



PRIVATE DUTY NURSING PROGRAM FOR MEDICALLY FRAGILE CHILDREN and ADULTS (MFCA)

The Private Duty Nursing Program for Medically Fragile Children and Adults consists of two components with corresponding financial enhancements for provider participation. The provider can choose to enroll in one or both programs. Re-enrollment into each of these programs will be necessary during a provider's routine Provider Enrollment Revalidation Process, which occurs every five years.

Private Duty Nursing Medically Fragile Children and Adult Training and Experience

The Fee-for-Service Medicaid program will reimburse private duty nursing providers enrolled in the Medically Fragile Children and Adult Training and Experience component an enhanced fee of thirty percent (30 percent) added to the appropriate regional base fee. Both Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the enhanced fee. LHCSA providers must only use the increased fee amount to recruit and retain qualified registered and licensed practical nurses to service these cases on behalf of their agency.

In order to receive reimbursement for the enhanced fee, nursing providers must certify on the enclosed form that the nurse providing the services is trained and experienced to care for medically fragile children and adults in a community setting.

The attached *Certification of Nurse Training and Experience* form must be completed, executed and submitted to the Medicaid program through eMedNY in order to process the increased fee authorization. Upon approval of this certification, the Specialty Code, 579, will be added to your Medicaid provider enrollment file. Code 579 authorizes reimbursement of continuous nursing services claims for all Medically Fragile Children and Adult members at the enhanced fee for eligible service dates. Any provider of private duty nursing services who does not submit the attached certification will not be reimbursed at the enhanced fee. To enroll in the Program, please complete Section One of the application.

Billing Instructions for the Nurse with Certified Training and Experience

The **Billing Instruction** for use in submitting claims for the Training and Experience, component, is to enter a **Service Authorization (SA) Exception Code of "7" on the claim**. On the paper claim form (eMedNY 150001), this is entered in Field 25D. Electronically, the SA Exception Code is submitted in the SA Exception Code Segment of Loop 2300 for the 837 Professional claim format. ePACES users will find the SA Exception Code field in the Professional Claim Information Tab toward the bottom.

PROVIDERS SHOULD ENTER THEIR USUAL AMOUNT CHARGED, WITHOUT INCLUDING THE ADDITIONAL 30 PERCENT. eMedNY WILL CALCULATE THE ADDITIONAL 30 PERCENT FOR INCLUSION IN YOUR REIMBURSEMENT. Additional information regarding billing and policy guidelines can be viewed in the *Private Duty Nursing Manual* under the section, "Private Duty Nursing Provider Communications and Medicaid Updates" located at www.eMedNY.org

EMEDNY-432302 (11/24)



KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

Private Duty Nursing (PDN) Medically Fragile Children and Adult (MFCA) Provider Directory

Fee-for-Service Medicaid will reimburse private duty nursing providers enrolled in the Medically Fragile Children and Adult Provider Directory an enhanced fee of forty-five percent (45 percent) added to the appropriate regional base fee. The purpose of the Directory is to ensure adequate access to PDN services by promoting the availability and ensuring delivery of PDN services for medically fragile children and adults. Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the increased fee for participation in the Directory. The PDN Medically Fragile Children and Adult Provider Directory will be available to the public and updated weekly. The attached form must be accurately completed, signed, and submitted to the Medicaid program through eMedNY in order to process the increased fee authorization.

Approval for participation in the Directory will authorize enhanced reimbursement for nursing services provided to medically fragile children and adults. Providers of private duty nursing services who do not submit the attached certification will not be reimbursed at the enhanced fee. Participation in the Directory indicates the willingness to accept inquiries for providing care to medically fragile children and adults. These inquiries may be received from family members or representatives, discharge planners and case managers that are managing the member's care. Directory participants are expected to respond to all inquiries received. To enroll in this Program, please complete Section Two of the application.

Billing Instructions for the PDN Provider enrolled in the PDN MFCA Provider Directory

PROVIDERS SHOULD ENTER THEIR USUAL AMOUNT CHARGED, WITHOUT INCLUDING THE ADDITIONAL 45 PERCENT. eMedNY WILL CALCULATE THE ADDITIONAL 45 PERCENT FOR INCLUSION IN YOUR REIMBURSEMENT. No Service Authorization (SA) Exception Code is required to receive the Directory enhancement. Additional information regarding billing and policy guidelines can be viewed in the *Private Duty Nursing Manual* under the section, "Private Duty Nursing Provider Communications and Medicaid Updates" located at www.eMedNY.org

If you have any questions regarding this notice, please contact the eMedNY Call Center at 1-800-343-9000.

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NURSE REGISTRY

Please complete the section(s) applicable to your request for participation: Certification of Nurse Training and Experience and/or PDN Provider Directory. If you are already enrolled in the Certification of Training and Experience and would like to enroll in the PDN Provider Directory, it is only necessary to complete Section Two. Submit the form to:

eMedNY
PO Box 4610
Rensselaer, NY 12144-4610

SECTION ONE: Certification of Nurse Training and Experience for Medically Fragile Children and Adults.

A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:

Agency's Name: _____

Agency's NYS License Number: _____

Medicaid Provider Identification Number (if enrolled): _____

National Provider Identifier (NPI): _____

I certify on behalf of the LHCSA Medicaid provider, that the Licensed Practical Nurse(s) LPNs, and the Registered Nurse(s) RNs, for which an enhanced Medicaid reimbursement rate is claimed, has satisfactorily completed the training and experience to provide nursing services to medically fragile children and adults. The LHCSA maintains on file, documentation of the LPNs and RNs training and experience in the care of medically fragile pediatric and adult members.

Agency Representative's Name (Please Print)

Date

Title

Signature

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SECTION TWO: Private Duty Nursing Provider Directory:

A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:

Agency's Name: _____

Agency's NYS License Number: _____

Medicaid Provider Identification Number (if enrolled): _____

National Provider Identifier (NPI): _____

Contact email address: (Required) _____

Contact Phone Number (Required) (including area code): _____

I agree to participate in the Private Duty Nursing (PDN) Medically Fragile Provider Directory for the purpose of promoting the availability and ensuring delivery of fee for service nursing services to medically fragile children and adults. This directory is available to the public and will be updated weekly. I acknowledge that the information provided above is accurate and I will immediately notify the NY Medicaid program if there are changes to my address, phone number or email address. Approval for participation in the Directory will authorize enhanced reimbursement of for private duty nursing services to medically fragile children and adults. Participation in the directory indicates the willingness to accept inquiries to provide care to medically fragile children and adults, and subject to availability, provide services. These requests may be received from a family member, or a representative designated by the family, a discharge planner, and/or case manager. Directory participants are expected to respond to all inquiries.

Agency Representative's Name (Please Print)

Date

Title

Agency Representative's Signature (required)