



**Department
of Health**

Transition of the Pharmacy Benefit from Managed Care (MC) to Medicaid NYRx Pharmacy Program

**Frequently Asked Questions (FAQs)
Updated: January 12, 2023**

FAQs	3
<i>General</i>	<i>3</i>
<i>1115 Medicaid Redesign Team (MRT) Waiver.....</i>	<i>6</i>
<i>340B.....</i>	<i>6</i>
<i>Managed Care Plans (MCPs).....</i>	<i>8</i>
<i>Formulary Management and Drug Utilization Review (DUR).....</i>	<i>13</i>
<i>Stakeholder Engagement.....</i>	<i>14</i>
<i>Scope of Benefits.....</i>	<i>16</i>
<i>Member Impact</i>	<i>23</i>
<i>Foster Care.....</i>	<i>26</i>
<i>Provider Impact</i>	<i>27</i>
<i>Claims Processing & Operations.....</i>	<i>35</i>
<i>Data Sharing.....</i>	<i>37</i>



FAQs

General

FAQ 001 What is the main objective of the transition of the pharmacy benefit from Managed Care (MC) to the Medicaid Pharmacy program, NYRx?

Updated: July 8, 2022

Transitioning pharmacy services from MC to NYRx will, among other things:

- 1) Provide the State with full visibility into prescription drug costs.
- 2) Centralize and leverage negotiation power.
- 3) Provide a single drug formulary with standardized utilization management protocols.
- 4) Address the growth of the 340B program and associated reductions in State rebate revenue.

FAQ 002 Will the transition be a phased implementation or implemented all at once?

Updated: July 8, 2022

It is the intention of NYS DOH to implement the transition all at once, effective April 1, 2023.

FAQ 004 Will rebates increase as a result of the transition of the benefit from Managed Care (MC) to Medicaid NYRx Pharmacy program?

Updated: July 8, 2022

Yes, NYS DOH anticipates an increase in both federal and state supplemental rebates due to the transition to a single standardized formulary, which will allow the State to optimize federal rebates and increase the State's leverage to negotiate supplemental rebates with manufacturers.

FAQ 006 Has NYS DOH considered other ways or contingency plans to achieve State savings if the pharmacy benefit transition does not achieve anticipated savings?

Updated: July 8, 2022

NYS DOH believes the transition of the pharmacy benefit from Managed Care (MC) to the Medicaid NYRx Pharmacy program is in the best interest of the Medicaid program and Medicaid beneficiaries, and that it will achieve the objectives outlined in [FAQ 001](#). As such, NYS DOH is confident that the pharmacy transition will generate savings.



FAQ 037 Has NYS DOH consulted with other states such as California and Michigan for insight regarding their transition of the pharmacy benefit from Managed Care (MC) to Fee-For-Service (FFS)?

Updated: July 8, 2022

Yes, DOH has consulted for and with several other states, including California and Michigan, regarding their transition of the pharmacy benefit from Managed Care to Fee-For-Service. In addition, DOH participated on a multi-state working group to discuss implementation strategies related to the pharmacy benefit transition and garnered insight from various states specific to the transition. These conversations and activities have informed and continue to guide DOH's approach in implementation of the transition.

FAQ 038 How will the transition of the Medicaid pharmacy benefit from Managed Care (MC) to Medicaid NYRx Pharmacy program be communicated to Medicaid Members and Prescribers? Will Managed Care Plans (MCP) and NYS DOH be reaching out to Medicaid Members and Prescribers?

Published: September 4, 2020

Communication about the transition of the pharmacy benefit to NYRx will be done by both NYS DOH and the MCPs and will be accomplished through a variety of methods including letters and Medicaid Update articles. Additional information regarding these communications and their timing can be found within the Transition and Communications Activities Timeline document.

FAQ 062 As part of the pharmacy transition, will NYS DOH engage in exclusive contracts with any particular specialty pharmacy providers or specialty pharmacy provider networks?

Updated: July 8, 2022

No, NYS DOH does not intend to engage in exclusive contracts with particular specialty pharmacy providers, as part of the pharmacy benefit transition.



FAQ 064 In response to the pharmacy transition, how and what is the best way for a company to request or signal interest in negotiating around certain product(s) with NYS DOH?

Updated: July 8, 2022

NY State participates in the National Medicaid Pooling Initiative ([NMPI](#)) to access supplemental rebates for drugs included in the Preferred Drug Program.

Questions regarding the NMPI bid solicitation may be sent to:
NYPDPnotices@magellanhealth.com.

Questions regarding the Preferred Diabetic Supply Program may be submitted via the contact form at: <https://newyork.fhsc.com/contactus.asp>.

Questions regarding any other products subject to the carve-out may be sent to:
NYPDPnotices@magellanhealth.com.

FAQ 115 What is the difference between NYS Medicaid Fee-For-Service and the NYRx pharmacy program?

Published: November 8, 2022

Medicaid Fee-For-Service includes all benefits. NYRx is the new name for the pharmacy benefit under the New York State Medicaid Program. Nothing has changed with the Medicaid pharmacy program except the name.

NYRx is:

- Easily recognizable
- Clearly identifies the Medicaid Pharmacy Program
- Reduces stigma associated with Medicaid



1115 Medicaid Redesign Team (MRT) Waiver

FAQ 007 What is the 1115 Waiver amendment and how does it affect the pharmacy benefit?

Published: August 4, 2020

The New York State’s Medicaid Section 1115 MRT Waiver (formerly known as the Partnership Plan) is the current authority under which the pharmacy benefit is delivered by the Managed Care Plans (MCPs). Since the pharmacy benefit is being transitioned to the Medicaid NYRx Pharmacy program, the 1115 MRT Waiver must be amended accordingly to support the transition.

340B

FAQ 012 How will 340B Hemophilia Treatment Centers be impacted by the pharmacy benefit transition?

Updated: July 8, 2022

When the pharmacy benefit is transitioned to the Medicaid NYRx Pharmacy program, Hemophilia Treatment Centers will bill the NYRx program for covered drugs and products that are included in the outpatient pharmacy program. This includes outpatient prescription drugs and clotting factor. More detail regarding the drugs and other products that are included in the outpatient pharmacy benefit can be found at the following [link](#).

FAQ 014 Is there a current 340B formulary? When the pharmacy benefit is transitioned to the Medicaid Pharmacy program, NYRx, will 340B providers be able to bill a “340B claim” to the NYRx program for Managed Care (MC) members?

Published: August 4, 2020

There is currently no separate 340B formulary. Essentially, the 340B Covered Entity determines whether they will use 340B drugs for Medicaid members. When the pharmacy benefit is transitioned to NYRx, MC members will access their pharmacy benefit through the NYRx program and providers submitting 340B claims for MC members, will follow Medicaid NYRx Pharmacy program billing policies for 340B claims.

FAQ 015 Will the Fee-For-Service (FFS) claim submission requirements for 340B drugs (i.e., submitting the UD modifier) change as a result of the pharmacy benefit transition?

Updated: November 8, 2022

No, we do not anticipate any changes in the way in which 340B claims will be submitted when the pharmacy benefit is transitioned from Managed Care (MC) to FFS. If there are changes, they will be communicated to providers via a [Medicaid Update](#) article. For information on how to bill 340B claims please see the [2021 November Medicaid Update](#).



FAQ 016 Will servicing providers who are prescribing medications for members who are either Medicare or dually eligible be able to use the 340B program for Medicare?

Updated: July 8, 2022

The Pharmacy Benefit Transition from Managed Care (MC) to the Medicaid NYRx Pharmacy program will have no impact to providers ability to use the 340B program for Medicare or dually eligible beneficiaries. Information regarding the Health Resources and Services Administration (HRSA) requirements for Covered Entities can be found by accessing the following [link](#).

Information regarding Medicaid FFS 340B claim submission requirements, including submission requirements for dually eligible members can be found at the following [link](#).

FAQ 041 Where can information be found regarding 340B Advisory Workgroup meeting discussions?

Updated: July 8, 2022

Presentation copies for 340B Advisory Group meetings are posted on the NYS DOH MRT II NY Medicaid Pharmacy Program (NYRx) [website](#) under the "Stakeholder Engagement" section and are organized by date.

FAQ 042 Has NYS DOH reviewed and/or considered alternative 340B models, such as the Texas model?

Published: July 8, 2022

Yes, NYS DOH has reviewed and considered several alternative 340B models, including the Texas Shared Savings model. After careful consideration of these models, NYS DOH believes that the pharmacy transition, including the reinvestment of 340B savings to Covered Entities, achieves the policy goals that are in the best interest of the Medicaid program and its beneficiaries. These policy goals are outlined in slide # 4 of the [August 17th, 2020 All Stakeholder meeting](#).

FAQ 082 Will the Pharmacy Benefit Transition result in moving contracted pharmacies out of clinics? If so, how will patient access be impacted?

Updated: July 8, 2022

No, the Pharmacy Benefit Transition will not result in moving contracted pharmacies out of clinics. Such decisions are left to 340B Covered Entities. If a clinic makes the decision to move their contracted pharmacies out of their clinics, patients will continue to have access to needed medications at another Medicaid enrolled pharmacy. If a Covered Entity does choose to move their contracted pharmacy out of their clinics, NYS DOH would not anticipate any negative impacts to Medicaid members accessing their medications.



FAQ 127 Will New York State require all 340B covered entities to carve-in Medicaid for 340B at entity-owned pharmacies and for clinic/physician administered drugs?

Published: December 14, 2022

The Pharmacy Benefit Transition does not require 340B entities to carve in pharmacy/clinic/physician administered Medicaid claims at either the Covered Entity or its contract pharmacies.

Managed Care Plans (MCPs)

FAQ 017 What health plans does the pharmacy benefit transition apply to? Will the pharmacy benefit transition impact dual eligible members that have Medicare Advantage and Medicaid? Does the pharmacy benefit transition apply to Managed Long-Term Care plans? Does the pharmacy benefit transition apply to CHP?

Updated: July 8, 2022

The Medicaid NYRx Pharmacy Benefit Transition does not apply to Managed Long-Term Care plans (e.g., PACE, MAP, MLTC), the Essential Plan, or Child Health Plus (CHP).

The NYRx Medicaid Pharmacy Benefit Transition applies to all mainstream Managed Care Plans (MCPs), including Health and Recovery (HARP) and HIV-Special Needs (SNP) plans. More information can be found on slide 3 of the [Transition of the Pharmacy Benefit from Managed Care to Fee-for-Service \(FFS\): Implementation Update & Strategy presentation](#).

FAQ 018 How will the role of the Managed Care Plans (MCPs) change after the pharmacy benefit is transitioned into Medicaid NYRx Pharmacy program?

Published: August 4, 2020

MCPs will continue to be responsible for maintaining all activities necessary for their enrolled members' care coordination and claims payment for non-outpatient pharmacy services and related activities, consistent with contractual obligations. The MCPs will determine the personnel and resources that they need in order to continue to perform these functions.

Information regarding MCPs and NYS DOH roles can be found at the following [link](#). NYS DOH will work closely with the MCPs to provide access to pharmacy data that is necessary to support the activities for which they are responsible.



FAQ 116 Following the pharmacy benefit transition, will there still be Medicaid Managed Care Plans (MCPs) in New York State Medicaid?

Published: November 8, 2022

The pharmacy benefit transition only applies to the Medicaid pharmacy benefit. Managed Care Plans (MCPs) will continue to be responsible for providing other benefits, such as medical benefits, etc.

FAQ 019 How will the pharmacy benefit transition impact Managed Care (MC) rate setting?

Updated: July 8, 2022

NYS DOH and its actuary will adjust MC rates to account for the pharmacy benefit being transitioned to the Fee-For-Service (FFS) program. Per federal regulations, all Medicaid MC rates are required to be actuarially sound.

FAQ 020 How will the pharmacy benefit transition impact the Value Based Payment (VBP) arrangements that Managed Care Plans (MCPs) currently have with providers?

Updated: July 8, 2022

NYS DOH discussed the topic of VBP arrangements with MCPs and subject matter experts during multiple Technical Workgroup meetings. MCPs were asked to review the data file format along with other data sharing and prior authorization information and consider whether these provide the data and information needed to support VBP arrangements. Based on this evaluation, NYS DOH does not view the transition of the Pharmacy Benefit to Medicaid Fee-for-Service (FFS) as a barrier for existing or future VBP arrangements. NYS DOH will be delivering data to the plans in the form of a daily claims file (please refer to [FAQ 056](#) and [FAQ 104](#)), as well as a set of on-demand reports (please refer to the to the Transition and Communication Activities Timeline). These reports will provide for timely access to critical data and ensure that existing VBP arrangements between MCPs and providers continue post transition.



FAQ 021 How will Managed Care Plans (MCPs) be impacted by the pharmacy benefit transition in relation to HEDIS/QARR measures?

Updated: July 8, 2022

NYS DOH discussed the topic of HEDIS/QARR measures with MCPs and subject matter experts during multiple Technical Workgroup meetings. MCPs were asked to review the data file format along with other data sharing and prior authorization information and consider whether these provide the data and information needed to support reporting HEDIS/QARR.

It was determined that the current QARR measures were largely in place prior to the 2011 Carve-In – current measures can be found in the [eQARR online report](#). More than 50% of total QARR measures use pharmacy data in the measurement calculation (e.g., denominator, numerator, or both) – pharmacy data will continue to be important. It is NYS DOH's assumption that all quality measures will continue to be calculated and reported by health plans as a part of QARR reporting. It is also NYS DOH's assumption that plans will need pharmacy data in order to report out on QARR measures. The data sharing between NYS DOH and MCPs will support continued reporting on measures.

Lastly, NYS DOH provided responses to the MCPs to support plans in answering Table 1.4 Ancillary Provider Data in Section 1: Medical Services and Processing of the HEDIS Roadmap. For more information regarding QARR reporting please refer to FAQ 070 .

FAQ 022 How will the State transition the current pharmacy related activities that are being done by the Managed Care Plans (MCPs) (e.g. quarterly formulary submissions, claims run out, etc.)?

Updated: May 14, 2021

The Transition and Communication Activities Timeline has been developed and reviewed collaboratively with the Managed Care Plans at recurring Technical Workgroup meetings.

FAQ 046 What updates to “administrative expenses” can Managed Care Plans (MCPs) expect post-pharmacy benefit transition to account for data management and care management activities related to pharmacy coverage that will remain with MCPs?

Updated: July 8, 2022

In accordance with the standard rate development and rate setting process, Managed Care Plans can expect to be provided with updates from the Division of Finance and Rate Setting (DFRS) and the State's Actuary regarding how the administrative cost portion of the capitated rate will be affected by the pharmacy benefit transition. As addressed in [FAQ 019](#) , federal regulations require that all Medicaid MC rates be actuarially sound.



FAQ 047 How will the pharmacy benefit transition impact Critical Risk Groups (CRG)/ risk score methodology or weights? Will new CRG rules be released? If so, when?

Updated: July 8, 2022

The pharmacy benefit transition will not impact the critical risk groups (CRGs) methodology or process. The current risk adjustment methodology utilizes both Managed Care (MC) encounters and Fee-For-Service (FFS) claims as grouper inputs.

FAQ 048 How will the upcoming changes affect medical benefit drugs? Will Managed Care Plans (MCP) set policy for the utilization of medical benefit drugs, or will NYS DOH establish a utilization management policy for the MCPs to follow? Will Managed Care Plans (MCPs) utilize their own formulary or the Medicaid NYRx Pharmacy formulary for practitioner-administered drugs that are currently billed to MCPs?

Updated: July 8, 2022

The transition will not change the MCPs' responsibility for developing coverage and billing policies for practitioner administered drugs for their members, as referenced in the Scope of Benefits document. MCPs will continue to make practitioner administered drugs available when billed as a medical or institutional claim.

FAQ 069 How will the Restricted Recipient Program (RRP) be impacted by the pharmacy benefit transition? Will the RRP be transitioned to the Medicaid NYRx Pharmacy program or will Managed Care Plans (MCPs) receive modified procedures to accommodate the bifurcation of the medical and pharmacy benefit?

Updated: July 8, 2022

NYS DOH and the Office of the Medicaid Inspector General (OMIG) will work with the MCPs to develop and implement modified procedures that support the Restricted Recipient Program.

FAQ 070 Will pharmacy data be counted as administrative or supplemental data for use of QARR reporting after the pharmacy benefit transition?

Updated: July 8, 2022

The pharmacy data file that will be sent from NYS DOH would be considered administrative data for use of QARR reporting. NCQA will consider it as encounter data for the purposes of reporting. Please note that the data file is currently undergoing design through collaboration with the Managed Care Plans (MCPs).



FAQ 071 Regarding an NCQA audit response, prior to the transition Managed Care Plans (MCPs) were asked to provide the record of medication dispensing as part of HEDIS and QARR reporting. Would MCPs still be expected to provide that information even though the plan did not pay for the survey?

Updated: July 8, 2022

The MCP should inquire with the NCQA health plan auditor requesting that information.

FAQ 074 How will Durable Medical Equipment (DME) supplies with approved authorization be impacted after April 1, 2023? Will Managed Care Plans (MCPs) be required to send a notice advising the member that the rental is stopped as a result of it being a Fee-For-Service (FFS) item?

Updated: July 8, 2022

DME supplies found within the Durable Medical [Equipment, Prosthetics, Orthotics, Supplies and Procedure Codes and Coverage Guidelines will remain the](#) responsibility of the MCPs and therefore should not be impacted for discontinuation of a Prior Authorization (PA) or rental with respect to the pharmacy benefit transition. More guidance will be forthcoming regarding DME supplies found within the [Pharmacy Procedures & Supply Codes](#) as review and analysis is in progress.

FAQ 090 Following the Pharmacy Benefit Transition it is anticipated that the pen needle and syringe product class will not be managed by NY Medicaid. As a result of this, would the Managed Care Plans (MCPs) still be able to implement their own controls/contracts in this category (since they typically cover it under pharmacy)?

Updated: July 8, 2022

Syringes and needles are subject to the Pharmacy Benefit Transition and therefore will be covered under the Medicaid NYRx Pharmacy Program. More information regarding needles and syringe products can be found on page 17 within Section 4.2 Enteral And Parenteral Therapy of the [Pharmacy Procedures & Supply Codes](#) manual.



Formulary Management and Drug Utilization Review (DUR)

FAQ 023 What formulary will be used when the pharmacy benefit is transitioned to the Medicaid NYRx Pharmacy program and how will it be updated? Will the State use the current Medicaid NYRx Pharmacy reimbursement methodology?

Updated: October 12, 2022

When the pharmacy benefit is transitioned to the NYRx program, the [Medicaid Pharmacy List of Reimbursable Drugs](#) will continue to be used and updated as it is today. The full list of reimbursable drugs may be viewed online or downloaded. Likewise, the Medicaid [NYRx Pharmacy reimbursement methodology](#) will be used.

FAQ 105 Will there be any changes to the Single Statewide Medication Assisted Treatment (MAT) formulary following the transition?

Published: October 12, 2022

There will not be any changes to the coverage criteria for MAT therapy with this transition and MAT therapy will continue to be covered by NYRx for all Medicaid enrollees. Prior authorization is not required for medications used for the treatment of substance use disorder when prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder.

FAQ 024 How will the pharmacy benefit transition impact the way in which the DUR Board is operated?

Updated: July 8, 2022

The transition will not change the way in which the DUR Board operates. Information regarding the DUR Board can be found at the following [link](#).



FAQ 083 Is NYS DOH actively negotiating with companies that have product(s) with a large percentage of claims within Medicaid Managed Care (MC) but not the Medicaid NYRx Pharmacy program? Likewise, is NYS DOH evaluating potential products to add to the NYRx formulary that have a large number of claims in Medicaid MC and the product is non-preferred by NYRx?

Published: November 5, 2020

NYS DOH has a standard process that is utilized for the Medicaid NYRx Pharmacy Program to collect bids from manufacturers under the Preferred Drug Program (PDP) as well as the Preferred Diabetic Supply Program (PDSP). It is the intent of NYS DOH to continue to utilize that process consistent with how it has been handled in NYRx.

As referenced in the [October 19th, 2020 All Stakeholder Presentation](#), NYS DOH analyzed managed care claims by program area to inform transition strategy. Slides 12 & 13 of this presentation provide details regarding this analysis and the transition strategy that will be used to ensure continued access to medications.

Stakeholder Engagement

FAQ 025 Will the *All Stakeholder* meeting be sent out the same way as the first meeting? If so, will anyone registered for the July 13 meeting receive an invite for future meetings?

Updated: May 14, 2021

Yes. Information regarding future stakeholder meetings will be sent out via the [MRT LISTSERV](#).

FAQ 026 Where can I get a copy of the All Stakeholder meeting presentations?

Updated: July 8, 2022

Presentation copies for All Stakeholder meetings are posted on the NYS DOH MRT II NY Medicaid Pharmacy Program (NYRx) [website](#) under the "Stakeholder Engagement" section and are organized by date.

FAQ 028 Has NYS DOH considered gathering input from individuals and families to support the transition of the Medicaid pharmacy benefit?

Updated: July 8, 2022

The All Stakeholder meetings have been established to update stakeholders and to gather input from all stakeholders, including individuals and families, and those that represent them.

FAQ 029 When will the Technical Workgroup meetings with the Managed Care Plans (MCPs) begin? Also, will the Technical Workgroup meetings be open to the public?

Updated: July 8, 2022

The Technical Workgroup meetings began on July 21, 2020 and will be held bi-weekly thereafter. The meetings are not open to the public.

FAQ 030 Will Pharmacy Directors for all Managed Care Plans (MCPs) be included in the Technical Workgroup meetings? What organizations are represented in those meetings? How will the agendas for the Technical Workgroups be created and how can MCPs provide input?

Updated: September 4, 2020

The Technical Workgroup is composed of Pharmacy Directors of each Managed Care Plan (MCP). NYS DOH will lead targeted discussions regarding specific topics and issues that require clarification and resolution in order to move the transition forward. MCPs will assist with the development of discussion documents and recommendations.

FAQ 049 Where can information be found regarding Technical Workgroup meeting discussions?

Updated: July 8, 2022

Outputs from Technical Workgroups will be posted on the NYS DOH MRT II NY Medicaid Pharmacy Program (NYRx) [website](#) once finalized.

FAQ 050 If I am not a member of the 340B Advisory Group or Technical Workgroup how can I participate in the Pharmacy Benefit Transition?

Updated: July 8, 2022

Stakeholders who are not members of the 340B Advisory Group or Technical Workgroup can participate in the Pharmacy Benefit Transition by attending the All Stakeholders meetings. The All Stakeholders meetings began on July 13, 2020 and occur the third Monday of each month. Stakeholders should subscribe to the [MRT LISTSERV](#) to receive announcements and registration links for the meetings (typically sent out 1 week in advance of the meeting). Additionally, the MRT LISTSERV is a valuable resource for staying up to date and informed about [website](#) updates and resource postings.



FAQ 084 I subscribed to the MRT LISTSERV but have not received any messages. How can I ensure I am signed-up to receive messages?

Published: November 5, 2020

If you are experiencing issues with receiving [MRT LISTSERV](#) messages or subscribing, please contact mrtupdates@health.ny.gov for assistance. The MRT Team will be able to verify your subscription or manually subscribe you.

FAQ 137 Who should providers contact for inquiries about the NYRx pharmacy program?

Published: January 12, 2023

- Policy and coverage questions may be sent to NYRx@health.ny.gov.
- For provider enrollment and billing questions can be directed to the eMedNY Call Center at (800) 343-9000.
- For provider assistance with prior authorizations, clinical concerns, and the Preferred Drug Program, contact the Magellan Clinical Call Center at (877) 309-9493.

Scope of Benefits

FAQ 031 What drugs and supplies are included in the transition?

Updated: December 14, 2022

The transition will include covered outpatient drugs and other products covered under the Medicaid Pharmacy Program. This includes outpatient prescription and over-the-counter drugs, diabetic, incontinence and other supplies. It does not include physician administered (J-Code) drugs. More information regarding what drugs and products are included in the NYRx Medicaid Pharmacy Program can be found within the [Medicaid List of Reimbursable Drugs \(Formulary File\)](#) and the [List of OTC Categories and Supply Codes](#).

FAQ 051 Will the pharmacy transition Scope of Benefits document be updated as the transition progresses? What will happen beginning April 1, 2023, if managed care member is on a non-formulary/non-preferred medication that requires prior authorization in the NYRx program? Will there be a Prior Authorization (PA) process for certain medications that are subject to the pharmacy benefit transition?

Updated: October 12, 2022

The Scope of Benefits document will be updated and clarified based on stakeholder comments or questions. Information regarding specific outpatient drugs covered by the NYRx Medicaid Pharmacy program, and whether a prior authorization is required can be found on the [eMedNY website](#).

When the pharmacy benefit transitions to NYRx, many Managed Care (MC) members will be able to continue taking their medication, without needing prior authorization. NYS DOH will leverage clinical editing criteria which may allow for members to continue to receive



non-formulary/non-preferred medication. Additionally, prior authorizations established in Managed Care will continue to be honored and could allow for non-formulary/non-preferred drug coverage. Furthermore, there will be a transition period from April 1, 2023 through June 30, 2023. During this period, members will be provided with a one-time, temporary fill for drugs that would normally require prior authorization under the NYRx Preferred Drug Program (PDP). This allows additional time for prescribers to either seek prior authorization or change to a preferred drug, which does not require prior authorization. Refer to [FAQ 113](#) for information on the Transition Period.

FAQ 052 Will regular prescriptions such as antibiotics and maintenance drugs still be covered under Managed Care (MC)?

Published: September 4, 2020

Outpatient Antibiotics and maintenance medications will be covered by the NYRx Medicaid Pharmacy program, when billed by a pharmacy. Information regarding specific outpatient drugs covered under the NYRx program can be found on the [eMedNY website](#).

FAQ 053 Will Long-Acting 2nd generation injectables be covered as a pharmacy benefit when given in a clinic setting?

Published: September 4, 2020

Long Acting 2nd generation antipsychotics, when administered by a physician or other practitioner in a clinic setting and billed on an institutional or medical claim form will continue to be covered by the member's managed care plan.

FAQ 054 How are Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) drugs impacted by the pharmacy benefit transition, specifically:

Updated: November 8, 2022

a. For Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) post pharmacy benefit transition, can providers continue to prescribe medications that have historically provided the best results for patients? For example, if prior to the pharmacy benefit transition a patient was treated with a brand-name medication, can providers continue to prescribe that without a Prior Authorization (PA)?

Outpatient drugs that are used for OUD and AUD are covered under the NYRx Medicaid Pharmacy Program and all are included in the [Statewide Medication Assisted Treatment \(MAT\) Formulary](#). When the pharmacy benefit transitions to NYRx, most managed care members will be able to continue taking their medication, without needing prior authorization.

b. Alternatively, how will drugs being used off-label be impacted?

The NYRx Pharmacy Program covers drugs that are indicated for FDA approved/compendia supported uses. Compendia support does include off-label uses that have proven efficacy. The official specific references currently identified can be found in the [Social Security Act Section 1927\(g\)\(1\)\(B\)\(i\)](#).



c. Is the statute still applicable that all Food and Drug Administration (FDA) approved medications for Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD) are approved without Prior Authorization (PA)?

See [FAQ 054b](#) above.

FAQ 057 How will the pharmacy benefit transition impact Durable Medical Equipment (DME) specifically fulfilled by home delivery suppliers or fulfilled at the pharmacy?

Updated: July 8, 2022

Only pharmacy supply and procedure codes are subject to the pharmacy benefit transition unless otherwise stated within the Pharmacy Scope of Benefits. Pharmacy billing guidance and a list of supply codes for pharmacies and DME suppliers can be found on the [eMedNY Pharmacy website](#). [DME billing guidance](#) is available as a PDF.

FAQ 058 How will the pharmacy benefit transition impact mastectomy supplies such as wigs, etc.?

Updated: July 8, 2022

Mastectomy care is subject to the pharmacy benefit transition and will therefore be covered under the Medicaid Fee-For-Service (FFS) program. Breast and hair prosthesis will be the responsibility of the Managed Care Plans (MCPs). For more information, please review the [Pharmacy Supply and Procedure Manual](#) and the Pharmacy Scope of Benefits.

FAQ 059 Can NYS DOH please explain how diabetic supplies will be impacted after the transition of the Medicaid pharmacy benefit to Medicaid NYRx Pharmacy Program is complete specifically related to the following:

- a. Will NYS DOH be using NDC or HCPCS codes for Insulin Pumps (including external ambulatory infusion pumps), Insulin Pump Supplies and Integrated Continuous Glucose Monitoring (CGM)?**
- b. How will insulin pumps, pump supplies and integrated CGM be authorized? Will NYS DOH review each submitted request?**

Updated: July 8, 2022

- a. Diabetic supplies found on the NYS Medicaid Preferred Diabetic Supply Program (PDSP) List should be billed via an NDC. If the product is not on the [PDSP list](#), then it should be billed via a HCPCS code. Further clarity is provided below:
 1. Disposable insulin pumps should be billed via an NDC as a pharmacy claim to FFS.



2. Insulin pump supplies should be billed via a HCPCS code as either a pharmacy claim or medical claim to FFS.
 3. Preferred CGMs should be billed via an NDC as a pharmacy claim to FFS.
 4. Non-preferred CGMs should be billed via a HCPCS code as a medical claim to FFS.
 5. Non-disposable insulin pumps and integrated CGM/insulin pumps (i.e. external ambulatory infusion pumps, insulin) remain the responsibility of the Managed Care Plans (MCPs) as defined within the Pharmacy Scope of Benefits.
- b. CGMs and disposable insulin pumps will be authorized if they meet program criteria. Products that do not meet program criteria will be manually reviewed. For more information please refer to the following resources:
- [Changes for Approval of Continuous Glucose Monitoring and Insulin pumps for Individuals with Type 1 Diabetes](#)
 - [Reimbursement of Continuous Glucose Monitoring for Individuals with Type 1 Diabetes](#)

FAQ 072 Vivitrol (extended-release naltrexone for injectable suspension), a provider administered medication, is listed on the PDL and is currently covered under the pharmacy benefit. This product is affected by the SUPPORT Act, legislation mandating that Medicaid will be required to cover all products considered Medication Assisted Therapy (Vivitrol is indicated for the prevention of relapse to opioid disorder). Will Vivitrol be included in the transition even though it is a physician-administered drug or will managed care plans continue to cover it?

Updated: July 8, 2022

Vivitrol is subject to the transition and will be covered under the Medicaid NYRx pharmacy benefit. Managed Care Plans (MCPs) will continue to be responsible to cover Vivitrol for their members when it is billed as a medical or institutional claim.



FAQ 075 How are DME code E0784 insulin pumps impacted by the pharmacy benefit transition?

Updated: July 8, 2022

External ambulatory infusion pumps for insulin are not part of the pharmacy benefit transition and will remain the responsibility of the Managed Care Plans (MCPs). More information can be found within Appendix A of the Pharmacy Scope of Benefits. FAQ 076 Regarding the following Durable Medical Equipment (DME) categories such as: diabetes, ostomy, incontinence, etc.:

- a. How will the pharmacy benefit transition impact the above mentioned categories? Will products within these categories be covered under Fee-For-Service?**
- b. After the transition how should DME products in the above mentioned categories be billed? Ex: via pharmacy, DME, or both?**

Updated: July 8, 2022

- a. These products fall within the [Pharmacy Procedures and Supply Codes Manual](#) and are subject to the pharmacy benefit transition and will be covered under Medicaid Fee-For-Service (FFS).
- b. After the transition, these supplies may be billed via the pharmacy NCPDP format or via the medical claim format. Information regarding pharmacy billing guidance and a list of supply codes for pharmacies and DME suppliers can be found on the [eMedNY Pharmacy website](#). Information regarding [DME billing guidance](#) is available as a PDF.

FAQ 077 What Durable Medical Equipment (DME) products are not covered after the pharmacy benefit transition effective April 1, 2023?

Updated: July 8, 2022

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies not found within in the [Pharmacy Procedures and Supplies Manual](#) are not subject to the transition and will remain the responsibility of the Managed Care Plans (MCPs). For more information, refer to Appendix A of the Pharmacy Scope of Benefits.



FAQ 078 Will continuous glucose monitoring (CGM) devices be able to be filled under a member's medical benefit or only pharmacy benefit?

Updated: July 8, 2022

Preferred CGM devices should be billed via the Medicaid NYRx Pharmacy Benefit and are subject to the [Preferred Diabetic Supply Program \(PDSP\) list](#). Information regarding pharmacy billing guidance and a list of supply codes for pharmacies and DME suppliers can be found on the [eMedNY Pharmacy website](#).

Non-Preferred CGM devices should be billed under the medical benefit. Information regarding [DME billing guidance](#) is available as a PDF.

FAQ 085 The Medicaid NYRx formulary list does not contain the same oncology medications covered by Managed Care Plans (MCPs) today. How will NYS DOH mitigate potential issues that arise from these gaps in covered medications?

Updated: July 8, 2022

NYS DOH is evaluating MCP pharmacy claim encounters to determine potential differences in coverage for medications. The New York State Medicaid Pharmacy program, NYRx, covers medically necessary FDA approved prescription and select non-prescription drugs for Medicaid NYRx members based on program rules. NYS DOH is evaluating MCP pharmacy claim encounters to determine potential differences in coverage areas for medications.

Oncology medications that are typically administered by practitioners may not be on the Medicaid NYRx formulary as they are not considered part of the pharmacy benefit. However, they are still a covered Medicaid benefit. MCPs will continue to make practitioner administered oncology medications available when they are billed as a medical or institutional claim.

FAQ 091 Will Durable Medical Equipment (DME) supplies found within the Pharmacy Procedure and Supply Codes manual that are billed as a medical claim be subject to the Pharmacy Benefit Transition?

Updated: July 8, 2022

Yes, the [Pharmacy Procedures & Supply Codes](#) manual contains products that are subject to the transition, which will be able to be billed as either a pharmacy claim via NCPDP or billed as a medical claim through Fee-For-Service (FFS). After the transition, these supplies would no longer be billed to the Managed Care Plan (MCP).



FAQ 098 Will all prior authorization (PAs) approvals issued prior to April 1, 2023 be honored after the transition (effective April 1, 2023)?

Updated: July 8, 2022

Prior Authorizations issued by Medicaid Managed Care (MMC) plans prior to April 1, 2023 (that are active/valid after April 1, 2023) will be honored by the Medicaid Pharmacy program, NYRx. This includes clinical PAs that also require authorization under the Medicaid NYRx Pharmacy program.

FAQ 117 Will there be new therapeutic classes added to the Preferred Drug Program (PDP) that are not being reviewed currently?

Published: November 8, 2022

The existing process which requires the Drug Utilization Review Board (DURB) to review new drugs and drug classes for inclusion in the PDP will continue, and new therapeutic classes may be added in the future.

FAQ 118 Does the pharmacy benefit transition affect the Elderly Pharmaceutical Insurance Coverage (EPIC) program?

Published: November 8, 2022

No. The [Elderly Pharmaceutical Insurance Coverage](#) (EPIC) program is separate from the NYS Medicaid Program. and will not be affected by the transition.

FAQ 128 Do all non-preferred medications require Prior Authorization?

Published: December 14, 2022

If the program criteria is met then the non-preferred drugs may not require prior authorization.

FAQ 129 If a drug is not on the NYRx formulary, will members still be able to receive the medication with Prior Authorization?

Published: December 14, 2022

Under NYRx, members have access to a very comprehensive list of drugs/drug classes. All members will be subject to the same coverage and utilization management protocols. If there is a drug or drug class that is not on the formulary, a medical necessity request can be submitted for review.

FAQ 138 Will there be any changes to how specialty drugs are handled? For example, will pharmacies need to have specialty pharmacy accreditation, or any other additional policies for specialty drugs?

Published: January 12, 2023

NYRx does not require additional enrollment requirements or accreditations to dispense specialty drugs. Pharmacies enrolled in Medicaid Fee-For-Service (FFS) may dispense and bill for covered outpatient drugs..

FAQ 139 Does the NYRx pharmacy program publish the clinical criteria for drug prior authorizations for members and providers to review?

Published: January 12, 2023

NYRx, the Medicaid Pharmacy program publishes a full listing of drugs and clinical criteria for the Preferred Drug Program, Clinical Drug Review Program (CDRP), DUR Program, Brand Less than Generic Program (BLTG), Dose Optimization Program and the Mandatory Generic Drug Program (MGDP) on the [Magellan Medicaid Administration Website](#).

Member Impact

FAQ 032 Will members receive a new pharmacy insurance card to carry, or if they do not have their Medicaid card can members continue to use their Managed Care Health Plan (MCP) card at the pharmacy? Will member ID numbers change?

Updated: November 8, 2022

Existing Medicaid members will not receive a new NYS Benefit Card, also known as the Common Benefit Identification Card (CBIC), and there will be no change to member ID numbers. Members can show either their existing NYS Benefit Card or their Managed Care Health Plan Card at the pharmacy.

FAQ 086 Will there be a designated specialty pharmacy to deliver physician administered drugs to the provider's office or can the Medicaid Managed Care (MC) member go to a pharmacy, including retail, enrolled in the Medicaid Fee-For-Service (FFS) Program to receive them?

Published: November 5, 2020

There will not be designated specialty pharmacies within the Medicaid NYRx Pharmacy Program nor are there any presently. Members will be able to access any NYRx pharmacy for drugs that are on the outpatient NYRx formulary. NYS DOH is reviewing the physician administered drugs and may add some of those drugs to the outpatient NYRx formulary. Lastly, NYS DOH is working closely with the Managed Care Plans to ensure that they (MCPs) will be able to provide members continued access to those drugs.

FAQ 087 After the Pharmacy Benefit Transition, who should a member contact with questions or complaints associated with the Durable Medical Equipment (DME) supplies (i.e., brand, quality, timeliness, etc.) or denials?

Updated: July 8, 2022

After April 1, 2023, members and providers with questions or complaints associated with DME/supplies subject to the transition, should contact 800-342-3005 or ohipmedpa@health.ny.gov.



FAQ 099 After the transition, what will the patient-pharmacy experience be like for members transitioning their outpatient pharmacy benefit from Managed Care (MC) to the Medicaid Pharmacy Program, NYRx

Updated: July 8, 2022

Starting on April 1, 2023, Medicaid Managed Care (MMC) members should present either their MMC plan or Medicaid Identification Card to their pharmacist and remind him/her about the transition to Medicaid NYRx. Both cards contain the Client Identification Number (CIN), which the pharmacist uses to submit their claims to the Medicaid NYRx program. For most members, there will be no change at the pharmacy counter.

Members should review the letter notifying them of the change, to be sure that their pharmacy takes the Medicaid Pharmacy Program, NYRx (most pharmacies do), and that their drugs are covered. Refer to [FAQ 051](#) and [FAQ 098](#) for information regarding the transition period and prior authorizations previously granted by MMC plans. The PowerPoint [presentation](#) (slides 4-6), from the December 22, 2020 All Stakeholder Meeting also provides information regarding what members can expect.

FAQ 100 How can patients verify if their current pharmacy is enrolled in the Medicaid Pharmacy Program, NYRx, or locate a pharmacy that is enrolled in NYRx?

Updated: July 8, 2022

Patients can verify if their current pharmacy is enrolled by accessing the eMedNY website for members. The resource is accessible at <https://member.emedny.org/>. Select the tool for “**Find a Pharmacy/Medical Equipment Supplier.**”

FAQ 107 How will members be affected when receiving services from an out-of-state non-enrolled provider following the transition?

Published: October 12, 2022

NYS DOH has existing processes in place to allow for the approval of emergency medication supply when a member receives services from an out-of-state non-enrolled provider, which will continue to be leveraged following the transition.

FAQ 119 Will the pharmacy benefit transition change the way patients receive their oral medication directly from their physician? Will patients need to go to an enrolled mail-order pharmacy to receive their prescriptions, rather than directly from their physician?

Published: November 8, 2022

No. Patients still have the option to receive their oral prescriptions directly from their physician. Medical billing will not be impacted by the pharmacy benefit transition. The transition will not change the Managed Care Plan responsibility for developing coverage and billing policies for prescription drugs that are billed on medical and institutional claims.

NYSDOH Fee-For-Service has expanded medical billing [[New York State Medicaid Update. \(2022, July\). Policy Clarification for Practitioner Dispensing](#)] so that practitioners can use the existing medical claims format to be reimbursed for drugs furnished to Medicaid Fee-For-Service patients. This expands access so that all practitioners serving Medicaid Managed Care and Fee-For-Service patients can use the same claims format. The use of existing medical billing does not change how Medicaid patients can obtain their prescriptions, and use of this existing billing procedure does not add extra steps or complex barriers preventing patients from receiving treatment. Allowing all Medicaid physicians to bill for medications furnished to their patients, using the established billing procedure ensures patient care coordination and drug availability at the point of service.

FAQ 130 Are most major pharmacy chains, and independent pharmacies located in the state enrolled in NYRx? Is there any data about the percentage of pharmacies in New York State already enrolled in NYRx?

Published: December 14, 2022

Most major chains and independent pharmacies located in New York are enrolled in the Medicaid program. Data regarding the number of pharmacies enrolled in the Medicaid program may be found on the [Medicaid Enrolled Provider Listing](#).

FAQ 131 Effective April 1, 2023, are members allowed to pick which pharmacies and DME supplier to utilize or must they stay with the providers to which their Managed Care Plan (MCPs) assigned them?

Published: December 14, 2022

Yes, members can use one of the 5,700+ participating pharmacy or DME supplier enrolled in NYRx.

FAQ 132 What if a pharmacy does not take NYRx?

Published: December 14, 2022

A member will need to use an NYRx enrolled provider. If a member's current pharmacy does not take NYRx, a member should ask their pharmacist to transfer a refill to a participating pharmacy or ask their doctor to send their prescriptions to a participating pharmacy.

Foster Care

FAQ 033 To what extent are children and foster care programs affected by the pharmacy benefit transition? Will the foster care children transitioned to Managed Care in July 2021 transition back to Medicaid FFS for the transition?

Updated: October 12, 2022

When the pharmacy benefit is transitioned into the NYRx Medicaid Pharmacy program, children in foster care that are already enrolled in Managed Care Plans (MCPs) will begin to receive their outpatient pharmacy benefit through the NYRx program effective April 1, 2023.

Foster care children that transition from FFS into a Managed Care Plan (MCP) for their medical benefit will continue to receive their pharmacy benefit through the NYRx program.



FAQ 108 Foster Care parents do not always receive the NYS Benefit card, also known as the Common Benefit Identification Card (CBIC), from the local Department Social Services (DSS), will the local Department of Social Services (DSS) provide Foster Care parents or Voluntary Foster Care Agencies (VCFA) with the member's CBIC card?

Published: October 12, 2022

Foster Care parents should contact the Voluntary Foster Care Agencies (VCFA) for assistance with obtaining necessary billing information. Foster Care parents can also show the Managed Care Health Plan Card which contains the Client Identification Number (CIN) the pharmacist uses to submit their claims to the Medicaid NYRx

Provider Impact

FAQ 034 How does the transition of the pharmacy benefit from Managed Care (MC) to Medicaid NYRx Pharmacy program affect providers?

Published: August 4, 2020

Providers that are prescribing outpatient drugs (or other products covered under the outpatient pharmacy benefit), for Managed Care (MC) members, will access the NYRx [formulary](#) and the [Preferred Drug List](#) to determine coverage parameters. Pharmacies that are billing for outpatient drugs for MC members will submit claims to the [eMedNY](#) system.

FAQ 092 Generic medications come in various prices. Sometimes pharmacies pay less than what the insurance is paying us (profit) and sometimes pharmacies pay more (loss). After the transition, how will the price for a generic drug be determined?

Updated: July 8, 2022

Covered generic medications will be paid in accordance with the [Medicaid Pharmacy NYRx Pharmacy Reimbursement](#) methodology.

FAQ 093 What is the exact amount that pharmacies will get paid to fill a Medicaid prescription after the transition? Currently, certain medications where this applies in the case of direct Medicaid patients have varied but have been capped at approximately \$10?

Updated: July 8, 2022

Information regarding pharmacy reimbursement can be found within the [Medicaid Pharmacy NYRx Pharmacy Reimbursement](#) methodology.



FAQ 094 Will the pharmacy benefit transition provide an opportunity for mail-order pharmacy suppliers to obtain NYS Medicaid Pharmacy enrollment? In the past these enrollments have been denied to mail-order suppliers.

Updated: July 8, 2022

Pharmacies (mail order and non-mail order) that are currently serving Medicaid Managed Care members, but are not enrolled in the Medicaid FFS program, may submit their applications to the FFS program. The Department of Health will consider the number of Medicaid managed care members and claims currently being handled by pharmacy applicants.

Information for submitting applications can be found on page 10 within the [October 2020 Medicaid Update Article](#) entitled *Attention: Pharmacies, Durable Medical Equipment, Prosthetics, Orthotics and Supply Providers, and Prescribers That are Not Enrolled in Medicaid Fee-for-Service*.

FAQ 101 How will the transition impact medical suppliers who drop-ship supplies directly to patients and bill Managed Care (MC) today? After the transition, what will be the impact to these companies in terms of billing? Will these companies still be able to drop-ship and bill Fee-For-Service?

Updated: July 8, 2022

Delivery directly to a member's home is allowed under the *Guidelines for the Delivery of Medical/Surgical Supplies and Durable Medical Equipment* (pg.19) within the [Durable Medical Equipment Manual Policy Guidelines](#). The guidelines specify the types of supplies that may be delivered, documentation required to be retained by the billing provider, and requirements and responsibility of the billing provider for lost or misdirected shipments. Revised Guidelines will be available with the next Manual Update.

FAQ 102 How will Durable Medical Equipment (DME) supply companies who serve Medicaid Members but bill Managed Long Term Care (MLTC) be impacted by the transition? Will all MLTC patients need to transition? Will MLTC no longer be paying for supplies?

Updated: July 8, 2022

MLTC Plans are not impacted by the Pharmacy Benefit Transition. See FAQ 017 .

FAQ 120 Will DME providers who are not pharmacies be able to bill certain medical supplies to NYRx for items that are considered "Pharmacy benefit only"?

Published: November 8, 2022

Yes, for more information please refer to the [Scope of Benefits, Chart #2](#).



FAQ 103 How will the transition impact the daily operations of Pharmacies? For example, if a member has Medicaid Managed Care (MMC) such as Fidelis or HealthFirst, how will our pharmacy submit claims for these members beginning April 1, 2023?

Updated: July 8, 2022

Starting April 1, 2023, pharmacies will submit claims to the Medicaid Fee-For-Service (FFS) program, using the Client Identification Number (CIN), which can be found on the member's Medicaid or the MMC plan Identification Card. Additional information regarding claim submission can be found within the [December 2020 Special Edition Medicaid Update](#).

FAQ 109 How will the transition impact Prior Authorization volume for providers?

Published: October 12, 2022

NYS DOH has taken the necessary steps to prevent an increase in Prior Authorization volume. These include:

- Utilizing a fully automated system, operated by Kepro, where claims that meet clinical criteria will adjudicate and automatic approvals are generated 50% of the time. By leveraging this process members may be allowed to continue receiving non-formulary/non-preferred medications if previously established on those medications
- Implementing a member transition period that allows members to receive a one-time fill of a non-formulary/non-preferred product. This allows additional time for prescribers to either seek prior authorization or change to a preferred drug, which does not require prior authorization.
- Honoring prior authorizations issued by Medicaid Managed Care (MMC) prior to April 1, 2023 will allow for previously approved drugs to continue to be approved. This includes clinical PAs that also require authorization under the Medicaid NYRx Pharmacy program.



FAQ 110 Does a physician have to be enrolled in Medicaid Fee-For-Service (FFS) program (NYRx) to prescribe for a Medicaid member?

Updated: November 8, 2022

Pharmacies and practitioners must be enrolled in NYS Medicaid Fee-For-Service (FFS), to service Medicaid members. For exceptions, refer to [FAQ 112](#). Information on how to enroll in NYS Medicaid (FFS) can be found [here](#).

FAQ 121 If a pharmacy is currently enrolled in the NYS Medicaid Fee-For-Service (FFS) program, does that pharmacy need to enroll in the NYRx pharmacy program?

Published: November 8, 2022

Additional enrollment is not required for pharmacies that are currently enrolled in NYS Medicaid FFS. NYRx is the new name for the pharmacy benefit under the New York State Medicaid Program. Nothing has changed with the Medicaid pharmacy program except the name. Pharmacies must maintain enrollment with NYS Medicaid FFS to continue to service Medicaid members.

FAQ 122 Do OPRA (Ordering, Prescribing, Referring or Attending) providers need to be enrolled in NYS Medicaid Fee-For-Service program (NYRx)?

Published: November 8, 2022

No additional enrollment action is needed from practitioners who are enrolled with NYS Medicaid as an ordering, prescribing, referring, and attending (OPRA) provider. Practitioners enrolled with Medicaid as an OPRA provider are considered to be enrolled in NYS Medicaid Fee-For-Service (FFS) as a qualified non-billing provider. More information on how to check a provider's enrollment status can be found with in the [June 2022 Medicaid Update Article: Reminder: Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers](#).

Providers who wish to enroll as non-billing OPRA provider may do so on the eMedNY "Provider Enrollment and Maintenance" web page.

FAQ 111 Do providers need to enroll in Medicaid Fee-For-Service (FFS) individually or with their clinical site?

Published: October 12, 2022

Individual providers should be enrolling in Medicaid Fee-For-Service (FFS). Practice sites may facilitate enrollment for providers; however, providers must sign the NYS Medicaid FFS contract agreement individually. For more information, please visit the [eMedNY Practitioner Group Enrollment page](#).



FAQ 112 Does the NYS Medicaid Fee-For-Service (FFS) Program (NYRx) allow an override for non-enrolled providers?

Published: October 12, 2022

There are existing processes in place to process claims from non-enrolled providers. Circumstances in which the override process may be used, include medical emergencies or for services provided by an intern, resident, or foreign physician who cannot enroll in the NYS Medicaid Program. Please see the [April 2022 Medicaid Update](#) for more information.

FAQ 123 If a standing order to administer vaccinations in the pharmacy is issued by an out-of-state practitioner that is not enrolled in Medicaid Fee-For-Service (FFS), will the vaccination be reimbursed? If not, could the pharmacy utilize an override?

Published: November 8, 2022

No. To be eligible for reimbursement by the Medicaid program, the practitioner that issues the standing order must be enrolled in Medicaid Fee-For-Service (NYRx) and the non-enrolled prescriber override should not be utilized in this scenario.

FAQ 113 What will be the duration of the transition period/fill and what is the criteria for the transition logic to apply at Point of Service (POS)? Will NYS DOH outreach prescribers before the transition period ends to prevent Point of Service (POS) rejects?

Published: October 12, 2022

Prior to the transition period, NYS DOH will be outreaching high volume prescribers of non-formulary/non-preferred products to educate them on the NYRx preferred drug program and clinical criteria. Additionally, during the transition period, from April 1, 2023, to June 30, 2023 (90 days), NYS DOH will be conducting outreach to prescribers to inform them of the members receiving non-preferred products in order to familiarize with Preferred Drug Program. For more information on the transition fill, refer to [FAQ 051](#).

FAQ 124 What is the supply quantity for the one-time fill during the transition period?

Published: November 8, 2022

During the transition period from April 1, 2023 through June 30, 2023, members will be provided with a one-time, temporary fill for up to a 30 day supply of a drug that would normally require prior authorization under the NYRx Preferred Drug Program (PDP). This allows additional time for prescribers to either seek prior authorization or change to a preferred drug, which does not require prior authorization. Refer to [FAQ 051](#) and [FAQ 113](#).



FAQ 125 Following the pharmacy benefit transition, will practitioners still be paid for dispensing prescription drugs to Medicaid patients?

Published: November 8, 2022

Practitioners who dispense prescription drugs to Medicaid patients submit claims through medical billing. Medical billing will not be impacted by the pharmacy benefit transition. The transition will not change the Managed Care Plan responsibility for developing coverage and billing policies for prescription drugs that are billed on medical and institutional claims.

FAQ 126 Will NYRx have access to a patient's previous prescription history while they were under Medicaid Managed Care?

Published: November 8, 2022

Yes, NYRx has access to historical prescription claims and clinical editing has the capability to look back at all claims submitted from the Medicaid Managed Care Plans.

FAQ 133 When contacting the Magellan Clinical call center to obtain a prior authorization, how are those calls handled?

Published: December 14, 2022

When a provider contacts the call center, they will speak with a pharmacy technician. The technician will collect relevant information and ask the appropriate criteria questions. If the technician can approve the prior authorization based on the provider's responses, a prior authorization will be created. If the call needs to be escalated because the technician cannot approve, it may go to the pharmacist for a more in-depth clinical conversation. If further discussion is warranted, a peer-to-peer consultation may be utilized if necessary.

FAQ 134 How do providers perform an eligibility check for members?

Published: December 14, 2022

Pharmacies can check a member’s Medicaid eligibility status through any of the following methods:

Method	Summary
E1 Transaction	Instructions for E1 transactions begin on page 10 of the NCPDP D.0 Standard Companion Guide https://www.emedny.org/HIPAA/5010/transactions/NCPDP_D.0_Companion_Guide.pdf
ePACES https://epaces.emedny.org	Providers must have an ePACES account and the member’s CIN to check their eligibility status. If the CIN is not available, providers must have the member’s: <ul style="list-style-type: none"> • First Name and Last Name • Date of Birth • Social Security Number (SSN) • Gender
Telephone Verification System (MEVS) 1-800-997-1111	Providers must have the following information: <ul style="list-style-type: none"> • Member’s CIN • Provider’s National Provider Identifier (NPI) or Medicaid Management Information System (MMIS) Number • Ordering Provider’s NPI (if applicable)

FAQ 140 Under the NYRx program, are there any changes to the rules regarding the items currently exempt from co-payments? Is there tracking by NYRx in place regarding waived co-payments?

Published: January 12, 2023

No. The same copay exemptions still apply. NYRx does not track point of service waived copays. More information on copayments including exemptions, payment collection and billing can be found in the Pharmacy [Provider Manual](#) (pages 41 & 42).

FAQ 141 Do pharmacists need to be enrolled as Medicaid providers to be reimbursed for vaccinations under NYRx?

Published: January 12, 2023

No. The pharmacy must be enrolled in the NYS Medicaid program, and enrolled pharmacies are eligible for reimbursement of covered vaccination services.



FAQ 142 Will providers and members be informed of the medications in need of a Prior Authorization before implementation on April 1, 2023?

Published: January 12, 2023

Yes, members and providers will receive letters regarding non-preferred products recently utilized by the member. A one-time transition fill will be provided before prior authorization is required. For more information on the transition fill period please reference [FAQ 051](#), [FAQ 113](#), and [FAQ 124](#).

FAQ 143 Does the NYRx pharmacy program require pharmacies to be enrolled in Vaccine for Children (VFC) program in order to provide vaccinations?

Published: January 12, 2023

A pharmacy is not required to enroll in VFC, but New York State (NYS) Medicaid should never be billed for the cost of any vaccine for persons under 19 years of age when it is available through the VFC Program. The VFC program is currently enrolling pharmacies, for a New York City pharmacy refer to the [New York City VFC Program](#), and outside of NYC, refer to the [New York State VFC Program](#). Pharmacies that are not enrolled in the VFC program and choose to provide vaccines for children younger than 19 years of age, *at no charge to the member or Medicaid program*, can be reimbursed for the administration only.

FAQ 144 For members who receive oral enteral products, such as Ensure, with existing prior authorization (PA) from Managed Care Plans (MCPs), will prescribers need to obtain a new PA for these products?

Published: January 12, 2023

Providers will need to obtain a new prior authorization for oral enteral products. Please refer to the [DME Provider Manual](#) for more information (page 35).



Claims Processing & Operations

FAQ 035 What claims adjudication system will be used when the pharmacy benefit is transitioned to the Fee-For-Service (FFS) program? Will claims be captured or reported as in the past or adjudicated as being done by the Managed Care Plans (MCPs)?

Updated: September 4, 2020

When the pharmacy benefit is transitioned to the Medicaid NYRx Pharmacy program, NYS DOH will use the [eMedNY](#) system for point-of-sale claims adjudication. This is the claims adjudication system which is currently used for Medicaid members that access all their benefits through the FFS program.

FAQ 036 Will the CoverMyMeds or Surescripts platforms still be able to be used for the prior approval process after the pharmacy benefit is transitioned to the Medicaid Pharmacy program, NYRx?

Updated: December 14, 2022

Providers can still leverage the CoverMyMeds platform via the PA fax process with Magellan. Surescripts will not be available following the transition.

FAQ 055 Will NYS DOH implement a process to prevent duplicate billing of the same drug via the pharmacy benefit and the medical benefit through Managed Care Plans (MCPs)? For example: Vivitrol is available both through the pharmacy and medical benefit.

Published: September 4, 2020

NYS DOH will collaborate with the Office of the Medicaid Inspector General (OMIG) to develop processes to evaluate and address potential duplicate claims for drugs that are available through the pharmacy and medical benefit.

FAQ 060 As a result of the pharmacy benefit transition, will the 5-limit refill on medications be imposed? If so, will this exclude contraceptives?

Updated: July 8, 2022

The 5-limit refill rule on medications is no longer in place. Effective, May 1, 2021, prescriptions are valid and may be filled for up to one year from the date issued. Once the prescription expires, a new prescription from the prescriber would be required. Contraceptives continue to be available for a one-year supply, per the [November 2019 Medicaid Update Article](#), providing that the prescriber writes the prescription for a one-year supply.



FAQ 088 Will medical supply companies who do not have NYS Medicaid Pharmacy enrollment be able to bill the member's DME benefit for the respective product categories?

Updated: July 8, 2022

Medical supply companies enrolled in Medicaid Fee-For-Service (FFS) as a Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) provider can bill pharmacy supplies and procedures subject to the pharmacy benefit transition.

FAQ 089 Is NYS DOH prepared to handle the influx of Durable Medical Equipment (DME) claims from medical suppliers?

Updated: July 8, 2022

Yes. There is a plan in place for NYS DOH systems and call centers to have the capacity to manage the increased volume of claims and inquiries regarding DME/Supplies subject to the transition.

FAQ 114 How are NYS DOH call center staff, who are managing Prior Authorization approvals, prepared to ensure that they are culturally competent to prevent disruptions?

Published: October 12, 2022

NYS DOH will be utilizing existing call centers, in which processes are already in place that serve the current diverse population of NYS Medicaid members. Call centers are familiar with the needs of Medicaid members, have the skills and training to prevent disruption, and NYS DOH have prepared trainings in anticipation of new call center staff being added.

FAQ 135 For the transition period/fill, will there be an override providers should utilize to bill the prescription as a transition fill?

Published: December 14, 2022

No, the transition fill will be automatically adjudicated via the eMedNY claims processing system. There will be an approved response message sent alerting the pharmacy that the claim paid as a transition fill.

FAQ 136 How will Providers be supported with claim issues or questions on April 1, 2023, as it will be a weekend?

Published: December 14, 2022

The claims processing call center has weekend hours currently. We will be evaluating those timeframes and making adjustments as necessary. The Magellan clinical call center is available 24/7. Program staff will be monitoring real-time claims over the course of the implementation.



Data Sharing

FAQ 056 Can NYS DOH provide context surrounding the data sharing implementation such as a testing plan, frequency of data sharing, data file layout/contents, and if the intention is for the data file to meet HEDIS requirements?

Published: September 4, 2020

It is NYS DOH's intent to supply a data claims file to the Managed Care Plans (MCP). Through the Technical Workgroup, NYS DOH is collaborating with MCPs to obtain consensus on the data file that will be created. More information will be made available to the public as it is finalized.

FAQ 073 How will the pharmacy benefit transition impact the visibility of Managed Care Plans (MCPs) to member pharmacy claims? Will MCPs still have access to data on the member level?

Updated: July 8, 2022

The NYS DOH will supply a claims file to the Managed Care Plans (MCPs). Through the Technical Workgroup, NYS DOH is collaborating with MCPs to obtain consensus on the data file and data elements (e.g. member information) that are needed.

FAQ 104 How frequently will NYS DOH provide Managed Care Plans (MCPs) with pharmacy utilization data after the transition? How will NYS DOH ensure the data will be reliable?

Updated: October 12, 2022

NYS DOH will continually be working with Managed Care Plans (MCPs) to ensure claims utilization data will be provided to the Medicaid MCPs daily, for the previous day's activity. Daily pharmacy utilization data sharing has been previously tested and will be further reviewed and tested in anticipation of the April 1, 2023 implementation date.