



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Medicaid Managed Care Network Providers & Medicaid Provider Enrollment**

December 20, 2017



- MCO outreach efforts
- Enrollments
- Terminations
- Questions

# MCO Outreach Efforts

- Based on survey responses, all Medicaid Mainstream & Long Term Care MCO's have now been approved to resume with provider enrollment outreach

# Enrollments

- Over the past two months, the average number of new applications received weekly have increased by:
  - 81% - Billing
  - 555% - Non-billing (OPRA)
- Currently there are 14,000 enrollments/maintenance transactions pending DOH decision including those awaiting additional information from the provider
- Applications will continue to be accepted after January 1<sup>st</sup>



# Enrollments (cont'd)

- On December 18, 2017, an updated list of active Medicaid FFS providers as well as a list of pending enrollments was shared with MCOs. In addition,
  - Practitioners can verify if they are enrolled by using the enrolled practitioners search function found on <https://www.emedny.org/info/opra.aspx>
  - Business, Group Practice and Institutional providers can verify their enrollment by calling CSRA's eMedNY Call Center at (800) 343-9000
- Health plans should be utilizing the list of pending enrollments, along with the active Medicaid FFS listing, to identify their network providers that are not currently enrolled or pending enrollment

# Enrollments (cont'd)



- Applications were due by December 1, 2017
- New enrollment applications can take up to 90 days to process, after receipt of all necessary documentation
- If Medicare enrollment is required, an additional 30 days is allowed for processing whereby provider would have 120 days to enroll
- Providers must respond to requests for additional information immediately as applications are systematically withdrawn either at 90 or 120 days depending on whether Medicare enrollment is required
- Starting in April 2018, providers not actively enrolled in NY Medicaid will need to be terminated from the MCO's Medicaid (Mainstream and LTC) Managed Care and Children's Health Insurance Program provider networks

# Terminations

- In accordance with *New York State Department of Health Provider Contract Guidelines for Article 44 MCOs, IPAs, and ACOs*; MCOs and IPAs must terminate agreements with network providers if so directed by DOH effective 60 days subsequent to such notification from DOH. See *Section VI.A.2 and Standard Clauses B.2*.
- Pursuant to PHL 4406-d(2), MCOs shall provide health care professionals, whom are intended to be terminated, with 60 days prior written notice of termination. Such notice shall contain an explanation of the reasons for the contract termination and the right to request a hearing or review.
- The health care professional must be given at least 30 days to request the hearing. The hearing must be held within 30 days of such request.

# Terminations (cont'd)

- Pursuant to the model contract, MCOs are required (for IPA, institutional providers or medical group serving 5% or more of the enrolled population in a LDSS) to provide DOH with impact analysis of the termination or non-renewal of provider contracts with regards to impact on the enrollees access to care.
- Members undergoing care by such provider, who is intended to be terminated, should be notified no less that 30 days prior to termination and such member notices should be forwarded to DOH, to the extent practicable, for review and approval 45 days prior to termination.
- Pursuant to PHL 4403 (6)(e), (regardless if impact analysis is required or not) under certain circumstances, transitional care may be available to enrollee's undergoing care and treatment from providers being terminated



# 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](mailto:bmcfhhelp@health.ny.gov)
- Managed Long Term Care: for general managed care questions, email [MLTC.Compliance.Reporting@health.ny.gov](mailto:MLTC.Compliance.Reporting@health.ny.gov)
- For general provider enrollment questions, email the Bureau of Provider Enrollment at [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov)
- eMedNY Call Center: (800) 343-9000