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Medicaid Update

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Update to New York Independent Assessor Initial Assessment Process

Effective December 1, 2022, the New York Independent Assessor (NYIA) will begin conducting the initial assessment process, as defined in the May 2022 Special Edition issue of the *Medicaid Update*, for adults (18 years of age and older) seeking Personal Care Services (PCS) and/or Consumer Directed Personal Assistance Services (CDPAS) based on immediate need for services.

Individuals seeking PCS and/or CDPAS based on an immediate need for those services will now have two ways to obtain their medical professional's certification of the need for services:

1. Individuals can provide their Local Department of Social Services (LDSS) with either a *Practitioner Statement of Need for Personal Care/ Consumer Directed Personal Assistance Services For Adults 18 and Over (for Immediate Needs)* form (DOH-5779), ***or***
2. Individuals can provide their LCSS with a physician's order form [*Physician's Order for Personal Care/Consumer Directed Personal Assistance Services* form (DOH-4359) or *Medical Request for Home Care* form (HCSP-M11Q).

The DOH-5779 form requires less documentation from a practitioner and can be completed by a Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO), nurse practitioner (NP), or physician assistant (PA).

Regardless of whether the individual provides their LDSS a DOH-5779 form (or physician's order form to substantiate their immediate need for services), they are still required to have a NYIA Independent Practitioner Panel (IPP) clinical appointment and a *Practitioner Order* completed by an IPP clinician. Once the individual provides their LDSS with a completed Immediate Needs packet, the LDSS will refer their case to NYIA to schedule a community health assessment (CHA) and clinical appointment, to be completed in an expedited timeframe.

Please note: This update does not apply to children under 18 years of age. LDSS will continue to perform the assessments for this population and require a physician's order form (DOH-4359 or HCSP-M11Q).

Questions and Additional Information:

- For more information on the Immediate Needs process under NYIA, please refer to *Administrative Directive* memorandum.
- All questions regarding NYIA and this update should be directed to independent.assessor@health.ny.gov.

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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:

- *Provider Enrollment Portal - Practitioner*
- ePACES for: *Dental*, *Durable Medical Equipment (DME)*, *Institutional*, *Physician*, *Private Duty Nursing*, *Professional (Real-Time)*, and *Transportation*
- *ePACES Dispensing Validation System (DVS) for DME*
- *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.

Questions

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

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eMedNY Provider Training Videos Available

eMedNY offers recorded training videos on a variety of topics that allow providers and staff an alternative learning option that is easy to access and available online. Providers and staff can learn at their own pace and access training content via computer or telephone, at any time. Webinars currently available include, but are not limited to:

- ePACES: *Eligibility Request and Response*, *User Administration*, and *Claim Balancing*
- New Provider / New Biller: *Edit/Error Knowledge Base (EEKB): Denied and Pended Claims*, *Keeping up-to-date*, *Medicaid Partners*, *Medicaid Update*, and *Pre-Adjudication Crosswalk (Rejected Claims)*
- eMedNY Provider Enrollment Portal: *PE Portal for Practitioners* and *Wage Parity Attestation*

To view the list of recorded training videos, providers should visit the eMedNY "Provider Training Videos" web page. eMedNY strongly encourages providers to continually monitor the web page for new recorded training videos.

Questions

All questions regarding recorded training videos should be directed to the **eMedNY Call Center** at (800) 343-9000.

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Reminder to Dental Providers on the Use of Antibiotics in Dentistry

The Centers for Disease Control (CDC) has designated Friday, November 18, 2022, through Thursday, November 24, 2022, as United States Antibiotic Awareness Week (USAAW) to highlight the importance of improving antibiotic prescribing and use, also known as antibiotic stewardship.

Dental providers are uniquely positioned to play a role in minimizing antibiotic overuse. According to the *Antimicrobial stewardship in dental practice* article published on the Journal of the American Dental Association (JADA) website, "dental antibiotic prescribing contributes to approximately 10 percent of all antibiotic prescriptions, and an estimated 80 percent of that prescribing is deemed inappropriate." To limit adverse reactions and drug resistance, the CDC stresses evidence-based prescribing on a documented diagnosis, as well as using the most targeted (narrow-spectrum) antibiotic for the shortest duration possible.

The American Dental Association (ADA) *Antibiotic Prophylaxis Prior to Dental Procedures* and the American Heart Association (AHA) *Prevention of Viridans Group Streptococcal Infective Endocarditis* document support premedication for a relatively small subset of patients.

In general, patients with prosthetic joints undergoing dental procedures should not take prophylactic antibiotics to prevent prosthetic joint infection. The ADA recommends a complete health history and consultation with both the patient and orthopedic surgeon, per the ADA *management of patients with prosthetic joints undergoing dental procedures* document, for patients with a history of complications associated with their joint replacement. In cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and when reasonable, write the prescription.

Questions and Additional Information:

- For a complete summary of the current recommendations for antibiotic prophylaxis prior to dental procedures, dental providers should refer to the ADA *Antibiotic Prophylaxis Prior to Dental Procedures*. Reviewing these criteria and guidelines can assist in avoiding unnecessary prescribing which can help minimize the risk of adverse effects and development of drug-resistant bacteria.
- New York State (NYS) Department of Health (DOH) resources regarding antibiotic resistance:
  - *New York State Department of Health Issues Poster to Raise Awareness About Proper Antibiotics Use in Recognition of U.S. Antibiotic Awareness Week* press release
    - Dental providers can order the winning "Andy-Biotic" Superbug Superheroes poster, in bulk, by completing and submitting the *Superbug Superheroes Poster Request Form*.
- NYS 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 telephone at (518) 473-2160 or by email at dentalpolicy@health.ny.gov.

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Understanding How Adverse Childhood Experiences Affect Patients' Health Across the Lifespan

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, such as neglect and/or violence during childhood. ACEs are strongly related to brain development and a wide range of health problems throughout a person's lifetime and may include, but are not limited to, physical or sexual abuse, domestic violence, living in poverty, death of a caregiver, exposure to discrimination, or living in a household with someone with mental illness, substance use disorder, or who has experienced incarceration. ACEs research has shown:

- When families experience historical and systemic racism or live in poverty for generations, the effects of ACEs can add up over time.
- ACEs are very common in every population group.
- ACEs can have significant impact on a child's ability to succeed in school, causing a negative impact on their mental health and general well-being.
- Adults who have experienced ACEs can have higher rates of negative health outcomes, including depression, obesity, substance abuse, anxiety, smoking, and early death.

Parental and child resilience have been shown to reduce the negative impacts of ACEs. Protective factors that may boost child or parental resilience may include, but are not limited to:

- supportive and caring relationships and social connections;
- programs that understand a person's background and culture;
- a healthy lifestyle, which may include regular exercise, mindfulness, getting sufficient sleep, and eating a healthy and nutritious diet;
- economic support/stability for families; and
- quality childcare and education early in life.

New York State (NYS) Office of Children and Family Services (OCFS) has developed materials for providers to share this information with adult patients, parents, and caregivers, such as a brochure titled Understanding adverse childhood experiences (ACEs), which is available in multiple languages on the NYS OCFS "Publications" web page.

Additional Information

Visit the NYS OCFS "Adverse Childhood Experiences (ACEs)" web page, for additional information and resources.

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National Cancer Institute-Designated Cancer Centers

New York State (NYS) Social Services Law (SSL) §364-J(4) paragraph (w) requires health plans offering New York State (NYS) Medicaid, Essential Plan (EP) and Qualified Health Plan (QHP) to contract with willing National Cancer Institute (NCI)-designated cancer centers. **Effective January 1, 2023**, Medicaid Managed Care (MMC) Plans, including mainstream MMC Plans, Human Immunodeficiency Virus-Special Needs Plans (HIV-SNPs), and Health and Recovery Plans (HARPs), will be required to contract with willing NCI-designated cancer centers in their service areas. A list of NYS cancer centers can be found on the NCI "Find a Cancer Center" web page by utilizing the "Find Cancer Centers listed by state" feature.

Providers should contact the MMC enrollees' health plan for a list of the NCI-designated cancer centers in the health plan's network.

Questions and Additional Information:

- MMC enrollment, reimbursement, billing and/or documentation requirement questions should be directed to the enrollee's specific MMC Plan.
- MMC Plan contact information/plan directory can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information* document.

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Reminder: Medicaid Billing Rules for Family Planning and Reproductive Health Services

Providers participating in the provider network of a Medicaid Managed Care (MMC) Plan should bill family planning and reproductive health services to the relevant MMC Plan and ***not*** to Medicaid fee-for-service (FFS). All MMC Plans [including mainstream MMC Plans, Human Immunodeficiency Virus-Special Needs Plans (HIV-SNPs) and Health and Recovery Plans (HARPs)] include family planning and reproductive health services within their benefit package.

MMC Plans

MMC Plans should offer provider outreach to ensure contracted providers are aware to bill the MMC Plan for covered services provided to MMC enrollees for benefit package services, including family planning and reproductive health services.

Providers

Medicaid FFS

All providers should ensure that MMC Plans are billed for family planning and reproductive health services provided to MMC enrollees (providers must have a contract with the MMC enrollees MMC Plan in order to do so). **Please note: Effective January 1, 2019**, Fidelis Care includes family planning and reproductive health services in the benefit package for NYS Medicaid members. Previously, Medicaid FFS had provided this benefit for Fidelis Care members. **Effective January 1, 2019**, participating Fidelis Care providers should bill family planning and reproductive health services to Fidelis Care, ***not*** Medicaid FFS.

Medicaid

MMC enrollees may obtain family planning and reproductive health services from any qualified Medicaid provider. The following services provided to a MMC enrollee by an out-of-network provider should be billed to Medicaid FFS:

- birth control drugs and devices, including Intrauterine Devices (IUDs), diaphragms, and other kinds of birth control;
- emergency contraception;
- sterilization for men and women;
- pregnancy testing;
- an abortion that the patient and provider agree is needed;
- HIV and sexually transmitted disease (STD) testing, treatment, counseling; ***and***
- screenings for cancer and other related problems.

Questions and Additional Information:

- MMC enrollment, reimbursement, billing and/or documentation requirement questions should be directed to the enrollee's specific MMC Plan. Providers can refer to the eMedNY *New York State Medicaid Program Information for All Providers: Managed Care Information* document for contact information per MMC Plan.
- Medicaid FFS billing/claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

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System Requirements for Compounded Prescriptions

Effective December 22, 2022, the NYRx Pharmacy program, formerly known as the New York State (NYS) Medicaid Pharmacy program, will require a valid route of administration code for all compounded prescription claims submitted via the National Council for Prescription Drug Programs (NCPDP) D.0 format. NCPDP utilizes Systematized Nomenclature of Medicine -- Clinical Terms (SNOMED CT) terminology for the route of administration, which will be required in field 995-E2 (Route of Administration).

NYS Medicaid will further verify the compound ingredients submitted in NCPDP field 489-TE (Compound Product ID) are valid for the submitted route of administration. Claims submitted with missing or invalid data in these fields will deny with the following message:

eMedNY Edit Number/Message	NCPDP Response Code/Description
02337 – Invalid SNOMED to Route Code Mapping	**E2** – M/I Route of Administration

Questions and Additional Information:

- Questions regarding claim submission should be directed to the eMedNY Call Center at (800) 343-9000.
- Policy-related questions should be directed to the Medicaid Pharmacy Policy Department at (518) 486-3209 or NYRx@health.ny.gov.

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Mpox (formerly known as Monkeypox) Services No Longer Exempt from Medicaid Copayments

Effective October 28, 2022, in accordance with the expiration of New York State (NYS) Governor Kathy Hochul's Executive Order 20.2 titled *Continuing the Declaration of a Statewide Disaster Emergency due the Ongoing Spread of the Monkeypox Virus in the State of New York*, mpox (formerly known as the monkeypox) vaccine administration, lab testing, and initial diagnostic evaluations provided to NYS Medicaid fee-for-service (FFS) members and Medicaid Managed Care (MMC) enrollees are subject to NYS Medicaid copayments, when applicable. NYS Medicaid FFS providers should disregard billing instructions provided in the *Copayments Waived for Monkeypox Diagnostic Evaluations, Vaccine Administration, and Testing* article, published in the August 2022 issue of the *Medicaid Update*.

Questions and Additional Information:

- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers Managed Care Information* document.

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Pharmacy

Updates to Medicaid Fee-for-Service Practitioner Administered Drug Policies and Billing Guidance

On July 14, 2022, the New York State (NYS) Medicaid Drug Utilization Review (DUR) Board recommended coverage policies for several practitioner administered drugs (PADs), which resulted in a meeting summary inclusive of the recommendations and final determination by the Commissioner of Health. Providers can refer to the NYS Department of Health (DOH) "Drug Utilization Review (DUR) Board - 2022" web page for the full-July 14, 2022 meeting summary. Additionally, NYS Medicaid Pharmacy program prior authorization (PA) changes were announced during the July 14, 2022 meeting, which are outlined in the *Medicaid Pharmacy Prior Authorization Programs Update* article of the October 2022 issue *Medicaid Update*.

Effective December 29, 2022, criteria for aducanumab-avwa (Adulhelm®), botulinum toxins (Dysport®, Xeomin®, Botox®, and Myobloc®), infliximab (Remicade®) and its biosimilars, and vedolizumab (Entyvio®) are as follows:

Aducanumab-avwa (Aduhelm®)

Before initiating aducanumab-avwa (Aduhelm®), prescribers must attest that the patient has been diagnosed with mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's dementia by meeting one of the following scores:

- Clinical Dementia Rating (CDR)-Global Score of 0.5 to 1
- Mini-Mental Status Exam (MMSE) score between 24 and 30
- Montreal Cognitive Assessment (MoCA) score of at least 18

Before initiating aducanumab-avwa (Aduhelm®), prescribers must provide medical records for the following pre-treatment testing:

- genetic testing to assess apolipoprotein E ε4 carrier status, *and*
- positron emission tomography (PET) scan or cerebrospinal fluid (CSF) analysis to confirm the presence of amyloid beta deposits.

Before initiating aducanumab-avwa (Aduhelm®), prescribers must attest that the patient does not have evidence of any medical or neurological condition other than Alzheimer's disease that could be contributing to the patient's cognitive impairment.

Before initiating aducanumab-avwa (Aduhelm®), prescribers must attest that the patient does not have a history of a clotting disorder and is not taking any form of antiplatelet or anticoagulant medications other than aspirin ≤325 mg/day.

For continuation of therapy, providers must attest that the patient's score remained stable or improved, utilizing the same baseline assessment tool as outlined for initiation of therapy.

Botulinum Toxins

Step Therapy (ST) Requirements*

Indication	ST
Chronic sialorrhea**	Glycopyrrolate
Headache prevention in patients with chronic migraine	Two oral agents FDA-approved or compendia-supported for prevention of migraine
Overactive bladder	Antimuscarinic agent or beta-3-adrenoceptor agonist
Neurogenic detrusor overactivity***	Antimuscarinic agent
Urinary incontinence due to detrusor overactivity	Antimuscarinic agent or beta-3-adrenoceptor agonist

*Requires a trial of a drug to treat a condition before initiating another therapy for the same condition.
**Excludes patients with Parkinson's disease and other neurodegenerative diseases.
***Excludes patients with multiple sclerosis (MS) or spinal cord injury.

Infliximab (Remicade®), infliximab-abda (Renflexis®), infliximab-axxq (Avsola™), and infliximab-dyyb (Inflectra®)

Trial of a disease-modifying anti-rheumatic drug (DMARD) or tumor necrosis factor inhibitor (TNFi) Food and Drug Administration (FDA)-approved for self-administration prior to initiation of infliximab (Remicade®).

Vedolizumab (Entyvio®)

Trial of a DMARD or TNFi prior to initiation of vedolizumab (Entyvio®).

To view billing information for NYS Mediciad fee-for-service (FFS), practitioners and clinics, providers can refer to the *Updates to Medicaid Fee-for-Service Practitioner Administered Drug Policies and Billing Guidance* article in this month's issue.

Questions and Additional Information:

- FFS billing and claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS Pharmacy and PAD coverage policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.
- Additional information on the DUR Board is available on the NYS Department of Health (DOH) "Drug Utilization Review (DUR)" web page.
- Practitioner administered drug *Clinical Criteria Worksheets* can be found on the NYS DOH "New York State Medicaid Fee-for-Service Practitioner Administered Drug Policies and Billing Guidance" web page.
- Additional information is also available at the following websites:
  - NYS DOH "Welcome to NYRx, the Medicaid Pharmacy Program" web page
  - NYS DOH website
  - eMedNY website

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Reminder: Pharmacy Dispensing of Emergency Contraceptives

Per the *Pharmacy Reminder: Emergency Contraceptive Coverage* article published in the April 2019 issue of the *Medicaid Update*, New York State (NYS) Medicaid covers both prescription and over-the-counter (OTC) emergency contraception for members enrolled in NYRx, formerly known as the NYS Medicaid Pharmacy program, and Medicaid Managed Care (MMC) enrollees. OTC emergency contraception can be prescribed by a practitioner or dispensed without a fiscal order when requested by the member in accordance with New York Codes, Rules, and Regulations (NYCRR), Title 18, §505.3. OTC emergency contraceptive billing guidance for NYRx can be found in the *Reminder: Pharmacy Dispensing Non-Patient Specific Orders* article published in the January 2022 issue of the *Medicaid Update*.

Please note: Prescription-only emergency contraceptives [e.g., ulipristal (ella®)] may be dispensed only pursuant to a patient specific order.

A pharmacy, in compliance with NYS law and regulations, may dispense and submit a claim for emergency contraceptives when the following apply:

- a prescriber submits a prescription order for either the OTC or prescription-only emergency contraceptive; or
- a NYRx member or MMC enrollee specifically requests the OTC emergency contraceptive item on the date of service; and
- a pharmacy submits one course of therapy with no refills; and
- the drug item(s) are dispensed according to:
  - Food and Drug Administration (FDA) guidelines,
  - NYS laws, rules, and regulations, and
  - NYS Medicaid policy.

The following table illustrates the prescribing requirements of both prescription and OTC emergency contraceptive products.

National Council for Prescription Drug Programs (NCPDP) D.0. Claim Segment Field*	Prescription-Only Emergency Contraceptive		OTC Emergency Contraceptive	
	NYRx	MMC	NYRx	MMC
444-E9 (Pharmacist ID)	Not Applicable	Consult MMC	Enter Pharmacist NPI number	Consult MMC
411-DB (Prescriber ID)	Qualified Practitioner National Provider Identifier (NPI) number	Qualified Practitioner NPI number	Leave Blank or enter Qualified Practitioner NPI number	Consult MMC

Please note: Providers can refer to the *Matching Origin Codes to Correct Prescription Serial Number in Medicaid Fee-for-Service* article published in the July 2020 issue of the *Medicaid Update* for guidance on origin code and serial number values that must be submitted on NYRx claims.

Questions and Additional Information:

- NYRx claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYRx pharmacy coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to enrollee MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers Managed Care Information* document.

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Provider Directory

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

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).

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.

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:

- DOH Prescriber Education Program page
- Prescriber Education Program in partnership with SUNY

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 eMedNY's Provider Enrollment page 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.

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