

New York State Medicaid Update

THE OFFICIAL NEWSLETTER OF THE NEW YORK STATE MEDICAID PROGRAM

NYS Public Health Law: Duties of Providers of Mammography Services

A new NYS law designed to help improve breast cancer detection and prevention took effect in January 2013. NYS Public Health Law § 2404-c requires providers of mammography services to notify and inform their patients if a patient's mammogram demonstrates dense breast tissue.

The new law requires mammography providers to include the following notification in the summary of the mammography report provided to patients who are found to have dense tissue:

Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to talk to your doctor about your own risks for breast cancer. At that time, ask your doctor if more screening tests might be useful, based on your risk. A report of your results was sent to your physician.

NYS Medicaid Coverage Policy for Digital Mammography

The following information about Medicaid's coverage of mammography services was originally published in the [July 2008 Medicaid Update](#) when the policy became effective and is being reprinted here for your convenience.

Mammography is the best available tool for early detection of breast cancer, when it is more effectively treated.¹ One drawback of standard film mammography is reduced sensitivity in women with radiographically dense breasts. Digital mammography allows the degree of contrast in the image to be manipulated so that contrast can be increased in the dense areas of the breast. The Digital Mammographic Imaging Screening Trial (DMIST) demonstrated that digital mammography was superior to film mammography for breast cancer screening in a subset of asymptomatic women.²

- *Women who are premenopausal or perimenopausal;*
- *Women who are under age 50; and*
- *Women who have radiographically dense breast tissue.*





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AUGUST 2013 NEW YORK STATE MEDICAID UPDATE

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Final results from the Oslo II study in Norway showed that full-field digital mammography with independent double-reading yielded a significantly higher cancer detection rate than film mammography in a population-based screening program, whereas positive predictive values were comparable for the two imaging modalities.³

In the diagnostic setting, no data are available to suggest that any specific subgroup(s) may benefit from digital mammography rather than standard film mammography.

NYS MEDICAID COVERAGE (effective for dates of service on or after 7/1/08)

Screening Mammography

NYS Medicaid covers screening mammography by either film (CPT code 77057) or digital (HCPCS code G0202).

Diagnostic Mammography

NYS Medicaid covers diagnostic mammography by either film (CPT codes 77055 [unilateral], 77056 [bilateral]) or digital (HCPCS codes G0206 [unilateral], G0204 [bilateral]).

Digital Mammography

MEDICAID CODING RULES (effective for dates of service on or after 7/1/08)

1. Enhanced reimbursement is available for screening digital mammography, when medically indicated. Screening digital mammography should be reported with:
 - **G0202** Screening mammography, producing direct digital image, bilateral, all views
Standard film screening mammography should be reported with:
 - ✓ **77057** Screening mammography; bilateral.
2. Enhanced reimbursements are not available for the following diagnostic digital mammography codes. These codes will be priced at the same rate as **77055 and 77056**, respectively. Diagnostic digital mammography should be reported with one of the following codes:
 - **G0206** Diagnostic mammography, producing direct digital image, unilateral, all views.
 - **G0204** Diagnostic mammography, producing direct digital image, bilateral, all views.

Standard film diagnostic mammography should be reported with one of the following codes:

- **77055** Mammography; unilateral.
- **77056** Mammography; bilateral.

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3. When one of the above HCPCS codes for digital mammography (G0202, G0204, G0206) is reported, it is not permissible to simultaneously report any of the following CPT codes:
 - **77055** Mammography; unilateral.
 - **77056** Mammography; bilateral.
 - **77057** Screening mammography; bilateral.

4. Additional reimbursement for computer-assisted detection is available for the following add-on codes in conjunction with film mammography codes, as indicated below.
 - **77051** computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitalization of film radiographic images; diagnostic mammography (use 77051 in conjunction with 77055, 77056).
 - **77052** computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitalization of film radiographic images; screening mammography (use 77052 in conjunction with 77057).

NYS Medicaid Managed Care/Family Health Plus

Medicaid Managed Care/Family Health Plus benefits include coverage of medically necessary radiology services provided by qualified practitioners in the provision of diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology, and magnetic resonance imaging (MRI). These services may only be performed upon the order of a qualified practitioner. Providers should contact the member's Medicaid Managed Care/Family Health Plus Plan for specific coverage and prior authorization requirements.

Medicaid Cancer Treatment Program (MCTP): Breast, Cervical, Colorectal and Prostate Cancer

The Medicaid Cancer Treatment Program (MCTP) is a Medicaid program for eligible persons who are found to be in need of treatment for breast, cervical, colorectal or prostate cancer (and in some cases, pre-cancerous conditions of these cancers). Additional information about the MCTP can be found online at: <http://www.health.ny.gov/diseases/cancer/treatment/mctp/>.

New York State Department of Health Cancer Service Program (CSP)

The New York State Department of Health Cancer Service Program (CSP) provides free comprehensive breast, cervical and colorectal cancer screening and diagnostic services to eligible New York State residents and facilitates patient enrollment into the New York State Medicaid Cancer Treatment Program. New York State residents may call the CSP toll-free referral line, 1-866-442-CANCER (2262), 24 hours a day, seven days a week, to be connected to the CSP in their area.

Questions? Contact the Division of Program Development and Management at (518) 473-2160.

References

- (1) Smith RA, Cokkinides V, Eyre HJ. American Cancer Society Guidelines for the Early Detection of Cancer, 2006. *CA Cancer J Clin* 2006;56:11-25.
- (2) Pisano ED, Gatsonis C, Hendrick E, Yaffe M, Baum JK, Acharyya S, Conant EF, Fajardo LL, Bassett L, D'Orsi C, Jong R, Rebner M. Diagnostic Performance of Digital versus Film Mammography for Breast-Cancer Screening. *NEJM* 2005; 353:1773-1783
- (3) Skaane P, Hofvind S, Skjennald A. Randomized Trial of Screen-Film versus Full-Field Digital Mammography with Soft Copy Reading in Population-Based Screening Program: Follow-up and Final Results of Oslo II Study. *Radiology* 2007; 244:708-717.

Mandatory Compliance Program Certification Requirement under 18 NYCRR §521.3(b) Recommendation for Self Assessment

THIS IS A REMINDER FROM THE NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL (OMIG) FOR ALL MEDICAID PROVIDERS WHO ARE SUBJECT TO THE NYS SOCIAL SERVICES LAW SECTION 363-d MANDATORY COMPLIANCE PROGRAM REQUIREMENT.

OMIG highly recommends that all Medicaid providers annually conduct a self-assessment of their compliance programs. A self-assessment will maximize a provider's opportunity to make improvements, corrections or refinements to their compliance programs prior to the December 2013 certification period. This article is a reminder that OMIG recommends that Medicaid providers conduct their self-assessment.

The following identifies Medicaid providers that must have compliance programs. If a Medicaid provider is required to have a compliance program, the Medicaid provider is also required to certify on OMIG's website at www.omig.ny.gov that its compliance program meets the requirements of applicable law and regulations. The certification must occur in December of each year.

The OMIG has actively enforced both Social Services Law § 363-d and Part 521, of Title 18 of the New York State Codes, Rules and Regulations, both entitled "Provider Compliance Programs," has been actively enforced by the Office of the Medicaid Inspector General (OMIG) since 2009. This regulation requires all Medicaid providers who fall under the following categories to **certify in December of each year** that they have adopted, implemented and maintained an effective compliance program.

- *Persons subject to the provisions of Articles 28 or 36 of the New York State Public Health Law;*
- *Persons subject to the provisions of Articles 16 or 31 of the New York State Mental Hygiene Law; and,*
- *Other persons, providers or affiliates who provide care, services or supplies under the Medicaid program, or persons who submit claims for care, services or supplies for or on behalf of another person or provider for which the Medicaid program is or should be reasonably expected by a provider to be a substantial portion of their business operations.*

Under 18 NYCRR § 521.2 (b), "substantial portion" of business operations means any of the following:

- (1) *When a person, provider or affiliate claims or orders, or has claimed or has ordered, or should be reasonably expected to claim or order, at least \$500,000 in any consecutive 12-month period from the Medical Assistance Program;*

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- (2) *When a person, provider or affiliate receives or has received, or should be reasonably expected to receive, at least \$500,000 in any consecutive 12-month period directly or indirectly from the Medical Assistance Program; or*
- (3) *When a person, provider or affiliate who submits or has submitted claims for care, services, or supplies to the Medical Assistance Program on behalf of another person or persons in the aggregate of at least \$500,000 in any consecutive 12-month period.*

Each compliance program must contain the eight elements required under SSL § 363-d and 18 NYCRR § 521.3 (c). **Upon applying for enrollment in the Medical Assistance Program, and during the month of December each year thereafter**, 18 NYCRR 521.3 (b) requires providers to certify to the Department of Health and OMIG that a compliance program meeting the requirements of the regulation is in place.

The regulation, certification form, and FAQs are available on the OMIG website at:

<http://www.omig.ny.gov/compliance/certification>

Additionally, New York State's Medicaid providers are advised to review OMIG's website and review the information and resources that are published under the Compliance Tab on OMIG's home page. The Compliance Library under the Compliance Tab provides copies of current forms, publications and other resources that could prove helpful in conducting a self-assessment and completing the certification form in December.

Finally, OMIG will be updating New York Medicaid's form for Provider Certification of Effective Compliance Programs during 2013 for use in December 2013. When the new form is available, it will be announced in a *Medicaid Update* and also on OMIG's website. The current form and the form for 2013 give the Medicaid provider the opportunity to provide information to OMIG that its compliance program does not meet the effectiveness requirements. OMIG expects to present a Webinar on the new certification form for 2014 in November 2013.

It is the Medicaid provider's responsibility to determine if:

- a. *it has a compliance plan that meets the requirements of under SSL § 363-d and 18 NYCRR § 521.3 (c) and;*
- b. *its compliance program is effective. How the Medicaid provider assesses its compliance program will determine whether the Medicaid provider can certify that the compliance program is effective, or whether the Medicaid provider determines that its compliance program is not effective.*

OMIG recommends that New York's Medicaid providers sign up for e-mail notices from OMIG by subscribing to OMIG's listserv. Anyone can become a subscriber at no cost by signing up on OMIG's home page. The listserv is a great way to keep informed of the introduction of new compliance tools and information on compliance.

If you have any questions, please contact the OMIG's Bureau of Compliance at (518) 408-0401 or by using the Bureau of Compliance's dedicated e-mail address at: compliance@omig.ny.gov.



NY Medicaid **EHR Incentive** Program

NY MEDICAID ELECTRONIC HEALTH RECORDS INCENTIVE PROGRAM UPDATE

The NY Medicaid EHR Incentive Program provides **financial incentives** to **Eligible Practitioners** and **Hospitals** to promote the transition to electronic health records (EHR). Providers who practice using EHRs are in the forefront of improving quality, reducing costs, and addressing health disparities. Since December 2011 **over \$423 million** in incentive funds have been distributed to **over 8,650** New York State Medicaid providers.

For more information about the EHR Incentive Program, we encourage you to visit the program website at <https://www.emedny.org/meipass/> or attend one of the informational webinars hosted by the NYS Department of Health. To see the complete schedule of events and webinars, please view our Upcoming Event Calendar at <https://www.emedny.org/meipass/info/Events.aspx>.



Have Questions? **877-646-5410**

Contact hit@health.state.ny.us for program clarifications and details.

Addressing the Risk of Cancer with Angiotensin Receptor Blockers

The New York State Medicaid Prescriber Education Program (NYSMPEP) is a collaboration between the New York State Department of Health (NYSDOH) and the State University of New York (SUNY). The NYSMPEP provides prescribers with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals. In conjunction with the NYSMPEP, the Drug Information Response Center (DIRC) assists clinicians in the delivery of health care to their Medicaid patients by providing timely, evidence-based information on pharmacotherapy and serving as a resource for NYSMPEP academic educators in their outreach to prescribers. The DIRC prepared a response regarding the risk of cancer with angiotensin receptor blockers (ARBs).

Angiotensin receptor blockers (ARBs) are commonly prescribed to treat hypertension and congestive heart failure. However, there have been concerns about their long term use.¹ In 2010, Sipahi et al conducted a meta-analysis of 9 clinical trials and found that ARBs were associated with an increase in incidence of new malignancy, particularly lung cancer and prostate cancer.² Following this, the Food and Drug Administration (FDA) performed a drug safety review and reported no clear evidence existed to show an increased cancer risk with long term use of ARBs.^{1,3} Dr. Thomas Marciniak, a senior FDA official, investigated this issue further, examining individual patient data from clinical trials.⁴ In May 2013, Marciniak reported a 24% increase in lung cancer risk associated with ARB use and concluded that stronger warnings for ARB use are necessary, contrary to the 2010 FDA report. Despite this, the FDA issued a statement urging patients NOT to discontinue ARB usage.⁵

A search of the literature revealed several studies in which investigators sought to determine an association between ARB use and cancer. As mentioned previously, Sipahi et al conducted a meta-analysis, collecting data from 9 prospective trials, only 3 of which investigated cancer occurrence as an endpoint.² All trials included patients taking ARBs and/or angiotensin converting enzyme inhibitors (ACEIs) for ≥ 1 year. ARB use was associated with a statistically significant increase in risk of new cancer occurrence (relative risk [RR] = 1.08, 95% confidence interval [95% CI]: 1.01-1.15, $p = 0.016$). ARBs were also associated with a higher risk of cancer compared to ACEIs (RR = 1.08, 95% CI: 1.00-1.16, $p = 0.041$). However, in examining individual cancer types (lung, prostate, and breast), in patients with no background ACEI use, significant associations between ARB use and incident cancer were not observed (RR = 1.50, 95% CI: 0.93-2.41, $p = 0.097$, RR = 1.17, 95% CI: 0.97-1.41, $p = 0.10$, and RR = 0.99, 95% CI: 0.74-1.32, $p = 0.93$, respectively). Four other studies were identified; all of these were retrospective cohort studies and included patients with varying exposure to ARBs.⁶⁻⁹ The study endpoints were disparate, including incidence of lung cancer, prostate cancer, and new-onset cancer (non-specified), and the results were conflicting.

In summary, based on the available data, there is a lack of evidence demonstrating a significant association between ARBs and cancer. However, Marciniak's findings suggest that further investigation is necessary. Per the FDA, discontinuation of ARBs is not advised at this time.⁵ However, clinicians should be aware of the possible increase in cancer risk with ARB use and assess patients for other potential risk factors.

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For the complete response to this drug information request, please visit:

<http://nysep.nysdoh.suny.edu/dirc>.

To contact an NYSMPEP academic educator in your area, please visit:

<http://nysep.nysdoh.suny.edu/contactus>.

References:

- 1) FDA Drug Safety Communication: Ongoing safety review of the angiotensin receptor blockers and cancer. Food and Drug Administration Web site. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm218845.htm>. Accessed August 6, 2013.
- 2) Sipahi I, Debanne SM, Rowland DY, Simon DJ, Fang JC. Angiotensin-receptor blockade and risk of cancer: meta-analysis of randomised controlled trials. *Lancet Oncol*. 2010;11(7):627-636.
- 3) FDA Drug Safety Communication: No increase in risk of cancer with certain blood pressure drugs—Angiotensin Receptor Blockers (ARBs). Food and Drug Administration Web site. <http://www.fda.gov/Drugs/DrugSafety/ucm257516.htm>. Accessed August 6, 2013.
- 4) Dispute flares inside FDA over safety of popular blood-pressure drugs. Wall Street Journal Web site. <http://online.wsj.com/article/SB10001424127887324682204578515172395384146.html>. Accessed August 6, 2013.
- 5) FDA to patients: Do not stop taking your angiotensin receptor blocker blood pressure medication without talking to a healthcare professional. Food and Drug Administration Web site. <http://www.fda.gov/Drugs/DrugSafety/ucm354856.htm>. Accessed August 6, 2013.
- 6) Pasternak B, Svanstrom H, Callreus T, Melbye M, Hviid A. Use of angiotensin receptor blockers and the risk of cancer. *Circulation*. 2011;123(16):1729-1736.
- 7) Rao GA, Mann JR, Bottai M, et al. Angiotensin receptor blockers and risk of prostate cancer among United States veterans. *J Clin Pharmacol*. 2013;53(7):773-778.
- 8) Rao GA, Mann JR, Shoaibi A, et al. Angiotensin receptor blockers: are they related to lung cancer? *J Hypertens*. 2013;31(8):1669-1675.
- 9) Bhaskaran K, Douglas I, Evans S, van Staa T, Smeeth L. Angiotensin receptor blockers and risk of cancer: cohort study among people receiving antihypertensive drugs in UK General Practice Research Database. *BMJ*. 2012;344:e2697.

Billing Medicaid Fee-for-Service for Practitioner-Administered Drugs

This article outlines New York State Medicaid's **fee-for-service** coverage policy and billing guidelines for practitioner-administered drugs provided in non-facility/office based settings and in Article 28 clinics.

Coverage:

New York State Medicaid's policy for coverage of practitioner-administered drugs provided via subcutaneous, intramuscular or intravenous methods in a practitioner's office or an Article 28 clinic is as follows:

- Practitioner-administered drugs are covered for FDA approved indications and those recognized off-label indications supported in the Official Compendia (the American Hospital Formulary Service Drug Information; United States Pharmacopeia-Drug Information (or its successor publications); and the DRUGDEX Information System).
- In the absence of an approved FDA indication or support from the Compendia, an approved Institutional Review Board (IRB) protocol is required. Documentation must be maintained in the patient's medical record.
- Drugs are not covered for experimental or investigational use.
- Practitioner-administered drugs are to be billed to Medicaid at their acquisition cost by invoice.
- Practitioner-administered drugs that have been FDA approved, but that do not yet have assigned HCPCS codes, should be billed to Medicaid (at their acquisition cost by invoice) using the appropriate unlisted J-code (i.e., J3490 – Unlisted Drugs; J3590 – Unlisted Biologics; J9999 – Not otherwise classified, Antineoplastic Drugs). The claim should be submitted on paper. Documentation of medical necessity, the infusion record, and a copy of the invoice must accompany the claim.

Acquisition:

Practitioners and Article 28 clinics are required to:

- Purchase the drug
- Administer the drug to the Medicaid patient
- Bill Medicaid for the drug

*If a drug is to be administered in a practitioner's office or clinic setting, it is **not appropriate for the practitioner to write a prescription for the patient to obtain the drug at a pharmacy.** These drugs typically require special care, storage and handling by a medical professional.*

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REIMBURSEMENT POLICY

Office-Based Practitioners:

- Reimbursement for practitioner-administered drugs furnished by office-based practitioners to their patients is based on the acquisition cost by invoice of the drug dose administered to the patient.
- Providers are required to report the NDC on all drug claims, including Medicare/Medicaid crossover claims.

Article 28 Clinics:

APGs

- Physician administered drugs provided during an Article 28 clinic encounter are included in the APG payment to the facility.
- Drug APGs have assigned weights, which are set to reimburse the average units/dosage billed for each APG.
- Providers are expected to bill for each drug on a single claim line and identify the units provided on that line.
- Providers should report the NDC on all drug claims, including Medicare/Medicaid crossover claims.
- Drugs obtained at 340B prices must be reported with the “UD” modifier. The NDC should not be reported on 340B associated drug claims.
- Practitioner-administered drugs that have been carved-out of the APG payment methodology are to be billed as Ordered Ambulatory services. Information on how to determine if a drug is carved out of APGs can be found at:

- ✓ http://www.health.ny.gov/health_care/medicaid/rates/methodology/apg_carve_out.htm

The Ordered Ambulatory fee schedule can be found at:

- ✓ <https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx>

- ✓ A few select drugs are listed on the APG fee schedule. Drugs listed on the APG Fee Schedule will be reimbursed at one price regardless of geographic location (i.e., upstate, downstate) or rate code. When billing for drugs on the APG Fee Schedule, the provider will need to include the units administered and report their net acquisition cost in the charges field. The APG Fee Schedule can be found at:

http://www.health.ny.gov/health_care/medicaid/rates/methodology/history_and_fee_schedule.htm.

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Ordered Ambulatory Services:

- Practitioner-administered drugs that have been carved out of APGs are to be billed as Ordered Ambulatory services using the published Medicaid fee schedule.
- Drugs ordered by private practitioners, not affiliated with the hospital or diagnostic and treatment center where the drug is being administered, should also be billed as Ordered Ambulatory services.
- Providers are to bill Medicaid at the **actual acquisition cost by invoice to the provider, net any manufacturer discounts and/or other price reductions.**
- Clinics billing for Ordered Ambulatory practitioner-administered drugs should submit the claim following the General Professional Billing Guidelines. Instructions can be found at:

https://www.emedny.org/ProviderManuals/AllProviders/General_Billing_Guidelines_Professional.pdf

- Clinics should not report an APG rate code when billing for Ordered Ambulatory practitioner-administered drugs.
- Providers are required to report the NDC on all drug claims, including Medicare/Medicaid crossover claims. The only exception is for drugs obtained at 340B prices.
- Drugs obtained at 340B prices must be reported with the “UD” modifier. The NDC should not be reported on 340B associated drug claims.

REPORTING REQUIREMENTS

National Drug Code (NDC):

- The Medicaid Program is required to collect federal rebates on all practitioner-administered drugs. To identify drugs for rebate purposes, the National Drug Code (NDC) information must be present on all claims, including Medicare/Medicaid crossover claims.
- All providers (hospitals, outpatient departments, diagnostic/treatment centers, office-based practitioners, pharmacies, DME providers, etc.) must report the NDC on all practitioner administered drug claims **including Medicare/Medicaid crossover claims.**
- Failure to report the NDC will result in the claim being denied.
- The NDC can be found on the drug invoice and/or packaging information.
- Drugs obtained at 340B prices are the only exception to the NDC reporting requirement. Drugs obtained at 340B prices must be reported with the “UD” modifier.

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340B Reporting Requirements:

- 340B associated drug claims do not require that an NDC be reported.
- The “UD” modifier, rather than the NDC, should be reported with all 340B associated drug claims.
- Providers are reminded to bill Medicaid at the **actual acquisition cost by invoice to the provider, net any manufacturer discounts and/or other price reductions.**
- For additional information, see the Medicaid Update (December 2007 and April 2008) articles titled ‘National Drug Code Required on Medicaid Claims’ and ‘Coming Soon: Easy Identification of 340B Priced Claims’ for details at the following links:

http://nyhealth.gov/health_care/medicaid/program/update/2007/index.htm.

http://nyhealth.gov/health_care/medicaid/program/update/2008/index.htm.

Billing Instructions:

- Instructions for submitting claims on paper and electronically can be found in the December 2008 Medicaid Update at the following link.

http://www.health.ny.gov/health_care/medicaid/program/update/2008/2008-12.htm#bil

Questions:

Medicaid fee-for-service policy questions should be sent via e-mail to the following mailbox:
pffs@health.state.ny.us.

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

Medicaid Managed Care Mail Order Pharmacy Information for Retail Pharmacies

The enacted SFY 2013-14 Budget (Section 12 of Part A of Chapter 56 of the Laws of 2013) included a provision that enables members of Medicaid Managed Care/Family Health Plus/HIV SNP Plans, at their option, to obtain mail order specialty drugs at any retail network pharmacy. Medicaid Managed Care plans have procedures in place to allow their members to use any network pharmacy if that pharmacy agrees to accept a price comparable to the mail order specialty pharmacy price.

This means that if a member or provider acting on behalf of a member contacts the Managed Care Plan and requests to obtain mail order specialty medication(s) through a network retail pharmacy, and the network retail pharmacy agrees to a price that is comparable to the mail order specialty pharmacy price, the Managed Care Plan must allow the member to use the network retail pharmacy.

The following information chart outlines how each managed care plan is handling conformance with the changes related to mail order.

New York Medicaid Managed Care and Family Health Plus Plans Processes for Handling Changes in the 2013-14 Executive Budget Related to Mail Order Pharmacies - 8/27/2013

Managed Care Plan	Pharmacy Benefit Manager (PBM)	Provider Communication (include links) Strategy & Process to Offer Comparable Price to Network Pharmacies	Electronic Messaging and/or NCPDP Reject Codes (if applicable)	Member Communication Strategy
Affinity Health Plan	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website and provider portal updated 5/3/2013 • Provider newsletter to all providers 7/1/2013 • Fax blast to network retail pharmacies 7/24/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by sending an email to SpecialtyPharmacyApplications@cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Affinity specialty pharmacy network, overrides will no longer be required. 	R6 = Product/Service Not Appropriate For This Location. RPh call 800-364-6331 to resolve reject.	<ul style="list-style-type: none"> • Website updated 5/3/2013 http://www.affinityplan.org/content.aspx?id=39 • http://www.affinityplan.org/Affinity/Members/Drug_Information.aspx • Member newsletter 6/17/2013 http://www.affinityplan.org/uploadedFiles/Affinity_Home/What_We_Offer/2013_HEALTHY_STREETS_Spring_FINAL_WEB.pdf
Amida Care	ESI	<p>No changes required. Current program enables members to receive covered specialty drugs at any network pharmacy (except where manufacturer-imposed limited distribution may apply).</p>	N/A	N/A
Blue Cross Blue Shield of Western NY (Health Now)	ESI	<p>Communications:</p> <ul style="list-style-type: none"> • Pharmacy Fax blast 5/16/2013 • Provider newsletter 9/1/2013 (faxed to all providers in network) • Website updated 5/3/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies should follow instructions in the fax blast that was sent on 5/16/2013 • During the contracting period, network retail pharmacies may continue to call for an override • Once the pharmacy is in the Blue Cross Blue Shield of Western NY specialty pharmacy network, overrides will no longer be required. 	Reject 4W (Must fill through Specialty Pharmacy; not covered at this pharmacy)	<ul style="list-style-type: none"> • Website updated 5/3/2013 https://securews.bcbsswny.com/web/content/WNYmember/get-coverage/Low-or-No-CostInsurancePlansRequestForInformation/CommunityCareMedicaidManagedCare.html
CDPHP	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 6/3/2013 http://www.cdphp.com/Providers/RXCorner/Specialty-Pharmacy • Provider newsletter published in early July. • Fax blast to network retail pharmacies 7/23/2013 <p>Process:</p> <ul style="list-style-type: none"> • Member or prescriber may request retail access at time of PA. (All specialty drugs require PA.) • Contract amendment will be sent within 72 hours. Retail network pharmacy may choose to dispense drug, pending payment or wait until the contract is signed. • Claim submission will be on a CDPHP or a CMS 1500 form. 		<ul style="list-style-type: none"> • Website updated 6/3/2013 http://www.cdphp.com/Members/Rx-Corner/Specialty-Rx • Member newsletter published in early August

New York Medicaid Managed Care and Family Health Plus Plans Processes for Handling Changes in the 2013-14 Executive Budget Related to Mail Order Pharmacies - 8/27/2013

Managed Care Plan	Pharmacy Benefit Manager (PBM)	Provider Communication (include links) Strategy & Process to Offer Comparable Price to Network Pharmacies	Electronic Messaging and/or NCPDP Reject Codes (if applicable)	Member Communication Strategy
Emblem Health/ Health Insurance Plan of Greater New York	ESI	<p>Communications:</p> <ul style="list-style-type: none"> • Pharmacy Fax blast 6/6/2013 • Provider newsletter 7/8/2013 to all providers • Website updated 7/15/2013 • Policy Alert/Enews Blast 6/26/2013 to Providers and Members <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies should follow instructions in the fax blast that was sent on 6/6/2013 • During the contracting period, EmblemHealth will work with the member to provide access to the medication via its specialty pharmacy vendor. • Once the pharmacy is in the Emblem Health specialty pharmacy network, members will be able to use that pharmacy to attain specialty medications. 	Call Emblem Health 888-447-7364 for info	<ul style="list-style-type: none"> • Website updated 7/15/2013 http://www.emblemhealth.com/Our-Plans/State-Sponsored-Programs/Pharmacy-for-Medicaid-or-Family-Health-Plus-Plans/Specialty-Drugs.aspx • Member newsletter 9/16/2013 • Notifications Sent to Members currently using Specialty Drugs 6/7/2013 • Member handbook • Policy Alert/Enews Blast 6/26/2013 to Providers and Members
Excellus	Med Impact	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 5/24/2013 <p>Process:</p> <ul style="list-style-type: none"> • All retail pharmacies will be offered an addendum to their current contract target 8/1/2013 • During contracting period, network pharmacies may continue to call for an override, 	"Refill must be filled at Specialty Pharmacy. Please call FLRx Help Desk at 1-800-724-5033"	<ul style="list-style-type: none"> • Website updated 5/24/2013 <p>Excellus BCBS https://www.excellusbcbs.com/wps/portal/xl/mbr/drg/specialty/</p> <ul style="list-style-type: none"> • Notifications Sent to Members currently using Specialty Drugs 6/5/2013
Fidelis Care/ New York State Catholic Health Plan	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 6/4/2013 • Fax blast to network retail pharmacies 7/22/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by sending an email to SpecialtyPharmacyApplications@cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Fidelis specialty pharmacy network overrides will no longer be required. 	RPH CALL 866-387-2573 TO RESOLVE REJECT Product/Service Not Appropriate for this location	<ul style="list-style-type: none"> • Website updated 6/4/2013 http://www.fideliscare.org/en-us/providers/pharmacyservices/importantnoticeregardingspecialtycoveredprescriptions.aspx

NY Medicaid Managed Care and Family Health Plus Plans Processes for Handling Changes in the 2013-14 Executive Budget Related to Mail Order Pharmacies - 8/27/2013

Managed Care Plan	Pharmacy Benefit Manager (PBM)	Provider Communication (include links) Strategy & Process to Offer Comparable Price to Network Pharmacies	Electronic Messaging and/or NCPDP Reject Codes (if applicable)	Member Communication Strategy
Health First	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 7/9/2013 • Fax blast to network retail pharmacies 7/22/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by sending an email to SpecialtyPharmacyApplications@cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Health First specialty pharmacy network, overrides will no longer be required. 	R6 = Product/Service Not Appropriate For This Location. RPH call 866-387-2573 to resolve reject	<ul style="list-style-type: none"> • Website updated 7/9/2013 http://www.healthfirstny.org/specialty-mail-order-covered-prescriptions.html
Health Plus/Amerigroup	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 7/24/2013 https://providers.amerigroup.com/Public%20Documents/NY_NY_HP_SpecialtyRx.pdf • Fax blast to network retail pharmacies 7/22/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by sending an email to SpecialtyPharmacyApplications@cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Health Plus/Amerigroup specialty pharmacy network, overrides will no longer be required. 	R6 = Product/Service Not Appropriate For This Location. RPH call 866-387-2573 to resolve reject	<ul style="list-style-type: none"> • Website updated 7/24/2013 https://www.myamerigroup.com/English/Documents/NYNY_HealthPlus_Specialty_Pharmacy.pdf
Hudson Health Plan	Maxor Plus	<p>Communication:</p> <ul style="list-style-type: none"> • Fax blast to network retail pharmacies 7-22-13 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can also request to be in the specialty network by responding to the instructions in the claim denial message. • During the contracting period, network retail pharmacies may request a one-time override. Once an executed specialty contract/amendment has been received by Maxor Plus, overrides will no longer be required. 	Call for Specialty Contract: 1-800-687-0707	<ul style="list-style-type: none"> • Website updated 5/23/2013 http://www.hudsonhealthplan.org/members/drug-information/specialty-medications/ • Notifications Sent to Members currently using Specialty Drugs 6/19/2013
Independent Health	Pharmacy Management Dimension	<ul style="list-style-type: none"> • No changes required. Current program enables members to receive covered specialty drugs at any network pharmacy (except where manufacturer imposed limited distribution may apply). 	N/A	N/A

New York Medicaid Managed Care and Family Health Plus Plans Processes for Handling Changes in the 2013-14 Executive Budget Related to Mail Order Pharmacies - 8/27/2013

Managed Care Plan	Pharmacy Benefit Manager (PBM)	Provider Communication (include links) Strategy & Process to Offer Comparable Price to Network Pharmacies	Electronic Messaging and/or NCPDP Reject Codes (if applicable)	Member Communication Strategy
Metro Plus Health Plan	CVS Caremark	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 5/31/2013 • Fax blast to network retail pharmacies 7/22/2013 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by sending an email to SpecialtyPharmacyApplications@cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Metro Plus specialty pharmacy network, overrides will no longer be required. 	R6= Product/ Service Alert Not Appropriate For This Location. Pharmacist will be instructed of number to call to resolve reject	<ul style="list-style-type: none"> • Website updated 05/31/2013 http://www.metroplus.org/providers_formulary_listings.php
MVP Health Care	ESI	<p>Communications:</p> <ul style="list-style-type: none"> • Pharmacy Fax blast 5/16/2013 • Provider newsletter 7/1/2013 • Website updated 5/1/2013 http://www.mvphealthcare.com/provider/documents/MVP_Health_Care_Option_plans_specialty_drugs_pharmacy_choice.pdf <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies should follow instructions in the fax blast that was sent on 5/16/2013 • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the MVP specialty pharmacy network, overrides will no longer be required. 	Reject 70 (NDC Not Covered) Additional message: MUST BE OBTAINED THROUGH CURASCRIPT	<ul style="list-style-type: none"> • Website updated 4/25/2013 https://swp.mvphealthcare.com/wps/wcm/connect/7438de0d-3009-4d8e-b0a3-cdabfe148ff3/MVP_Health_Care_Option_Medicaid_Specialty_Drugs_Pharmacy_Choice.pdf?MOD=AJPERES • Member newsletter 6/20/2013 Page 3 of: https://swp.mvphealthcare.com/wps/wcm/connect/0066763e-4706-4d61-a66d-f8aa2ff1cda1/MVP_Health_Care_LivingWellForMVPOption_Summer2013.pdf?MOD=AJPERES • Notifications Sent to Members currently using Specialty Drugs 6/15/2013
Total Care	ESI	<p>Communications:</p> <ul style="list-style-type: none"> • Pharmacy Fax blast 5/16/2013 • Website updated 7/11/2013 • Provider Letter 6/3/13 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies should follow instructions in the fax blast that was sent on 5/16/2013 • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the Total Care specialty pharmacy network, overrides will no longer be required. 	Reject 73 (Refills not covered) Additional message: RRA REFILLS NOT COVERED PLAN COVERS ONLY 001 FILLS	<ul style="list-style-type: none"> • Website updated 7/11/2013 http://www.totalcareny.com/default.aspx?PageID=845 • Notifications to Members currently using Specialty Drugs http://www.totalcareny.com/default.aspx?PageID=871

New York Medicaid Managed Care and Family Health Plus Plans Processes for Handling Changes in the 2013-14 Executive Budget Related to Mail Order Pharmacies - 8/27/2013

Managed Care Plan	Pharmacy Benefit Manager (PBM)	Provider Communication (include links) Strategy & Process to Offer Comparable Price to Network Pharmacies	Electronic Messaging and/or NCPDP Reject Codes (if applicable)	Member Communication Strategy
United Health-Care	Optum Rx	<p>Communication:</p> <ul style="list-style-type: none"> • Website updated 4/1/2013 <p>Process:</p> <ul style="list-style-type: none"> • Contract amendments to all network pharmacies were mailed by 6/1/2013 for an effective date of 7/1/2013 and will include specialty rates. The contracting process has been completed. • Members can obtain their specialty drugs at any retail network pharmacy that has agreed to the rate (per the contract amendment). 	N/A	<ul style="list-style-type: none"> • Member Website updated 4/1/2013 http://www.uhcommunityplan.com/assets/NY-Specialty-Drug-Network.pdf
Univera Community Health	Plus Med	<p>Communications:</p> <ul style="list-style-type: none"> • Website updated 5/24/2013 <p>Process:</p> <ul style="list-style-type: none"> • All retail pharmacies will be offered an addendum to their current contract target 8/1/2013 • During contracting period, network pharmacies may continue to call for an override, 	"Refill must be filled at Specialty Pharmacy. Please call FLRx Help Desk at 1-800-724-5033"	<ul style="list-style-type: none"> • Website updated 5/24/2013 http://www.univeracommunityhealth.com/pm.asp • Notifications Sent to Members currently using Specialty Drugs 6/5/2013
VNSNY Choice Health Plans	CVS Caremark	<p>Communication:</p> <ul style="list-style-type: none"> • Website updated 6/28/2013 • Fax blast to network retail pharmacies 7/22/13 <p>Process:</p> <ul style="list-style-type: none"> • Pharmacies can request to be in the specialty network by contacting CVS Caremark's Network Department at SpecialtyPharmacyApplications@Cvscaremark.com • During the contracting period, network retail pharmacies may continue to call for an override. • Once the pharmacy is in the VNSNY specialty pharmacy network, overrides will no longer be required. 	R6 = Product /Service Not Appropriate For This Location. RPh call 866-387-2573 (or Help Desk phone number provided on the rejection screen) to resolve reject	<ul style="list-style-type: none"> • Member Website updated 6/28/2013 http://2013.vnsnychoice.org/vnsny-choice-selecthealth/vnsny-choice-selecthealth-overview/specialty-pharmacy-notice/
Wellcare	Catamaran	<ul style="list-style-type: none"> • No changes required. Current program enables members to receive covered specialty drugs at any network pharmacy (except where manufacturer imposed limited distribution may apply). 	N/A	N/A

Mandatory Compliance Program Requirement under the NYS Social Services Law OMIG's Observed Best Practices; Opportunities for Enhancement; and Insufficiencies Updated - As of March 31, 2013

Publication Notice:

The New York State Office of the Medicaid Inspector General (OMIG) recently published an update to its listing of the following compliance program reviews initiated through March 31, 2013:

- *Observed Best Practices in Compliance*
- *Observed Opportunities for Enhancement*
- *Observed Insufficiencies*

The lists are available on OMIG's website, www.omig.ny.gov. They can be accessed through the Compliance Tab and are located under the Compliance Library.

The lists are composed of observations cited in OMIG's compliance program assessments for the period December 2010 up to and including March 31, 2013.

The lists do not identify specific providers or provider types, but the observations listed offer guidance to Medicaid providers on what OMIG has found to exist in compliance programs that exceed the mandatory requirements (Best Practices), that meet the mandatory requirements, but could be improved (Opportunities for Enhancement), or that do not meet the mandatory requirements (Insufficiencies).

OMIG suggests that Medicaid providers who must comply with the mandatory compliance program obligation periodically review their compliance programs, how they operate, and make improvements based upon their self-assessment. The lists referred to in this *Medicaid Update* provide insight into how OMIG may assess Medicaid providers' compliance programs.

OMIG recommends that New York's Medicaid providers sign up for e-mail notices from OMIG by subscribing to OMIG's email list. Anyone can become a subscriber at no cost by signing up on OMIG's home page at www.omig.ny.gov. An e-mail subscription is a great way to stay informed of new compliance tools and information on compliance. As additional compliance resources are published by OMIG on its website, email subscribers will receive notices of publication.

If you have any questions, please visit OMIG's website at www.omig.ny.gov and refer to the Compliance landing page for the Bureau of Compliance's direct contact information.

PROVIDER DIRECTORY



Office of the Medicaid Inspector General:

For general inquiries or provider self-disclosures, please call (518) 473-3782. For suspected fraud complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit www.omig.ny.gov.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:

Please visit the eMedNY website at: www.emedny.org.

Providers wishing to listen to the current week's check/EFT amounts:

Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

Do you have 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 (800) 997-1111.

Need to change your address? Does your enrollment file need to be updated because you've experienced a change in ownership? Do you want to enroll another NPI? Did you receive a letter advising you to revalidate your enrollment?

Visit www.emedny.org/info/ProviderEnrollment/index.aspx and choose the link appropriate for you (e.g., physician, nursing home, dental group, etc.)

Medicaid Electronic Health Record Incentive Program questions?

Contact the New York Medicaid EHR Call Center at (877) 646-5410 for assistance.

Do you have comments and/or suggestions regarding this publication?

Please contact Kelli Kudlack via e-mail at: medicaidupdate@health.state.ny.us.