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eMedNY

MANAGED CARE

Updated Implementation Date for APG Weight Adjustment for Phosphate Binders

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This communication provides an important update regarding the implementation of the recently announced Ambulatory Patient Group (APG) weight increase for services involving phosphate binders, as published in the August 2025 Volume 41 - Number 8 edition of the NYS Medicaid Update.

Effective immediately, the Medicaid payment policy that bundled phosphate binders into the fee-for-service dialysis clinic APG rate for Medicaid-only patients (as published in the August Medicaid Update) has been delayed until January 1, 2026. Until that date, dialysis patients can continue to have prescriptions for phosphate binders filled at the pharmacy.

The Medicaid FFS APG weight for APG 168 will revert to 1.3651 and will be applied retroactively to July 1, 2025. Claims processed from July 1, 2025, through the current date that were paid under the increased weight of 1.5302 will be systematically reprocessed to reimburse at the original, lower APG weight of 1.3651. This adjustment will be an automatic process, and providers will not need to resubmit claims.

Effective January 1, 2026, the APG weight will be adjusted to incorporate clinic costs associated with dispensing phosphate binders to Medicaid fee-for-service dialysis patients. Managed Care payments to dialysis clinics will also include phosphate binders effective that date.

This change is needed to allow for the implementation of additional eMedNY system claim processing edits necessary to ensure system integrity and program alignment. This also allows time for providers to acquire additional inventory of these drugs.

Effective January 1, 2026, phosphate binder prescription drugs for dialysis patients will no longer be covered as a pharmacy benefit and must be provided by the dialysis clinic.

Questions:

- FFS and NYRx claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) at (518) 473-2160 or FFSMedicaidPolicy@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the specific MMC Plan of the enrollee. MMC Plan contact information is available in the eMedNY New York State Medicaid Program Information for All Providers - Managed Care Information document at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf

DOH will be publishing a Medicaid update in the near future.