



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Pharmacy/Prescriber Medicaid Managed Care Network & Medicaid Provider Enrollment**

May 15, 2018



- Why does the enrollment process take so long?
- Purpose of enrolling in Medicare
- Non-billing enrollment status for MCO plans only
- Terminations
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# Why does the enrollment process take so long?

Nearly one third of the applications received are delayed for missing or required information that was not submitted with the application:

- The provider did not provide all the required information on the enrollment application
- An original signature was not on the enrollment application
- No proof of Medicare enrollment was submitted
- Office of the Medicaid Inspector General (OMIG) approval
- Missing Supervising Pharmacist Agreement or Supervising Pharmacist not enrolled

# Purpose of Enrolling in Medicare

- Medicare enrollment is required prior to enrolling in Fee for Service (FFS) Medicaid.
- For dual eligible individuals, Medicare benefits must be maximized prior to billing Medicaid (the payor of last resort).

NEW

# Medicaid Pharmacy Enrollment for Individuals Enrolled in MMC Plans Only:

- Many Pharmacies submit FFS enrollment paperwork without being enrolled in Medicare first.
- Some pharmacies are not responding to staff requests to enroll in Medicare.
- We have developed a non-billing option to enroll pharmacies in a “MMC Only” status code.

# Non-Billing Medicaid Enrollment Status

- For Pharmacies that serve only **Medicaid Managed Care (MMC)** Plan participants:



- The pharmacy will be able to fill prescriptions for individuals enrolled in a MMC plan.
- The pharmacy will not be able to fill prescriptions for Fee for Service (FFS) recipients.

# Non-billing Status continued:

- Pharmacies that do not respond to requests for Medicare enrollment will be enrolled in the Medicaid Managed Care (MMC) non-billing option.
- Providers in this status code will be notified of their approved enrollment as MMC only.

# Terminations

- The 21<sup>st</sup> Century Cures Act requires Medicaid Managed Care (MMC) provider to enroll in State Medicaid programs.
- CMS has advised States that it does not recommend termination of providers who did not enroll as of January 1, 2018, given that it would cause access to care issues.
- At this time, Managed Care Organizations (MCOs) **should not be initiating terminations** relating to failure to enroll in Medicaid.
- MCOs should be taking the following steps now:
  - ✓ Send out provider contract amendment
  - ✓ Check enrollment and pending enrollment data to track compliance
  - ✓ Identify and reach out to providers who have not complied
- The Department will be providing further guidance and recommendations regarding additional compliance measures MCOs may utilize prior to termination.



# Enrollment Effective Date

- **Practitioners (Prescribers):**

- The effective date is backdated 90 days prior to receipt of application for enrollment as long as during such period, the provider is licensed, and if required enrolled in Medicare. This allows claims payment for services provided in fee for service in accordance with the Medicaid's 90 day claim submission regulation.
  - **Example:** *A physician who is licensed as of January 1, 2018, and whose enrollment was received on April 1, 2018, will have an enrollment effective date of January 1, 2018.*

- **Businesses (Pharmacies):**

- The enrollment effective date is the date the application is received. This may be, on a case by case basis, backdated for reasons such as ownership change effective dates and claims payment.

# 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](mailto:bmcfhhelp@health.ny.gov)
- Managed Long Term Care: for general managed care questions, email [MLTC.Compliance.Reporting@health.ny.gov](mailto:MLTC.Compliance.Reporting@health.ny.gov)
- For general provider enrollment questions, email the Bureau of Provider Enrollment at [providerenrollment@health.ny.gov](mailto: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](mailto:RPhContact-L@listserv.health.state.ny.us)