



**Department
of Health**

**Office of
Health Insurance
Programs**

Enrollment of Medicaid Managed Care and Children's Health Insurance Program Providers

Section 5005(b)(2)
21st Century Cures Act

June 28, 2018



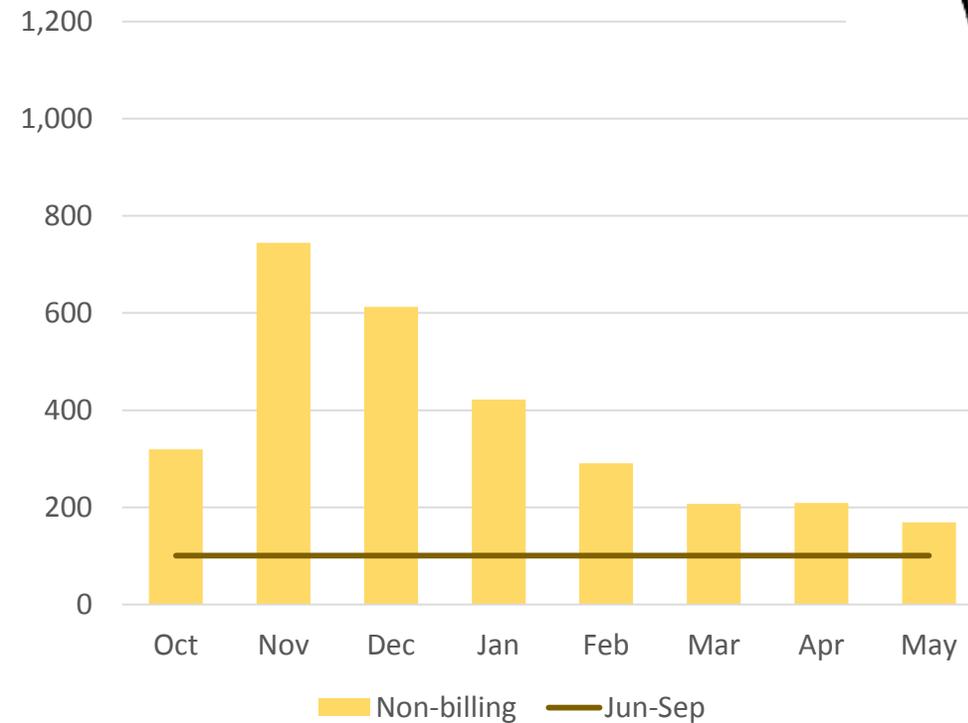
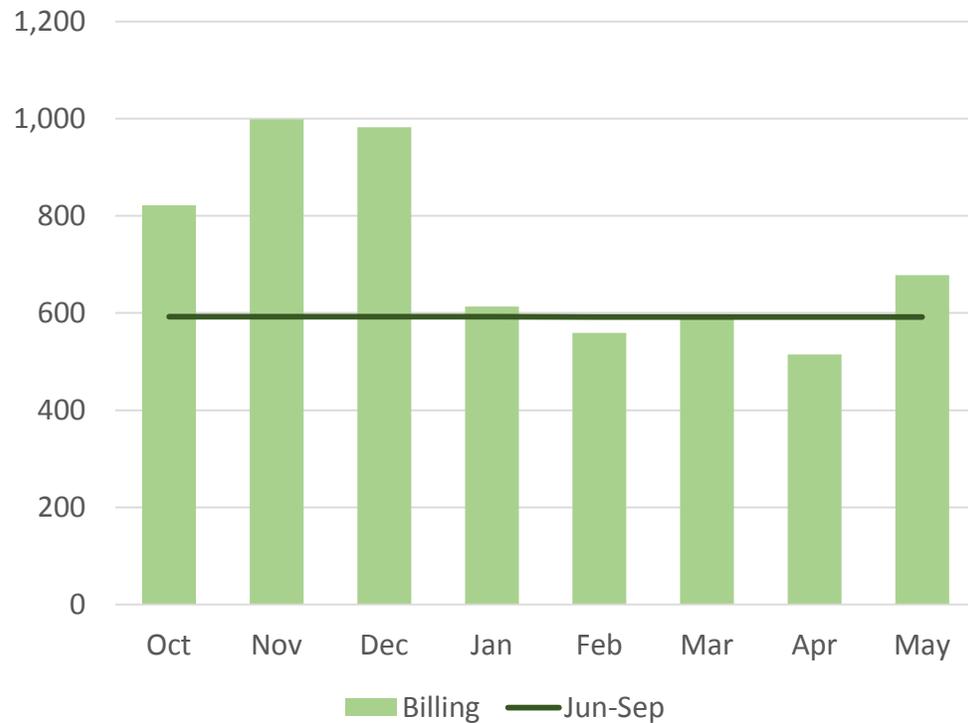
- MCO Survey Results
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Preliminary Survey Results

- Response Rate: 33/49 = 67%
- Case Study: One MCO example
 - Submitted 7,116 records
 - 6,577 had a successful match based on NPI, FEIN and name, or both
 - 92.43% match rate
 - All providers sent are enrollable – we are confident the remaining 539 providers are not currently active
- Limitations:
 - MCOs continued to send non-enrollable providers as part of the survey
 - Missing NPIs or other identifiers for matching
 - We suspect there is considerable duplication of records

Enrollments

Average Number of New Applications Received Weekly



Non-Enrollable providers

- The State has received inquiries and complaints from providers about MCO's sending letters informing them of requirements to enroll in NYS Medicaid.
- As stated previously, MCOs must not send such notices to provider types who cannot enroll in NYS Medicaid.
- MCOs must ensure that notices to enroll are sent **ONLY** to **enrollable provider** types on the NYS Enrollable Providers list available at:
<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>
- Or -- [NYS Enrollable Providers](#)

Deeming of Provider Screening

In the coming months, DOH will be engaging MCOs to establish procedures to allow them to be able to rely on NYS Medicaid initial and monthly federally mandated sanction database checks as required under § 455.436 when providers are enrolled in Medicaid.

The goals include:

- Confirmation of Medicaid enrollment and deeming of screening
- MCO actions to take when a provider is terminated by Medicaid, specific to the Medicaid termination reason, including timeframes
- Account for pending enrollments, provisional credentialing and non-enrollable provider types
- Reduce administrative duplication of sanction checks

Credentialing Reminders

- New enrollment applications for NYS Medicaid can take up to 90 days to process, after receipt of all necessary documentation
- If Medicare enrollment is required, an additional 30 days is allowed for processing whereby provider would have 120 days to enroll.
- **The NYS Medicaid effective date and backdate methodology for an approved enrollment application is based on the type of provider. Please refer to the January 25th, 2018 PowerPoint on eMedNY.org at the link below for more details.**
- https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/MMC_Providers_Presentation_-_1-25-2018.pdf



Credentialing Reminders (cont'd)

- MCOs can provisionally credential providers for services, including ordering, referring and prescribing on a condition that such provider submits an enrollment application to NYS Medicaid.
 - **Note:** *MCO's cannot use a providers enrollment in Medicaid in lieu of their own credentialing policies and procedures.*
 - *MMIS number is not required to provisionally credential the provider, therefore, the MCO should not be waiting for a MMIS number to credential the provider.*

Per the Chapter 425 amendment of Public Health Law §4406-d and Insurance Law §4803:

Effective April 1, 2017, MCOs must review and respond to provider credentialing applications for participation in a MCO's network within 60 days of receipt.

- On or before day 60, the MCO must respond to the applicant with either an approval or a request for additional information.
- If additional information is requested, the MCO must make a final determination, and notify the applicant, within 21 days.

MCO-Provider Contract Amendment

- Pursuant to a 21st Century Cures Act Section 5005, no later than 7/1/2018, MCOs must amend contracts with **enrollable** providers to include a provision that requires providers to enroll with the State's Medicaid program. If, however, the providers fail to enroll, such providers shall be terminated from participating as a provider in any network of the MCO that serves individuals eligible to receive Medicaid and CHP. *Note: this only applies to providers who are "enrollable".*
- The Department suggests that this amendment can be done via notice as a unilateral amendment because the Standard Clauses include a provision that requires all parties to comply with all applicable Federal and State laws, rules and regulations.

Notice of Amendment

- The notice of amendment should include an opt out provision allowing the provider who does not want to be bound by this provision an opportunity to terminate the contract.
 - If provider chooses to opt out, the provider is terminating the contract. Therefore, no further notice of termination or hearing rights need be provided by the MCO to the provider.
 - For this type of termination, no transitional care is required. However, providers who choose to opt out should follow the applicable licensure laws regarding the transfer of patient care to another provider.

Amendment Language

- The Department suggests the following amendment language:
 - *The provider furnishing items and services to, or ordering, prescribing, referring, or certifying eligibility for, services for individuals eligible to receive Medicaid and CHP agrees to enroll in the NYS Medicaid Program by completing and filing the designated enrollment application and providing the required information necessary for enrollment. In the event a provider is terminated from, not accepted to, or fails to submit a designated enrollment application to, the NYS Medicaid Program, provider shall be terminated from participating as a provider in any network of the MCO that serves individuals eligible to receive Medicaid or CHP.*
- If a provider did not exercise the right to opt out and, therefore, accepted the amendment but the provider failed to enroll in the NYS Medicaid program subsequent to 7/1/2018 contract amendment deadline, MCOs shall initiate termination. MCOs shall send a notice of termination to such non-enrolled providers pursuant to the requirements of PHL 4406-d (2). Transitional care required in PHL 4403 (6) (e) (1) will apply. *Note: MCOs should not initiate terminations at this time. The Department will advise MCOs of when to begin terminations.*

Terminations

- The Centers for Medicare & Medicaid Services (CMS) has not issued an enforcement date for the termination of providers from a Managed Care Organization's (MCOs) network of providers.
- CMS has advised DOH to continue to enroll providers in order to prevent access to care issues.
- CMS will be issuing further guidance on the Medicaid Provider Enrollment Compendium (MPEC) in the next few months

Terminations (cont'd)



- At this time, MCOs **should not be initiating terminations** due to failure to enroll **or accept the contract amendment** in NYS Medicaid.
- It is imperative that MCO's enrollment status is current
- MCOs should continue to follow the steps below:
 - ✓ Send out provider contract amendments to providers that are required to enroll
 - ✓ Check enrollment and pending enrollment data to track compliance
 - ✓ Continue to identify and reach out to providers who have not complied
 - ✓ Await further guidance and recommendations from the Department regarding additional compliance measures MCOs may utilize prior to termination

Are there any questions?



- FAQs are available, along with other resources, at:
<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

Or contact us:

- 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
- eMedNY Call Center: (800) 343-9000
- To subscribe to the Pharmacy Policy listserv, e-mail RPhContact-L@listserv.health.state.ny.us