



**Department
of Health**

**Office of
Health Insurance
Programs**

Medicaid Managed Care Network Providers & Medicaid Provider Enrollment

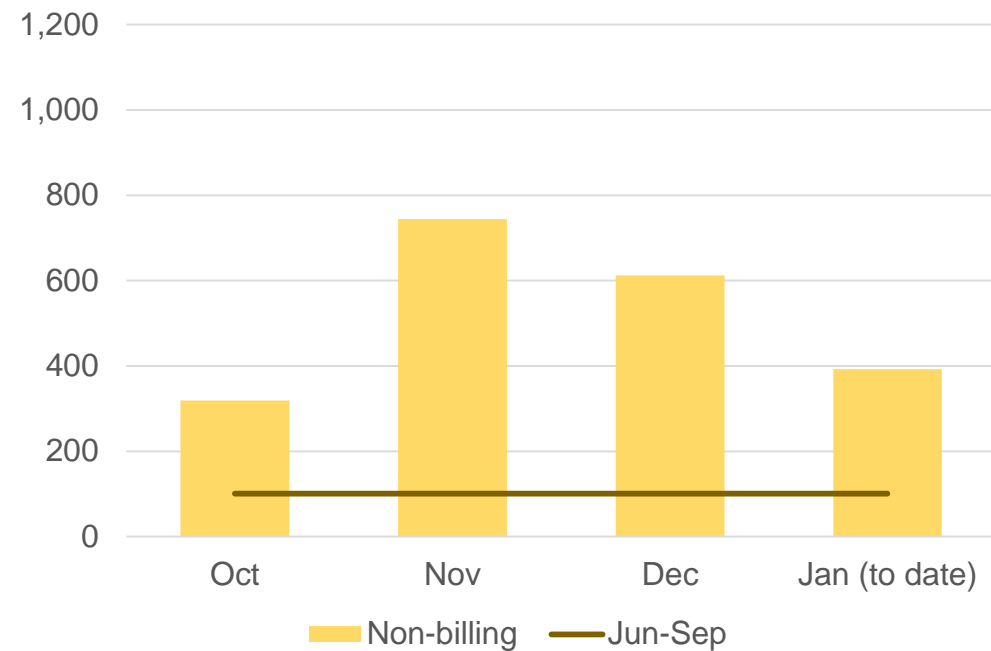
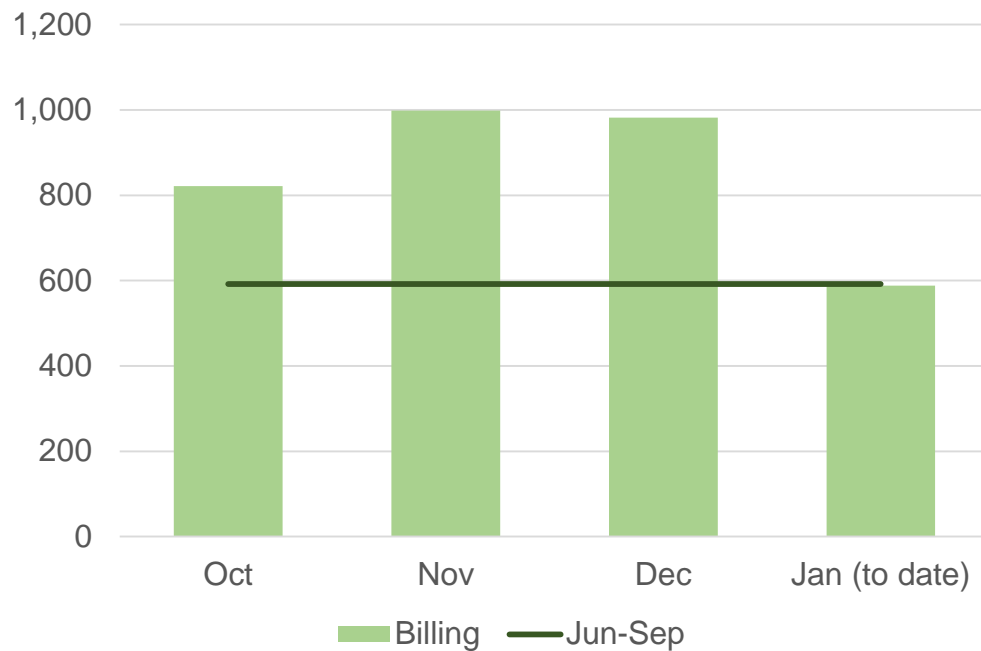
January 25, 2018



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Enrollments

Average Number of New Applications Received Weekly



- Currently there are 10,000 new applications pending DOH decision including those awaiting additional information from the provider

Enrollments (cont'd)



- On January 11, 2018, an updated *Medicaid FFS Active Provider Listing* as well as a *Medicaid FFS Pending Provider Listing* was emailed to MCOs
- MCOs should be utilizing these two lists to identify their network providers who are not enrolled or have an application pending
- The updated *Medicaid FFS Active Provider Listing* has been posted on Health Data NY at:
<https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/keti-qx5t>
- The *Medicaid FFS Pending Provider Listing* will be added to eMedNY in the near future

Enrollment Effective Date

- **Practitioners and out-of-state licensed facilities:**

- The effective date is backdated 90 days prior to receipt of application for enrollment as long as during such period, the provider is licensed, and if required enrolled in Medicare. This allows claims payment for services provided in fee for service in accordance with the Medicaid's 90 day claim submission regulation.

- *Example: A physician who is licensed as of January 1, 2018, and whose enrollment was received on April 1, 2018, will have an enrollment effective date of January 1, 2018.*

- **In-state licensed facilities:**

- The effective date is backdated to the license begin date or licensing agency approval date.

- **For groups and businesses:**

- The enrollment effective date is the date the application is received. This may be, on a case by case basis, backdated for reasons such as ownership change effective dates and claims payment.

MCO-Provider Contract Amendment

- Pursuant to a 21st Century Cures Act Section 5005, no later than 7/1/2018, MCOs must amend contracts with providers to include a provision that requires providers to enroll with the State's Medicaid program. If, however the providers fail to enroll, such providers shall be terminated from participating as a provider in any network of the MCO that serves individuals eligible to receive Medicaid and CHP.
- The Department suggests that this amendment can be done via notice as a unilateral amendment because the Standard Clauses include a provision that requires all parties to comply with all applicable Federal and State laws, rules and regulations.

Notice of Amendment

- The notice of amendment should include an opt out provision allowing the provider who does not want to be bound by this provision an opportunity to terminate the contract.
 - If provider chooses to opt out, the provider is terminating the contract. Therefore, no further notice of termination or hearing rights need to be provided by the MCO to the provider.
 - For this type of termination, no transitional care is required. However, providers who choose to opt out should follow the applicable licensure laws regarding the transfer of patient care to another provider.

Amendment Language

- The Department suggests the following amendment language:
 - The provider furnishing items and services to, or ordering, prescribing, referring, or certifying eligibility for, services for individuals eligible to receive Medicaid and CHP agrees to enroll in the NYS Medicaid Program by completing and filing the designated enrollment application and providing the required information necessary for enrollment. In the event a provider is terminated from, not accepted to, or fails to submit a designated enrollment application to, the NYS Medicaid Program, provider shall be terminated from participating as a provider in any network of the MCO that serves individuals eligible to receive Medicaid or CHP.
- If a provider did not exercise the right to opt out and, therefore, accepted the amendment but the provider failed to enroll in the NYS Medicaid program subsequent to 7/1/2018 contract amendment deadline, MCOs shall initiate termination. MCOs shall send a notice of termination to such non-enrolled providers pursuant to the requirements of PHL 4406-d (2). Transitional care required in PHL 4403 (6) (e) (1) will apply.

Terminations

- CMS has advised States that it does not recommend termination of providers who did not enroll as of January 1, 2018, given that it would cause access to care issues.
- At this time, MCOs **should not be initiating terminations** relating to failure to enroll in Medicaid.
- MCOs should be taking the following steps now:
 - ✓ Send out provider contract amendment
 - ✓ Check enrollment and pending enrollment data to track compliance
 - ✓ Identify and reach out to providers who have not complied
- The Department will be providing further guidance and recommendations regarding additional compliance measures MCOs may utilize prior to termination.

Pharmacy/Prescriber FAQs

- FAQs are in the process of being finalized and will be posted in the near future at: <https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>
- MCO Network Pharmacy/Prescriber Enrollment into FFS Medicaid Webinar
 - A webinar is tentatively scheduled for the afternoon of February 14th. MCOs will receive a meeting invite once the date has been finalized.

Timeline



Are there any questions?



- FAQs are available, along with other resources, at:
<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

Or contact us:

- Mainstream, HARP and HIV-SNP: for general managed care questions, the MCO Outreach Survey, and the active list of Medicaid FFS providers, email the Bureau of Managed Care Fiscal Oversight at bmcfhhelp@health.ny.gov
- Managed Long Term Care: for general managed care questions, email MLTC.Compliance.Reporting@health.ny.gov
- For general provider enrollment questions, email the Bureau of Provider Enrollment at providerenrollment@health.ny.gov
- eMedNY Call Center: (800) 343-9000