



Reminder: Pharmacy Providers Regarding Member Out-of-Pocket Costs

This communication serves as a reminder to all pharmacies of their responsibility for continued enrollment, to adhere to the policies and procedures of the NY Medicaid Program. Specifically, that it is inappropriate to allow an eligible member to pay out-of-pocket for services that are covered by NY Medicaid (NYRx) beyond copay.

Please be advised that out of pocket expenses are only reimbursable by Medicaid for Medicaid covered services when one of these three situations applies:

- Reimbursement can be made for both participating and non-participating Medicaid Providers during the three-month retro period up until they submit the application.
- Reimbursement can be made for only Medicaid participating Providers from the date the application is submitted up until they receive the CBIC card.
- Reimbursement can be made for both participating and non-participating Medicaid Providers due to agency error or delay.

If there is an *eligibility issue* that is corrected in a timely manner, pharmacists should resubmit the claim when the issue is resolved and reimburse the member directly if the member paid out of pocket.

There is support available to pharmacists to assist with claim issues. The topics that pharmacists frequently encounter is outlined below with additional resources so the pharmacist can aid in the resolution of the claim rejection.

Medication requires a Prior Authorization (PA)

Pharmacists should work with the prescriber when a PA is required. The pharmacist should ensure they have reviewed the claim and have determined any adjustment necessary was made prior to contacting the prescriber. Examples include, the Brand Less Than Generic Program (BLTG), if the *brand* was billed instead of the generic the PA would not be required; or excessive quantity or refills, the pharmacist should submit the claim for less.

Pharmacists and prescribers should review the Preferred Drug List (PDL), located at: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf. Preferred products generally do not require prior authorization (PA) when prescribed according to FDA labeling and specific clinical criteria, frequency/quantity/duration, dose optimization, step therapy, or the Brand Less Than Generic Program. The prior authorization Clinical Call Center at 1-877-309-9493 is available 24 hours per day, 7 days per week to prescribers. Most PAs are made at the time of the prescriber call or within 24 hours by fax. In emergency situations, when the member does not have supply, that without immediate medical attention could reasonably be expected to result in harm to the member's health, and where the prescriber is unavailable to obtain PA, the pharmacist may call the Clinical Call Center to request a 72-hour emergency PA.

Reimbursement is not available to members when they choose to pay for a medication instead of waiting for PA.

Claim submission issues/edits

Pharmacists should utilize the following resources to resolve a rejected claim.

- Top Edit Resource: https://www.emedny.org/nyrx/Top_Edit_Resource.pdf
- The Pharmacy Manual: <https://www.emedny.org/ProviderManuals/Pharmacy/>
- Provider Communications in eMedNY: <https://www.emedny.org/ProviderManuals/Pharmacy/communications.aspx>
- ProDUR-ECCA D.0 Provider manuals that contain useful information for billing is found here: <https://www.emedny.org/ProviderManuals/Pharmacy/>.
- Pharmacists should contact the eMedNY call center for billing assistance at (800) 343-9000.

Some examples include:

- Pharmacists presented with a prescription for an **unlicensed non-enrolled physician** should review the guidance titled, *Important Communication: Exception to Medicaid Provider Enrollment for Unlicensed Interns, Residents & Foreign Physicians in Training Programs* found on the Provider Communication page found here: <https://www.emedny.org/ProviderManuals/Pharmacy/communications.aspx>. Pharmacists may also use the Enrolled Practitioner Search to identify an *enrolled* provider here: <https://www.emedny.org/info/opra.aspx>.
- Pharmacists that encounter **coordination of benefit** billing issues may want to read the article titled, *Update on Coordination of Benefits Submissions for Medicaid Fee-for-Service Pharmacy Billing* in the October 2022 *Medicaid Update* found here: https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no12_0ct22_pr.pdf.

Under no circumstances should the member be asked to pay out of pocket because the pharmacist is having claim submission issues as noted above. Reimbursement is not available to members when they pay for a medication instead of waiting for the pharmacist to obtain a paid claim for a covered service.

Out of state medication access

Members must use a NY Medicaid enrolled provider for services provided in or out of state. Members may use the <https://member.emedny.org/> site to find a pharmacy closest to them and call ahead to ensure the pharmacy is able to provide the services they need. Not all enrolled pharmacies are community based and they also may not carry a full line of medications. Reimbursement is not available to members when they choose to use a non-participating pharmacy or prescriber outside the three situations stated above.

<https://www.emedny.org/info/opra.aspx>

Questions regarding this communication may be directed to NYRx@health.ny.gov.