



**Department
of Health**

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

December 9, 2019

Agenda



- Recap
- Ancillary Providers MMIS PNDS Edit
- MMIS Errors Ongoing Process
- Pending Enrollment List added to PNDS Edit
- Ongoing Monitoring
- Resources

Recap

- On November 1, 2019, Managed Care Organizations (MCOs) who identified access to care providers in their May 2019 analysis received a workbook that included the MCO's identified access to care providers who continued not to be enrolled or pending enrollment on the most recently published Active and Pending Provider lists.
- MCOs were directed to either terminate all providers listed or complete the disruption section of the workbook.
- DOH is currently reviewing responses received from MCOs for further actions.

Ancillary File MMIS PNDS Edit

The 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program providers to enroll in state Medicaid programs. To comply DOH has employed following:

- The MMIS/MEDS system edit in the PNDS, that checks whether an active MMIS ID exists for a network provider, was employed in January 2019 to allow plans to identify which practitioners have not yet enrolled in Medicaid fee-for-service. This edit was applied only to Provider (Practitioner) files in the network submission.
- Beginning with the 4th Quarter 2019 PNDS network submission, the MMIS/MEDS system edit will be expanded and used to also identify Ancillary providers (all other non practitioner Categories of Services) who have not yet enrolled in Medicaid.

MMIS ERRORS ONGOING PROCESS

- The MMIS/MEDS system edit produces ‘soft’ errors. At this time, these errors **will not** cause a file to be rejected by the PNDS system. These errors will be applied to both the Provider File and the Ancillary File of the MCO quarterly network submission.
 - These errors can be located in the PNDS submission by clicking on the “Submission Status” tab ->“View Errors” tab, under MMIS/MEDS check.
 - Two types of PNDS MMIS/MEDS check errors are identified. Part A errors and Part B errors.
 - Managed Care Organizations (MCO) will have to export the “error data details” to CSV to filter for each type of error.
- MCOs are required to terminate all providers who appear as a Part A error.

MMIS ERRORS ONGOING PROCESS (Cont.)

- If termination of Ancillary providers will result in a network adequacy issue, MCOs should contact Maureen Schips or Meredith Walker for a disruption workbook which must be completed for any ancillary provider that cannot be terminated due to network adequacy issues.
- The workbook includes columns that MCOs need to complete. To provide information regarding the reason for not terminating an ancillary provider please complete all columns including:
 - Reason for the MCO's access to care identification
 - Number of members affected if provider is terminated from the network
 - Number of members provider has seen in the past year

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Pending Enrollment List added to PNDS Edit

- Beginning with the 1st Quarter 2020 network submission to the PNDS MMIS/MEDS system edit will include both enrollment lists:
 - Medicaid Active Provider Listing
 - Medicaid Pending Provider Listing
- Both lists can be accessed at this link:
 - <https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

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. Beginning with the 4th Quarter 2019 network submission this will include both providers and ancillary providers.

- MCOs should, prior to submitting their networks, check Active and Pended provider enrollment lists.
- DOH will, as part of the quarterly sanctioned provider reports, include a listing of non-enrolled network providers or ancillary providers each MCO will be required to terminate.
- Failure to comply with the network enrollment requirements may result in regulatory action against MCOs.
- MCOs must ensure that during initial credentialing of providers new to the network the Active and Pending Enrollment files are checked to verify enrollment in FFS Medicaid. Pended providers should be allowed provisional credentialing for 120 days while DOH makes its enrollment decision.

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 bmcfhhelp@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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