New York State Department of Health | Medicaid Program

Medicaid Update

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Medicaid Pharmacy Carve-Out: Delayed to April 1, 2023

As modified by the State Fiscal Year (SFY) 2022 Enacted Budget, the transition of the New York State (NYS) Medicaid pharmacy benefit into managed care, commonly referred to as the Medicaid Pharmacy Carve-Out, **the Pharmacy Carve-Out has been delayed until April 1, 2023. This article provides information regarding this two-year delay and reviews important policies that NYS Department of Health (Department) will continue implementing as well as promoting in preparation for April 1, 2023 pharmacy carve-out implementation.

MMC enrollees will continue to receive their pharmacy benefit through MMC plans. MMC plans and their pharmacy benefit providers to their respective MMC Plans. Medicaid FFS members can continue accessing information on their pharmacy benefits, including full listings of covered prescription drugs, over-the-counter (OTC) products, and medical supplies on the *eMedNY Pharmacy Benefits Home page*. Providers are encouraged to direct Medicaid members to this home page for assistance with pharmacy benefits. Also, the *Pharmacy Benefits Quick Reference Medical Equipment Supplies*", "Search for Covered Prescription Drugs and Over-the-Counter (OTC) Products" and "Search for Covered Medical Supplies" PDF Medicaid members need assistance using these tools, they are encouraged to call (855) 689-1909.

Questions:
Any questions regarding this update should be directed to the Medicaid Pharmacy Policy unit by email at: pdsu@health.ny.gov or by phone at (518) 486-3209

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Pharmacy

Attention Pharmacy Providers: New Prescriptions

A New York State (NYS) Medicaid member who has established prescription refills may initiate a renewal in one of three ways: (1) Verbal; (2) Internet; (3) Mail. The Medicaid member contacts their prescriber for a renewal.

The Medicaid member contacts their pharmacy for a renewal and gives the pharmacy consent to contact the prescriber on their behalf. The pharmacy must retain documentation that includes the date and time of member contact, the name of the Medicaid member or authorized agent, the specific prescription requested, the name of the pharmacy staff member who handled the request, and how the request originated (such as by phone or walk-in). The pharmacy provider will the Medicaid member to inquire if a renewal is necessary, obtain consent if it is, and then contacts the prescriber on behalf of the Medicaid member. The pharmacy provider must document the date and time of the Medicaid member's request, the name of the Medicaid member or their authorized agent, the specific prescription requested, the name of the pharmacy staff member who initiated the contact, and the method of contact (such as by phone or electronic means).

To view all reminders regarding new prescriptions, providers can refer to the *Attention Pharmacy Providers: New Prescriptions* article in this month's issue.

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

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All Providers

Help Stop the Spread of COVID-19 by Sharing the COVID Alert NY App

As more New Yorkers download the New York State Department of Health's (DOH) Alert NY app everyday, providers are encouraged to continue sharing the COVIDAlertNY app information with partners and consumers. Together everyone can help stop the spread of this virus.

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Attention: Qualified New York State Medicaid COVID-19 Vaccine Providers

The New York State (NYS) Department of Health (Department) has increased the reimbursement for Coronavirus Disease 2019 (COVID-19) vaccine administration fee from $13.20 per dose to $40.00 per dose effective for dates of service on or after April 1, 2021. The NYS Medicaid coverage policy and billing guidance document regarding COVID-19 vaccine administration fee reimbursement for Medicaid Managed Care (MMC) enrollees has been updated and is titled *NYS Medicaid Coverage Policy and Billing Guidance for the Administration of COVID-19 Vaccines Authorized for Emergency Use*. This document, along with many others, are available on the NYS DOH COVID-19 Provider Information and Resources web page and they are updated regularly as new information is released. Providers are encouraged to review the Department's web page.

Questions:
All Medicaid fee-for-service (FFS) coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP):
- Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- All Medicaid Managed Care (MMC) reimbursement, billing and/or documentation requirements need to be directed to the enrollee's MMC Plan.
- All FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

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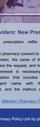
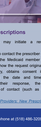
Medicaid Consumer Fact Sheets Now Available

Following a recommendation from the Medicaid Redesign Team (MRT), the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) developed Medicaid Consumer Fact Sheets. These fact sheets are a plain language document that provides information regarding whether a condition can help be prevented or managed, as well as relevant Medicaid benefits that 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 NYS Medicaid Rules 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.





NY State of Health: Significant New Tax Credits Available Now to Lower the Cost of Health Coverage

Increased financial assistance to help pay for health insurance is now available to current and new consumers enrolling in a Qualified Health Plan through NY State of Health, the State's official health plan marketplace. This financial assistance is made available by the American Rescue Plan Act (ARPA) of 2021 and the Biden Administration. More than 150,000 consumers who are already enrolled in coverage will receive increased tax credits, further lowering their health care costs.

In addition, in June 2021, NY State of Health will expand tax credits to tens of thousands of Medicaid Expansion Qualified Health Plan enrollees who are ineligible for Medicaid because of immigration status. This will provide access to quality health coverage and lower costs for these consumers.

To allow as many consumers as possible to access these enhanced tax credits and to light of the current COVID-19 pandemic, a Special Enrollment Period has been extended through December 31, 2021. Consumers can apply for coverage through the NY State of Health website, by phone at (855) 355-5777, or by connecting with a free enrollment assister. NY State of Health "Find a Broker/Navigator" search tool

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Policy and Billing

Changes Impacting Providers Serving Children Effective July 1, 2021

New York State (NYS) Medicaid-covered childrenpub in the care of Voluntary Foster Care Agencies (VFCAs) or placed in foster care through Preventive Services Maintenance Services (LDSS) will be enrolled in Medicaid Managed Care (MMC) Plans on July 1, 2021, including Mainstream MMC Plans and Health Home Care Management Plans (HHCMP). Since they are otherwise eligible for Medicaid, **no Medicaid Application will be required for these children.** Effective **July 1, 2021, VFCAs will no longer be the payer for services** provided to the population. Medicaid FFS in the capitated MMC.

MMC Plans will contract with VFCAs that will remain licensed to provide foster care and all health-related services to children/youth in their care pursuant to Article 10 of the Public Health Law. MMC Plans are seeking and offering contracts with community providers with expertise in working with as well as treating children in care (particularly Pharmacies and other providers serving this population). Medicaid Managed Care Plans (MMC Plans), Medicaid Program, or LDSS will not engage with MMC Plans if there is not sufficient capacity to meet the needs of their patients. LDSS are reminded of the critical importance to verify and/or establish Medicaid enrollment immediately existing coverage upon a child/youth's entry into foster care and to provide detailed dates in coverage upon request.

Medicaid coverage for eligible children/youth will be retroactive to the beginning of the month in which the Medicaid application was submitted. Retroactive is the month in which the Medicaid application was submitted, plus three months prior, coverage and issuance of a Medicaid Client Identification Number (CIN) claims for services provided during this retroactive coverage period can be billed to the child/youth's MMC Plan for the period during which the child/youth was enrolled in the MMC Plan. Providers are encouraged to work collaboratively with the LDSS and the VFCA if there is a service need prior to the CIN being issued. Providers are also encouraged to work with the LDSS and VFCA to obtain authorization prior when children/youth require immediate and medically necessary services prior to receiving ID cards. Policy requirements for the transition, including requirements for the provision of medically necessary services prior to receiving ID cards, Policy 21-1 Health Facility Information, and 21-1 Health Facility services guidelines are located on the NYS Department of Health (DOH) 21-1 Health Facility VFCA Transition web page.

Questions:
All questions should be directed to 21-1transition@health.ny.gov.

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Edit 02304 — Zero Fill: Penal Manual Review for All Professional Claims

Effective June 1, 2021, claims setting **edit 02304 – Zero Fill** will enter into "penal" status by the Department of Health (DOH) for subsequent manual review. The corresponding health insurance Explanation of Benefits and accompanying Act of Vendor (HIPAA) remittance advice will contain the following **Claim Adjustment Reason Code "22" and Remittance Remark Code "N95"**. While the claim(s) is penal, the corresponding claim status response codes will be **"P86"**.

For further information regarding the manual review and document submissions, providers can refer to the *02304 — Zero Fill: Manual Review* article in this month's issue.

Questions and Additional Information:
- General questions regarding this submission should be directed to the eMedNY Call Center at (800) 343-9000.
- All questions regarding specific medical pended claims should be directed to the Business of Medical Review, Pended Claims Unit at (800) 343-9000 option 3.

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New York State Medicaid Fee-for-Service Retroactive Repricing for COVID-19 Vaccine Administration Within 72 Hours (three days) of an Inpatient Admission Claims

As previously mentioned in the new revised May 13, 2021 New York State Medicaid COVID-19 Vaccine Coverage Policy and Billing Guidance for Administration of Coronavirus Disease 2019 (COVID-19) Vaccine Authorized for Emergency Use, further changes have been made to the reimbursement for COVID-19 vaccine administration. This is the provider's guide with links to many others providing information through the State of Emergency. Can be found on the COVID-19 Coverage for Medicaid Providers web page. This web page is maintained to provide links to guidance documents and other resources. Medicaid Providers are urged to monitor this page for updated guidance and policy and billing updates. The NYS Department of Health (DOH) increased the COVID-19 vaccine administration fee from $13.20 per dose to $40.00 per dose effective for dates of service on or after April 1, 2021. Providers are reminded to use the date of guidance within the Centers for Medicare and Medicaid Services (CMS) Guidance and Reimbursement of COVID-19 Vaccines