



## Family Planning Benefit Program (FPBP) Update

**Effective November 1, 2012**, the Family Planning Benefit Program (FPBP) will:

- Include Medicaid covered transportation to family planning services;
- Allow individuals of any age to enroll; and
- Allow applicants to apply for up to three months of retroactive coverage.



Medicaid covered transportation is now a service available through the FPBP. Medicaid will reimburse the most appropriate mode of transportation required to transport an eligible enrollee to a FPBP covered service. Providers should consult the Transportation manual to obtain information regarding transportation policy guidelines, procedures and the county contact list. The manual can be viewed at: <http://www.emedny.org/ProviderManuals/Transportation/index.html>.

The age requirement for FPBP eligibility has been eliminated. This will allow any individual, female or male, of any age, to apply for the FPBP. Individuals who apply for FPBP-only coverage, on or after November 1, 2012, may ask for a determination of their eligibility for FPBP coverage for up to three months prior to the month of their application. (To be considered for retroactive FPBP coverage, an individual must submit a signed, dated, and completed application for ongoing FPBP coverage.) If eligible, Medicaid may pay for Medicaid covered family planning services the individual received from Medicaid enrolled providers during the three month period prior to the month of their application.

### Presumptive Eligibility for the Family Planning Benefit Program

The Affordable Care Act (ACA) allows states to amend their Medicaid State Plans to allow Medicaid enrolled family planning providers to screen individuals for presumptive eligibility (PE) for FPBP covered services. Presumptive eligibility for the Family Planning Benefit Program provides immediate Medicaid coverage for family planning services to individuals pending a full eligibility determination for the FPBP. For the presumptive eligibility screening, applicants may attest to their current residency, household size, income, citizenship and identity.

**Effective November 1, 2012**, family planning providers who have a signed Memorandum of Understanding (MOU) with the New York State Department of Health (NYSDOH) will be able to screen individuals for PE for the FPBP.

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## NOVEMBER 2012 NEW YORK STATE MEDICAID UPDATE

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# POLICY AND BILLING GUIDANCE

**Effective November 1, 2012**, family planning providers who have a signed MOU with the New York State Department of Health (NYSDOH) will be able to screen individuals for PE for the FPBP.

When an individual screens presumptively eligible for the FPBP, the provider will give the applicant a determination letter and submit the screening form to New York Health Options, NYSDOH's designated agency. New York Health Options will enter eligibility in the State's Welfare Management System based on the screening form and will issue a Common Benefit Identification Card (CBIC) to the individual. The provider will receive confirmation of the individual's client identification number (CIN), from New York Health Options, for billing purposes.

The determination letter given to the individual is a guarantee of eligibility. Generally, the PE period begins the date of the screening and continues through the end of the following month. Providers, including pharmacies, will be able to submit a claim using the CIN to receive Medicaid reimbursement for all covered family planning services, supplies and treatments provided to individuals during the PE period.

Previous FPBP MOUs with local social services districts will be nullified once a provider has signed a new MOU with NYSDOH. When the provider receives the MOU, dually signed by the provider and the NYSDOH, provider staff that have reviewed the PE for FPBP training material and signed the Confidentiality Agreement, will be authorized to complete PE for FPBP screenings.

For questions regarding the MOU process, providers may contact Pat Clements at (518) 474-8887 or via e-mail at: [pac19@health.state.ny.us](mailto:pac19@health.state.ny.us).

## Family Planning Extension Program

The Family Planning Extension Program (FPEP) provides 24 months of family planning services to women who were pregnant while in receipt of Medicaid (regardless of how that pregnancy ended), but who are no longer eligible for MA after their 60 day post partum period.

Previously, women accessing services through the FPEP did not have an active Medicaid case and did not have an active CBIC. Administration of the FPEP, including claiming, was performed manually by the NYSDOH. As of November 1, 2012, women who are eligible for benefits through the FPEP, will have coverage on the eMedNY system and will use a CBIC to access services from any Medicaid enrolled family planning service provider. Providers will process claims in the same manner as they process other Medicaid claims.

**Note:** New York City will transition to this process in March of 2013. Women in New York City will continue to access services using the manual process until it is automated.

The family planning services available through the FPEP are the same as those available through the FPBP except transportation, which is not a service available through the FPEP.

## Eligibility Response Information

When viewing eligibility verification the following message will be received:

**"Eligible Only Family Planning Services No Transportation."**

# Instructions for Beneficiaries Enrolled in Medicare Managed Care Plans

Billing guidelines previously published in the November 2009 and January 2010 Medicaid Update instructed providers to use Claim Filing Indicator Code 16 to bill Patient Responsibility amounts to Medicaid following payment from a Medicare Advantage Plan.

Since these instructions were issued, claims have been submitted to Medicaid using Claim Filing Indicator Code 16 for Medicaid beneficiaries who were not enrolled in a Medicare Advantage plan.

Therefore, **effective December 1, 2012**, all claims indicating Medicare Advantage plan coverage (Claim Filing Indicator Code 16), must have an active Medicare Advantage Plan in the eMedNY system for the date of service, or the claim will be denied. The denial message will read **"Pyr 16 Invalid- Client Not Enrol In MCARE Advant."**

If a claim is denied, non-pharmacy providers must rebill the claim eliminating Indicator Code 16. Pharmacy providers must rebill their NCPDP D.O claims without the indicator code that denotes Medicare Advantage plan coverage.

**Questions?** Please contact the eMedNY Call Center at (800) 343-9000.

## New York Medicaid Electronic Health Records Incentive Program Update

The New York State Department of Health (NYSDOH) is pleased to announce that as of November 20, 2012, the New York Medicaid Electronic Health Records (EHR) Incentive Program has now paid over \$204.5 million in federal incentive funds to over 3,400 New York State hospitals and healthcare practitioners.

The New York Medicaid EHR Incentive Program is now accepting attestations from eligible professionals (EPs) for both adoption/implementation/upgrade (in providers' first year of participation) and meaningful use (for providers' second participation year). All EP attestations will be administered via the eMedNY Medicaid EHR Incentive Program Administrative Support Service (MEIPASS). EPs have until March 31, 2013, to attest in MEIPASS for Payment Year 2012 as their first or second participation year. New York Medicaid encourages all providers to attend our revised EP Participation Year 1 and 2 webinars to view enhancements recently made in the MEIPASS application.

For eligible hospitals (EHs), the New York Medicaid EHR Incentive Program is currently accepting adopt/implement/upgrade attestations for Payment Year 2012 for hospitals in their first participation year. As previously announced, attestation for meaningful use for both Medicaid-only and dually-eligible hospitals will be made available later in the fourth quarter of calendar year 2012. Hospitals have until January 31, 2012 to complete attestation for Payment Year 2012.

All providers are encouraged to make sure they have maintained all the program prerequisites and eligibility requirements prior to attesting. This includes being enrolled as a fee-for-service Medicaid provider, having an active ePACES login and calculating Medicaid eligibility requirements.

If you have not yet registered for the New York Medicaid EHR Incentive Program, we encourage you to visit the **new** and **improved** website at: <https://www.emedny.org/meipass/> or attend one of the informational webinars hosted by the NYS Department of Health throughout the month of December. You may also contact the New York Medicaid EHR Call Center at (877) 646-5410 for further assistance.

<b>Tuesday, December 4</b>	12:00–1:00PM	Program Prerequisites
<b>Thursday, December 6</b>	12:00–1:00PM	EP Participation Year 1 (A/I/U)
<b>Tuesday, December 11</b>	10:00–11:00AM	EP Support Documentation
<b>Thursday, December 13</b>	10:00–11:00AM	EP Participation Year 2 (MU)
<b>Tuesday, December 18</b>	12:00–1:00PM	EP Participation Year 1 (A/I/U)
<b>Wednesday, December 19</b>	3:00–4:00PM	Program Prerequisites
<b>Thursday, December 20</b>	12:00–1:00PM	EH Participation Year 2 (MU)
<b>Thursday, December 27</b>	10:00–11:00AM	EP Support Documentation

The webinar schedule is subject to change based on interest levels. To view the complete schedule or to register for one of the webinars, please see the webinar schedules posted on the eMedNY.org website at:

- Current Month: <https://www.emedny.org/meipass/webinar/Webinar.pdf>
- Next Month: <https://www.emedny.org/meipass/webinar/NextMonth.pdf>

# Care at Home (CAH) III, IV and VI Case Management Providers

The Office for People with Developmental Disabilities (OPWDD) and the New York State Department of Health (NYSDOH) are working with the Centers for Medicare & Medicaid Services (CMS) to combine CAH III, IV and VI into a single 1915c waiver program. **The new waiver will be known as the OPWDD Care At Home Waiver, and will become effective on January 1, 2013.** The purpose of this consolidation is to streamline and strengthen New York State's administrative oversight and reporting mechanism for these waiver programs.

**Effective January 1, 2013, case management services with a date of service on or after January 1, 2013, must be billed utilizing rate code 2311 (Case Management Care At Home – IV) for all children receiving OPWDD CAH case management services, regardless of which waiver the child was enrolled in prior to January 1, 2013.** Billing submitted for case management services under the CAH III or CAH VI waiver rate codes (2305 and 2317 respectively) for services provided on or after January 1, 2013, will be denied. Rate code 2311 has been utilized as the single, statewide rate code for Care at Home IV since October 1, 2007 and will be used for all eligible individuals enrolled in the consolidated CAH Waiver. To ensure accurate coding of Medicaid claims, it is recommended that providers forward this information to their agency's billing department.

**Additionally, beginning on January 1, 2013, there will be one recipient restriction/exception code (R/E code) used for all children receiving OPWDD CAH services.** The R/E code to be used is 65, which is the current R/E code for CAH IV. R/E Codes 64 (CAH III) and 67 (CAH VI) will no longer be valid. R/E Codes for children enrolled in CAH III and VI on January 1, 2013 will be automatically changed to R/E Code 65.

Children who are currently served under CAH III, CAH IV and CAH VI, who have coverage on January 1, 2013 will be automatically enrolled in the new waiver. There should be no disruption in services and the transition should be transparent to the individuals receiving services and their families.

Billing for Environmental Modifications/Assistive Technology and Respite services under the OPWDD Care at Home Waiver will continue to be submitted directly to OPWDD through the voucher claiming process.

Families of children enrolled in CAH III, IV and VI, and agencies providing case management services to these children have been notified in writing of this administrative change and waiver consolidation.

If you have questions about the new OPWDD Care At Home Waiver, please contact the OPWDD, Lynda Baum-Jakubiak at (518) 474-5647 or the Division of Program Development and Management at (518) 473-2160.

## Low Back Pain Coverage Guidelines

The following New York State Medicaid coverage guidelines for low back pain treatments were published in the April 2012 Medicaid Update. There are no changes to this policy. Selected segments of the April 2012 published article are included below for your reference. The new information is underlined and includes coverage codes related to low back pain treatments for your reference.

### COVERAGE DECISION:

As originally published in the [April 2012 Medicaid Update](#), New York State (NYS) Medicaid will no longer cover certain treatments for chronic low back pain. Effective May 1, 2012, for Medicaid fee-for-service beneficiaries, and effective June 1, 2012 for Medicaid managed care and Family Health Plus (FHPlus) enrollees, the following treatments are no longer eligible for reimbursement as they are considered ineffective, or experimental and investigational:

- Prolotherapy - M0076 (this has never been covered fee-for-service by Medicaid);
- Systemic corticosteroids;
- **Therapeutic** facet joint steroid injections in the lumbar and sacral regions, using CT or fluoroscopic image guidance (diagnostic facet steroid injections continue to be covered using CPT codes 64493, 64494 and 64495; documentation must support that the injections are diagnostic);
- CPT codes 0216T, 0217T and 0218T are not covered for therapeutic or diagnostic facet steroid injections (these codes have never been covered fee-for-service by Medicaid);
- Injections of steroids into intervertebral discs - there are no specific CPT codes for intervertebral steroid disc injections. There has been no policy change regarding CPT codes 62311 and 62319, which represent epidural injections of various substances. It would be incorrect coding practice to use these codes for injections of steroids into intervertebral discs;
- Traction - 97012 (this has never been covered fee-for-service by Medicaid).
- This policy applies to Fee-for-Service Medicaid, Medicaid Managed Care, and FHPlus.

Medicaid **will** continue to cover:

- Pharmaceuticals (prescription and non-prescription) to reduce pain; and
- Practitioner-ordered physical therapy for treatment of back pain (see August 2011 Medicaid Update for further Physical Therapy policy information, [http://www.health.ny.gov/health\\_care/medicaid/program/update/2011/august2011mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2011/august2011mu.pdf)).

Practitioners are responsible for ensuring that the codes submitted for reimbursement accurately reflect the service(s) or procedure(s) that was provided. Post payment reviews are conducted by the Office of the Medicaid Inspector General (OMIG) pursuant to 18 NYCRR 504.8 on adjudicated claims. Retrospective reviews may also be conducted periodically through a Medicaid-funded utilization management contractor. Medical records must be maintained by providers for a period of not less than six years from the date of payment.

Questions regarding Medicaid fee-for-service policy should be directed to the Division of Program Development and Management at (518) 473-2160. Questions regarding MMC/FHPlus reimbursement and/or documentation requirements should be directed to the enrollee's MMC or FHPlus plan.



## Knee Arthroscopy Coverage Guidelines

The following New York State Medicaid coverage guidelines for knee arthroscopy were published in the April 2012 Medicaid Update. There are no changes to the policy. Selected segments of the April 2012 published article are included below for reference only. The new information is underlined and includes coverage codes related to knee arthroscopy for your reference.

### COVERAGE DECISION:

As originally published in the [April 2012 Medicaid Update](#), New York State (NYS) Medicaid will no longer cover knee arthroscopy using debridement and lavage as a treatment for osteoarthritis (OA). Effective May 1, 2012, for Medicaid fee-for-service beneficiaries, and effective June 1, 2012, for Medicaid managed care and Family Health Plus (FHPlus) enrollees, the following procedures are no longer eligible for reimbursement by New York State Medicaid as Stand Alone Treatments:

- CPT CODE 29877 – (arthroscopy, knee, surgical; debridement/shaving or articular cartilage - chondroplasty); and
- CPT CODE 29999 – (Arthroscopy of Joint)

29877 and 29999 will not be covered IF the diagnosis code of 715.XX is the ONLY diagnosis code on the claim. However, IF diagnosis code 715.XX is reported WITH diagnosis codes in the range of 711.XX through 719.3X, CPT codes 29877 and 29999 will be covered.

**Table 1. Conditions for Coverage of Knee Arthroscopy**

CPT Code	Covered Diagnoses Eligible for Reimbursement	Non-Covered Diagnoses NO Longer Eligible for Reimbursement
29877	715.xx <u>with</u> 711.xx – 719.3x	715.xx
29999	715.xx <u>with</u> 711.xx-719.3x	715.xx

Practitioners are responsible for ensuring that the codes submitted for reimbursement accurately reflect the service(s) or procedure(s) that was provided. Post payment reviews are conducted by the Office of the Medicaid Inspector General (OMIG) pursuant to 18 NYCRR 504.8 on adjudicated claims. Retrospective reviews may also be conducted periodically through a Medicaid-funded utilization management contractor. Medical records must be maintained by providers for a period of not less than six years from the date of payment.

Questions regarding Medicaid fee-for-service policy should be directed to the Division of Program Development and Management at (518) 473-2160. Questions regarding MMC/FHPlus reimbursement and/or documentation requirements should be directed to the enrollee’s MMC or FHPlus plan.





# PHARMACY UPDATE

The New York State Medicaid Prescriber Education Program Drug Information Response Center

## Addressing the Use of Metformin as Adjunctive Chemotherapy in Patients with Cancer

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), as approved by state legislation. This program was designed to provide prescribers with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals. In conjunction, the Drug Information Response Center (DIRC) was developed to fulfill the mission of assisting clinicians in the delivery of health care to their Medicaid patients by providing timely, evidence-based information on pharmacotherapy to prescribers and serving as a resource for NYSMPEP academic educators in their outreach to prescribers. A recent review was prepared by the DIRC in response to a request for information on the use of metformin as adjunctive chemotherapy in patients with cancer.

The American Diabetes Association (ADA) issued a consensus report in 2010 addressing a possible association between diabetes and cancer and the effects of diabetes treatments on cancer risk or prognosis.<sup>1</sup> Metformin was noted to have numerous effects on cancer, specifically breast cancer cell lines. Studies in mice injected with lung carcinoma cells showed the antineoplastic effect of metformin was greater in subjects on a high-energy diet than those on a control diet, as measured by tumor size.<sup>2</sup> This indicates the insulin lowering action of metformin may play a role in its anti-cancer actions.

A review by Rattan et al. delves into the mechanism by which metformin may reduce tumor growth.<sup>3</sup> Metformin activates adenosine-monophosphate activated protein kinase, which leads to downstream effects that result in cell cycle arrest, inhibition of sterol and lipid synthesis pathways, and a systemic effect that reduces circulating levels of growth factors such as insulin, leptin, and insulin-like growth factor. *In vitro* studies have shown metformin to inhibit the growth of numerous types of cancer cells, including glioma, breast, pancreatic, colon, renal, ovarian, endometrial, lung, and prostate. Metformin may also be effective against metastasis via similar mechanisms.

These antineoplastic properties have made metformin the subject of numerous trials. Per the ADA consensus report, several observational studies show that patients with diabetes, when treated with metformin compared to other agents such as sulfonylureas and insulin, have a lower risk of cancer or cancer mortality.<sup>1</sup> These observational studies, however, are likely confounded; the patients taking metformin were generally healthier and had a shorter history of diabetes than those on other antidiabetic therapies. Further research is needed to clarify the role of metformin and cancer risk.

Meta-analyses investigating the effects of metformin in patients with diabetes on cancer incidence and mortality have demonstrated conflicting results. A meta-analysis conducted by Noto et al., assessing observational and randomized controlled trials (RCTs) in patients with diabetes, showed a significant decrease in all-cancer incidence and mortality.<sup>4</sup> However, a meta-analysis by Stevens et al., involving only RCTs, found no significant difference in cancer mortality.<sup>5,6</sup> Trials using metformin as adjuvant chemotherapy in patients with diabetes and breast cancer have shown mixed results on clinical endpoints such as cancer recurrence and mortality.<sup>7,8</sup>

In conclusion, metformin has been proposed to inhibit tumor growth via a number of mechanisms. In observational studies of patients with diabetes, metformin use has been associated with lower incidence of cancer as well as cancer mortality. In RCTs, however, this finding has not been duplicated.

# PHARMACY UPDATE

Studies examining metformin as an addition to adjuvant chemotherapy in patients with diabetes have had varied results. Numerous studies are currently ongoing to further elucidate the role of metformin in various types of cancer; though the drug appears promising, there is little evidence to support its use for cancer treatment at this time.<sup>3</sup>

The complete response to this drug information request may be found on the NYSMPEP website at: <http://nyypep.nysdoh.suny.edu/>.

To contact a NYSMPEP academic educator in your area, please visit: <http://nyypep.nysdoh.suny.edu/contactus/contactus>.

## References

1. Giovannucci E, Harlan DM, Archer MC, et al. Diabetes and cancer: a consensus report. *Diabetes care*. Jul 2010;33(7):1674-1685.
2. Algire C, Zakikhani M, Blouin MJ, Shuai JH, Pollak M. Metformin attenuates the stimulatory effect of a high-energy diet on in vivo LLC1 carcinoma growth. *Endocrine-related cancer*. Sep 2008;15(3):833-839.
3. Rattan R, Ali Fehmi R, Munkarah A. Metformin: an emerging new therapeutic option for targeting cancer stem cells and metastasis. *Journal of oncology*. 2012;2012:928127.
4. Noto H, Goto A, Tsujimoto T, Noda M. Cancer risk in diabetic patients treated with metformin: a systematic review and meta-analysis. *PloS one*. 2012;7(3):e33411.
5. Stevens RJ, Ali R, Bankhead CR, et al. Cancer outcomes and all-cause mortality in adults allocated to metformin: systematic review and collaborative meta-analysis of randomised clinical trials. *Diabetologia*. Oct 2012;55(10):2593-2603.
6. Stevens RJ, Ali R, Bankhead CR, et al. Erratum to: Cancer outcomes and all-cause mortality in adults allocated to metformin: systematic review and collaborative meta-analysis of randomised clinical trials. *Diabetologia*. Oct 18 2012.
7. Bayraktar S, Hernandez-Aya LF, Lei X, et al. Effect of metformin on survival outcomes in diabetic patients with triple receptor-negative breast cancer. *Cancer*. Mar 1 2012;118(5):1202-1211.
8. Jiralerspong S, Palla SL, Giordano SH, et al. Metformin and pathologic complete responses to neoadjuvant chemotherapy in diabetic patients with breast cancer. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. Jul 10 2009;27(20):3297-3302.

# PHARMACY UPDATE

## Update on Fee-for-Service Pharmacy Pricing Survey

In light of the continuing issues related to damage caused by Hurricane Sandy, the New York State Department of Health (NYSDOH) has delayed the release of the Medicaid fee-for-service pharmacy average acquisition cost (AAC) survey. The survey will now be issued on Tuesday, December 4, 2012, with providers required to submit pricing data from November 2012. All surveys must be submitted by January 8, 2013.

E-mail notifications will be sent to providers on December 4, 2012, and will include the Excel survey template and a detailed instruction guide.

Completed surveys should be sent to NYSDOH using the Secure File Transfer option on the Health Commerce System (HCS) to ensure security and confidentiality.

Questions may be e-mailed to [medpharmpricing@health.state.ny.us](mailto:medpharmpricing@health.state.ny.us) or providers may call Pharmacy Program staff at (518) 486-3209.

# PHARMACY UPDATE

## Pharmacy Providers Billing for Incontinence Products

Effective for dates of service on or after December 15, 2012, all pharmacy providers billing incontinence products ([see HCPCS codes below](#)) to fee-for-service (FFS) Medicaid beneficiaries will be required to submit the claim(s) using a Durable Medical Equipment (DME) claim format, 837P or eMedNY 150003 paper form. This is expected to impact pharmacy providers currently billing under Category of Service (COS) 0441, 0288, or 0161.



Providers are advised to make their billing office or software vendor aware of the change in billing format. Claims not billed on a DME claim format after December 15, 2012, will be denied. Pharmacy providers billing under COS 0441 and who had paid claims for incontinence products (with a date of service anywhere between January 1, 2012 and June 31, 2012) not enrolled with NYS Medicaid as COS 0442 but are enrolled with Medicare as a DME supplier will have COS 0442 automatically added to their enrollment file. This will allow those providers to continue dispensing and billing for incontinence products without having to request a change to their Medicaid enrollment status. Providers not enrolled with Medicare as a DME supplier but who did have paid FFS Medicaid claims for incontinence products during the above described dates of service should have already received a separate correspondence advising them of the required next steps to continue providing incontinence products.

Incontinence related HCPCS codes that must be billed on the DME claim format are A4335, A4554, T4521, T4522, T4523, T4524, T4529, T4530, T4533, T4535, T4537, T4539, T4540, and T4543.

If you have questions regarding your enrollment status, please call (800) 342-3005 option #4, or e-mail [FFSPE@health.state.ny.us](mailto:FFSPE@health.state.ny.us).

If you have questions regarding policy and coverage criteria please call (800) 342-3005 option #1, or e-mail [OHIPMedPA@health.state.ny.us](mailto:OHIPMedPA@health.state.ny.us). Please refer to the [DME provider manual](#) at eMedNY.org for additional information including code descriptions and coverage guidelines. Information related to claims diagnosis editing for incontinence products can be found in the [provider communications section](#) of the Pharmacy or DME manuals under the title "Reminder for the Ordering and Billing of Incontinence Products."

Please contact the eMedNY Call Center at (800)343-9000 with any claims or billing questions.

# ALL PROVIDERS

## Medicaid to Cease Support of the OMNI 3750 POS Card Swipe Terminals on March 31, 2013

As published in previous Medicaid Update articles, Medicaid is discontinuing support of the OMNI 3750 Point of Service (POS) device. The effective date is March 31, 2013. Providers who do not participate in the Medicaid Cardswipe Program and who currently use the Omni 3750 POS Device to verify Medicaid eligibility or request Dispensing Validation System (DVS) prior approval must make plans to switch to one of the following real-time methods prior to the March 31, 2013 date.

- o Electronic Provider Assisted Claim Entry System (ePACES)
- o eMedNY Simple Object Access Protocol (SOAP)\*
- o Several large clearinghouses and service bureaus support real-time connections to eMedNY (If you require DVS, verify DVS availability with the clearinghouse prior to contracting.)

Providers should visit [www.emedny.org](http://www.emedny.org) to determine which alternate method best meets their needs.

All providers participating in the Cardswipe Program who have 3750 terminals will soon receive a separate letter from the New York State Office of the Medicaid Inspector General on the status of their involvement in the Cardswipe Program.

Questions and requests for technical assistance on transitioning to an alternate access method may be forwarded via e-mail to [emednyproviderservices@csc.com](mailto:emednyproviderservices@csc.com) or providers may contact the eMedNY Call Center at (800) 343-9000.

\*Does not support DVS transactions

# 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 (1-877-873-7283), or visit [www.omig.ny.gov](http://www.omig.ny.gov).

**Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:** Please visit the eMedNY website at: [www.emedny.org](http://www.emedny.org).

**Providers wishing to hear 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](mailto: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](http://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](mailto:medicaidupdate@health.state.ny.us).