Medicaid Update

All Providers

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New federal financial assistance is now

available through NY State of Health to

higher-income individuals for the first time, if

they qualify. This financial assistance is being

implemented as part of the American Rescue

Plan Act (ARPA) signed into law on March 11,

Nearly 120,000 enrollees with income below

400 percent federal poverty level (FPL) are

already receiving these enhanced tax credits

and nearly 18,000 higher income enrollees

are eligible for tax credits for the first time.

Higher income individuals enrolled outside

of NY State of Health and uninsured

individuals may also be eligible for enhanced

tax credits available through NY State of

Health. Before the ARPA, tax credits were

not available to higher income individuals

(i.e., those earning more than \$51,040 and

families of four earning more than \$104,800).

Through the ARPA, higher-income individuals

"Provider Outreach and Training" Tab Options:

Additional Information

2021.

NYS Department of Health (DOH) Medicaid Update Newsletter

Computed Tomography Colonography (CTC)

Cancer Screening article in this month's issue.

Method

screening coverage to include enrollees 45 to 49 years of age. This expansion is in response to recently updated recommendations by the United States Preventive Services Task Force (USPSTF). New information suggests earlier

New York State Medicaid Expansion of Coverage

for Colorectal Cancer Screening

New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid

Managed Care (MMC) Plans [inclusive of Mainstream MMC Plans, HIV (Human

Immunodeficiency Virus) Special Needs Plans (SNPs), as well as Health

and Recovery Plans (HARPs)], have expanded current colorectal cancer

screening has a moderate net benefit and should be considered for individuals at average risk for colorectal cancer. The USPSTF continues to state, with high certainty, that screening for colorectal cancer in individuals 50 to 75 years of age have substantial net benefit. For additional information regarding colorectal cancer screening, providers can visit the <u>USPSTF Colorectal Cancer</u>: Screening web page. Colorectal cancer is the third leading cause of cancer-related death in NYS, with almost 3,000 deaths reported in the state annually. Studies show that early detection can increase the five-year survival rate by as much as 75 percent. All Medicaid members between 45 to 75 years of age at average risk for colorectal cancer should be offered screening with one of the recommended screening test options. Screening members at high risk for colorectal cancer should be done sooner than screening of average risk individuals and

should be based on clinical decision. Although cancer screening rates have

increased over the last few years, it is estimated almost 30 percent of NYS residents between 50 to 75 years of age are not up to date with their colorectal cancer screening. NYS Medicaid providers should notify all their adult patients about their risk for colorectal cancer and discuss screening test options with them. Studies show that patients are more likely to be screened for colorectal cancer if they are offered test options. Providers, taking patient preferences into consideration, may order the most appropriate colorectal cancer screening methods from Table 1. The recommended frequencies listed in Table 1 are for patients considered to be of average risk of developing colorectal cancer. Table 1: Colorectal Cancer Screening Methods for Patients Considered to be of Average Risk **Recommended Frequency** Fecal Immunochemical Test (FIT) or High Sensitivity Fecal Occult Blood Testing once annually once every three years

Flexible Sigmoidoscopy (SIG) once every five years once every ten years once every ten years (SIG), plus once every year (FIT) *DNA - deoxyribonucleic acid, in this case based from stool and any blood shed therein. To view all reminders regarding colorectal cancer screening methods, providers can refer to the New York State Medicaid Expansion of Coverage for Colorectal

once every five years

Questions and Additional Information: • For more information and resources related to colorectal cancer screening, visit the NYS Department of Health (DOH) Colorectal Cancer web

• Questions regarding Medicaid FFS policy should be directed to the Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov. • Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC Plan. For MMC Plan information, providers can visit the NYS Medicaid Program Information for All Providers – Managed Care Information document, hosted on the eMedNY website.

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All Providers Reminder: Sign Up for eMedNY Training Webinars eMedNY offers several online training webinars to providers and their billing staff, which can be accessed via computer and telephone. Valuable provider webinars offered include: • ePACES for: Dental, Durable Medical Equipment (DME), Free-Standing and Hospital-Based Clinics, Institutional, Physician, Private Duty Nursing, Professional (Real-Time), Health Homes, Nursing Homes, and Transportation • ePACES Dispensing Validation System (DVS) for DME • ePACES Dispensing Validation System (DVS) for Rehabilitation Services eMedNY Website Review • Medicaid Eligibility Verification System (MEVS) New Provider / New Biller

Webinar registration is fast and easy. To register and view the list of topics, descriptions and available session dates, providers should visit the emedny

Provider Training web page. Providers are reminded to review the webinar descriptions carefully to identify the webinar(s) appropriate for their specific training needs.

All questions regarding training webinars should be directed to the eMedNY Call Center at (800) 343 9000.

the COVID Alert NY App As more New Yorkers download the New York State Department of Health's COVID Alert NY app everyday, providers are encouraged to continue sharing the COVID Alert NY app information with partners and consumers. Together everyone can help stop

Help Stop the Spread of COVID-19 by Sharing

Provider Quick Reference Guide Available on eMedNY contact information related eMedNY and the NYS Medicaid Program can find the to email address in the *Provider Quick Reference Guide*, arranged by the following (and additional) number, web

the spread of this virus.

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who

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phone

topics:

Questions All questions regarding the Provider Quick Reference Guide should be directed to the eMedNY Call Center at (800) 343 9000.

Medicaid Consumer Fact Sheets Now Available

can be used to help members stay healthy. Topics include sickle cell disease, diabetes, high blood pressure, asthma control, HIV-PrEP

(Human Immunodeficiency Virus - Pre-Exposure Prophylaxis), and smoking cessation. Fact sheets can be found on the MRT II Policies

and Guidance web page and are available in English, Spanish, Traditional Chinese, Russian, Haitian Creole, Bengali, and Korean.

The most recently added Sickle Cell Disease fact sheet is also available in Simplified Chinese, Polish, Yiddish, Arabic, and Italian.

Following a recommendation from the Medicaid Redesign Team (MRT) II, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) created Medicaid consumer fact sheets focused on chronic health conditions. Each fact sheet provides information regarding how a condition can help be prevented or managed, as well as relevant Medicaid benefits that

and families are now eligible for the federal

tax credits. These federal tax credits are

only available when individuals enroll in

to find a low-cost health plan with

free preventive services and low or

a health plan through NY State of Health.

Individuals with low and moderate incomes (i.e.,

Provider Outreach

Training Calendar & Registration

Training Videos

Contact Provider Outreach

About Provider Outreach

welcome to

ive May 1st

Enroll today for coverage in 2021.

The Provider Quick Reference Guide also contains a link to a comprehensive list of frequently used eMedNY mailing addresses and information

NY State of Health: Higher Income New Yorkers May Now Qualify for Financial Assistance to Lower the Cost of Health Coverage

no premiums.

take any action. Enrollees can make changes to their account by logging into their NY State of Health account, contacting an Enrollment Assistor, and/or calling NY State of Health at (855) 355-5777. It's not too late

To read more about how NY State of Health enrollees benefit from the ARPA, providers can visit the How NY State of Health Enrollees Benefit from the American Rescue Plan web page. The eMedNY Provider Outreach and Training Tab eMedNY encourages all providers to reference to the "Provider Outreach and Training" web page for useful billing resources, training information, contacts and additional reference documents for provider billing needs. The page may be found from the eMedNY home page, then select the "Provider Outreach Training" tab.

COVID-19 Provisional Temporary

PROVIDER ENROLLMENT

ENROLL NOW

Providers with additional training needs should contact the eMedNY Call Center at (800) 343 9000.

↑Back to Top home self help glossary site map Are you compliant with MYSDON **EFT Requirement?**

those earning up to \$51,040 and families of

to

previously eligible for tax credits

now eligible for higher tax credits.

State of Health automatically applied

higher tax credits without enrollees needing to

To allow as many individuals as possible to

access these enhanced tax credits, the 2021

Open Enrollment Period has been extended

through December 31, 2021. Individuals and

families can apply for coverage through the

NY State of Health website, by phone at

(855) 355-5777, or by connecting with a

free enrollment assistor via the NY State of

Health "Find a Broker Navigator" search tool.

up

\$104,800)

earning

four

were

ENHANCED BY Google

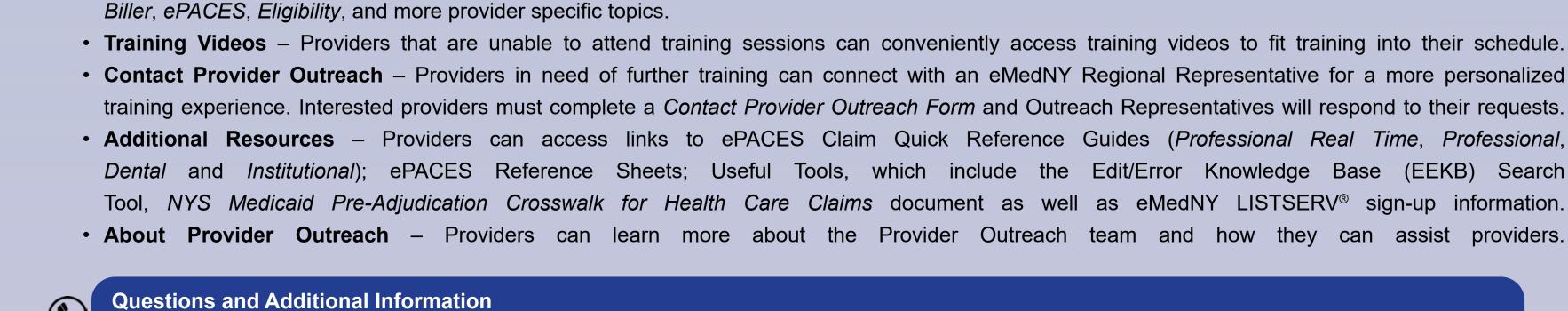
Login ePACES

Login eXchange

Login PTAR

Provider Portal

Electronic Visit Verification (EVV)



• Training Calendar and Registration – Providers can view the schedule of upcoming webinars, all covering a variety of topics, such as New Provider/New

Policy and Billing Fluoride Varnish Application Expansion for Dental Providers New York State (NYS) Medicaid reimburses for less than three months between any type of topical application of fluoride to the prepared portion of a tooth prior to restoration, topical fluoride treatment when professionally fluoride treatment to qualify for reimbursement. administered in accordance with appropriate For members/enrollees 21 years of age and older, both "D1208" and "D1206" are only approvable standards. This benefit is limited to gel, foam, for those members/enrollees identified with a and varnish. Effective July 1, 2021 for Medicaid Recipient Exception code of RE "81" (Traumatic fee-for-service (FFS) members and Medicaid

With

include:

• All Medicaid FFS questions regarding this policy should be directed to dentalpolicy@health.ny.gov.

Brain Injury Eligible) or RE "95" [Office of Persons

Managed Care Exemption], or in cases where

salivary gland function has been compromised

as a result of surgery, radiation, or disease.

• Questions regarding MMC reimbursement and/or documentation requirements should be directed to the enrollee's MMC Plan. For MMC Plan

NYS Medicaid Fee-for-Service Preferred Diabetic Supply Program, Revised

that

adjustment of

and

requires

insulin

• (for real-time (RT) CGM only) the member

view

subcutaneous insulin

is able or has a caregiver who is able to

frequent

and

alerts

dosing;

RT-CGM

information, providers can visit the NYS Medicaid Program Information for All Providers – Managed Care Information document, hosted on the

Fluoride treatments that are not reimbursable

treatment that incorporates fluoride with

prophylaxis paste,

Developmental Disabilities (OPWDD)/

and respond appropriately. Coverage of disposable insulin pumps (i.e. Omnipod) may be available for members who are

hear

plan

therapy, if the following criteria are demonstrated, documented in the clinical record: the member has а diagnosis of gestational diabetes; or • the member has been on a program of multiple daily injections of insulin (i.e., at least three injections per day) with frequent self-adjustments of their insulin dose for at least six months prior to initiation of the insulin pump and has • For coverage of devices not on the PDSP list, providers can refer to the eMedNY Durable Medical Equipment (DME) Manual web page. • For questions regarding Medicaid Pharmacy Policy, providers can email ppno@health.ny.gov.

• fluoride rinse or "swish", and · treatment for desensitization. Note: "D1208" Topical application of fluoride excluding varnish is reimbursable once per six-month period for members/enrollees between one and 20 years of age (inclusive). This expansion does not apply to non-dental practitioner application of fluoride varnish in a primary care setting using CPT code "99188".

to achieve acceptable

of blood sugars that are not explained

by poor motivation or compliance; and

diabetes education program and meets

one or more of the following criteria

• the member completed a comprehensive

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control

submit a prior authorization (PA) request to the Magellan Clinical Call Center by phone at (877) 309-9493. Members currently using CGM or a disposable insulin pump covered under the PDSP will be allowed to continue use. **↑**Back to Top

for the requested product, the provider must

For questions about billing and performing MEVS transactions: Please call the eMedNY Call Center at (800) 343-9000. **Provider Training:** Please enroll online for a provider seminar. For individual training requests, call (800) 343-9000.

• DOH Prescriber Education Program page • Prescriber Education Program in partnership with SUNY **eMedNY**

Howard A. Zucker, M.D., J.D. Commissioner New York State

Andrew M. Cuomo Governor State of New York

updated criteria for the coverage of Continuous Glucose Monitors (CGM) and disposable insulin pumps to align with the policy update found in the article titled NYS Medicaid Coverage of Real-Time Continuous Glucose Monitors found in the April 2021 issue of the Medicaid Update. For a list of products available on the NYS Medicaid FFS PDSP providers can visit the

Managed Care (MMC) enrollees [including

Mainstream MMC Plans, as well as HIV (Human

Immunodeficiency Virus) Special Needs Plans

(CPT) code "D1206" Topical application of

Fluoride Varnish is reimbursable for members/

enrollees between six months and 20 years

of age (inclusive) up to four times per year.

However, there must be an interval of not

Questions and Additional Information:

Current Procedural Terminology

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules: Please visit the eMedNY website. Providers wishing to listen to the current week's check/EFT amounts: Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

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

Donna Frescatore Medicaid Director Office of Health Insurance Programs

(SNPs)],

Effective July 22, 2021, the New York State (NYS) Medicaid fee-for-service (FFS) Preferred Diabetic Supply Program (PDSP) will follow

eMedNY website.

 the member is on an insulin treatment **Additional Information and Questions:**

endocrinologist, or an enrolled Medicaid

provider with experience in diabetes

multiple finger-stick glucose tests daily;

orders

the

device;

performing

who

member is currently

treatment.

diagnosed with diabetes mellitus when ordered by an endocrinologist or a medical practitioner, who has experience managing patients on continuous Coverage of CGM may be available for members who are diagnosed with type 1 diabetes and meet all of the following criteria: • the member is under the care of an

while receiving multiple daily injections: HbA1c >seven percent History of recurring hypoglycemia Wide fluctuations in blood glucose before mealtime (>140mg/dl) Dawn phenomenon in a fasting state (>200mg/dl) History of severe glycemic excursions If the member does not meet all criteria listed

failed

For suspected fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit Office of Medicaid Inspector General

Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.

PDSP list.

Provider Directory_

(OMIG) web site.

Office of the Medicaid Inspector General:

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: For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another NPI, or revalidating an existing enrollment, please visit eMedNY's Provider Enrollment page and choose the appropriate link based on provider type. NY Medicaid Electronic Health Record (EHR) Incentive Program Contact the New York Medicaid EHR Call Center at (877) 646-5410 for assistance. **Comments and Suggestions Regarding This Publication**

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Department of Health

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