



Pharmacy

NYS Medicaid Ordering/Prescribing/Referring/Attending (OPRA) Provider Enrollment Impact on Pharmacy Claims

In this Newsletter:

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NYS Medicaid Ordering/Prescribing/Referring/Attending (OPRA) Provider Enrollment Impact on Pharmacy Claims

As has been reported in previous Medicaid Updates (April 2011 and June 2012), provisions of the Affordable Care Act (ACA) require prescribers to be enrolled in state Medicaid programs to be eligible to order or refer services reimbursed by the fee-for-service (FFS) Medicaid program. This means that any practitioner not currently enrolled in NYS Medicaid must do so to continue to order or refer services for FFS beneficiaries.

Effective October 2013, prescriptions written by prescribers that are not enrolled in NYS FFS Medicaid will deny at the point-of-service. Failure to enroll will impact your patients' ability to obtain their medications.

The Department has identified non-enrolled prescribers with high volumes of prescriptions for FFS beneficiaries. Staff members are proactively reaching out to those prescribers in an effort to facilitate enrollment in an effort to ensure that patient care is not disrupted.

Non-enrolled providers should visit the eMedNY website at:

<https://www.emedny.org/info/ProviderEnrollment/index.aspx>

*Scroll to the bottom of the page and click on the specific provider type to begin the enrollment process.

OPRA Pharmacy-Related Frequently Asked Questions

1. Why do non-billing physicians and healthcare professionals need to enroll in the NYS Medicaid program?

The Affordable Care Act and subsequent federal regulations (42CFR 455.410) include provisions requiring additional screening of Medicaid providers to improve the integrity of

the Medicaid program and to reduce fraud, waste and abuse.

2. What professions must enroll in fee for service Medicaid?

Physicians and other healthcare professionals ordering/referring services provided under the state plan or under a waiver of the state plan must enroll in Medicaid. The order or referral must be within the professional's scope of practice and comply with program rules regarding ordering/referrals

3. Do the ordering/referring requirements apply to prescriptions and pharmacy claims?

Yes, the prescriber listed on the fee for service drug claim must be enrolled in NYS Medicaid.

4. Do out of state ordering/referring professionals need to be enrolled in NYS Medicaid?

Yes, out of state professionals ordering/referring for services paid by fee for service Medicaid must enroll.

5. What messaging will the Pharmacist receive, via NCPDP transaction, if the prescriber is not enrolled?

Pharmacies will receive a Reject Code of "56"- (Non matched Prescriber ID) in NCPDP field number 511-FB.

6. Can a pharmacist override a rejected transaction if the prescriber is not enrolled?

No.

7. What should a pharmacist do once a transaction is rejected?

Pharmacists can either contact the prescriber or return the prescription to the member to contact the prescriber.

8. I have an order or prescription from a healthcare professional. How do I know if he/she is enrolled in NYS Medicaid?

Refer to the search tool available at
<https://www.emedny.org/info/opra.aspx>

9. What should a patient do if they are told their prescriber is not enrolled in Medicaid and therefore their prescription is not covered?

Members should contact their prescriber.

10. How does a prescriber enroll as ordering/referring?

Visit the eMedNY website:
<https://www.emedny.org/info/ProviderEnrollment/index.aspx>
and click on the provider type's Provider Enrollment page for the OPRA form. Be sure to complete all required fields, answer all questions and provide all required documentation. For assistance with enrollment application questions, call CSC at (800) 343-9000.

11. Does this requirement apply to managed care providers?

The ordering/referring enrollment requirement does not apply to services paid through a Medicaid managed care plan. However, if the service is carved out of the plan benefit package and is paid fee for service, the requirement applies.

12. When must the attending professional be enrolled (institutional claims)?

The attending professional must be enrolled if the Referring NPI field is blank on the institutional (837I) claim. This is because the Attending NPI is considered the ordering/referring provider in the absence of a Referring NPI.

13. In a clinic there are nurses and other health professionals that support the physician; do these professionals need to enroll as ordering/referring providers?

In medical clinics, nurses and health professional support staff are not typically ordering or referring services, so they would likely not need to enroll as ordering/referring professionals. Note that if these staff are reported in the Attending NPI field

on the clinic claim, the medical practitioner who is responsible for ordering/referring should be reported in the Referring NPI field.

14. What is the time frame for compliance?

Providers should be reporting ordering/referring professionals on claims now. It is expected that enforcement of the enrollment requirement in claims processing will begin in October 2013.

15. What is the turn-around time for the expedited enrollment process?

Most enrollments are processed within 30 days of receipt of a completed application.

16. Can the Medicaid enrollment be back dated?

After receiving their enrollment approval letter, the provider may request retroactive enrollment by contacting the Bureau of Provider Enrollment at ffspe@health.state.ny.us.

17. Do the Medicaid numbers expire since they are not being used – how often, what is the reactivation process?

The Medicaid enrollment will not be automatically terminated for non-billing. However, providers will have to revalidate their enrollment periodically.

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