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Medicaid Pharmacy Reminder: Coverage of Outpatient Clotting Factor for Managed Care Enrollees

Effective July 1, 2017, outpatient clotting factor products and associated services will be included in the Medicaid Managed Care (MMC) benefit package. This change applies to all MMC plans, including mainstream Medicaid Managed Care Plans (MMCP), HIV Special Needs Plans (HIV SNP) and Health and Recovery Plans (HARP). Further information on this change was previously communicated in the [May 2017 Medicaid Update](#).

The following rejection message will be returned to the pharmacy when a claim for clotting factor is denied for a Medicaid FFS member, due to the clotting factor benefit being moved into the managed care plans.

The eMedNY point -of-service (POS) claims processing system will send NCPDP reject code = AF "Patient Enrolled Under Managed Care" and the claim denial message for:

- **Medicaid managed care claims submitted to Medicaid FFS:** *Edit 01172 - Prepaid Cap Recip - Service Covered Within Plan (Deny)*

The pharmacy can complete an eligibility inquiry transaction, if they are unsure of the members managed care plan information. The Medicaid Eligibility Verification System (MEVS) methods are provided here:

<https://www.emedny.org/ProviderManuals/AllProviders/supplemental.aspx>

Also, EPACES Eligibility Quick Reference Guide is found under Self Help on the website:

<https://www.emedny.org/selfhelp/ePACES/ePACESRefSheets.aspx>