



**Department
of Health**

Enrollment of Medicaid Managed Care and Children's Health Insurance Program Providers

**Section 5005(b)(2)
21st Century Cures Act**

Bureau of Provider Enrollment
Bureau of Managed Care Certification and Surveillance
Division of Health Plan Contracting and Oversight

February 24, 2020

Agenda

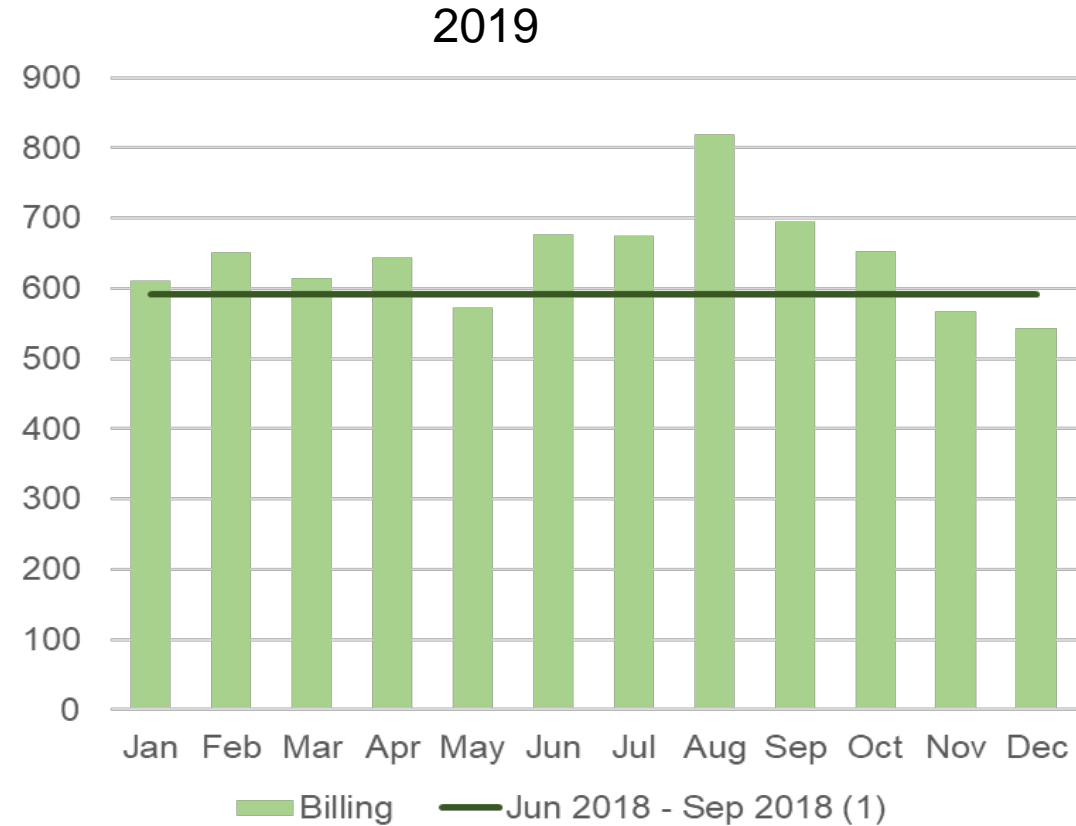
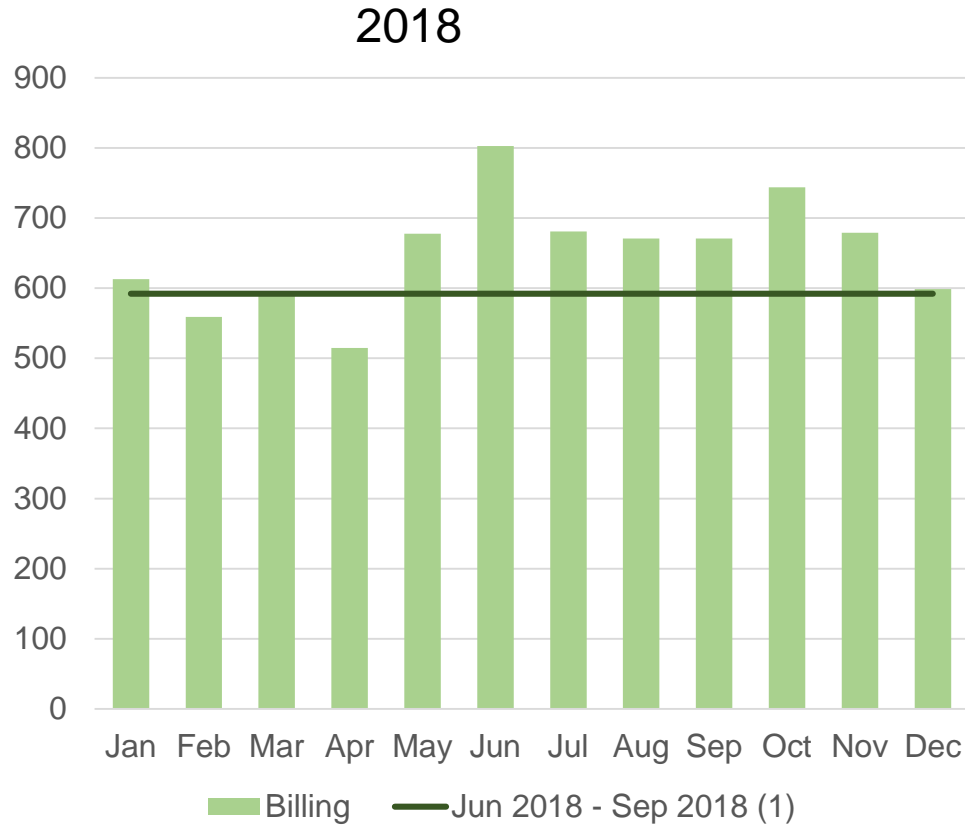


- Provider Enrollment Update
- Cures Act Implementation Status
- Ancillary Provider MMIS PNDS Edit
- Reminder: Pending Enrollment List added to PNDS Edit
- Reminder: Ongoing Monitoring
- PNDS and Panel Reporting
- Resources

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Provider Enrollment Update

Average Number of New Applications for Billing Providers by Year

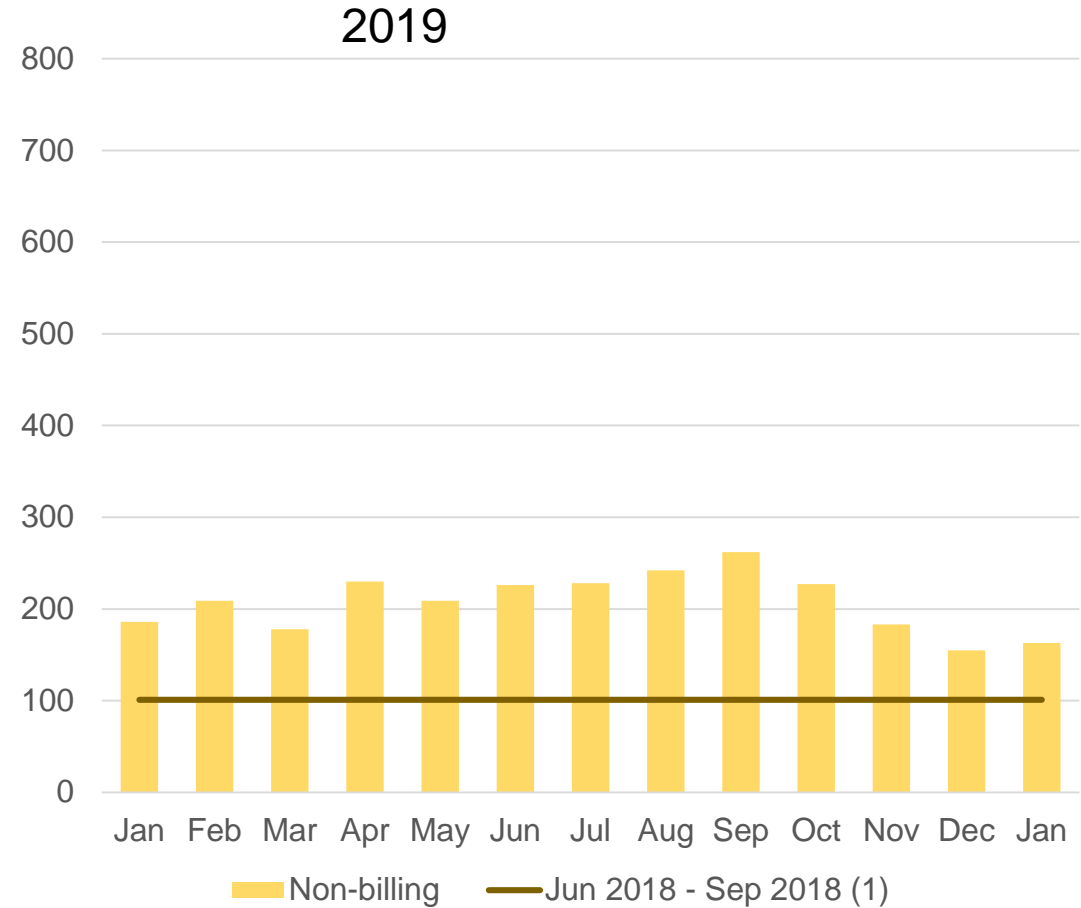
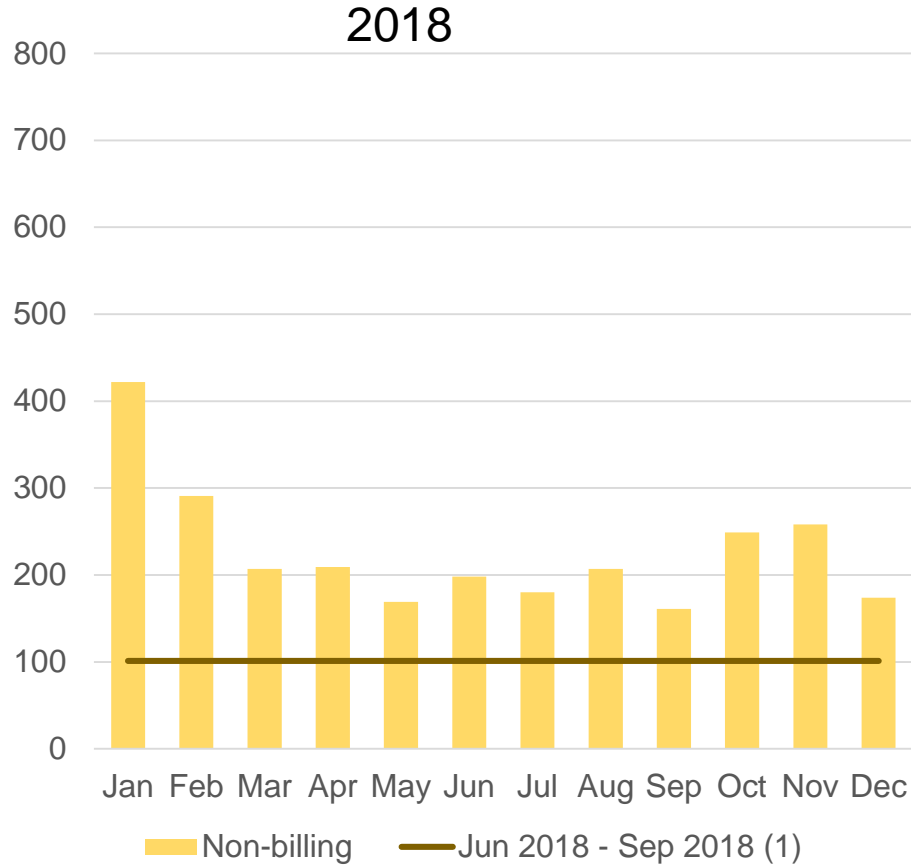


(1) Four month average prior to commencement of Section 5005(b)(2)

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Provider Enrollment Update (cont'd)

Average Number of New Applications for Non-Billing Providers by Year



(1) Four month average prior to commencement of Section 5005(b)(2)

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Century Cures Act Implementation Status

The 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program providers to enroll in state Medicaid programs. To comply DOH has employed following:

- The MMIS/MEDS system edit in the PNDS, that checks whether an active MMIS ID exists for a network provider, was employed in January 2019 to allow plans to identify which practitioners have not yet enrolled in Medicaid fee-for-service. This edit was applied only to Provider (Practitioner) files in the network submission.
- Beginning with the 4th Quarter 2019 PNDS network submission, the MMIS/MEDS system edit was expanded and used to also identify Ancillary providers (all other non practitioner Categories of Services) who have not yet enrolled in Medicaid.

Ancillary Providers MMIS PNDS Edit

- A preliminary review of the Ancillary providers who have not enrolled in Medicaid FFS yields the following information from the 4th Quarter PNDS submission across MCOs.
 - The highest ancillary provider types not enrolled or pending enrollment:
 - Pharmacy
 - Durable Medical Equipment
 - Laboratories
 - Transportation

Ancillary Providers MMIS PNDS Edit (cont'd)

- The MMIS/MEDS system edit produces ‘soft’ errors. At this time, these errors **will not** cause a file to be rejected by the PNDS system. These errors will be applied to both the Provider File and the Ancillary File of the MCO quarterly network submission.
 - These errors can be located in the PNDS submission by clicking on the “Submission Status” tab -> “View Errors” tab, under MMIS/MEDS check.
 - Two types of PNDS MMIS/MEDS check errors are identified. Part A errors and Part B errors.
 - Managed Care Organizations (MCO) will have to export the “error data details” to CSV to filter for each type of error.
- MCOs are required to terminate all providers who appear as a Part A error and are not pending enrollment with Medicaid FFS

Ancillary Providers MMIS PNDS Edit (cont'd)

- If termination of Ancillary providers will result in a network adequacy issue, MCOs should contact Maureen Schips or Meredith Walker for a disruption workbook. This workbook must be completed by the MCO identifying any ancillary provider that cannot be terminated due to network adequacy issues.
- The workbook includes columns that MCOs must complete. To provide information regarding the reason for not terminating an ancillary provider, please complete all columns including:
 - Reason for the MCO's access to care identification
 - Number of members affected if provider is terminated from the network
 - Number of members provider has seen in the past year

	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
1	name	address	city	state	zip	CountyFIPS	CountySSA	CountyName	Latitude	Longitude	GeolInfo	mmis	pnds_spec_primary_desc	pnds_spec_secondary_desc	Reason for access to care identification	Number of members affected if provider is terminated from the network	Number of members provider has seen in the past year	
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Reminder: Pending Enrollment List added to PNDS Edit

- Beginning with the 1st Quarter 2020 network submission to the PNDS MMIS/MEDS system edit will include both enrollment lists:
 - Medicaid Active Provider Listing
 - Medicaid Pending Provider Listing
- Both lists can be accessed at this link:
 - <https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

Reminder: Ongoing Monitoring

DOH will continue to monitor MCO networks on a quarterly basis for compliance with enrollment requirements pursuant to the 21st Century Cures Act. Beginning with the 4th Quarter 2019 network submission this will include both providers and ancillary providers.

- MCOs should, prior to submitting their networks, check Active and Pended provider enrollment lists.
- DOH will, as part of the quarterly sanctioned provider reports, include a listing of non-enrolled network providers or ancillary providers each MCO will be required to terminate.
- Failure to comply with the network enrollment requirements may result in the Department pursuing regulatory action against MCOs.
- MCOs must ensure that during initial credentialing of providers new to the network, the Active and Pending Enrollment files are checked to verify enrollment in FFS Medicaid. Pended providers should be allowed provisional credentialing for 120 days while DOH makes its enrollment decision.



**Department
of Health**

Provider Network Data System (PNDS) and Panel Reporting

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Reminder about PNDS and Panel Submissions

Medicaid Model Contract (section 18.5)

viii) **Participating Provider Network Reports:** *“The Contractor shall submit electronically...an updated provider network report on a quarterly basis.”*

(similar language exists in the MLTC, MAP, PACE, and MA model contracts)

xiv) **Enrollee Primary Care Provider Assignment Reports:** *“The Contractor shall submit electronically...an updated Enrollee primary care provider assignment report on a quarterly basis... The report submission must comply with the Panel Size Data Dictionary”*

(not applicable to MLTC plans)

Reminder about PNDS and Panel Submissions

- Provider Network Data System (PNDS) and Panel Data submissions are required at least quarterly from MMC plans. PNDS submissions are required at least quarterly by MLTC, MAP, PACE, and MA plans.
- Failure to submit complete and accurate data to the Department by specified due dates can result in a Statement of Failure (SOF)/Statement of Deficiency (SOD).
- Submissions are required per the Medicaid, MLTC, MAP, PACE, and MA Model Contracts.

Reminder about Panel Completeness

- Panel data submissions include fields for provider FEIN and state code, and member's auto-assignment code. In reviewing submitted data, NYS DOH routinely finds these fields to have a high volume of “dummy-filled” coding (e.g. 9-filled).
- Please review your internal process for creating the panel submission to ensure that you are accurately capturing data to populate these fields.
- If your internal system does not capture this information, please attempt to begin storing and reporting this information.
- The system will likely impose a passing rate on these fields in the future. A high volume of dummy-filled coding could lead to file rejection.

PNDS Dictionary V10

- A new version (V10) of the PNDS dictionary will be sent to plans this winter, and will become effective on August 1, 2020.
- Plans should review all changes and direct any comments to pnds@health.ny.gov
- Among other changes, the PNDS system will begin updating plan-submitted facility names and addresses to match information in the Health Facilities Information System (HFIS) based on PFI and Operating Certificate Number. The updated site names and addresses will be used for network adequacy review and promoted to the [NYS Health Plan & Provider Look-Up](#).

Questions related to PNDS or Panel Reporting should be sent to the email addresses below:

For PNDS questions, contact:

pnds@health.ny.gov

For Panel questions, contact:

panel@health.ny.gov

Are there any questions?

FAQs, links to active and pended lists, along with other supporting documents can be found at: <https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

- 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
- PNDS help: pnds@health.ny.gov
- To subscribe to the Pharmacy Policy listserv, e-mail RPhContact-L@listserv.health.state.ny.us
- eMedNY Call Center: (800) 343-9000
- Questions related to CDPAP should be directed to the following mailbox for a response ConsumerDirected@health.ny.gov

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