State Office of the Medicaid Inspector General (OMIG).

Questions regarding Medicaid fee-for-service policy should be directed to the Division of Program Development and Management at (518) 473-2160. Questions regarding Medicaid managed care reimbursement should be directed to the enrollee's Medicaid managed care plan.

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Medicaid Pharmacy Prior Authorization Programs Update

On September 15, 2016, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid pharmacy prior authorization programs. The Commissioner of Health has reviewed the recommendations of the Board and has approved changes to the Preferred Drug Program (PDP) within the fee-for-service (FFS) pharmacy program. Effective November 17, 2016 prior authorization (PA) requirements will change for some drugs in the following PDP classes:

- ARB Combinations
- Hepatitis C Agents – Direct Acting Antivirals
- Pulmonary Arterial Hypertension (PAH) Oral Agents - Other

Also effective November 17, 2016, the fee-for-service pharmacy program will implement the following parameters recommended by the DUR Board:

- Gabapentin
  - Dose Limit: Based on maximum daily dose of 3600 mg per day
- Injectable Anticoagulants
  - Duration Limit: No more than 30 days for members initiating injectable anticoagulant therapy
  - Diagnosis Requirement: Documentation of FDA or Compendia-supported indication is required for patients requiring longer than 30 days of therapy
- Products for Irritable Bowel Syndrome with Diarrhea (IBS-D)
  - Diagnosis Requirements:
    - Alosetron: Adult females with severe IBS-D lasting ≥6 months who have failed other treatments
    - Eluxadoline: Adults with IBS-D
  - Step Therapy:
    - Alosetron: Trial with both eluxadoline ***and*** rifamixin prior to using alosetron

For more detailed information on the above DURB recommendations, please refer to the meeting summary at: https://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2016/

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy PA Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

To obtain a PA, please contact the clinical call center at **1-877-309-9493**. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain a PA.

Medicaid enrolled prescribers can also initiate PA requests using a web-based application. PAXpress® is a web based pharmacy PA request/response application accessible through a button “PAXpress” located on eMedNY.org under the MEIPASS button.

Additional information, such as the Medicaid Standardized PA form and clinical criteria, are available at the following websites: http://www.nyhealth.gov; http://newyork.fhsc.com; http://www.eMedNY.org and http://newyork.fhsc.com.

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Provider Directory

Office of the Medicaid Inspector General:
For suspected fraud complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit www.omig.ny.gov.

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

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).

Do you have questions about billing and performing MEVS transactions?
Please call the eMedNY Call Center at (800) 343-9000.

Provider Training:
To sign up for a provider seminar in your area, please enroll online at:
http://www.emedny.org/training/index.aspx. 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:
http://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog
http://nypep.nysdoh.suny.edu/home

Need to change your address? Does your enrollment file need to be updated because you have experienced a change in ownership? Do you want to enroll another NPI? Did you receive a letter advising you to revalidate your enrollment?
Visit https://www.emedny.org/info/ProviderEnrollment/index.aspx and choose the link appropriate for you (e.g., physician, nursing home, dental group, etc.).

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

Comments and Suggestions Regarding This Publication?
Please contact the editor, Amy Siegfried, at medicaidupdate@health.ny.gov