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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
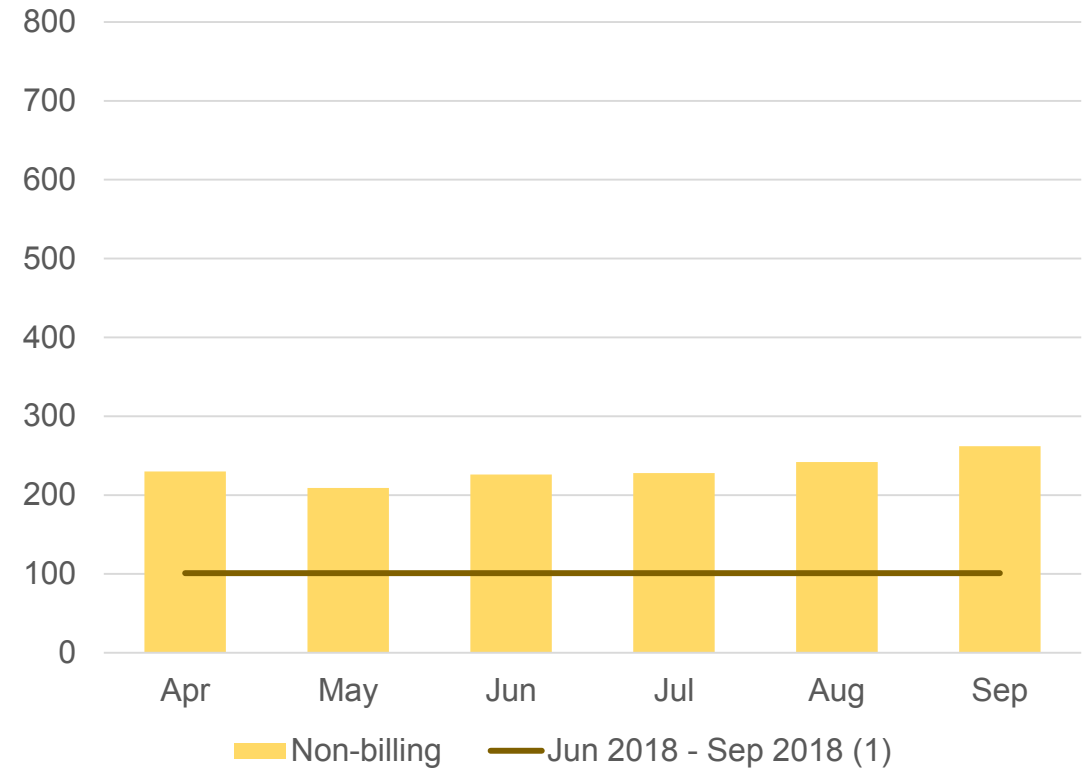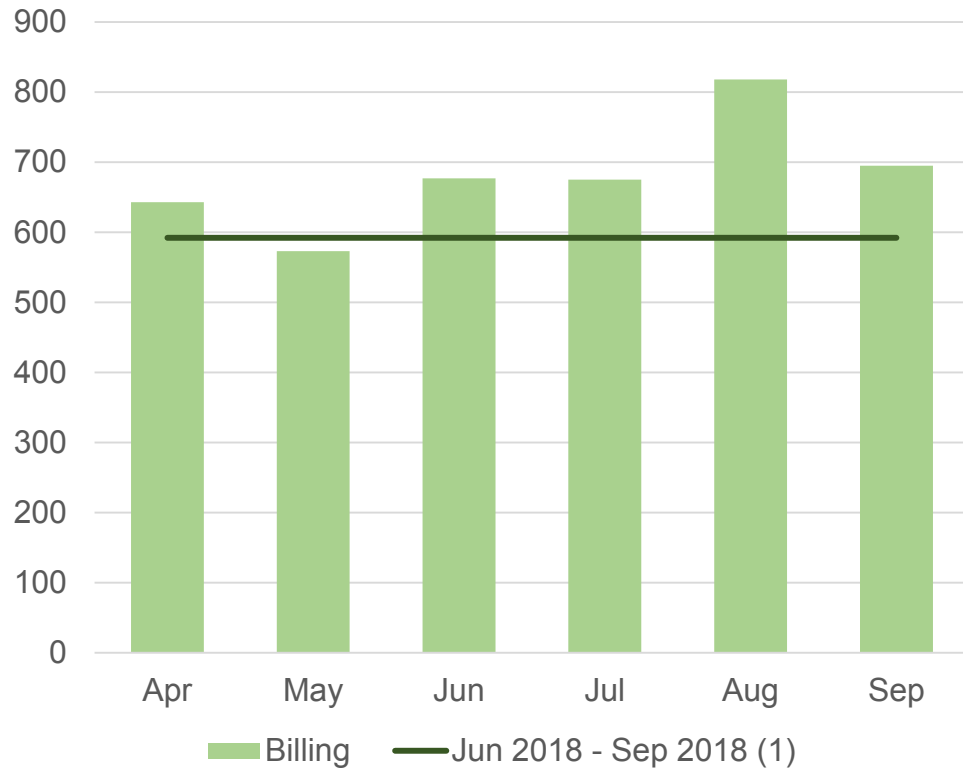
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- Provider Enrollment Update
- Pended & Active Provider files
- Recap MCO Access Analysis
- Provider Termination Process
- Disruption Process
- Ongoing Monitoring
- Resources

Provider Enrollment Update

Average Number of New Applications Received Weekly

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

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Pended Provider Listing

➢ Updated Weekly.

➢ Available in both excel and text file formats.

➢ A new status added: "Provider Credentialed: Awaiting Rates".

- Identify providers that have a processed application and are now waiting for rates to be added to their file.

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Medicaid FFS Provider Dataset

❑Section 5006 of the 21st Century Cures Act requires state Medicaid agencies to publish a Medicaid fee for service (FFS) provider directory.

❑Several changes made.   https://Health.data.ny.gov

❑The dataset will enable Medicaid and CHP Managed Care plans to confirm Medicaid FFS provider enrollment, a requirement under federal law.

❑It will allow consumers with Medicaid FFS coverage to search for new providers in their city or county.

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Changes made to FFS Dataset:

New Name!!

The dataset name has been changed to *"Medicaid Enrolled Provider Listing"* and includes:

- Fee for Service (FFS) providers;

- Managed Care Only (MCO) providers, and;

- Ordering, Prescribing, Referring and Attending (OPRA) providers.

Now updated on a weekly basis.

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User Friendly Terminology:

- MMISID :

- MMIS NAME:

- Updated file date:

- "Medicaid Provider ID"

- "Provider or Facility Name"

- "File Date"

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New Data Elements:

- Medicaid type
- provider specialty
- service address
- city
- zip code
- telephone number
- latitude
- longitude
- enrollment begin date
- next anticipated revalidation date

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Recap

Over the Summer, the Department reviewed and verified listings of non-enrolled providers identified by Managed Care Organizations (MCOs) and made recommendations as to:

- Terminating providers who were not enrolled or who were not pending enrollment in Medicaid FFS.
  - *Please refer to the webinar held in June 2019 regarding how to terminate non- enrolled network providers* https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/Century_Cures_Act_Update_-_6-18-2019.pdf

- Pending termination of the subset of providers which the MCOs identified as creating potential access to care issues if terminated.

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MCO Access Analysis

- DOH summarized access to care issues reported by MCOs as follows:
  - DOH consolidated and analyzed the providers that the MCOs identified as causing access to care issues for members.
  - The result of the analysis indicates that the majority of the providers identified as creating access to care issues are located in counties that currently have robust networks.

Access Issue Counts by County

Access Issue by Specialty
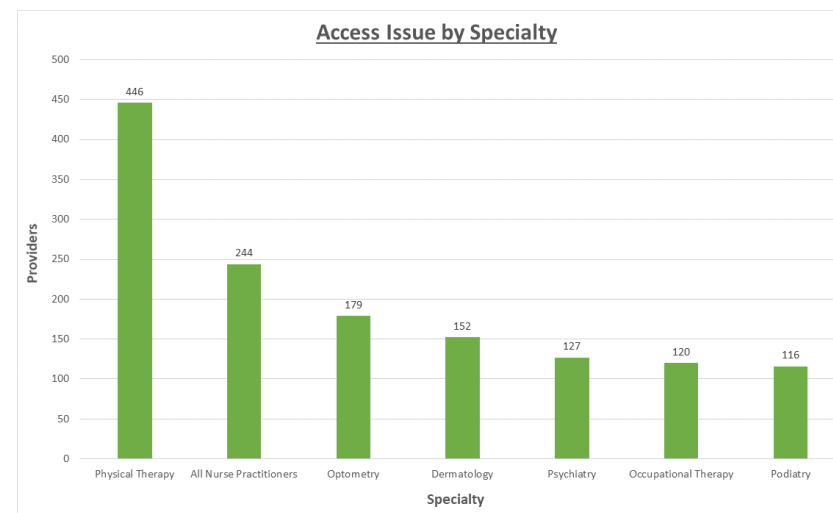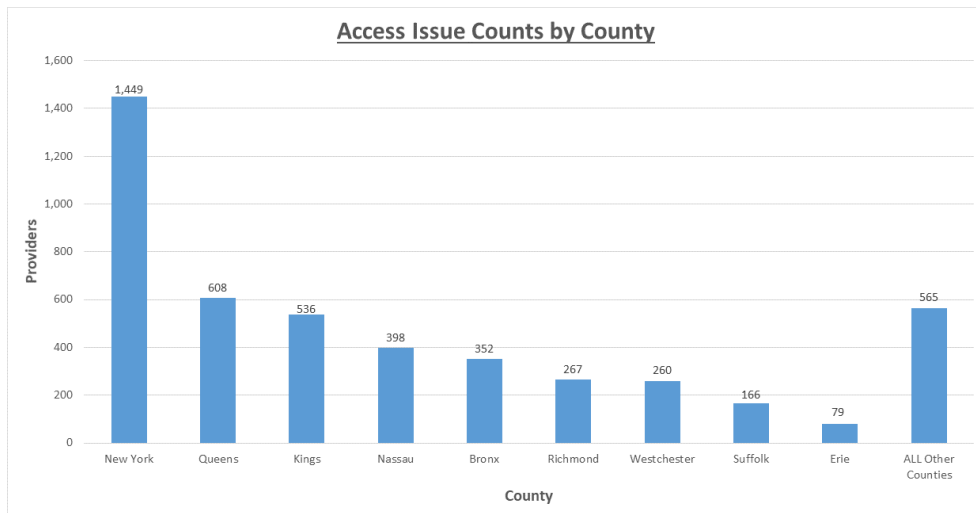
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Next Steps for MCOs

- On or before November 1, 2019, MCOs who identified access to care providers in their May 2019 analysis will receive a workbook.

- The workbook will include the MCO's identified access to care providers who continue to be not enrolled or not pending enrollment on the most recently published Active and Pending Provider lists (October 28, 2019).

- MCOs are directed to:
    - Terminate all providers listed; or
    - Complete the disruption section of the workbook, if terminating the provider will impact network adequacy

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Provider Termination Process

- MCOs must terminate providers by following termination procedures explained in June 2019 webinar
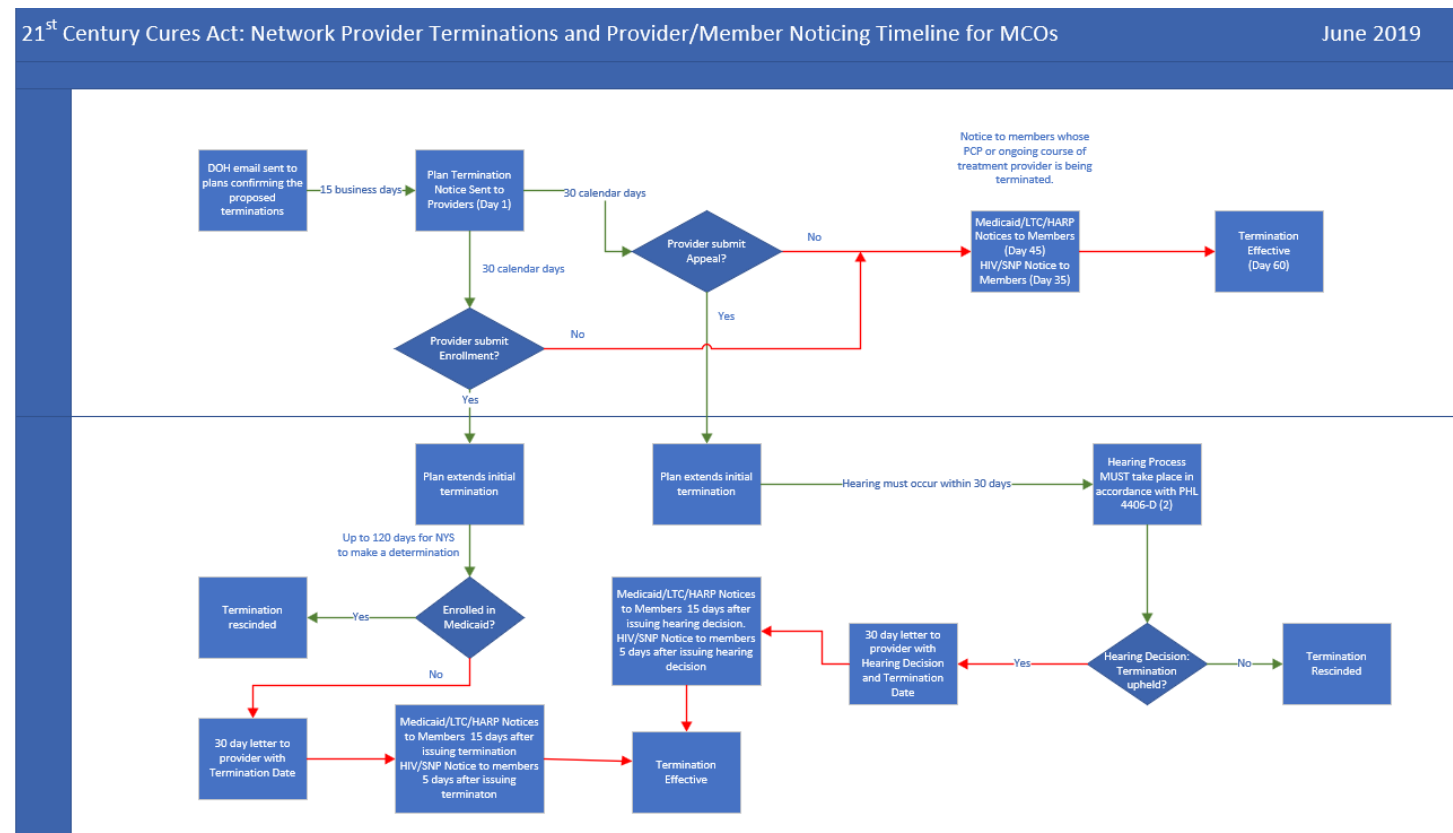
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Disruption Analysis

- MCOs must fill out a disruption analysis for each provider in the workbook, if terminating the provider would create a network adequacy issue.

- Workbooks must be returned to DOH by November 18, 2019.

- The workbook will include additional columns that MCOs will need to complete. The column headers will read:
    - Reason for the MCO's access to care identification;
    - Number of members affected if provider is terminated from the network; and
    - Number of members provider has seen in the past year

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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.

- MCOs should, prior to submitting their networks, check Active and Pended provider enrollment lists.

- DOH will include as part of the quarterly sanctioned provider reports a listing of non- enrolled network providers each MCO will be required to terminate.

- Failure to comply with the network enrollment requirements may result in regulatory action against MCOs.

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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 bmcfhelp@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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