NEW YORK STATE | Department of Health

Medicaid Update

The Official Newsletter of the New York State Medicaid Program

March 2023
Volume 39 | Number 5

Special Edition

NYRx Pharmacy Benefit Transition Special Edition - *Part Three*

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through NYRx, the Medicaid Pharmacy Program formerly known as Medicaid Fee-for-Service, instead of through their MMC Plan. The pharmacy benefit transition to NYRx ***does not*** apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)].

Transitioning the pharmacy benefit from MMC to NYRx will provide NYS with full visibility into prescription drug costs, allow centralization of the benefit, leverage negotiation power, and provide a uniform list of covered drugs with standardized utilization management protocols simplifying and streamlining the drug benefit for NYS Medicaid members. NYS Medicaid members have comprehensive drug coverage and equitable access to an extensive network of over 5,000 pharmacy providers. This guidance provides information in addition to what was provided in the October 2022 *Medicaid Update Special Edition – Part One*, issued Friday, November 4, 2022, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no11_oct22_speced.pdf, and the January 2023 *Medicaid Update Special Edition – Part Two*, issued Thursday, February 8, 2023, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no01_2023-01_speced.htm.

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

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Pharmacy Providers

Dual Eligible Coverage

For members who are enrolled in a Medicare Part D drug plan or Medicare Advantage Drug Contracting (MAPD) plan, NYRx provides prescription drug coverage **only for the drugs listed below**. All other prescription medications should be reimbursed through the Part D plan. For the most up to date coverage information for the products below, providers should refer to the NYRx List of Reimbursable Drugs.

Prescription Drugs:

- Vitamins
  - Folic acid - oral
  - Hydroxocobalamin - injection
  - Vitamin B12 - injection/nasal
  - Vitamin D2 - oral
  - Vitamin K – oral
- Cough and Cold
  - Benzonatate

Please Note: *NYRx does not provide dual eligible members with coverage of compounded prescriptions.*

Over-the-Counter Drugs:

- NYRx covers certain over-the-counter (OTC) drugs for dual eligible members if coverage is not available under Medicare.
- Only NYRx reimbursable drugs excluded by Medicare law are covered for dual eligible members. Therefore, NYRx does not cover OTC insulin and some OTC products which have legend drug substitutes that are covered by Medicare Part D and MAPD plans.
- All OTC products covered by NYRx with a prescription or fiscal order can be found using the drug search tool. Please note search results may include OTC products in the excluded categories listed above that are not covered for dual eligible members.

Resources:

The links below provide more information on drug coverage under Medicare Part B and D:

- Drugs Covered by NYRx for Dual Eligible Members
- Prescription drugs (Outpatient).

Medicare Limited Income Newly Eligible Transition Program (LINET)

LINET is a Medicare program that provides immediate prescription drug coverage for Medicare beneficiaries who qualify for Medicaid or Extra Help and have no prescription drug coverage.

Enrollment in LINET is temporary, usually for 1 to 2 months. This provides the beneficiary time to choose a Medicare Part D prescription drug plan that best fits their needs. If the beneficiary does not select a plan within this timeframe, Medicare will enroll the beneficiary into a benchmark plan.

Claims Processing for LINET

Pharmacies will submit the claim to LINET for reimbursement. Information on LINET, member eligibility, claims processing, and resources available for pharmacies may be found at: https://www.humana.com/member/medicare-linet-pharmacy-resources.

NEW Billing Option for Pen Needles, Syringes and Lancets

Select pen needles, syringes, and lancets may either be billed to NYRx by **pharmacy providers** on a pharmacy claim using the product's 11-digit National Drug Code (NDC) ***or*** the Healthcare Common Procedure Coding System (HCPCS) code **and** will continue to be able to be billed by DMEPOS providers on a medical claim using HCPCS code. Pen needles, syringes, and lancets reimbursable through NYRx are listed on the NYRx List of Reimbursable Drugs found at: https://www.emedny.org/info/formfile.aspx.

The 11-digit NDC on the package dispensed must match the NDC billing code on the NYRx List of Reimbursable Drugs and the NDC submitted on the claim. **In the event an NDC is not found on the list of reimbursable drugs, providers should submit the claim using the HCPCS code found in the NYS Medicaid Program Pharmacy Medical Supply Codes document.** Pharmacies and DMEPOS providers many continue to bill for these items using the HCPCS.

The NYS Department of Health (DOH) will continue to evaluate and consider adding select NDCs of medical supplies commonly billed by pharmacies. Updates to this list will be announced at a later date. The complete list may be found here: https://www.health.ny.gov/health_care/medicaid/program/pharmacy/provider_info.htm.

Prescriptions and Orders by Non-Enrolled Prescribers

The New York State (NYS) Medicaid program requires enrollment of all licensed prescribers who serve Medicaid and Medicaid Managed Care members, including **prescribing practitioners**, as identified on pharmacy prescriptions, per the Centers for Medicare and Medicaid Services (CMS) and federal regulations.

There are **two exceptions** to the provider enrollment requirement[i]:

1. **Unlicensed Interns, Residents and Foreign Physicians in Training Programs**
2. **Out-of-State (OOS) Licensed Prescribers that are treating Medicaid Members for a *single instance of emergency care within 180 days***. These prescribers need to be either enrolled Medicare with an "approved" status or are enrolled in their own state's Medicaid plan.

Pharmacies will receive a reject code/POS rejection message for prescriptions written by a non-enrolled prescriber. **Please utilize the override guidance provided below for the above exceptions specific to NYRx, the Medicaid Pharmacy Program.**

For **NYRx, the Medicaid Pharmacy Program,** please utilize the override instructions provided:

- *NEW:* Pharmacy claims will initially reject for National Council for Prescription Drug Programs (NCPDP) Reject code "**889**" - **Prescriber Not Enrolled in State Medicaid Program**.
- To override above rejection for the unlicensed resident, intern or foreign physician in a training program or OOS prescription situations described above:
  - In Field 439-E4 (Reason for Service Code): enter **"PN"** (*Prescriber Consultation*)
  - In Field 441-E6 (Result of Service Code): enter applicable value (**"1A"**, **"1B"**, **"1C"**, **"1D"**, **"1E"**, **"1F"**, **"1G"**, **"1H"**, **"1J"**, **"1K"**, **"2A"**, **"2B"**, **"3A"**, **"3B"**, **"3C"**, **"3D"**, **"3E"**, **"3F"**, **"3G"**, **"3H"**, **"3J"**, **"3K"**, **"3M"**, **"3N"**, **"4A"**)
  - In Field 420-DK (Submission Clarification Code): enter **"02"** (*Other Override*)

[1]Medicaid Provider Enrollment Compendium (MPEC): https://www.medicaid.gov/medicaid/program-integrity/affordable-care-act-program-integrity-provisions/index.html

Provider Enrollment

Providers servicing MMC members must be enrolled in the NYS Medicaid Program by April 1, 2023.

How to Check Provider Enrollment Status

Providers can check their enrollment status by utilizing the tools available on the Department "Medicaid Enrolled Provider Lookup" web page, located at: https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Lookup/ru78-uxr9. Search by entering the **Medicaid Provider ID** or the **National Provider Identifier (NPI)**. Use the table below to determine current provider enrollment status and the corresponding action necessary, as required from the "Medicaid Type" provided in the result.

Provider Type	"Medicaid Type"	Enrollment Status	Action Required
Pharmacy (Category of Service (COS) 0441)	FFS	Enrolled (Qualified Billing Provider)	No action
	No result	Not enrolled	Enroll with Medicaid as billing provider
Durable Medical Equipment (COS 0321, 0442)	FFS	Enrolled (Qualified Billing Provider)	No action
	MCO	Not Enrolled for NYRx billing (MCO Billing Only)	Enroll with Medicaid as billing provider
	No result	Not Enrolled	Enroll with Medicaid as billing provider
Practitioner/ Prescriber (multiple COS)	FFS	Enrolled (Qualified Billing Provider)	No action
	MCO	Not Enrolled for NYRx billing (MCO Credentialed as a non-billing Provider)	Enroll with Medicaid as billing provider or if eligible as a OPRA provider
	OPRA	Enrolled (Qualified Billing Provider)	No action
	No result	Not Enrolled	Enroll with Medicaid as billing provider or if eligible as a OPRA provider

Providers who have submitted enrollment applications may check the status of their application in the Medicaid Pending Provider Listing file, updated weekly on the eMedNY "Medicaid Managed Care Network Provider Enrollment" web page, located at: https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Providers

The updated Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Provider Enrollment Policy can be found within the *NYS Medicaid Program Durable Medical Equipment (DME) Manual Policy Guidelines* document, available at: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Policy_Section.pdf.

DMEPOS providers that are located outside New York may apply for enrollment if they meet the newly established guidelines. DMEPOS providers located in states bordering New York may enroll if they support New York Medicaid members in the common medical marketing area. Out-of-state DMEPOS manufacturers and mail-order suppliers may also be considered on a case-by-case basis, as outlined in the *NYS Medicaid Program DME Manual Policy Guidelines* document.

Information about the DME Supplier application process can be found on the eMedNY Provider Enrollment and Maintenance DME web page at: https://www.emedny.org/info/ProviderEnrollment/dme/index.aspx.

Information for DMEPOS Providers

The following guidance pertains to providers who service Medicaid members with medical supplies. Medical supplies may be provided by a pharmacy or DMEPOS provider. Pharmacies must have Category of Service (COS) **"0442*"** to provide medical supplies while DMEPOS providers use COS **"0321"**. Supplies may be provided by either provider type. It is recommended that providers be familiar with the specific Policy and Procedure or Medical Supply Code Manual corresponding to their enrolled COS type and reference it for specific information on coding and other provider specific information.

Pharmacies that choose to bill via the professional or medical claim format need to be enrolled and have a Medicaid COS of **"0442", assigned to them.*

Coverage of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

The *Scope of Benefits* document, found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/repository/docs/rx_scope_of_benefits.pdf, provides an overview of DMEPOS items that are subject to the benefit transition. Items that are not subject to the benefit transition will remain the responsibility of the MMC Plans and are listed in ***Appendix A*** of this document.

- The items subject to the benefit transition are listed in ***Sections 4.1***, ***4.2***, and ***4.3*** of the *DMEPOS – Procedure Codes and Coverage Guidelines* document available at: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf, and may be dispensed and billed directly to Medicaid through NYRx or by a FFS DMEPOS provider using the professional claim type. Most items do not require additional authorization prior to dispensing and billing.

- The items ***not*** subject to the benefit transition are listed in ***Sections 4.4***, ***4.5***, ***4.6***, and ***4.7*** of the *DMEPOS – Procedure Codes and Coverage Guidelines* document, found at: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf, and should continue to be billed to the member's MMC plan.

- Hearing aid batteries may be dispensed by pharmacies, DMEPOS providers or by hearing aid providers (COS **"0322"** and **"0324"**). Audiologists (COS **"0325"**) cannot be reimbursed for batteries and should be referred to an eligible provider.

- Supplies distributed by medical providers at the time of an office visit will continue to be reimbursed by the MMC plan.

- There are some DMEPOS items subject to the benefit transition, that require pre-approval. To ensure a smooth transition for MMC members, DMEPOS authorization requirements **will be temporarily relaxed (e.g., claims will not deny) during the transition period which starts April 1, 2023**. NYS DOH staff will monitor these claims and outreach to providers to assist them in obtaining the appropriate authorizations for future claims. At a future date, providers will be given notice regarding when PA requirements will commence. For reference, PA instructions are provided in the **Prior Authorization Guidance for DMEPOS** section of this *Special Edition Medicaid Update*.

Diabetic Supplies

The *Scope of Benefits* document, found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/repository/docs/rx_scope_of_benefits.pdf, provides a summary of diabetic supply items that are subject to the benefit transition. Diabetic diagnostics, continuous glucose monitors (CGM), glucose testing supplies, insulin syringes, disposable insulin pumps (Omnipod), and infusion supplies will be transitioned to the NYRx program. The NYRx program covers all of these items, some of which are part of the Preferred Diabetic Supply Program (PDSP), found at: https://newyork.fhsc.com/providers/diabeticsupplies.asp.

The Medicaid program will allow a one-time transition fill from April 1, 2023, through June 30, 2023, for non-preferred diabetic supplies that are not part of the PDSP and will honor prior authorizations already provided by the MMC Plans.

Practitioner Visits and Medical Supplies
Medical supplies dispensed during a physician's office visit will remain the responsibility of the MMC Plans.

To determine if the product or supply is billable to the member's MMC or subject to the benefit transition, practitioners should reference the *Scope of Benefits* chart found at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/repository/rx_scope_of_benefits.htm. The chart includes a high-level summary of the NYS Medicaid outpatient pharmacy benefit and denotes whether the benefit is subject to the transition and whether the MMC should also continue to make the benefit available when provided by a non-pharmacy provider.

Billing Instructions for DMEPOS
The table below provides billing instructions for DMEPOS items subject to the benefit transition.

<table>
<tr><th colspan="4">Billing Instructions for DMEPOS</th></tr>
<tr><th>Claim Format</th><th colspan="3">Instructions</th></tr>
<tr><td rowspan="4">NCPDP and 000301 paper claim form</td><td colspan="3">When billing electronically for medical supplies:
• Items billed to NYRx using the Healthcare Common Procedure Coding System (HCPCS) code from the NYRx Medical Supply Codes Billable by a Pharmacy document: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf or the DMEPOS Procedure Codes and Coverage should be submitted in the 11-digit National Drug Code (NDC) field with leading zeros. Enter the five-character alpha-numeric code (example 'A4259') in the last five spaces of the NDC field
• NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier- 436-E1 (valid values 01=NDC,09= Healthcare Common Procedure Coding System (HCPCS).
• If DMEPOS providers submit claim using an NDC number, the claim will deny with reject messages indicated below:</td></tr>
<tr><td></td><td>Code</td><td>Message</td></tr>
<tr><td>NCPDP Reject Code</td><td>"8J"</td><td>Incorrect Product/Service ID For Processor/Payer</td></tr>
<tr><td colspan="3">When billing by paper, refer to the NYS eMedNY Billing Guidelines document, found at: https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Billing_Guidelines.pdf.</td></tr>
<tr><td>Professional/ Medical Claim Format 837 (Professional 837-P) or Paper 150003 form*</td><td colspan="3">When billing by electronic or paper, refer to the NYS 150003 Billing Guidelines – DMEPOS, Orthopedic Footwear, Orthotic and Prosthetic Appliance document, found at: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Billing_Guidelines.pdf.</td></tr>
<tr><td>Point of Service</td><td colspan="3">When submitting claims, refer to the ePACES Professional Real Time Claim Reference</td></tr>
<tr><td>Claims (ePACES) - Real-time DMEPOS Claims submissions</td><td colspan="3">Guide: https://www.emedny.org/selfhelp/ePACES/PDFS/5010_ePACES_Professional_Real_Time_Claim_Reference_Guide.pdf</td></tr>
</table>

PA Guidance for DMEPOS

DMEPOS supply information can be found in the *NYS Medicaid Program DMEPOS Procedure Codes and Coverage Guidelines* document at: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf. ***Sections 4.1, 4.2,*** and ***4.3*** are subject to the NYRx transition. The manual will provide any necessary medical guidance necessary for each item listed. The manual is coded with information on the type of approval needed (if any) and the quantity and frequency for each item.

Most medical supplies may be reimbursed through claims submissions without any additional approvals. Items that are subject to higher utilization, increased risk for fraud waste and abuse, or require additional review for medical necessity require additional authorizations.

There are three methods of requesting authorizations: Dispensing Validation System (DVS) used for automated Prior Authorizations; Prior Approval; or the Interactive Voice Response System (IVR)/Web Portal for enteral formula.

Dispensing Validation System (DVS) - Automated Prior Authorization

Dispensing Validation System (DVS) is a real-time electronic prior authorization obtained prior to provision of services. DVS will provide an authorization if frequency and quantity are within established guidelines. The DVS system can be accessed through ePACES, a web-based application that allows providers to request and receive HIPAA-compliant transactions.

Prior Approval

Prior Approval is the process of determining if the item(s) requested are medically necessary and appropriate for the member's condition. Prior Approval is also required if the fiscal order written by the ordering provider exceeds the quantity or frequency limits found in the DMEPOS manual.

Interactive Voice Response System (IVR)/Web Portal - Automated Enteral Authorizations

The Interactive Voice Response System (IVR)/Web Portal is the automated system utilized by ordering prescribers and dispensing providers (pharmacies or DMEPOS dealers) for enteral formulas. The ordering prescriber enters medical information into the IVR/Web Portal to medically support enteral formula and receives a prior authorization number to be documented on the fiscal order. The dispenser provider activates the authorization for dispensing and reimbursement. More information on the Web Portal can be found on the DMEPOS Provider Manual page at: www.emedny.org. Training sessions for enteral policy and the Web Portal will be held on March 20, 2023. Visit the eMedNY training page to sign up for these sessions at: https://www.emedny.org/training/index.aspx.

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Appendix A: Additional Prior Authorization Guidance

Additional Prior Authorization Guidance	
DMEPOS Authorizations	**Resources**
HCPCS code is preceded by a pound sign (#). Prior Authorization Submitted through the Dispensing Validation System (DVS) through ePACES.	• Used to obtain automated authorizations for equipment and supplies. • For general ePACES information visit the eMedNY Submit Electronic Transactions to New York Medicaid (Free of Charge) via ePACES web page: ttps://www.emedny.org/selfhelp/ePACES/ePACES_General Info.aspx. • For ePACES DVS reference guidance, refer to the *Step-by-Step Instructions for ePACES PA/DVS - DME DVS* document: https://www.emedny.org/HIPAA/QuickRefDocs/ePACES_DME_DVS_R equest_Response_Cheat_Sheet.pdf .

HCPCS code is underlined.
Prior Approval
Submitted on paper, by a Health Insurance Portability and Accountability Act (HIPAA) 278 transaction or electronically using ePACES.
	• NYS DOH staff review to determine medically necessity or quantity or frequency limits overrides. For DME PA guidelines, refer to the *NYS Medicaid Program DME PA Guidelines* document: https://www.emedny.org/ProviderManuals/DME/PDFS/DME_PA_Guideli nes.pdf.
	• For ePACES PA guidelines, refer to the *Step-by-Step Instructions for ePACES PA/DVS - DME DV* document: https://www.emedny.org /HIPAA/QuickRefDocs/ePACES_DME_DVS_Request_Response_Cheat _Sheet.pdf
	• For ePACES PA/DVS guidance, refer to the *ePACES PA/DVS Request* document: https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-DVS_Request.pdf
	• PA forms (**EMEDNY-361502** for paper submission) are available by contacting eMedNY.
	  • Phone: **(800) 343-9000**
	  • Mailing address:
	  eMedNY
	  PO Box 4600
	  Rensselaer, NY 12144-4600
	
	For instructions on completing paper PA forms, refer to the *NYS Medicaid Program DME PA Guidelines* document: https://www.emedny.org/Provider Manuals/DME/PDFS/DME_PA_Guidelines.pdf

HCPCS Code is preceded by an asterisk (*)	• **Enteral Formula only** Contact: **(866) 211-1736** (IVR) Web portal: www.emedny.org ***or*** https://medicaidenteralportal.health.ny.gov/portal/

DiRAD Interactive Voice Response System (IVR)/Web Portal Enteral Authorization	• Prescriber calls and enters medical information and gets an authorization number and records that on the fiscal order • Dispensing provider (DME or Pharmacy) calls and completes the authorization process. • Prescribers and Dispensers may also use the web portal to request or complete authorizations. The NYS Medicaid Program's Enteral Formula PA Prescriber Worksheet (https://www.health.ny.gov/health_care/medicaid/program/update/enteral-dispenserworksheet.pdf) and Enteral Formula PA Dispenser Worksheet (https://www.emedny.org/providermanuals/communications/Dispenser%20Worksheet.pdf) are available to assist in the authorization process. • PA required for all requests that cannot be completed through the IVR or web portal.

Appendix B: Resources

Resources		
Topic	**Description**	**Contact Information & Website Links**
Claims		
Claims Processing for Outpatient Pharmacy Benefits	Questions regarding billing and pharmacy claims processing, lost or stolen medications and remittances.	eMedNY Support: **(800) 343- 9000** - "Option 1" eMedNY home page for General Information: https://www.emedny.org/ eMedNY Pharmacy Manual web page: https://www.emedny.org/ProviderManuals/Pharmacy/index.aspx NYS DOH NCPDP D.0 *Standard Companion Guide Transaction Information* document: https://www.emedny.org/HIPAA/5010/transactions/NCPDP_D.0_Companion_Guide.pdf
NYRx, the New York Medicaid Pharmacy Program PA criteria	Questions regarding PA or Inquiries about quantity/age/day's supply and other edits or medication questions.	Magellan Clinical Call Center: **(877) 309-9493** PA Request Form for Prescriptions: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PA_Fax_Standardized.pdf Magellan Health, Inc., NYS Medicaid Pharmacy Program web page: https://newyork.fhsc.com/ Magellan Health, Inc., NYS Medicaid Pharmacy Program PDL Listserv email notification sign-up web page: https://newyork.fhsc.com/providers/notify.asp

Preferred Diabetic Supply Program	Questions regarding billing	eMedNY Support: **(800) 343- 9000**
	PA Requests	Magellan Clinical Call Center: **(877) 309-9493**
	Preferred Diabetic Supply List and information	NYRx, The Medicaid Pharmacy Program, Preferred Diabetic Supply Program web page: https://newyork.fhsc.com/providers/diabeticsupplies.asp
Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS) (DME) Procedures and Supplies	Questions regarding DME PA criteria; frequency/quantity/ durations limits, etc., and billing information	Phone: **(800) 3423005** Email: **ohipmedpa@health.ny.gov** eMedNY DME Manual web page: ttps://https://www.emedny.org/ProviderManuals/DME/index.aspx
LINET	For questions about the LINET program or a person's retroactive coverage,	Phone: **(800) 783-1307** (TTY: 711) Monday – Friday, 8 a.m. – 7 p.m., Eastern time. Website:https://www.humana.com/member/medicare-linet-pharmacy-resources
Benefit Transition		
Pharmacy Information for Consumers, Pharmacies, Providers		Benefit Transition web page: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/
Pharmacy Frequently Asked Questions (FAQs)	FAQs	Transition of the Pharmacy Benefit from MC to NYRx – FAQs document: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/pharmacy_transition_faq.htm
Pharmacy Scope of Benefits		Scope of benefits chart webpage: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/repository/rx_scope_of_benefits.htm

Eligibility		
Eligibility Verification and ePACES	Questions related to ePACES or for assistance with billing and performing MEVS transactions.	eMedNY Support: **(800) 343-9000** - "Option 2" Touchtone Telephone Verification System: **(800) 997-1111** ePACES Help/Log-in web page: https://www.emedny.org/epaces NYS Programs MEVS Instructions for Completing a Telephone Transaction document: https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Telephone_Quick_Reference_Guide.pdf

Member's Restricted Recipient Program	Providers should direct members to their eligibility location	***Upstate county residents*** – Contact your Local Department of Social Services (LDSS): https://www.health.ny.gov/health_care/medicaid/ldss.htm ***New York City residents*** – Contact Human Resources Administration (HRA) by phone at: **(212) 273-0062**
Policy and Program Information		
NYRx Preferred Drug List (PDL)	The NYRx PDL contains a full listing of drugs/classes subject to the NYS Medicaid NYRx Pharmacy Programs.	Magellan Clinical Call Center: **(877) 309-9493** Magellan Rx Management - NYS Medicaid Pharmacy Program web page: https://newyork.fhsc.com/
Medicaid List of Reimbursable Drugs (Formulary)	Providers may review the Medicaid Pharmacy List of Reimbursable Drugs for products covered.	Email: **NYRx@health.ny.gov** eMedNY's Medicaid Pharmacy List of Reimbursable Drugs web page: https://www.emedny.org/info/formfile.aspx
Medicaid Pharmacy Program, Policy and Coverage	For questions related to the Pharmacy Program, 340B Billing, Drug Pricing, Lost or Stolen Medications, etc.	Pharmacy Bureau: **(518) 486-3209** Email: **NYRx@health.ny.gov** NYS DOH Medicaid Pharmacy Program web page: https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm
Provider Enrollment	Provider enrollment, revalidation and NPI termination questions.	eMedNY Support: **(800) 343-9000** – "Option 2" Email: **providerenrollment@health.ny.gov** eMedNY's Provider Enrollment & Maintenance webpage: https://www.emedny.org/info/ProviderEnrollment/index.aspx
Provider Manuals (Physician, Pharmacy, DME, etc.) and Billing Guidelines	The *Provider Manuals* tab has billing and policy related guidance. For example: billing guidelines, procedure codes, fee schedules, etc. for each provider type.	eMedNY's Provider Manuals web page: https://www.emedny.org/ProviderManuals/index.aspx eMedNY's General Billing Guidelines web page: https://www.emedny.org/ProviderManuals/AllProviders/index.aspx
Provider Outreach and Training	Providers may visit the training website to review eMedNY trainings available.	eMedNY's Provider Training web page: https://www.emedny.org/training

Appendix C: Member Fact Sheet

Please use the *Member Fact Sheet* to provide members with the resources and information they need regarding the benefit transition. A print-friendly version of the *Member Fact Sheet* is available on the Medicaid Member Dashboard web page at: https://member.emedny.org/.

NEW YORK STATE | Department of Health | Medicaid NYRx

Changes to Your NYS Medicaid Pharmacy Benefits take effect April 1, 2023.

Here is what you need to know:

- **NYRx**, the Medicaid pharmacy plan will begin covering your prescriptions on **April 1**.
- You will use your **Medicaid ID Card** or your **Health Plan Card** to fill your prescriptions starting **April 1.**
- Most pharmacies in New York take **NYRx. Check health.ny.gov/NYRx to see if your pharmacy does.**
- Most drugs and supplies, including diabetic test strips, are covered by **NYRx. Check health.ny.gov/NYRx to see if your drugs and supplies are covered, or if they require approval from your doctor, before April 1.**

This change is for those members enrolled in a Medicaid Managed Care Plan.

To find out if this change impacts you, check your mail for a letter from your health plan or call the **NYS Medicaid Helpline:**

(855) 648-1909

TTY 1-800-662-1220

or view a copy of the letter at **health.ny.gov/NYRx**.

You can also scan the QR code below

FAST FACTS

What is NYRx?

Through NYRx, NYS Medicaid covers your drugs and supplies by reimbursing the pharmacy directly, rather than paying your health plan.

Will I need a new health plan ID card?

No, you will not need a new ID card. The pharmacist can use your valid health plan or Medicaid ID card.

What if my pharmacy does not take NYRx?

If your current pharmacy ***does not*** take NYRx, you may:

- Ask your pharmacist to transfer a refill to a participating pharmacy.
- Ask your doctor to send your prescriptions to a participating pharmacy.

What if my drugs and/or supplies require approval from my doctor?

If your drugs and/or supplies require approval from your doctor, you should:

- Talk to your doctor about requesting approval; or
- Talk to your doctor or pharmacist about alternate drug and/or supplies that don't require approval.

NEW YORK STATE Medicaid NYRx Department of Health

Have questions or want to learn more?

Scan the QR code to the right.

Or contact the **NYS Medicaid Helpline** at: **(855) 648-1909**

Helpline Hours: **Mon-Fri 8AM - 8PM, Sat 9AM-1PM**, TTY 1-800-662-1220

xxxx 12/2022

Provider Directory

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

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

Providers wishing to listen to the current week's check/EFT amounts:
Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

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 at: https://www.emedny.org/training/index.aspx. For individual training requests, please call (800) 343-9000.

Beneficiary Eligibility:
Please 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 web sites:

- DOH Prescriber Education Program page: https://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog.
- Prescriber Education Program in partnership with SUNY: http://nypep.nysdoh.suny.edu/.

eMedNY
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 the eMedNY Provider Enrollment page at: https://www.emedny.org/info/ProviderEnrollment/index.aspx, and choose the appropriate link based on provider type.

Comments and Suggestions Regarding This Publication
Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.