



# New York State Medicaid Update

THE OFFICIAL NEWSLETTER OF THE NEW YORK STATE MEDICAID PROGRAM

## Reaching Providers Interactively to Deliver a Safety Message

Single-dose medicine vials are different from multi-dose vials. Know the distinction. Act accordingly.

The New York *One & Only Campaign* is using cutting-edge public health messaging technology—an interactive infographic—to get that message to health care providers.

Why the “big deal” about single-dose vials vs. multi-dose vials? Well, the Centers for Disease Control and Prevention (CDC) have documented numerous outbreaks of serious disease, both viral and bacterial, due to unsafe injections related to reuse of single-dose vials and misuse of multi-dose vials. In some instances, the disease transmission has led to death. So, knowing how to properly access each kind of vial is crucial for patient safety.



The CDC leads the Safe Injection Practices Coalition’s (SIPC) *One & Only Campaign*, an organization of health-related groups whose mission is to ensure that safe injections are given in all health care settings. Lack of knowledge about correct procedure, recent drug shortages and attempts to save money are among the reasons for the lapses in safe practices.

The SIPC estimates since 2001, more than 150,000 patients have been notified they might be at risk for exposure to hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV), via unsafe injection practices.

Those poor practices include using a single-dose vial to treat more than one patient or “pooling” leftover medicine. Single-dose vials typically lack antimicrobial preservatives to protect against bacterial infection. Some practitioners incorrectly access multi-dose vials with used needles or syringes, contaminating the vials for subsequent patients. Multi-dose vials typically contain antimicrobial preservatives—but those preservatives have no effect on bloodborne viruses like HBV, HCV, or HIV.

Click [here](#) to see the *One & Only Campaign*’s infographic on a mobile device, a tablet or a desktop computer. With each panel, this information demonstrates to providers, patients, even business managers, that unsafe injections can be costly: first and foremost to patient health, but also potentially to the provider’s license, and the medical practice, should an infection be transmitted and a malpractice lawsuit filed. The infographic wraps up with a quick quiz to test learning.

The infographic can also be printed out for distribution at meetings, trainings and in-service events.



**Andrew M. Cuomo**  
GOVERNOR  
State of New York

**Nirav R. Shah, M.D., M.P.H**  
COMMISSIONER  
New York State DOH

**Jason A. Helgeson**  
MEDICAID DIRECTOR  
Office of Health Insurance Programs

## NOVEMBER 2013 NEW YORK STATE MEDICAID UPDATE

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## NY Medicaid EHR Incentive Program



### NY Medicaid Electronic Health Records (EHR) Incentive Program Update

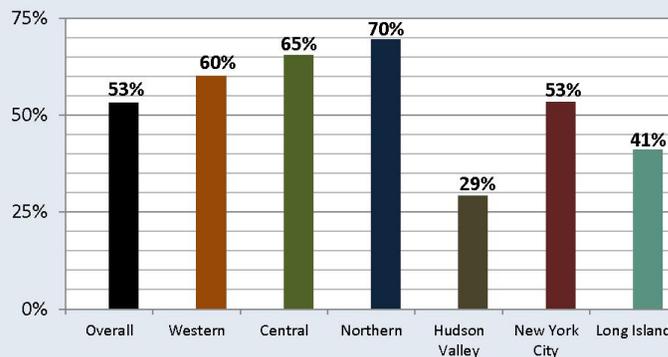
The NY Medicaid EHR Incentive Program provides financial incentives to eligible practitioners and hospitals to promote the transition to EHR. Providers who practice using EHRs are in the forefront of improving quality, reducing costs, and addressing health disparities. Since December 2011 **over \$453.3 million** in incentive funds have been distributed **within 9,850** payments to New York State Medicaid providers.

For more information about the EHR Incentive Program, we encourage you to visit the program website at [www.emedny.org/meipass/](http://www.emedny.org/meipass/) or attend one of the informational webinars hosted by the NYS Department of Health.

#### Taking a closer look: Provider Meaningful Use Return Rates by Region



Providers paid for Adopt, Implement & Upgrade (AIU) in Payment Year 2011 (n=3,458)



**Details:** Meaningful Use means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity. Providers must attest to meeting Meaningful Use requirements after their first payment year to maintain eligibility to participate in the NY Medicaid EHR Incentive Program.

To see the complete schedule of events and webinars, please view our improved **Upcoming Event Calendar** at [www.emedny.org/meipass/info/Events.aspx](http://www.emedny.org/meipass/info/Events.aspx).



Have Questions? **877-646-5410**

Contact [hit@health.state.ny.us](mailto:hit@health.state.ny.us) for program clarifications and details.

[www.emedny.org/meipass/](http://www.emedny.org/meipass/)

## Changes in Federal Poverty Levels for Medicaid Presumptive Eligibility Programs

The Affordable Care Act (ACA) has established new Medicaid eligibility income levels. These levels include new Federal Poverty Levels (FPL) percentages for three programs, including the presumptive eligibility component for each; the Family Planning Benefit Program (FPBP), Pregnant Women, and Children under the Age of 19. One notable change is to the FPL for Pregnant Women. Pregnant women will be compared to just one income level, for all services, instead of the two levels used currently.

The new FPLs are listed below:

Federal Poverty Levels for 2014	
Family Planning Benefit Program	223%
Pregnant Women	223%
Children Under the Age of 19	154%

The new FPLs should be used when screening for eligibility beginning January 2014. Additional information related to the calculation of an applicant's income will be provided through online provider training.

**Attention: Upstate Medical Providers and Transportation Vendors**

## Fee-for-Service Transportation Management Includes the Offices of Mental Health and People with Developmental Disabilities

Historically, the transportation of enrollees residing upstate whose Medicaid eligibility is with the New York State Office of Mental Health (OMH, county code 97) or Office for People With Developmental Disabilities (OPWDD, county code 98) has been handled in one of two ways:

1. When the cost of transportation is included in the rate paid to a Medicaid program, that program arranges transportation to and from that program; or,
2. When transportation is fee-for-service (FFS), prior authorization is generated by the OMH or OPWDD central office staff located in Albany.

**Effective January 1, 2014, the management of FFS transportation for enrollees residing in the following counties will be undertaken by the Department of Health’s contracted transportation manager, Medical Answering Services (MAS):**

<input type="radio"/> Albany	<input type="radio"/> Greene	<input type="radio"/> St. Lawrence
<input type="radio"/> Broome	<input type="radio"/> Montgomery	<input type="radio"/> Saratoga
<input type="radio"/> Cayuga	<input type="radio"/> Oneida	<input type="radio"/> Schenectady
<input type="radio"/> Chemung	<input type="radio"/> Lewis	<input type="radio"/> Schoharie
<input type="radio"/> Chenango	<input type="radio"/> Livingston	<input type="radio"/> Schuyler
<input type="radio"/> Clinton	<input type="radio"/> Madison	<input type="radio"/> Seneca
<input type="radio"/> Columbia	<input type="radio"/> Onondaga	<input type="radio"/> Sullivan
<input type="radio"/> Cortland	<input type="radio"/> Monroe	<input type="radio"/> Steuben
<input type="radio"/> Delaware	<input type="radio"/> Orange	<input type="radio"/> Ulster
<input type="radio"/> Dutchess	<input type="radio"/> Putnam	<input type="radio"/> Warren
<input type="radio"/> Essex	<input type="radio"/> Rensselaer	<input type="radio"/> Washington
<input type="radio"/> Franklin	<input type="radio"/> Ontario	<input type="radio"/> Tioga
<input type="radio"/> Fulton	<input type="radio"/> Rockland	<input type="radio"/> Westchester
<input type="radio"/> Hamilton	<input type="radio"/> Orleans	<input type="radio"/> Tompkins
<input type="radio"/> Herkimer	<input type="radio"/> Oswego	<input type="radio"/> Wayne
<input type="radio"/> Jefferson	<input type="radio"/> Otsego	<input type="radio"/> Yates

For dates of service on or after January 1, 2014, the ordering medical provider must seek authorization from MAS instead of central office staff of OMH or OPWDD. Staff in each agency’s Albany-based central office will not process prior authorization requests with service dates on or after January 1, 2014. To secure approval prior to the trip, please call MAS at **(866) 932-7740**. ***Trips performed without prior approval from MAS may not be honored.***

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# POLICY & BILLING GUIDANCE

Ambulance vendors providing emergency transport to these enrollees must seek authorization from MAS for the correct reimbursement within 90 days of the date of service.

Information regarding Medicaid transportation, including required forms and a list of participating transportation vendors, is found online at: <https://www.medanswering.com/>.

The MAS field liaison is available to discuss the processes for requesting transportation authorization through MAS onsite at each facility. To request an onsite visit, please call MAS at the telephone number above.

Questions? Please contact the Medicaid Transportation Policy Unit at (518) 473-2160 or via e-mail to [MedTrans@health.ny.gov](mailto:MedTrans@health.ny.gov).



# Medicaid Pharmacy Prior Authorization Programs Update

**Effective December 5, 2013**, the fee-for-service (FFS) pharmacy program will implement the following parameters, including step therapy and frequency/quantity/duration (F/Q/D) requirements. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 12, 2013, DURB meeting:

## Buprenorphine and Concurrent Opioids

- Denial of any opioid claim when there is evidence of established oral buprenorphine therapy. Medical necessity rationale for opioid therapy required.

## Short-Acting Opioids

- Duration limit for “opioid naïve” patients:
  - Fifteen day limit on all initial opioid prescriptions. Prior authorization needed to exceed limit.\*

Note: \* will not apply to patients whose claim history contains a diagnosis of sickle cell disease or cancer.

\* buprenorphine containing products are not subject to the duration limit.

## Systemic Immunomodulators

- Confirmation of diagnosis for FDA or compendia supported uses. Absence of covered diagnosis in patient’s claim history will require prescriber contact with the clinical call center.
- Step therapy requirement - trial of a disease-modifying anti-rheumatic drug (DMARD) prior to treatment with an immunomodulator (automatic bypass for patients with established immunomodulator therapy).

## Tazarotene

- Confirmation of diagnosis for Medicaid covered uses. Absence of covered diagnosis in patient’s claim history will require prescriber contact with the clinical call center.

For more detailed information on the above DURB recommendations, please refer to the meeting summary at:

[http://www.health.ny.gov/health\\_care/medicaid/program/dur/meetings/2013/09/sum\\_091213\\_durb\\_fnl\\_dtmtn.pdf](http://www.health.ny.gov/health_care/medicaid/program/dur/meetings/2013/09/sum_091213_durb_fnl_dtmtn.pdf)

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization 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](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf)

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To obtain a Prior Authorization (PA), please contact the prior authorization clinical call center at (877) 309-9493, 24 hours per day, 7 days per week. Pharmacy technicians and pharmacists 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 new button “PAXpress” located on [eMedNY.org](http://www.eMedNY.org) under the MEIPASS button. Additional information, such as the Medicaid Standardized PA form and clinical criteria for the PDP and Clinical Drug Review Program (CDRP), are available on the following websites:

<http://www.nyhealth.gov> or <http://newyork.fhsc.com> or <http://www.eMedNY.org>



## Pharmacy Update Dose Optimization Initiative

**Effective November 14, 2013**, the Medicaid fee-for-service (FFS) program will institute a Dose Optimization initiative. Dose optimization can reduce prescription costs by reducing the number of pills a patient needs to take each day. The NYS Department of Health has identified drugs to be included in this program, the majority of which have FDA approval for once-a-day dosing, have multiple strengths available in correlating increments at similar costs and are currently being utilized above the recommended dosing frequency. Prior authorization (PA) will be required to obtain the following medication beyond the following limits:

DOSE OPTIMIZATION CHART			
<b>Cardiovascular</b>			
<b>Angiotensin Receptor Blockers (ARBs)</b>			
Brand Name	Dose Optimization Limitations		
Benicar 20mg	1 daily	Tablet	
Micardis 20mg, 40mg	1 daily	Tablet	
Diovan 40mg, 80mg, 160mg	1 daily	Tablet	
<b>ARBs/Calcium Channel Blockers</b>			
Brand Name	Dose Optimization Limitations		
Exforge 5-160mg	1 daily	Tablet	
<b>ARBs/Diuretics</b>			
Brand Name	Dose Optimization Limitations		
Benicar HCT 20-12.5mg	1 daily	Tablet	
Diovan HCT 80-12.5mg, 160-12.5mg	1 daily	Tablet	
Edarbyclor 40-12.5mg	1 daily	Tablet	
Micardis HCT 40-12.5mg, 80-12.5mg	1 daily	Tablet	
<b>Beta Blockers</b>			
Brand Name	Dose Optimization Limitations		
Bystolic 2.5mg, 5mg, 10mg	1 daily	Tablet	
Coreg CR 20mg, 40mg	1 daily	Tablet	
Toprol XL 25mg, 50mg, 100mg	1 daily	Tablet	
<b>HMG Co A Reductase Inhibitors</b>			
Brand Name	Dose Optimization Limitations		
Crestor 5mg, 10mg, 20mg	1 daily	Tablet	
<b>Central Nervous System</b>			
<b>Anticonvulsants - Second Generation</b>			
Brand Name	Dose Optimization Limitations		
Lyrica 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3 daily	Capsule	Electronic bypass for diagnosis of seizure disorder identified in medical claims data.
Lyrica 225mg, 300mg	2 daily	Capsule	

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Antipsychotics - Second Generation			
Brand Name	Dose Optimization Limitations		
Abilify 2mg	4 daily	Tablet	In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months.
Abilify 5mg, 10mg, 15mg	1 daily	Tablet	
Invega 1.5mg, 3mg	1 daily	Tablet	
Latuda 20mg, 40mg, 60mg	1 daily	Tablet	
Seroquel XR 50mg, 150mg, 200mg	1 daily	Tablet	
Symbyax 3-25mg, 6-25mg, 12-25mg	1 daily	Capsule	
Zyprexa Zydis 5mg, 10mg	1 daily	Tablet	
CNS Stimulants			
Brand Name	Dose Optimization Limitations		
Concerta ER 18mg, 27mg	1 daily	Tablet	
Focalin XR 5mg, 10mg, 15mg, 20mg	1 daily	Capsule	
Metadate CD 10mg, 20mg	1 daily	Capsule	
Provigil 100mg	1 daily	Tablet	
Ritalin LA 10mg, 20 mg	1 daily	Capsule	
Vyvanse 20mg, 30mg	1 daily	Capsule	
Non Ergot Dopamine Receptor Agonists			
Brand Name	Dose Optimization Limitations		
Requip XL 2mg, 4mg, 6mg	1 daily	Tablet	
Other Agents for Attention Deficit Hyperactivity Disorder (ADHD)			
Brand Name	Dose Optimization Limitations		
Intuniv 1mg, 2mg	1 daily	Tablet	
Strattera 40mg	1 daily	Capsule	
Sedative Hypnotics			
Brand Name	Dose Optimization Limitations		
Lunesta 1mg	1 daily	Tablet	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			
Brand Name	Dose Optimization Limitations		
Effexor XR 37.5mg, 75mg	1 daily	Capsule	In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months.
Pristiq ER 50mg	1 daily	Tablet	
Selective Serotonin Reuptake Inhibitors (SSRIs)			
Brand Name	Dose Optimization Limitations		
Lexapro 5mg, 10mg	1 daily	Tablet	In the case of dose titration for once daily medications, the Department will allow for multi-day dosing (up to 2 doses/daily) for titration purposes for 3 months.
Viibryd 10mg, 20mg	1 daily	Tablet	

# PHARMACY UPDATE



Endocrine & Metabolic			
DPP-4			
Brand Name	Dose Optimization Limitations		
Januvia 25mg, 50mg	1 daily	Tablet	
Onglyza 2.5mg	1 daily	Tablet	
TZDs			
Brand Name	Dose Optimization Limitations		
Actos 15mg	1 daily	Tablet	
Actoplus Met XR 15-1000mg	1 daily	Tablet	
Gastrointestinal			
Proton Pump Inhibitors			
Brand Name	Dose Optimization Limitations		
Dexilant 30mg	1 daily	Capsule	
Nexium 20mg	1 daily	Capsule	
Prevacid DR 15mg	1 daily	Capsule	
Renal and Genitourinary			
Urinary Tract Antispasmodics			
Brand Name	Dose Optimization Limitations		
Detrol LA 2mg	1 daily	Capsule	
Enablex 7.5mg	1 daily	Tablet	
Toviaz ER 4mg	1 daily	Tablet	
Vesicare 5mg	1 daily	Tablet	
Updated 11/06/13			

System messaging has been developed to help guide the pharmacists to appropriately submit the claim or refer to the prescriber. For claims that do not meet the daily dose limit, eMedNY point-of-service (POS) will return a rejected response (NCPDP field 511-FB) "85 - Claim Not Processed," along with additional detailed "75" messages (NCPDP field 526-FQ):

- 75 A2- Use Higher Strength
- 75 MD- Duration Criteria Failure\*\*

\*\* Note: This message will display if the claim submitted exceeds a three month titration period.

PA requirements are not dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions require PA even if the prescription was written before the date the drug was determined to require PA. To obtain PA, please contact the PA Clinical Call Center at (877) 309-9493. The clinical call center is available 24 hours per day, 7 days per week. Pharmacy technicians and pharmacists will work with you, or your agent, to quickly obtain PA.

Medicaid enrolled prescribers with an active ePACES account may initiate PA requests through the web-based application PAXpress.® The website for PAXpress is available at: <https://paxpress.nypa.hidinc>.

# Mandatory Compliance Program Certification Requirement under 18 NYCRR §521.3(b)

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 NYS SOCIAL SERVICES LAW SECTION 363-d MANDATORY COMPLIANCE PROGRAM REQUIREMENT.

On Sunday December 1, 2013, OMIG will make available on OMIG’s website the NYS Social Services Law Compliance Program Certification Form (“Certification Form”) for 2013. The 2012 Certification Form for 2012 will remain active on OMIG’s website until December 1, 2013 for newly enrolling Medicaid providers.

A webinar on the 2013 Certification Form is available on OMIG’s website, at the following link <http://bit.ly/1iQ57vY>. The webinar explains the mandatory compliance obligation, the certification obligation and the form that is to be used starting on December 1, 2013.

The following identifies the Required Providers who must have compliance programs. If you are required to have a compliance program, you are also required to certify on OMIG’s website ([www.omig.ny.gov](http://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.

Social Services Law § 363-d and Part 521 of Title 18 of the New York State Codes, Rules and Regulations have been actively enforced by OMIG since 2009. Part 521 requires all Required Providers under the Medicaid program that meet the following criteria 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.*

(emphasis added)

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*

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# ALL PROVIDERS

- 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 Department of Health and OMIG that a compliance program meeting the requirements of the regulation is in place.

The regulation, Certification Form, and Frequently Asked Questions (“FAQ’s”) are available on the OMIG website, on the Compliance landing page at: <http://www.omig.ny.gov/compliance>.

It is the responsibility of Required Providers to determine if:

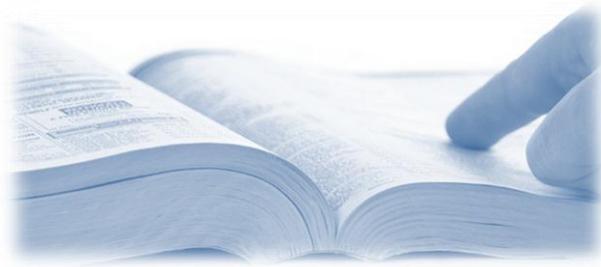
- a. *it has a compliance plan that meets the requirements of SSL § 363-d and 18 NYCRR § 521.3 (c); and*
- b. *its compliance program is effective.*

Additionally, OMIG recommends regular visits to its website to review the information and resources that are published under the Compliance Tab on OMIG’s home page. The Compliance Library under the Compliance Tab provides copies of current forms, publications and other resources that could prove helpful in conducting a self-assessment and completing the certification form in December.

OMIG also recommends that Required Providers sign up for e-mail notices from OMIG by subscribing to OMIG’s listserv. Anyone can become a subscriber at no cost by signing up on OMIG’s home page. The listserv is a great way to keep informed of the introduction of new compliance tools and information on compliance. As additional compliance-related resources are posted by OMIG, those on OMIG’s listserv will receive notices of their publication.

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

# PROVIDER DIRECTORY



## **Office of the Medicaid Inspector General:**

For general inquiries or provider self-disclosures, please call (518) 473-3782. For suspected fraud complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit [www.omig.ny.gov](http://www.omig.ny.gov).

## **Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:**

Please visit the eMedNY website at: [www.emedny.org](http://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 or e-mail: [emednyproviderrelations@csc.com](mailto:emednyproviderrelations@csc.com).

## **Enrollee Eligibility:**

Call the Touchtone Telephone Verification System at (800) 997-1111.

## **Need to change your address? Does your enrollment file need to be updated because you've experienced a change in ownership? Do you want to enroll another NPI? Did you receive a letter advising you to revalidate your enrollment?**

Visit [www.emedny.org/info/ProviderEnrollment/index.aspx](http://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 Incentive Program questions?**

Contact the New York Medicaid EHR Call Center at (877) 646-5410 for assistance.

## **Do you have comments and/or suggestions regarding this publication?**

Please contact Kelli Kudlack via e-mail at: [medicaidupdate@health.state.ny.us](mailto:medicaidupdate@health.state.ny.us).