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Medicaid Update

The official newsletter of the New York Medicaid Program

David A. Paterson, Governor
State of New York

Richard F. Daines, M.D., Commissioner
New York State Department of Health

Deborah Bachrach, Deputy Commissioner
Office of Health Insurance Programs

► **IMPORTANT INFORMATION**
Editorial Message

Medicaid Update Newsletter Will Move to Electronic Distribution

In an effort to distribute the Medicaid Update newsletter in a more timely manner, reduce costs, and be more environmentally minded, beginning in January 2009, the Office of Health Insurance Programs will no longer produce a printed version of the newsletter. **The Medicaid Update will ONLY be available electronically. This new delivery system will allow our providers to receive policy sensitive bulletins faster.**

The newsletter will be delivered monthly to your designated e-mail address in a Portable Document Format (PDF). The electronic newsletter is the ideal way to have important policy information at your fingertips. Providers will be able to read, print, and share the newsletter with other interested colleagues at their convenience.

TO RECEIVE THE MEDICAID UPDATE ELECTRONICALLY

please send your e-mail address along with your provider ID#

by **Friday, October 31, 2008** to:

medicaidupdate@health.state.ny.us

Providers who are unsure about receiving an electronic-only version of the newsletter should bear in mind that the PDF newsletter can always be printed and read in hard copy. In addition, the current and archived newsletters are posted on the DOH Web site at www.nyhealth.gov/health_care/medicaid/program/update/main.htm and are always available for your convenience.

You will receive your **final printed newsletter by mail in December 2008** as we transition from print newsletters to electronic distribution.

The Office of Health Insurance Programs anticipates that most providers will take advantage of this new delivery system, however, for those few who cannot, arrangements are being considered for hard copy delivery. If you need to receive a hard copy of the Medicaid Update, please send your written request, along with your provider ID#, to the following address by **Friday, October 31, 2008**:

NYS Department of Health
Office of Health Insurance Programs, Attn: Kelli Kudlack
Corning Tower, Room 2029
Albany, New York 12237

We hope you will continue to find this newsletter to be a valuable source of information.

Don't be left out...send us your e-mail address and provider # today!

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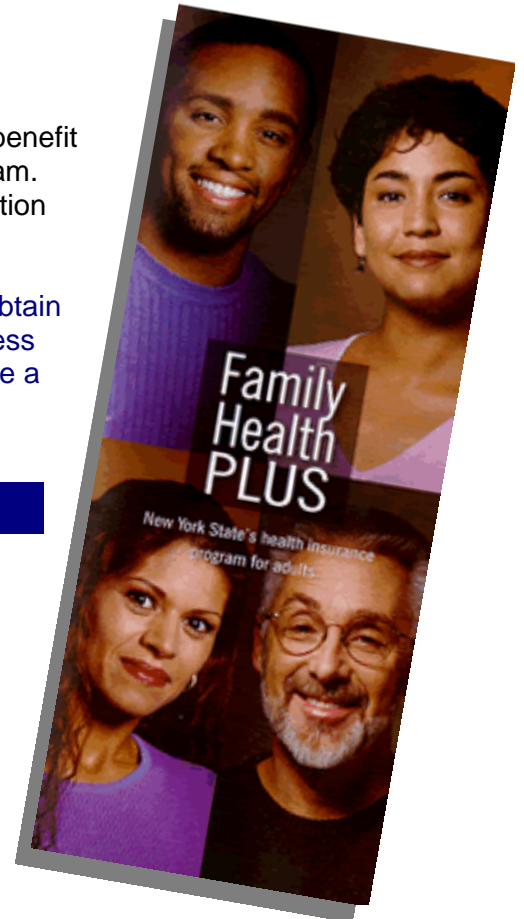
Family Health Plus Pharmacy Benefit

Effective **October 1, 2008**, the pharmacy benefit for Family Health Plus managed care enrollees will be “carved-out” of the managed care plan benefit package and will be administered by the Medicaid fee-for-service program. Family Health Plus enrollees will be issued a Medicaid Benefit Identification Card to obtain their pharmacy benefit.

If enrollees are already using a Medicaid Benefit Identification Card to obtain other benefits, they can use the same Benefit Identification Card to access their pharmacy benefits on or after October 1, 2008. If they currently use a Family Health Plus managed care identification card to access their pharmacy benefits, they must continue to do so until October 1, 2008.

The pharmacy benefit includes:

- Prescription drugs
 - Insulin and diabetic supplies currently covered as a pharmacy benefit by Medicaid (e.g., insulin syringes, blood glucose test strips, lancets, alcohol swabs)
 - Smoking cessation agents, including OTC products
 - Select over-the-counter medications covered on the Medicaid Preferred Drug List (Prilosec OTC, loratadine, Zyrtec)
 - Hearing aid batteries
 - Enteral formulae with prior authorization (1-866-211-1736)
- ◆ Drug co-payments for Family Health Plus enrollees will not change. Co-payments will remain at \$6.00 for brand-name drugs, \$3.00 for generic drugs, \$1.00 for diabetic supplies, hearing aid batteries and enteral formulae, and \$0.50 for covered over-the-counter drugs. For more information about Family Health Plus co-payments, please refer to the April 2006 Medicaid Update, “Family Health Plus Co-payment Information.”
 - ◆ Prescriptions for Family Health Plus enrollees will be subject to all Medicaid program requirements. Prescriptions may also be subject to prior authorization under Medicaid’s Preferred Drug Program, Clinical Drug Review Program, and the Mandatory Generic Drug Program. Prior authorization is obtained through the Clinical Call Center at 1-877-309-9493. For more information see <https://newyork.fhsc.com> or www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm.
 - ◆ With the exception of controlled substances, prescriptions must be filled within 60 days and are valid for six months from original prescription date with up to five refills.



Drugs administered in the physician’s office (J-Code drugs) remain in the managed care benefit package and should continue to be billed to the enrollee’s Family Health Plus managed care plan.

Questions? Contact **Medicaid Pharmacy Policy & Operations staff** at (518)486-3209.



PREFERRED DRUG PROGRAM UPDATE

Effective August 20, 2008, prior authorization requirements will change for some drugs in the following ten drug classes:

- Angiotensin Receptor Blockers (ARBs)
- Antihistamines - Second Generation
- Beta Blockers
- Calcium Channel Blockers (Dihydropyridine)
- Central Nervous System (CNS) Stimulants
- Corticosteroids - Intranasal
- HMG-CoA Reductase Inhibitors (Statins)
- Narcotics - Long Acting
- Sedative Hypnotics/Sleep Agents
- Triglyceride Lowering Agents



To obtain prior authorization for non-preferred drugs, call the pharmacy clinical call center at **(877) 309-9493** and follow the appropriate prompts.

The New York State Medicaid Preferred Drug List can be accessed at <https://newyork.fhsc.com/>.

Please remember that preferred drugs do not require prior authorization!

For clinical concerns or preferred drug program questions, call (877) 309-9493.

For billing questions, call (800) 343-9000.

For Medicaid pharmacy policy and operations questions, call (518) 486-3209.

***Do you suspect that a
Medicaid provider or an enrollee
has engaged in fraudulent activities?***

Call: 1-877-87FRAUD

Your call will remain confidential.

Or complete a complaint form online at:

www.omig.state.ny.us



NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization

ANALGESICS

Cyclooxygenase II (COX II) Inhibitors

PREFERRED AGENTS

Celebrex[®]

Narcotics – Long Acting

PREFERRED AGENTS

Duragesic [®]	morphine sulfate SR
fentanyl patch	Opana ER ^{® 1}
Kadian [®]	Oramorph SR [®]

Cyclooxygenase II (COX II) Inhibitors

NON-PREFERRED AGENTS

None

Narcotics – Long Acting

NON-PREFERRED AGENTS

<i>Avinza[®]</i>	<i>oxycodone HCL CR</i>
<i>MS Contin[®]</i>	<i>Oxycontin[®]</i>

ANTI-INFECTIVES

Anti-Fungals

PREFERRED AGENTS

ciclopirox (lacquer)	griseofulvin (suspension)
Grifulvin V [®] (tablet)	terbinafine (tablet)
Gris-PEG [®]	

Anti-Virals

PREFERRED AGENTS

acyclovir (capsule, suspension, tablet)
famciclovir
Valtrex[®]

Cephalosporins – Third Generation

PREFERRED AGENTS

Cedax[®]
cefdinir
cefepodoxime proxetil
Suprax[®]

Fluoroquinolones

PREFERRED AGENTS

Avelox[®]
Avelox ABC Pack[®]
Cipro[®] (suspension)
ciprofloxacin (tablet)
ofloxacin (tablet)

Pegylated Interferons

PREFERRED AGENTS

PEG-Intron[®]
Peg-Intron Redipen[®]
Pegasys[®]
Pegasys Convenience Pack[®]

Anti-Fungals

NON-PREFERRED AGENTS

<i>Grifulvin V[®] (suspension)</i>	<i>Lamisil[®] (tablet)</i>
<i>itraconazole</i>	<i>Penlac[®]</i>
	<i>Sporanox[®]</i>

Anti-Virals

NON-PREFERRED AGENTS

Famvir[®]
Zovirax[®] (capsule, suspension, tablet)

Cephalosporins – Third Generation

NON-PREFERRED AGENTS

Omnicef[®]
Spectracef[®]
Vantin[®]

Fluoroquinolones

NON-PREFERRED AGENTS

<i>Cipro[®] (tablet)</i>	<i>Levaquin[®]</i>
<i>Cipro XR[®]</i>	<i>Noroxin[®]</i>
<i>ciprofloxacin ER</i>	<i>Proquin XR[®]</i>
<i>Factive[®]</i>	<i>Tequin[®]</i>
<i>Floxin[®] (tablet)</i>	

Pegylated Interferons

NON-PREFERRED AGENTS

None

¹ Preferred as of 08/20/2008

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

CARDIOVASCULAR

Angiotensin Converting Enzyme Inhibitors (ACEIs)

PREFERRED AGENTS

Altace® (capsule)	lisinopril
benazepril	moexipril
captopril	ramipril (capsule)
enalapril maleate	trandolapril

ACEIs + Calcium Channel Blockers

PREFERRED AGENTS

benazepril/amlodipine	Tarka®
Lotrel®	

ACEIs + Diuretics

PREFERRED AGENTS

benazepril/HCTZ	lisinopril/HCTZ
captopril/HCTZ	moexipril/HCTZ
enalapril maleate/HCTZ	

Angiotensin Receptor Blockers (ARBs)

PREFERRED AGENTS

Avapro®	Diovan®
Benicar®	Exforge® ¹
Cozaar®	Micardis®

ARBs + Diuretics

PREFERRED AGENTS

Avalide®	Hyzaar®
Benicar HCT®	Micardis HCT®
Diovan HCT®	

Beta Blockers

PREFERRED AGENTS

acebutolol	metoprolol tartrate
atenolol	nadolol
betaxolol	pindolol
bisoprolol fumarate	propranolol
carvedilol	propranolol ER/SA
labetalol	timolol maleate

Angiotensin Converting Enzyme Inhibitors (ACEIs)

NON-PREFERRED AGENTS

Accupril®	Monopril®
Aceon®	Prinivil®
Altace® (tablet)	quinapril
Capoten®	Univasc®
fosinopril sodium	Vasotec®
Lotensin®	Zestril®
Mavik®	

ACEIs + Calcium Channel Blockers

NON-PREFERRED AGENTS

Lexxel®

ACEIs + Diuretics

NON-PREFERRED AGENTS

Accuretic®	quinapril/HCTZ
Capozide®	Quinaretic®
fosinopril/HCTZ	Uniretic®
Lotensin HCT®	Vaseretic®
Monopril HCT®	Zestoretic®
Prinzide®	

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

Atacand®	Teveten®
Azor®	

ARBs + Diuretics

NON-PREFERRED AGENTS

Atacand HCT®
Teveten HCT®

Beta Blockers

NON-PREFERRED AGENTS

Bystolic®	Levotal®
Coreg® ²	Lopressor®
Coreg CR®	metoprolol succinate
Corgard®	Sectral®
Inderal®	Tenormin®
Inderal LA®	Toprol XL®
InnoPran XL®	Trandate®
Kerlone®	Zebeta®

¹ Preferred as of 08/20/2008

² Non-Preferred as of 08/20/2008

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

Beta Blockers + Diuretics

PREFERRED AGENTS

atenolol/chlorthalidone
bisoprolol fumarate/HCTZ
metoprolol tartrate/HCTZ
nadolol/bendroflumethiazide
propranolol/HCTZ

Calcium Channel Blockers (Dihydropyridine)

PREFERRED AGENTS

Afeditab CR[®] nifedipine HCl
amlodipine Nifediac CC[®]
DynaCirc[®] Nifedical XL[®]
DynaCirc CR[®] nifedipine
felodipine ER nifedipine ER/SA
isradipine

Cholesterol Absorption Inhibitors

PREFERRED AGENTS

Zetia[®]

HMG-CoA Reductase Inhibitors (Statins)

PREFERRED AGENTS

Crestor[®] lovastatin¹
Lescol[®] pravastatin
Lescol XL[®] Simcor^{®1}
Lipitor[®] simvastatin

Triglyceride Lowering Agents

PREFERRED AGENTS

fenofibrate Lovaza^{®1}
gemfibrozil Tricor[®]

CENTRAL NERVOUS SYSTEM

Carbamazepine Derivatives

PREFERRED AGENTS

carbamazepine (chewable, suspension, tablet)
Carbatrol[®]
Epitol[®]
Equetro[®]
oxcarbazepine
Tegretol[®] (chewable, suspension, tablet)
Tegretol XR[®]
Trileptal[®]

Beta Blockers + Diuretics

NON-PREFERRED AGENTS

Corzide[®] Tenoretic[®]
Inderide[®] Ziac[®]
Lopressor HCT[®]

Calcium Channel Blockers (Dihydropyridine)

NON-PREFERRED AGENTS

Adalat CC[®] Plendil[®]
Cardene[®] Procardia[®]
Cardene SR[®] Procardia XL[®]
Norvasc[®] Sular^{®2}

Cholesterol Absorption Inhibitors

NON-PREFERRED AGENTS

None

HMC-CoA Reductase Inhibitors (Statins)

NON-PREFERRED AGENTS

Advicor^{®2} Mevacor[®]
Altoprev^{®2} Pravachol[®]
Caduet[®] Vytorin^{®2}
Zocor[®]

Triglyceride Lowering Agents

NON-PREFERRED AGENTS

Antara[®] Lofibra^{®2}
Fenoglide[®] Lopid[®]
Lipofen[®] Triglide[®]

Carbamazepine Derivatives

NON-PREFERRED AGENTS

None

¹ Preferred as of 08/20/2008

² Non-Preferred as of 08/20/2008

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

Central Nervous System (CNS) Stimulants

PREFERRED AGENTS

Adderall XR [®]	Focalin XR [®]
amphetamine salt combo	Metadate ER [®]
Concerta [®]	Methylin [®]
dexamethylphenidate	Methylin ER [®]
dextroamphetamine	methylphenidate
dextroamphetamine SR	methylphenidate ER/SA
Focalin [®]	Vyvanse ^{®1}

Sedative Hypnotics/Sleep Agents

PREFERRED AGENTS

chloral hydrate	temazepam
estazolam	triazolam
flurazepam	zolpidem

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Imitrex[®]
Maxalt[®]
Relpax[®]

ENDOCRINE AND METABOLIC AGENTS

Bisphosphonates

PREFERRED AGENTS

Fosamax[®]
Fosamax[®] Plus D

Calcitonins – Intranasal

PREFERRED AGENTS

Miacalcin[®]

Growth Hormones

PREFERRED AGENTS

Genotropin [®]	Nutropin AQ [®]
Nutropin [®]	Saizen [®]

Thiazolidinediones (TZDs)

PREFERRED AGENT

Actoplus Met [®]	Avandaryl [®]
Actos [®]	Avandia [®]
Avandamet [®]	Duetact [®]

Central Nervous System (CNS) Stimulants^{CC}

NON-PREFERRED AGENTS

<i>Adderall[®]</i>	<i>Metadate CD^{®2}</i>
<i>Daytrana[®]</i>	<i>Provigil^{®CC}</i>
<i>Desoxyn[®]</i>	<i>Ritalin[®]</i>
<i>Dexedrine[®]</i>	<i>Ritalin LA^{®2}</i>
<i>Dexedrine Spansule[®]</i>	<i>Ritalin SR[®]</i>
<i>Dextrostat[®]</i>	

Sedative Hypnotics/Sleep Agents

NON-PREFERRED AGENTS

<i>Ambien[®]</i>	<i>Prosom[®]</i>
<i>Ambien CR^{®2}</i>	<i>Restoril[®]</i>
<i>Dalmane[®]</i>	<i>Rozerem[®]</i>
<i>Doral[®]</i>	<i>Somnote[®]</i>
<i>Halcion[®]</i>	<i>Sonata[®]</i>
<i>Lunesta[®]</i>	<i>zaleplon</i>

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS

<i>Amerge[®]</i>	<i>Treximet[®]</i>
<i>Axert[®]</i>	<i>Zomig[®]</i>
<i>Frova[®]</i>	

Bisphosphonates

NON-PREFERRED AGENTS

<i>Actonel[®]</i>	<i>Boniva[®]</i>
<i>Actonel[®] with Calcium</i>	

Calcitonins - Intranasal

NON-PREFERRED AGENTS

Fortical[®]

Growth Hormones^{CC}

NON-PREFERRED AGENTS

<i>Humatrope^{®CC}</i>	<i>Tev-Tropin^{®CC}</i>
<i>Norditropin^{®CC}</i>	<i>Zorbtive^{®CC}</i>
<i>Omnitrope^{®CC}</i>	

Thiazolidinediones (TZDs)

NON-PREFERRED AGENT

None

¹ Preferred as of 08/20/2008

² Non-Preferred as of 08/20/2008

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

GASTROINTESTINAL

Anti-Emetics

PREFERRED AGENTS

ondansetron (ODT, solution, tablet)
Zofran® (ODT, solution, tablet)

Proton Pump Inhibitors (PPIs)

PREFERRED AGENTS

Nexium® (capsule)
omeprazole OTC
Prevacid® (capsule)

Anti-Emetics

NON-PREFERRED AGENTS

Anzemet®
granisetron (solution, tablet)

Kytril® (solution, tablet)

Proton Pump Inhibitors (PPIs)

NON-PREFERRED AGENTS

Aciphex®
Nexium Packet®
omeprazole Rx
pantoprazole
Prevacid® (packet, solutab)

Prevacid NapraPAC®
Prilosec® Rx
Protonix®
Zegerid®

HEMATOPOIETICS

Erythropoiesis Stimulating Agents (ESAs)

PREFERRED AGENTS

Aranesp®
Procrit®

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS

Epogen®

IMMUNOLOGIC AGENTS

Immunomodulators - Injectable

PREFERRED AGENTS

Enbrel®
Humira®

Immunomodulators - Injectable

NON-PREFERRED AGENTS

Cimzia®
Kineret®

Immunomodulators – Topical

PREFERRED AGENTS

Elidel®
Protopic®

Immunomodulators - Topical

NON-PREFERRED AGENTS

None

MISCELLANEOUS

Progestins (for Cachexia)

PREFERRED AGENTS

megestrol acetate (suspension)

Progestins (for Cachexia)

NON-PREFERRED AGENTS

Megace® (suspension)
Megace ES®

OPHTHALMICS

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

PREFERRED AGENTS

Alphagan P®
brimonidine

Alpha-2 Adrenergic Agonists (for Glaucoma) - Ophthalmic

NON-PREFERRED AGENTS

Iopidine®

Antihistamines – Ophthalmic

PREFERRED AGENTS

Pataday®
Patanol®

Antihistamines - Ophthalmic

NON-PREFERRED AGENTS

Elestat®
Emadine®

ketotifen RX
Optivar®

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

Fluoroquinolones – Ophthalmic

PREFERRED AGENTS

ciprofloxacin
ofloxacin
Vigamox[®]

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

PREFERRED AGENTS

Acular[®] Acular PF[®]
Acular LS[®] flurbiprofen

Prostaglandin Agonists – Ophthalmic

PREFERRED AGENTS

Travatan[®] Xalatan[®]
Travatan Z[®]

OTICS

Fluoroquinolones - Otic

PREFERRED AGENTS

Ciprodex[®] ofloxacin

RENAL AND GENITOURINARY

Phosphate Binders/Regulators

PREFERRED AGENTS

Fosrenol[®] Renagel[®]
Phoslo[®]

Selective Alpha Adrenergic Blockers

PREFERRED AGENTS

Flomax[®] Uroxatral[®]

Urinary Tract Antispasmodics

PREFERRED AGENTS

Detrol LA[®]
Enablex[®]
oxybutynin
Vesicare[®]

RESPIRATORY

Anticholinergics – Inhaled

PREFERRED AGENTS

Atrovent HFA[®] ipratropium
Combivent[®] Spiriva[®]

Fluoroquinolones – Ophthalmic

NON-PREFERRED AGENTS

Ciloxan[®] Quixin[®]
IQUIX[®] Zymar[®]
Ocuflox[®]

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Ophthalmic

NON-PREFERRED AGENTS

diclofenac Voltaren[®]
Nevanac[®] Xibrom[®]
Ocufen[®]

Prostaglandin Agonists – Ophthalmic

NON-PREFERRED AGENTS

Lumigan[®]

Fluoroquinolones - Otic

NON-PREFERRED AGENTS

Cipro HC[®] Floxin[®]

Phosphate Binders/Regulators

NON-PREFERRED AGENTS

Renvela[®]

Selective Alpha Adrenergic Blockers

NON-PREFERRED AGENTS

None

Urinary Tract Antispasmodics

NON-PREFERRED AGENTS

Detrol[®] Oxytrol[®]
Ditropan[®] Sanctura[®]
Ditropan XL[®] Sanctura XR[®]
oxybutynin ER

Anticholinergics - Inhaled

NON-PREFERRED AGENTS

Duoneb[®]
ipratropium/albuterol

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)

Antihistamines – Second Generation

PREFERRED AGENTS

OTC cetirizine¹
OTC cetirizine-D¹
OTC loratadine
OTC loratadine-D

Beta₂ Adrenergic Agents – Inhaled Long Acting

PREFERRED AGENTS

Foradil[®] Serevent Diskus[®]

Beta₂ Adrenergic Agents – Inhaled Short Acting

PREFERRED AGENTS

albuterol Ventolin HFA[®]
Maxair Autohaler[®] Xopenex[®] (solution)
Proventil HFA[®]

Corticosteroids – Inhaled

PREFERRED AGENTS

Advair Diskus[®] Flovent Diskus[®]
Advair HFA[®] Flovent HFA[®]
Asmanex[®] QVAR[®]
Azmacort[®]

Corticosteroids – Intranasal

PREFERRED AGENTS

fluticasone¹ Nasonex[®]

Leukotriene Modifiers

PREFERRED AGENT

Accolate[®] Singulair[®]

Antihistamines – Second Generation^{CC}

NON-PREFERRED AGENTS

Allegra[®]^{CC} Semprex-D[®]
Allegra-D[®] Xyzal[®]
Clarinet[®]^{CC} Zyrtec Rx[®]^{CC}
Clarinet-D[®] Zyrtec-D Rx[®]
fexofenadine

Beta₂ Adrenergic Agents – Inhaled Long Acting

NON-PREFERRED AGENTS

Brovana[®] Perforomist[®]

Beta₂ Adrenergic Agents – Inhaled Short Acting

NON-PREFERRED AGENTS

Accuneb[®] ProAir HFA[®]
Alupent[®] Proventil[®]
metaproterenol Xopenex HFA[®]

Corticosteroids – Inhaled^{CC}

NON-PREFERRED AGENTS

Aerobid[®] Symbicort[®]
Aerobid-M[®]
Pulmicort[®] (Flexhaler, Turbuhaler)^{CC}

Corticosteroids - Intranasal

NON-PREFERRED AGENTS

Beconase AQ[®] Nasarel[®]
Flonase[®] Omnaris[®]
flunisolide Rhinocort Aqua[®]
Nasacort AQ[®]² Veramyst[®]

Leukotriene Modifiers

NON-PREFERRED AGENT

None

¹ Preferred as of 08/20/2008

² Non-Preferred as of 08/20/2008

CC-Clinical Criteria (Please see: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_clinical_criteria.pdf)



UPDATE FROM EPIC NEW YORK'S PRESCRIPTION PROGRAM FOR SENIORS

Mandatory Generic Program

Effective October 1, 2008, EPIC will require a prior authorization to cover brand name drugs when there is an A-rated generic available. Some exemptions will apply, consistent with those under the Medicaid Mandatory Generic Program. Mandatory generic requirements will apply only when EPIC is the primary payer, and no other drug coverage is available. Please keep this new requirement in mind when prescribing or dispensing prescriptions to seniors enrolled in EPIC. More information about the EPIC prior authorization process will be provided in upcoming issues.



Coordination with Medicare Part D

EPIC helps seniors pay for their Part D deductibles, co-payments, and prescriptions during the coverage gap – as well as the monthly Part D premiums. EPIC also covers drugs not covered by the Part D plans, but pharmacies are expected to consult with prescribers about possible alternatives on the plan formulary. Effective **October 1, 2008**, pharmacies will need to certify that the prescriber was consulted, or was unable to be reached, before EPIC is billed as the primary payer. More information will be provided in the near future.

Pharmacists are reminded of the following when billing EPIC for seniors with Part D:

- ❑ Medicare Part D must always be billed first, or EPIC will deny the claim.
- ❑ Pharmacists can override the denial with an Other Coverage Code (field 308-C8) of 1, but only after submitting an eligibility transaction (E1) to Medicare that confirms there is currently no active Part D coverage.
- ❑ If Medicare Part D denies the claim, EPIC should be billed with an OCC of 3, along with the Other Payer Reject Code(s) (*field 472-6E*).
- ❑ If Medicare Part D approves the claim, EPIC should be billed for the Part D deductible or co-payment (Patient Pay Amount (*field 505-F5*)) with an OCC of 8. This includes “coverage gap” claims that are covered, but not paid, by Part D.

▶ **Calling all providers!!** Do you have an elderly patient with Medicare Part D who is in the coverage gap? Or do you know a senior who could use help paying for their Medicare Part D premiums or co-payments? Please inform them or their caregivers about EPIC, and suggest they call the EPIC Helpline at (800) 332-3742.



Nursing Home Transition and Diversion Medicaid Waiver Program



The New York State Department of Health (DOH) announces the "Nursing Home Transition and Diversion Waiver" (NHTD), a new Medicaid waiver program for individuals 18 years of age and older with a physical disability and for seniors who choose to live in the community rather than in an institutional setting.

PROGRAM INFORMATION

The NHTD waiver will provide community based services to individuals who are:

- ▶ Age appropriate;
- ▶ Assessed to be eligible for nursing home level of care;
- ▶ Capable of living in the community with needed assistance of at least one or more waiver services;
- ▶ Eligible for Community Based Long Term Care Medicaid;
- ▶ Not receiving services from another Home and Community Based Services Waiver;
- ▶ Considered part of an aggregate group that can be cared for at lower cost in the community than a similar group of Medicaid recipients in a nursing home.

DOH will administer this waiver program through nine Regional Resource Development Centers (RRDC) and three Quality Management Specialists (QMS) located throughout New York State. It is anticipated that a total of 5,000 participants will be served by this waiver between now and August 2010.

NHTD WAIVER SERVICES

Participants in the NHTD waiver are eligible to receive the following services:

- ▼ Service Coordination
- ▼ Assistive Technology
- ▼ Community Integration Counseling
- ▼ Community Transitional Services
- ▼ Congregate and Home Delivered Meals
- ▼ Environmental Modifications Services
- ▼ Home and Community Support Services (Physician order required)
- ▼ Home Visits by Medical Personnel
- ▼ Independent Living Skills Training Services
- ▼ Moving Assistance
- ▼ Nutritional Counseling/ Educational Services (Physician order required)
- ▼ Peer Mentoring
- ▼ Positive Behavioral Interventions and Supports
- ▼ Respiratory Therapy (Physician order required)
- ▼ Respite Services (Physician order required)
- ▼ Structured Day Program Services
- ▼ Wellness Counseling Service (Physician order required)

The NHTD Waiver Application and Program Manual can be accessed at <http://www.health.state.ny.us/health>. The Department of Health will be contacting physicians to further explain their responsibility for providing orders for the services specified above. For more information, please contact Bruce Rosen at (518) 486-3154.

Bulletins

Learn About Medicaid's New Ambulatory Care Reimbursement Method

The Department of Health has created a new Web site to help providers prepare for Medicaid's new outpatient reimbursement method, Ambulatory Patient Groups (APGs). APGs will be phased in beginning in December 2008 and will replace the current reimbursement methods for outpatient and community clinic, ambulatory surgery and emergency department services.

To access the Department's new APG Web site go to www.health.state.ny.us/health_care/medicaid/rates/index.htm or go to the www.nyhealth.gov and click on "Medicaid" in the left column and then on "Rates."



Ambulance Providers!

The cost of ambulance transportation of neonatal infants from community hospitals to facilities designated as **Regional Perinatal Centers (RPC)** is the financial responsibility of the RPC. Prior authorization of transportation from community hospitals to an RPC will not be granted.

Upon discharge of the infant, transportation from the RPC back to the community hospital is paid by Medicaid fee-for-service. Prior authorization from the appropriate county department of social services may be required. Questions? E-mail the Medicaid Transportation Policy Unit at MedTrans@health.state.ny.us or call (518) 474-5187.



CLARIFICATION:

Inpatient Medicaid Claims Require Present on Admission (POA) Indicator

In the past month, the Department of Health received some calls from providers seeking clarification on reporting responsibilities and requirements that were outlined in the June Medicaid Update article entitled "Medicaid Claims Require Present on Admission Indicators."

As of July 17, 2008 reporting of Present on Admission (POA) indicators for each diagnosis submitted on all **INPATIENT** Medicaid claims are **mandatory** for all inpatient facilities. This includes hospitalizations for substance abuse treatment, mental health admissions (including those from OMH licensed Article 31 and OASAS licensed Article 32 facilities), and all medical inpatient services. This also includes inpatient claims from 'Critical Access' Hospitals. **All claims that lack a valid POA indicator as of September 17, 2008 will be denied.**

In order to minimize the administrative burden of this requirement, Medicaid is using the POA definitions as outlined by the Centers for Medicare & Medicaid Services (CMS) for Medicare. However, the Medicaid POA requirement applies to a broader range of inpatient providers, as described above. The policy, described in MLN Matters 5499, is available at: <http://www.cms.hhs.gov/transmittals/downloads/r1240cp.pdf>.

Inpatient providers should be mindful of the following requirements when submitting a claim:

- ▼ *Claims without valid POA indicator codes will be denied*
- ▼ *This requirement applies to all **INPATIENT** bills - including inpatient MH, substance abuse treatment, critical access hospitals, etc.*
- ▼ *POA reporting is required for **ALL** claims filed after July 17; including claims for hospitalizations that happened prior to that date*
- ▼ *This does **NOT** apply to physician bills or outpatient billing.*

Please Note: Facilities should continue to report POA indicators on Statewide Planning and Research Cooperative System (SPARCS) submissions. Please be advised that the Department of Health will reject records and inform facilities if there are problems with missing or incorrect indicators. We will include retrospective case reviews to determine the accuracy and validity of POA indicators submitted.

Questions? Please contact Dr. Foster Gesten at (518) 486-6865 or John T. Franklin at (518) 473-8822.

The purpose of the POA indicator is to differentiate between conditions present at admission and conditions that develop during an inpatient admission. **Example: Did a fracture occur before the patient was admitted or during the patient's care?**

CMS Reporting Options and Definitions

Five Indicator Codes Allowed

- ◆ **Y** = present at the time of inpatient admission
- ◆ **N** = not present at the time of inpatient admission
- ◆ **U** = documentation is insufficient to determine if the condition is POA at the time of inpatient admission
- ◆ **W** = provider is unable to clinically determine whether the condition was POA
- ◆ **Exempt** = provider must enter "1" if condition is on the "not applicable" list





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PROVIDER SERVICES

Missing Issues?

The *Medicaid Update*, indexed by subject area, can be accessed online at:
http://www.health.state.ny.us/health_care/medicaid/program/update/main.htm.

Hard copies can be obtained upon request by emailing: medicaidupdate@health.state.ny.us.

Office of the Medicaid Inspector General: www.omig.state.ny.us. (518) 473-3782.

Questions about an Article?

Each article contains a contact number for further information, questions or comments.

Questions about billing and performing MEVS transactions?

Please call the eMedNY Call Center at: (800) 343-9000.

Provider Training

To sign up for a provider seminar in your area, please enroll online at:
<http://www.emedny.org/training/index.aspx>.

For individual training requests, call (800) 343-9000 or e-mail: emednyproviderrelations@csc.com.

Enrollee Eligibility

Call the Touchtone Telephone Verification System at any of the numbers below:

(800) 997-1111 (800) 225-3040 (800) 394-1234.

Address Change?

Questions should be directed to the eMedNY Call Center at: (800) 343-9000.

Fee-for-Service Providers

A change of address form is available at: <http://www.emedny.org/info/ProviderEnrollment/index.html>.

Rate-Based/Institutional Providers

A change of address form is available at: <http://www.emedny.org/info/ProviderEnrollment/index.html>.

Comments and Suggestions Regarding This Publication?

Please contact the editor, Kelli Kudlack, at: medicaidupdate@health.state.ny.us.

Did You Notice?

Each page of the *Update* is perforated for easy removal.
Easy to post on bulletin boards, circulate to staff, or photocopy and hand out to enrollees!

***Medicaid Update* is a monthly publication of the New York State Department of Health containing information regarding the care of those enrolled in the Medicaid program.**