



**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

August 15, 2019

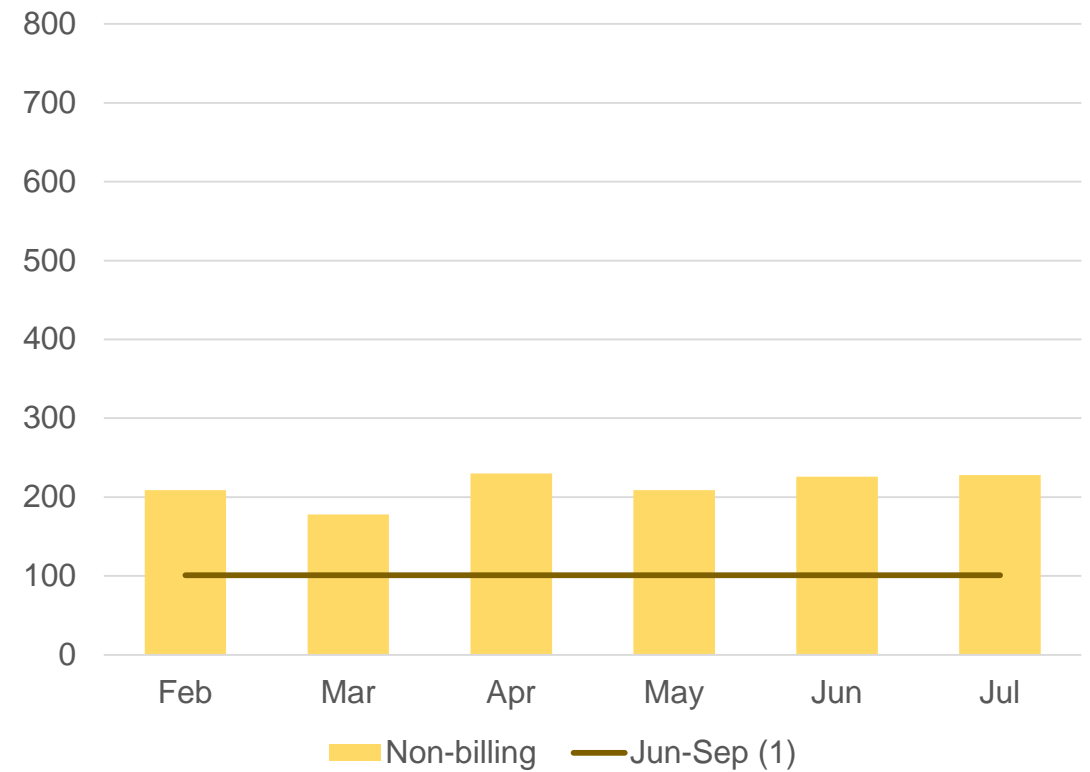
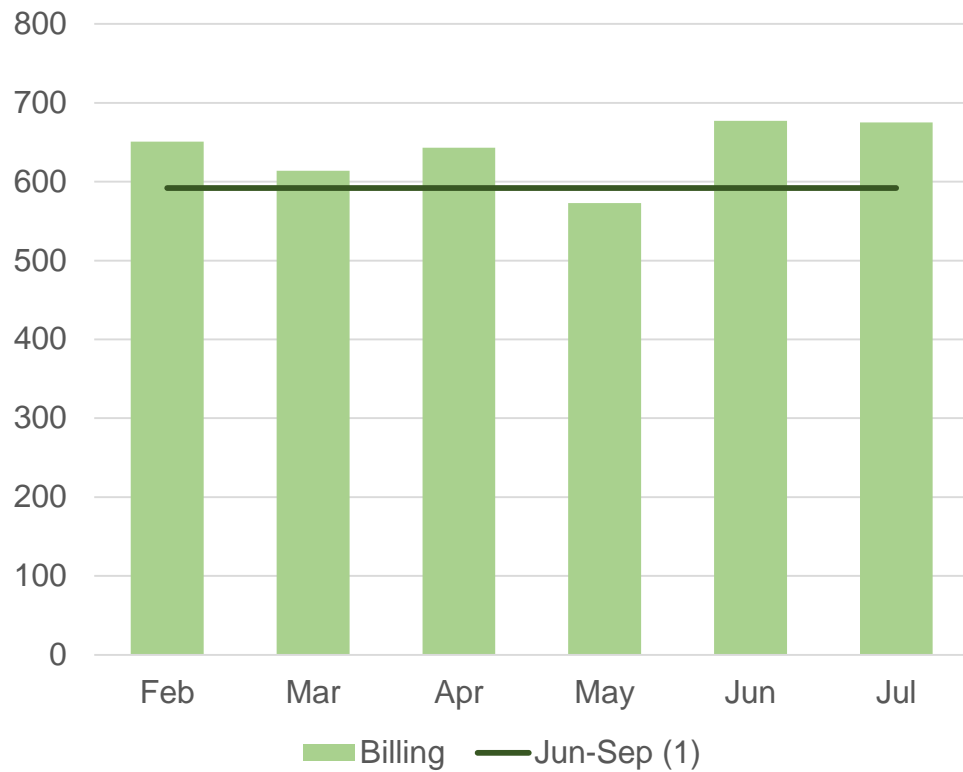


- Provider Enrollment Update
- Non-Enrollable Provider Types
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Provider Enrollment Update

Average Number of New Applications Received Weekly



(1) Four month average prior to commencement of Section 5005(b)(2)

Non-Enrollable Provider Types

Provider Type	Enrollment Requirement
Consumer Directed Person Care (CDPAP) Fiscal Intermediary (FI)	Not required to enroll at this time
Registered Dietitians	Only if they are Certified Diabetes Educators
Social Adult Day Care	Not required to enroll
Meals on Wheels	Not required to enroll
Licensed Mental Health Counselor	Not required to enroll
Certified Reg. Nurse Anesthetists (CRNA)	Not required to enroll
Applied Behavioral Analyst	Not required to enroll at this time
Adult Home & Community Based Services	Not required to enroll
Licensed Master Social Worker (LMSW)	Not required to enroll

Please Note: 21st Century Cures Act enrollment requirements are applicable ONLY to enrollable provider types. Non-enrollable provider types must not be terminated for failure to enroll in NYS Medicaid.

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Revalidation vs Reinstatement

In order to avoid unnecessary delays in enrollment processing, providers should submit enrollment applications in accordance with the following:

Provider's Enrollment Status	Enrollment Application Type
Actively enrolled	Revalidation
NYS terminated effective less than 90 days ago	Revalidation
NYS termination effective more than 90 days ago	Reinstatement

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MLTC Integrated Plans

- A new policy was sent out on July 19, 2019 with clarification of Medicaid provider enrollment provisions for services provided by integrated Medicare/Medicaid Plans (Integrated Plans) through the 21st Century Cures Act
- Pursuant to federal law and in conformance with CMS's April 22, 2019 guidance, Integrated Plan network providers must enroll as a Medicaid provider in the New York State Medicaid program in order to remain in an Integrated Plan's Medicaid provider network
- Providers subject to this requirement may remain in an Integrated Plan's *Medicare* provider network regardless of whether they enroll as a Medicaid provider. However, Integrated Plans are responsible for establishing adequate mechanisms to ensure that Medicare-only network providers that are not enrolled Medicaid providers cannot bill the Integrated Plan for benefit package services, other than Medicare cost-sharing, where Medicaid is or could become primary payor.

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MMIS/MEDS Reference Data and Validation

Background:

- The MMIS/MEDS system edit in the PNDS was employed in January 2019 to allow plans to identify which providers have not yet enrolled in Medicaid fee-for-service.
- The PNDS system validates plan submissions against a monthly extract of enrolled fee-for-service providers, taken from Health Data NY at the following link: <https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/keti-qx5t/data>
- The reference data is also saved in the PNDS portal on a monthly basis.

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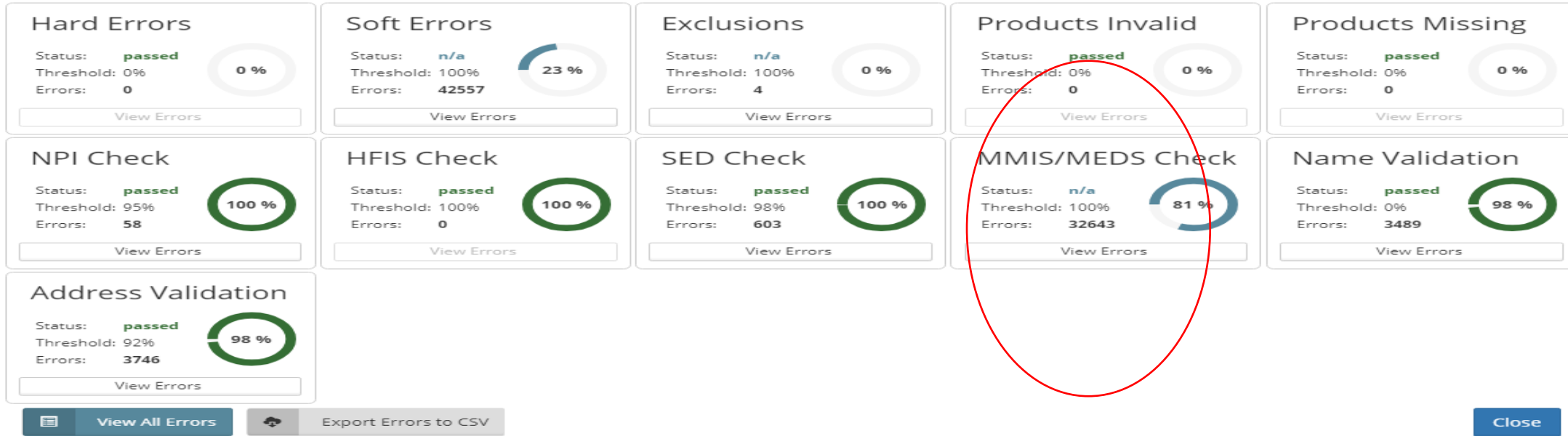
MMIS ERRORS ONGOING PROCESS

The MMIS/MEDS system edit produces ‘soft’ errors. At this time, these errors **will not** cause a file to be rejected by the PNDIS system. These errors are currently only being applied to the provider file.

- These errors can be located in the PNDIS submission by clicking on the “Submission Status” tab → “View Errors” tab, under MMIS/MEDS check.
- Two types of PNDIS MMIS/MEDS check errors are identified:
 1. Part A: MMIS not found on reference data[Health Data NY file]
 2. Part B: MMIS not identified with submitted NPI
(Managed Care Organizations (MCO) will have to export the “error data details” to CSV to filter for each type of error)

MMIS/MEDS Check

Provider Network File Submission
User ID
Submitted
Updated



Part A & B Error

The screenshot shows an Excel spreadsheet titled "ValidationErrors-20190128-100917.csv". The ribbon includes Home, Insert, Page Layout, Formulas, Data, Review, and View. The spreadsheet has columns labeled A through AC. Column Q is titled "Exclusion:ExtendedInfo" and contains a list of "Part A" entries from row 2 to row 36. A large black rectangular area covers the data in columns A through P from row 2 to row 36. A red oval highlights the "Part A" entries in column Q. The status bar at the bottom shows "Average: 250159074.6 Count: 560 Sum: 52533405667".

LineNr	AffectedF	ErrorCode	Descriptio	ErrorType	NPI	License Ni	Medicald	Managed	First Nam	Last Nam	Address	Room/Sui	City	State	Zip	Exclusion:ExtendedInfo
2																Part A
3																Part A
4																Part A
5																Part A
6																Part A
7																Part A
8																Part A
9																Part A
10																Part A
11																Part A
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27																Part A
28																Part A
29																Part A
30																Part A
31																Part A
32																Part A
33																Part A
34																Part A
35																Part A
36																Part A

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PART A ERROR ONGOING PROCESS

- MCOs are responsible for ongoing monitoring of providers included in the provider file submitted quarterly to the PNDS that are identified as a not being enrolled in Medicaid FFS. These are the Part A Error Providers.

PART B ERROR PROVIDER TERMINATION PROCESS

- Part B soft error indicates that the MMIS and NPI number submitted for the provider do not match.
 - MCOs should use the information provided on the PNDS to clean up any mismatched information associated with providers.
 - MCOs should use each PNDS quarterly submission to pull down the MMIS/Meds Check list.
 - Filter the list to identify Part B errors.
 - Use the list to do internal reviews of the information submitted for each provider to identify what is mismatched and correct the information before the next quarterly submission.
 - MCOs do not need to provide this information to the Department of Health (DOH).
 - DOH will monitor quarterly as MCOs submit their network. DOH will expect to see improvement (reduction) in Part B errors with each quarterly submission.
 - This process is expected to be started with the Q2 2019 submission. Part B errors should be resolved by the Q3 2019 submission.
 - Resources that can be used to validate include: NPPES, MMIS Active Provider Listing, and Provider outreach.

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Next Steps

- Managed Care Organizations 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.
- An MMIS/MEDS system edit will be added within the next few months to the PNDS for ancillary providers. More information to follow.
- DOH is interested in MCO input on reporting;
 - the final total of terminated providers from the PART A Error exercise,
 - a count of the providers that requested hearings and the outcome of the hearings.

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 bmcfhelp@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