



Department  
of Health

# Investing in Medically Fragile Children:



**Information for Providers - Private Duty Nursing  
(PDN) Fee Enhancement and Provider Directory**

September 2020

# Purpose of Today's Meeting

- New Fee Enhancements for PDNs
- PDN Directory
- Benefits of Participation
- How To Enroll

# MRT II: Private Duty Nursing Changes

- Increase PDN fees for medically fragile children enrolled in fee-for-service Medicaid
- Create a Private Duty Nursing Directory for medically fragile children
- Move the responsibility for PDN fees to the Department of Health
- Effective October 1, 2020

## MRT II - Fee Enhancements

- Create Upstate/Downstate Regional Fees
- Department will determine fees
- 30% Medical Fragile Training and Experience enhancement (current) would be extended to members up to 23 years of age.
- **New Directory participants will receive a 45% increase (over 3 years) to PDN fees for members up to 23 years of age**

## MRT II - Medically Fragile Children's PDN Program

- Two Components – Training and Experience Enhancement AND PDN Provider Directory
  - Providers can choose to enroll in one or both components
- Re-enrollment into each program component is required during the routine Provider Enrollment Revalidation Process
- Eligible providers:
  - Licensed Home Care Services Agency (LHCSA)
  - Independently enrolled nurse providers (RNs and LPNs)

# Private Duty Nursing Provider Directory

September 2020

# Private Duty Nursing Provider Directory

- Lists private duty nurses and nurse agencies that serve Medicaid members, up to age 23, receiving FFS private duty nursing services
- Searchable by name, licensure, city, county
- Identifies providers enrolled in Medically Fragile Children Training and Experience
- Directory will be available to the public
- Directory will be updated on a weekly basis
- **PDNs and Agencies Must Enroll in the Directory in order to receive a Fee Enhancement**

September 2020

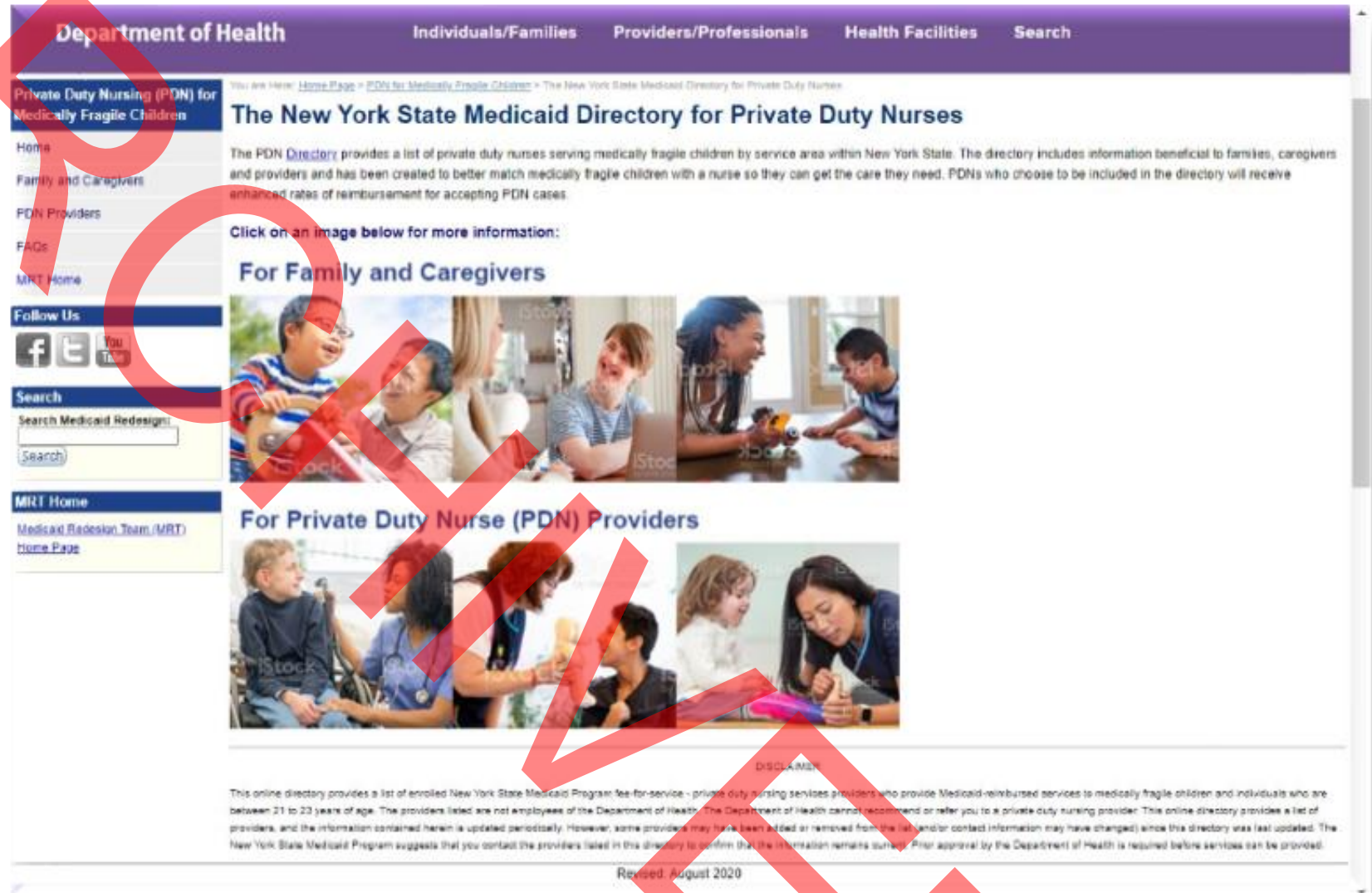
# Private Duty Nursing Provider Directory

- A PDN's participation in the directory indicates the willingness to accept inquiries for providing care to medically fragile children
- Inquiries will be received from family members or representatives, discharge planners and case managers
- Directory participants are expected to respond to all inquiries received
- Enhanced fees will be applied to PDN cases for dates of service 10/1/2020 and after
- Active participation in the Directory is required for enhanced reimbursement; Providers must respond to all inquiries received through Directory participation
- Listing in the Directory does not guarantee employment

September 2020



# MFC Online PDN Directory Snapshot



[https://health.ny.gov/health\\_care/medicaid/redesign/pdn\\_children/](https://health.ny.gov/health_care/medicaid/redesign/pdn_children/)

September 2020

# Benefits of Participation

September 2020



Department  
of Health

# PDN MFC Program Fee Enhancements

- Fee enhancements applied for each component:
  1. Medically Fragile Children Training and Experience
    - Already an option. Nurse/Agency enrolls in the program by attesting to medically fragile children training and/or experience
    - 30% fee enhancement to be calculated at claims submission
  2. PDN Medically Fragile Children's (MFC) Provider Directory
    - Fee enhancement percentages applied to regional base fees
      - October 1, 2020 15%
      - April 1, 2021 30%
      - April 1, 2022 45%
- If provider is eligible for both enhancements – stacked payment upon claims processing
- Directory enhancement will be added after the current Training and Experience enhancement

September 2020



Department  
of Health

# PDN Regions – October 1, 2020

- Two regions:
  1. Downstate:
    - Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Sullivan, Ulster and Westchester
  2. Upstate:
    - Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton Columbia, Cortland, Delaware, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, Yates
    - Current Ontario County cases will be grandfathered to continue current fee



# Conversion of Current Prior Approvals to New Regional Fees

- All PAs approved with a date span of service AFTER October 1, 2020 will be approved at the new regional fees
- PAs approved in September 2020 with date span of service that includes dates of service BEFORE and AFTER October 1, 2020 will have TWO PA numbers:
  1. One PA for dates of service BEFORE September 30, 2020 at the current fees
  2. One PA for dates of service AFTER October 1, 2020 at the new regional fees
- PAs that have been approved prior to the new regional fee effective date will be end-dated September 30, 2020
  - A new PA will be created based on regional fees for approved hours
  - A new PA letter will be sent to the provider/member for use AFTER October 1, 2020
- Providers will need to put the appropriate PA number on claims based on date of service to be reimbursed the appropriate fee

September 2020



Department  
of Health



# Claims Submission after October 1, 2020

- Claims processing enhancements will not be implemented until October 22, 2020
- Claims submitted prior to October 22<sup>nd</sup> will not process with the Directory enhancement
- Options for billing for providers:
  - Hold all claims submissions for dates of service after October 1<sup>st</sup> and submit after October 22<sup>nd</sup>. This will insure proper processing of Directory enhancement
  - Continue to submit claims and be reimbursed minus the PDN Directory enhancement. The Department will reprocess the claims at a later date to pay correctly
- Claims submitted after October 22<sup>nd</sup> will process and pay with the enhancement without any intervention

# Medically Fragile Children's PDN Program Provider Enrollment Process

September 2020



Department  
of Health



# Provider Enrollment Process

- Access forms on website: [www.emedny.org](http://www.emedny.org) in the “Provider Enrollment” section
- **DOH will begin accepting forms on September 9, 2020**
- Forms are provider type specific:
  - Agency Providers: follow “Nurse Registry” instructions/form
  - Independent Providers: follow “Nurse (LPN/RN)” instructions/form
- Providers may participate in one or both components of the Program
- Sign and date certification(s)

# Form Submission Options

- EMAIL: [PROVIDERENROLLMENT@HEALTH.NY.GOV](mailto:PROVIDERENROLLMENT@HEALTH.NY.GOV)
  - Subject line must include: **MEDICALLY FRAGILE/PDN DIRECTORY UPDATE**
  - Email is only available to current Medicaid enrolled providers
- Mail: eMedNY, PO Box 4610, Rensselaer NY 12144-4610
  - Must be mailed if submitted during the initial Medicaid Provider Enrollment Process
  - Current Medicaid enrolled providers may also use this method
- FAX: 518 473-7251
  - Coversheet must include: **MEDICALLY FRAGILE/PDN DIRECTORY UPDATE** and the name and contact number of the sender for questions
  - FAX is only available to current Medicaid enrolled providers

# Provider Enrollment Process-Enrollment Form

- Section One - Certification of Nurse Training and Experience
  - Form no longer requires listing training or experience
  - Documentation to support training and experience must be kept by the independent nurse/agency and presented to the Department upon request
- Section Two -Private Duty Nursing Provider Directory
  - Complete to be enrolled and listed in the Directory
  - Contacts will be from members or family members, caregivers, discharge planners, case managers or any other persons assisting the member

# Provider Enrollment Process- Things to Check before Submission of Form

- The Department has received almost 50 submission for the Directory since September 9, 2020
- Thing to be aware of when filling out the form that may cause a delay in Directory Enrollment:
  - Illegible
  - No signature
  - Incomplete Form – All fields must be filled in (mandatory phone and email)
  - Sending form in a zip file
  - Not listing phone number or email address on the form
  - Sending a picture of the form – cutting off top of form and/or form number, revision date

September 2020



Department  
of Health

# Provider Enrollment Process

Provider Enrollment and Maintenance

← → ↻ emedny.org/info/ProviderEnrollment/index.aspx

home self help glossary site map

ENHANCED BY Google

What's New Information **Provider Enrollment** Provider Manuals Provider Outreach and Training Contacts eMedNY HIPAA Support eMedNY Tools Center PTAR

## Provider Enrollment & Maintenance




IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT →

### Provider List Filter

Select a radio button to filter the list of providers below

☐ Practitioner
 ☐ Institution
 ☐ Business
 ☐ Group
 ☐ OMH
 ☐ FWDD
 ☐ OASAS
 ☐ All Providers

- Adult Day Health Care (ADHC) Program
- Ambulatory Surgery Centers (ASC)
- Assisted Living Program (ALP)
- Audiologist
- Bridges to Health Waiver (B2H)
- Care at Home Waiver (CAH)
- Case Management
- Certified Asthma Educator (CAE)
- Certified Diabetes Educator (CDE)
- Chemical Dependency Program (CDP)
- Child (Foster) Care Agency
- Children's Health and Behavioral Transformation
- Chiropractor
- Clinic Diagnostic & Treatment Center (D&TC)

### Useful Information

COVID-19 Response

Maintenance Forms Enrollment Guide

Revalidation How Do I?

As of March 25, 2011, new Federal Rules and Regulations surrounding provider screening and enrollment have been in effect. Please refer to the Federal Register 42 CFR Parts 405, 424, 447 et al. for the complete set of

- Dental Group
- Dentist
- DOULA (Pilot Program)
- Durable Medical Equipment Supplier (DME)
- Early Intervention Program (EI)
- Eye Prosthesis Supplier / Occularist
- Freestanding Clinic (D&TC)
- Harm Reduction Services
- Health Homes
- Hearing Aid Supplier (HAID)
- Hemodialysis Center (freestanding)
- Home Health Agency (HHA)
- Long Term Home Health Care Program (LTHHCP)
- Hospice
- Hospital
- Intermediate Care Facilities
- Laboratory (LAB)
- Laboratory Director
- Managed Care Plan
- Midwife
- National Diabetes Prevention Program (NDPP)
- Nurse (LPN/RN)
- Nurse Practitioner
- Nurse Registry
- Nursing Home
- Nursing Home Transition/Diversion (NHTD)
- OASAS Part 820 Residential Treatment
- OMH Community Residence
- OMH Licensed ACT Provider
- OMH Licensed Outpatient Provider
- OMH Licensed PROS Provider
- OMH Licensed Residential Treatment Facility (RTF)
- Optical Establishment

# Provider Enrollment Process

The screenshot shows the eMedNY website interface. The browser address bar displays "emedny.org/info/ProviderEnrollment/nurse/index.aspx". The website header includes the eMedNY logo, navigation links (home, self help, glossary, site map), and a search bar. Below the header is a menu with buttons for "What's New", "Information", "Provider Enrollment", "Provider Manuals", "Provider Outreach and Training", "Contacts", "eMedNY HIPAA Support", "eMedNY Tools Center", and "PTAR". The main content area is titled "Provider Enrollment" and "Nurse (LPN/RN)". It lists three options for enrollment:

**OPTION 1**  
Nurse (LPN/RN) - Individual Billing Medicaid  
If you Do/Will Provide Medical Services and Bill Medicaid [Click here](#) for the Enrollment Form and Instructions.  
*Please Note: If you only will Order/Prescribe/Refer/Attend see Option 2 Below.*

**OPTION 2**  
Nurse (LPN/RN) - Order/Prescribe/Refer/Attend ONLY  
If you ONLY will Order/Prescribe/Refer/Attend and you will NOT be Billing Medicaid, [Click here](#) for the Enrollment Form and Instructions.  
*If you Do/Will Provide Medical Services and Bill Medicaid, see Option 1 above*

**OPTION 3**  
Nurse (LPN/RN) - Change From OPRA To Billing Provider  
If you are already enrolled as an Order/Prescribe/Refer/Attend (OPRA) Provider and wish to provide Medicaid Services and Bill Medicaid, [Click here](#) for the Enrollment Form and Instructions.

# Provider Enrollment Process


eMedNY: Provider Enrollment x +

→ emedny.org/info/ProviderEnrollment/nurse/Option1.aspx

What's New Information **Provider Enrollment** Provider Manuals Provider Outreach and Training Contacts eMedNY HIPAA Support eMedNY Tools Center PTAR


Provider Index > Nurse (LPN/RN) > Individual Billing Medicaid


## Provider Enrollment & Maintenance

 **NURSE (LPN/RN)**


Complete this Enrollment Form if you are:

1. Applying for initial **ENROLLMENT** or **ALREADY ENROLLED** and enrolling another NPI, or
2. Responding to a letter instructing you to **REVALIDATE** your enrollment, or
3. Seeking **REINSTATEMENT** or **REACTIVATION** of your previous enrollment


 [PRACTITIONER Enrollment Form](#)

 **ENROLLMENT FORM**

**Category(s) of Service:**  
**0521** - Licensed Practical Nurse, *OR*  
**0522** - Registered Nurse


If you are **ALREADY ENROLLED** and need to change your address,  [click here](#).


**Application Fee is NOT Required**




**? General Instructions for the Enrollment Form**

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required documents **MUST** cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures **will not be accepted**.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments **will be scanned** so they must be legible and on standard 8.5 x 11 paper in good condition.
- Keep a copy of all documents submitted.
- Valid Telephone numbers are required for each service address.

 **Additional Instructions for the Enrollment Form**

 **Requirements & Additional Forms**

 **Maintenance Forms**



# Provider Enrollment MFC Form

## Requirements & Additional Forms

- ☒ **Proof of current license / registration** Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of your license status from the licensing agency's website.
- ☒ **Electronic Funds Transfer (EFT) Authorization - form #701101** (NOT REQUIRED for revalidation if EFT is already in place and no change is requested). If you answered "No" to the Enrollment Form's Group question (Line 4 of page 2), EMEDNY -701101 is NOT required. Also not required for revalidation or reinstatement/reactivation
- ☒ **ETIN Certification Statement for New Enrollments - form #490602** (NOT REQUIRED for revalidation or reinstatement/reactivation). If you already have an existing ETIN that you wish to affiliate with, submit the Certification Statement for Existing ETINs (EMEDNY 490601) **after you receive your Provider ID**. This form is available on eMedny.org under "Maintenance Forms"
- ☒ **Medically Fragile Children Program - form #432301** To apply for the Medically Fragile Children PDN Enhancement, complete this form
- ☒ **Prior Conduct Questionnaire - form #431001** (If you answer "Yes" to questions 1-4 in section 6 of the enrollment application, you must complete this form).

**OMIG Provider Compliance Certification** - Confirmation notice for the OMIG Provider Compliance Program may be required. Visit [www.omig.ny.gov](http://www.omig.ny.gov) to determine if the Applicant / Provider must comply. If yes, a copy of the confirmation notice (printed from the website) must be included with this application.



# Resources

- **Provider Enrollment Questions:**

- [www.emedny.org](http://www.emedny.org) or (800) 343-9000
- Nurse RN/LPN Enrollment Application:
- <https://www.emedny.org/info/ProviderEnrollment/nurse/index.aspx>
- Nurse Registry/Agency Enrollment Application:  
<https://www.emedny.org/info/ProviderEnrollment/nurseReg/index.aspx>

- Under Requirements and Additional Forms

- **FFS Prior Approval Questions and Directory Questions:**

- (800) 342-3005
- [ohipmedpa@health.ny.gov](mailto:ohipmedpa@health.ny.gov)
- [PDNDirectory@health.ny.gov](mailto:PDNDirectory@health.ny.gov)
- <https://www.emedny.org/ProviderManuals/NursingServices/>

September 2020



Department  
of Health

# Questions and Answers

September 2020



Department  
of Health