



New York State

Medicaid Update

THE OFFICIAL NEWSLETTER OF THE NEW YORK STATE MEDICAID PROGRAM

Coverage of Medical Language Interpreter Services

Effective October 1, 2012, Medicaid fee-for-service will reimburse Article 28, 31, 32 and 16 outpatient departments, hospital emergency rooms (HERs), diagnostic and treatment centers (D&TCs), federally qualified health centers (FQHCs) and office-based practitioners to provide medical language interpreter services for Medicaid members with limited English proficiency (LEP) and communication services for people who are deaf and hard of hearing. Effective December 1, 2012, medical language interpreter services will also be reimbursed by Medicaid Managed Care and Family Health Plus plans in accordance with rates established in provider agreements or, for out-of-network providers, at negotiated rates.

Patients with limited English proficiency shall be defined as patients whose primary language is not English and

who cannot speak, read, write or understand the English language at a level sufficient to permit such patients to interact effectively with health care providers and their staff.

The need for medical language interpreter services must be documented in the medical record and must be provided during a medical visit by a third party interpreter, who is either employed by or contracts with the Medicaid provider. These services may be provided either face-to-face or by telephone. The interpreter must demonstrate competency and skills in medical interpretation techniques, ethics and terminology. It is recommended, but not required, that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI). Reimbursement of medical language interpreter services is payable with HCPCS procedure code T1013- sign language and oral interpretation services and is billable during a medical visit. Medical language interpreter services are included in the prospective payment system rate for those FQHCs that do not participate in APG reimbursement.



HCPCS Procedure Code T1013	Office-Based Practitioners	Article 28, 31, 32 and 16 facilities that bill with APGs
One Unit: Includes a minimum of eight and up to 22 minutes of medical language interpreter services,	\$11.00	\$11.00
Two Units: Includes 23 or more minutes of medical language interpreter services.	\$22.00	\$22.00

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



OCTOBER 2012 NEW YORK STATE MEDICAID UPDATE

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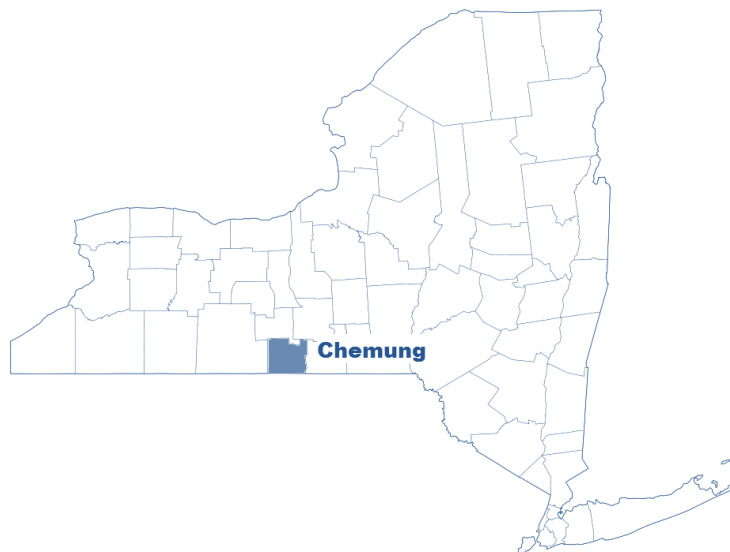
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Mandatory Medicaid Managed Care Expanding to Chemung County

Beginning in November 2012, managed care enrollment will be required for most Medicaid members residing in **Chemung** County. Once a mandatory managed care program is implemented in a county, it is expected that the enrollment of all eligible Medicaid members will take up to twelve months to complete. Health Plan choices available in Chemung County are Excellus Health Plan and Fidelis Care.

With the implementation of Chemung County's program in November 2012, mandatory Medicaid managed care programs are now operational in all New York State counties, including New York City.



Providers should check the Medicaid Eligibility Verification System (MEVS) prior to rendering services to determine Medicaid eligibility and the conditions of Medicaid coverage. Providers are strongly encouraged to check eligibility at each visit as eligibility and enrollment status may change at any time. If the Medicaid member is enrolled in a Medicaid managed care plan, the first coverage message will indicate "Eligible PCP".

MEVS responses no longer include scope of benefits information so providers will need to contact the health plan to determine services covered by them. Service Type codes will be used to identify carved-out services where possible. **Medicaid will not reimburse a provider on a fee-for-service basis if a medical service is covered by the plan.**

For more information on MEVS messages, please see the February 2011 Special Edition Medicaid Update article at:
http://www.health.ny.gov/health_care/medicaid/program/update/2011/feb11mu_special.pdf.

Providers may call the eMedNY Call Center at (800) 343-9000 with any Medicaid billing issues. Medicaid beneficiaries may call NY Medicaid Choice at (800) 505-5678 or contact their local department of social services (LDSS) to learn more about managed care.

For additional information on managed care covered services and managed care plan types, please see the December 2010 Medicaid Update article entitled "Managed Care Covered Services" at:
http://health.ny.gov/health_care/medicaid/program/update/2010/2010-12.htm.

New York Medicaid Electronic Health Records Incentive Program Update

The Department is pleased to announce that as of October 12, 2012, the New York Medicaid Electronic Health Records (EHR) Incentive Program has now paid over \$199 million in federal incentive funds to over 3,200 New York State hospitals and healthcare practitioners.

The Department is continuing to review applications for Payment Year 2011 incentive payments that were submitted prior to the April 29, 2012, deadline. Payment Year 2012 applications have begun to be reviewed from providers who are in Participation Year 1 of the program. Applications for Participation Year 2 (Meaningful Use Stage 1) will be accepted starting in the fourth quarter of calendar year 2012.

If you have not yet registered for the New York Medicaid EHR Incentive Program, we encourage you to visit the eMedNY.org website (<https://www.emedny.org/meipass/>) or attend one of the informational webinars hosted by the NYS Department of Health throughout the month of November.

Thursday, Nov. 1	12:00–1:00 PM	Program Prerequisites
Wednesday, Nov. 7	10:00–11:00 AM	EP Support Documentation
Thursday, Nov. 8	10:00–11:00 AM	EP Participation Year 2 (MU)
Wednesday, Nov. 14	10:00–11:00 AM	EP Participation Year 1 (A/I/U)
Tuesday, Nov. 20	3:00–4:00 PM	Program Prerequisites
Wednesday, Nov. 21	10:00–11:00 AM	EP Support Documentation
Wednesday, Nov. 28	12:00–1:00 PM	EH Participation Year 2 (MU)
Thursday, Nov. 29	12:00–1:00 PM	EP Participation Year 1 (A/I/U)

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

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

Attention: Level 1 Patient Centered Medical Home (PCMH) Providers

New York Medicaid to End Payments for Level 1 PCMH Recognition by End of Year

Providers that have received Level 1 Patient Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance (NCQA) are reminded that New York Medicaid will end payments for Level 1 PCMH recognition after December 31, 2012. As of January 1, 2013, only Level 2 or 3 NCQA incentive payments will be available to PCMH providers. Level 1 providers are encouraged to seek Level 2 or 3 with the updated 2011 NCQA PCMH standards so they may continue to receive incentive payments.

Required NCQA Disclaimer: The Physician Practice Connections-Patient Centered Medical Home (PPC®-PCMH™) Recognition Program is developed, owned, and managed by the National Committee for Quality Assurance (NCQA). To learn more about the PPC®-PCMH™ Recognition Program, please refer to the program's website at www.ncqa.org/ppcpcmh.aspx. NCQA is not involved in any determination of clinician incentive payments under the NY State Medicaid Medical Home Program.

Attention: New York City Transportation Vendors, Medical Facilities and Practitioners

Discontinuance of Transportation Request Form: Prior Authorization of Non-Emergency Transportation Services

In the past, New York City medical practitioners would request prior authorization of non-emergency transportation services for Medicaid enrollees using the "Transportation Prior Approval" form (i.e., the pink, eMedNY-389701, at times referred to as the "pilot" form). This form was completed, signed, and mailed to Computer Sciences Corporation (CSC) by medical practitioners in New York City.

This form is now obsolete. Therefore, it may no longer be used to request transportation for New York City Medicaid enrollees. All requests for non-emergency transportation of New York City Medicaid enrollees located in the City are now handled by LogistiCare Solutions, by calling (877) 564-5925.

For more information about the approved LogistiCare processes, including applicable telephone and fax numbers, and access to their web-based request system, please visit: www.NYCMedicaidRide.net or read the September 2012 Medicaid Update.

Questions regarding this article may be submitted via e-mail to: MedTrans@health.state.ny.us.

Attention: Nursing Home Administrators and MLTC Health Plans

Special Income Standard for Housing Expenses for Individuals Discharged from a Nursing Facility Who Enroll into the Managed Long Term Care (MLTC) Program

Effective October 15, 2012, individuals who can safely be discharged back into the community from a nursing facility and who enroll in the MLTC program to receive community-based long-term care services and supports will have eligibility determined under a special income standard. The special income standard is an additional dollar amount of income that will be added to the Medicaid income level to help the individual pay for housing expenses. The amount will vary based on the region of the state where the individual resides. The additional amounts are: \$386 for the Central Region; \$426 Northeastern Region; \$377 Western Region; \$829 North Metropolitan Region; \$1,042 New York City; \$1,187 in Long Island; and \$387 in Rochester Region (see chart on page 6 for breakdown of counties by region).

An individual may be eligible for the special income standard if he/she:

- is at least 18 years of age;
- has been a resident of a nursing home for at least 30 days where Medicaid made payment to the facility;
- has enrolled in a MLTC plan; and
- has a housing expense such as rent or a mortgage.

The housing discharge is not available to married individuals who participate in a Program of All - Inclusive Care for the Elderly (PACE) if spousal impoverishment rules are used to determine Medicaid eligibility.

Nursing home administrators, nursing home discharge planning staff and MLTC health plans are encouraged to identify individuals who may qualify for the special income standard if they can be safely discharged from a nursing facility back into the community and enroll into the MLTC program. Once an individual has been accepted into a MLTC plan, the MLTC plan or other person assisting the individual with the move back into the community, must notify the individual's local department of social services that the move has occurred. The special income standard will be effective upon enrollment into the MLTC plan.

Questions regarding the special income standard may be directed to (518) 474-8887.

POLICY AND BILLING GUIDANCE

2012 Housing Allowance Regional Rates

Central Region	
Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins	\$ 386
Northeastern Region	
Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$ 426
Western Region	
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	\$ 377
North Metropolitan Region	
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$ 829
New York City	
Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)	\$1,042
Long Island	
Nassau, Suffolk	\$1,187
Rochester Region	
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	\$ 387

Podiatry Services Expanded to Include Adults with Diabetes

The New York State Medicaid program will expand podiatry coverage to permit Medicaid eligible individuals, age 21 and older, who have a diagnosis of Diabetes mellitus to obtain care from a private practicing podiatrist.

For Medicaid fee-for-service (FFS), this change is **effective November 1, 2012**. For Medicaid managed care and Family Health Plus (FHPlus) enrollees this change is **effective December 1, 2012**.

Currently, Medicaid FFS covers medically necessary podiatry services provided to all eligible recipients, regardless of age or Medicare status, when provided in Article 28 hospital outpatient departments and diagnostic and treatment centers. In addition, Medicaid FFS reimburses for podiatry services provided in a private practicing podiatrist's office for enrollees who are under 21 years of age and to enrollees that have both Medicare and Medicaid (when Medicare has approved payment).

Written Referral Requirements

As noted above, services provided by a private practicing podiatrist can be provided to individuals under age 21 and, to individuals age 21 and older with a diagnosis of Diabetes mellitus. In both cases, a written referral must be provided and maintained in the patient record.

The written referral must be:

- o obtained from a physician, physician assistant, nurse practitioner, or licensed midwife; and
- o in place prior to the provision of the service.

Claim Submission Guidance

NYS Medicaid claims submitted by private practicing podiatrists for recipients aged 21 and older who do not have Medicare, must contain:

- o a confirmed diagnosis of Diabetes mellitus; and
- o both the rendering provider's ID (private practicing podiatrist) and the referring provider's ID. (**NOTE:** The private practicing podiatrist cannot be the referring provider.)

NOTE: Medicaid managed care and FHPlus plans may develop their own requirements for referral and claim submission.

POLICY AND BILLING GUIDANCE

MEDICAID FEE-FOR-SERVICE ENROLLEES AND PODIATRY LOCATIONS MEDICAID REIMBURSEABLE / NOT REIMBURSEABLE

MEDICAID ENROLLEES	ARTICLE 28 OUTPATIENT HOSPITAL DEPARTMENT and DIAGNOSTIC AND TREATMENT CENTER	PRIVATE PRACTICING PODIATRIST OFFICE
Children up to age 21	YES	YES
Adults age 21+ with a diagnosis of Diabetes mellitus	YES	YES
Adults age 21+ <u>without</u> a diagnosis of Diabetes mellitus who DO NOT have Medicare	YES	NO
Adults age 21+ with Medicare/Medicaid (dually eligible) when Medicare has approved payment	YES	YES

For questions regarding Medicaid claims submission, please contact the eMedNY Call Center at (800) 343-9000.

For Medicaid policy questions, please contact the Office of Health Insurance Programs (OHIP) at (518) 473-2160.

For Medicaid managed care, please call the enrollee's health plan.

Mandatory Enrollment Plan for Managed Long-Term Care and Care Coordination Models Receives CMS Approval

The New York State Department of Health (NYSDOH) continues to move toward a fully integrated care management system for all individuals receiving long-term care services under the Medicaid program. Medicaid Redesign Team Initiative #90, the transition and enrollment of certain community-based long-term care services members into Managed Long Term Care Plans (MLTCPs) or Care Coordination Models (CCMs), is a major component of this transformation. Currently, New York State offers three models of MLTCPs: Program of All-Inclusive Care for the Elderly (PACE); Medicaid Advantage Plus (MAP); and partial capitated managed long-term care plans. Currently there are no CCMs established. All models provide community-based long-term care services, nursing home care, ancillary and supportive services, including care management.

During July 2012, the Department received verbal approval from the Centers for Medicare and Medicaid Services (CMS) to initiate mail distribution of mandatory enrollment notifications. These notifications, alerting current members that they must choose a plan to continue receiving community based long-term care services, are being rolled out in New York City using a phased approach by borough and zip code. The recipient's prior authorization and Medicaid certification will remain intact through the transition to mandatory enrollment. The notifications urged recipients to contact the Department's Enrollment Broker, New York Medicaid Choice, for information on joining a plan. New York Medicaid Choice is available to assist with information on plan services and can provide recipients with information on networks including home care agencies and other providers.

On August 31, 2012, the Department received written approval from CMS to proceed with auto-assignment of members into partial capitated managed long term care plans in New York City. The first group of Medicaid members that received a mandatory notice that have not chosen a plan, will receive an October 2, 2012, letter indicating the name of the plan they are assigned to effective November 1, 2012.

The mandatory enrollment initiative will continue within the five boroughs of New York City until all eligible cases are transitioned. In January 2013, the initiative will move to Nassau, Suffolk and Westchester counties.

Questions? Please e-mail the Bureau of Managed Long Term Care at: MLTCWORKGROUP@health.state.ny.us.

PHARMACY UPDATE

New York State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Website

The Department of Health (NYSDOH) is pleased to announce the release of the New York State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information website, developed in partnership with the State University of New York at Stony Brook.

This initial phase of the website release is intended to provide easy access for members and providers looking for information on the drugs and supplies covered by different Medicaid and Family Health Plus health care plans. In the near future, the Department plans to release phase two of the project, which will allow interactive comparison of coverage searches.

The Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information website is available at: <http://pbic.nysdoh.suny.edu>.

In addition, you can link to the website from the following web pages:

New York State Department of Health Medicaid Managed Care Page at: http://www.health.ny.gov/health_care/managed_care/.

Click on: Medicaid Managed Care and Family Health Pharmacy Benefit Information Center
NYS Managed Care Plans Pharmacy Information and

The eMedNY home page under 'Featured Links' at: <https://www.emedny.org/index.aspx>.

Click on: New York State Medicaid Managed Care and Family Health Plus Pharmacy Information Center and **Redesigning New York's Medicaid Program Page under supplemental information on specific MRT proposals at:** http://www.health.ny.gov/health_care/medicaid/redesign/.

Click on: [Managed Care Plan Pharmacy Benefit Manager and Formulary Information](#).

PHARMACY UPDATE

Exclusive Pharmacy Network Initiative Update

The Exclusive Pharmacy Network initiative is on hold pending a court order. Pursuant to an October 5, 2012, order of Justice Roger McDonough, State Supreme Court, Albany County, that was issued against the Department of Health in the Matter of the Pharmacists' Society of the State of New York et al. v. State of New York, et al., the Department agreed that it will not implement the final criteria or the exclusive pharmacy network drug list that was scheduled to take effect on October 8, 2012, pending further hearing and order of the Court.

This means that, pending further hearing and order of the Court, the Department does not require Medicaid managed care organizations' exclusive/specialty pharmacy networks to comply with the list of drugs contained in the document entitled "Drugs that DO Meet the Criteria for Inclusion in a Managed Care Organization's Exclusive Pharmacy Network," which was dated September 7, 2012.

Actual Acquisition Cost Survey Update

In accordance with legislation passed in April 2011, the Department of Health (NYSDOH) is undertaking a comprehensive survey of Medicaid enrolled pharmacies to identify drug acquisition costs (AAC). The overall goal of this initiative is to create a cost based pharmacy reimbursement methodology that is valid, transparent, timely and sustainable.

On November 1, 2012, the initial AAC survey will be distributed to all Medicaid enrolled fee-for-service pharmacies in the State of New York. Participation in this survey is mandatory.

The AAC survey will require submission of NDC-level invoice pricing for all drugs purchased in the most recent 30 day period prior to data submission. Providers will also be required to submit total drug purchasing costs for each of the preceding twelve months, as well as net monthly rebates and surcharges.

All providers are required to report the AAC data in the excel spreadsheet template that will be sent via email. Detailed instructions will be included in the email. Submission will be completed through a secure file transfer process through the Health Commerce System (HCS) website.

Any questions related to the survey may be sent via e-mail to: medpharmpricing@health.state.ny.us.

***Please note: This is not a secure e-mail and should not be used to submit pricing data.**

PHARMACY UPDATE

Medicaid Pharmacy Drug Utilization Review (DUR) Program Update

Effective November 29, 2012, the fee-for-service pharmacy program will implement the following parameters which include step therapy and frequency/quantity/duration (F/Q/D) requirements. These changes are the result of recommendations made by the Drug Utilization Review Board (DURB) at the September 6, 2012, DURB meeting.

Treatment of Type 2 Diabetes – Metformin

- Require a trial with metformin with or without insulin prior to initiating other antidiabetic agents (unless documented contraindication).

Treatment of Type 2 Diabetes – Glucagon-Like Peptide-1 (GLP-1) Agonists

- Require a trial with metformin plus another oral antidiabetic agent prior to a GLP-1 agonist (Prior authorization requirement with lack of covered diagnosis in medical history).

Treatment of Diabetic Peripheral Neuropathy (DPN)

- Require a trial with a tricyclic antidepressant **OR** gabapentin prior to duloxetine and pregabalin (for treatment of DPN).

Teriparatide (Forteo)

- Require a trial with a preferred oral bisphosphonate prior to teriparatide.
- Quantity limit of one unit (2.4 mL) per 30 day period with a lifetime quantity limit of 25 months of therapy.

Anti-Retroviral (ARV) Interventions

- Limit ARV active ingredient duplication.
- Limit ARV utilization to a maximum of five products concurrently - excluding boosting with ritonavir (dose limit 600 mg or less) or cobicistat.
- Limit Protease Inhibitor utilization to a maximum of two products concurrently.

Hepatitis-C Treatment in HCV/HIV Co-Infection

- Minimum quantity limit of 9 (nine) tablets of telaprevir per day for beneficiaries receiving efavirenz.

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PHARMACY UPDATE

With the implementation of new system enhancements, prescribers can prevent the need to obtain certain prior authorizations (PA) by properly coding all medical claims with the appropriate diagnoses and following clinical recommendations.

DURB recommendations for step therapy and FQD are based on best practice, as established by FDA approved manufacturer labeling, official compendia, and major treatment guidelines. Recommendations are instituted to ensure clinically appropriate and cost effective use of these drugs and drug classes.

To view all DURB recommendations visit the DUR program website at:

http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

and

Magellan Medicaid Administration website at: <https://newyork.fhsc.com/>

To obtain a PA, please contact the prior authorization clinical call center at (877) 309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain PA.

Medicaid enrolled prescribers with an active e-PACES account can initiate prior authorization (PA) requests through PAXpress. PAXpress is a web-based pharmacy PA request/response application maintained by Health Information Designs (HID). The website for PAXpress is <https://paxpress.nypa.hidinc.com/>, which can also be accessed from the eMedNY website at <https://www.emedny.org> as well as Magellan Medicaid Administration's website at <https://newyork.fhsc.com/>

If you have any questions or wish to obtain additional information regarding New York Medicaid Pharmacy Programs, please contact the clinical call center at (877) 309-9493.

PHARMACY UPDATE

Medicaid Pharmacy Prior Authorization Program Update

Antipsychotics - Second Generation

On April 19, 2012, the New York State Medicaid Pharmacy & Therapeutics (P&T) Committee recommended changes to the therapeutic class of Antipsychotics - Second Generation. The Commissioner of Health reviewed the recommendations of the P&T Committee and has approved the following changes to the Preferred Drug Program (PDP) therapeutic class, within the Fee-For-Service (FFS) Pharmacy Program. Effective November 29, 2012, prior authorization (PA) requirements will change for the Antipsychotics - Second Generation.

The Commissioner's final determination is as follows:

- Abilify to remain non-preferred - PA will not be required when prescribed for patients with bipolar disorder or schizophrenia as verified through Medicaid claims information.
- Fazaclo and Seroquel to be non-preferred.

Note: Patients stabilized on atypical anti-psychotics will continue to obtain their medications without prior authorization.

Please note that PA requirements are no longer dependent on the date a prescription is written. New prescriptions and refills on existing prescriptions require PA even if the prescription was written before the date the drug was determined to require PA.

The Preferred Drug List (PDL) and additional information, such as updated PA forms and clinical criteria for the PDP, Clinical Drug Review Program (CDRP) and Drug Utilization Review (DUR) Program are available at the following websites:

<http://www.nyhealth.gov> OR <http://newyork.fhsc.com> OR <http://www.eMedNY.org>

To obtain a PA, please contact the prior authorization clinical call center at (877) 309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain PA. If you have any questions, wish to obtain additional information regarding New York Medicaid Pharmacy Programs or would like to receive information on these programs, please contact the clinical call center at (877) 309-9493. Thank you for your continued support of our efforts to maintain a quality pharmacy program for Medicaid fee-for-service members.

PHARMACY UPDATE

New York Medicaid Program Pharmacists as Immunizers Shingles Vaccine

Effective October 16, 2012, the administration of zoster (shingles) vaccine to Medicaid FFS non-dual enrollees aged 50 and older by qualified pharmacists employed by, or under contract with, Medicaid enrolled pharmacies is reimbursable under NYS Medicaid pursuant to a patient-specific order by a physician or nurse practitioner. Administration of vaccines must be conducted pursuant to NYS Education Law and regulations.

The following conditions apply:

- Only Medicaid enrolled pharmacies that employ or contract with NYS certified pharmacists to administer vaccines will receive reimbursement for immunization services and products. Pharmacy interns cannot administer immunizations in New York State.
- Services must be provided and documented in accordance to NYS Department of Education laws and regulations. Visit <http://www.op.nysed.gov/prof/pharm/pharmimmunizations.htm> for additional information.
- Reimbursement will be based on a patient specific order. These orders must be kept on file at the pharmacy. The ordering prescriber's NPI is required on the claim for the claim to be paid.
- Consistent with Medicaid immunization policy, pharmacies will bill the administration and cost of the vaccine using the following procedure codes. Please note that NDCs are not to be used for billing the vaccine product. Reimbursement for the product will be made at no more than the *actual* acquisition cost to the pharmacy. Amount paid for administration will be \$13.23. No dispensing fee or enrollee co-payment applies. Pharmacies will bill with a quantity of "1" and a day supply of "1".

Procedure Code	Procedure Description
90736	Zoster Vaccine
90471	Administration of vaccine

Please note that Medicaid managed care and Family Health Plus enrollees continue to access immunization services through their health plans, including through qualified pharmacies that participate in the health plan's network and are approved by the plan to provide immunizations to their members. In addition, dual eligible Medicaid enrollees continue to obtain their immunization services through their Medicare plan.

For questions regarding claims submission, please contact Computer Sciences Corporation (CSC) at (800) 343-9000. Questions regarding Medicaid reimbursement of immunizations may be directed to the Medicaid Pharmacy Program at (518)486-3209 or via e-mail to: PPNO@health.state.ny.us.

PHARMACY UPDATE

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

Addressing a Clinical Comparison of Glyburide and Glipizide

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. The following review was prepared by the DIRC in response to a request for information on comparative efficacy and safety of glipizide and glyburide.

Both glyburide and glipizide are second generation sulfonylureas. The drugs have slightly different pharmacokinetic characteristics.^{1,2} Although both are dosed once or twice daily, time to onset of the drug and duration of effect are slightly longer for glyburide (nonmicronized formulation), as is the serum half-life.³ Despite these differences, administration for both drugs is recommended approximately 30 minutes prior to a meal. Of note, absorption of glyburide is not affected by food intake, while absorption of glipizide is delayed by food. Both drugs are renally excreted (glyburide 50%, glipizide 80-85%); thus, conservative dosing with potential dosage adjustment is recommended for patients with renal insufficiency.

Regarding clinical efficacy, glyburide is more potent than glipizide,⁴ as evidenced by the fact that comparatively lower doses may be used to control hyperglycemia; however, the maximum effects attainable with glyburide are similar to those of glipizide as well as other sulfonylureas. Compared to glyburide, glipizide may produce a faster blood glucose-lowering effect and is eliminated more rapidly, suggesting a potential for lower risk of hypoglycemia. However, a difference in the risk for hypoglycemia between these two drugs has not been clearly substantiated.

Several trials have been conducted involving glyburide and glipizide,⁵⁻⁸ few with direct comparisons; additionally, most of the available literature is not recent. Results of these trials suggest that both sulfonylureas are effective in achieving glycemic control and are of similar tolerability. Of note, several guidelines are available addressing the management of patients with T2DM, including those of the American Diabetes Association, American Association of Clinical Endocrinologists, and the National Institute for Health and Clinical Excellence.⁹⁻¹² Recommendations for preferential use of glipizide or glyburide was not found in any of these guidelines.

While there are pharmacologic differences between glipizide and glyburide, based on the available literature, there does not appear to be a clear consensus that one drug is superior to the other.

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PHARMACY UPDATE

To view the complete response to this drug information request with comprehensive literature review, please visit: <http://nysep.nysdoh.suny.edu/dirc>.

Additionally, the NYSMPEP currently offers FREE continuing medical education (CME) credit to prescribers, attainable through meetings with an academic educator. To contact an NYSMPEP academic educator in your area, please visit: <http://nysep.nysdoh.suny.edu/contactus>.

References:

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5. Kitabchi AE, Kaminska E, Fisher JN, et al. Comparative efficacy and potency of long-term therapy with glipizide or glyburide in patients with type 2 diabetes mellitus. *Am J Med Sci*. 2000;319(3):143-148.
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ALL PROVIDERS

New Training Schedule and Registration

- **Do you have billing questions?**
- **Are you new to Medicaid billing?**
- **Would you like to learn more about ePACES?**

If you answered YES to any of these questions, consider registering for a Medicaid training session. eMedNY offers various types of educational opportunities to providers and their staff. Training sessions are available at no cost to providers and include information for claim submission, Medicaid Eligibility Verification, and the eMedNY website.

Web Training Now Available

You may also register for a webinar. Training will be conducted online and you will be able to join the meeting from your computer and telephone. After registration is completed, just log in at the announced time. No travel involved.

Many of the sessions planned for the upcoming months offer detailed instruction about Medicaid's free web-based program ePACES, the electronic Provider Assisted Claim Entry System that allows enrolled providers to submit the following type of transactions:

- **Claims**
- **Eligibility Verifications**
- **Claim Status Requests**
- **Prior Approval/DVS Requests**

Physician, Nurse Practitioner, DME and Private Duty Nursing claims may even be submitted in "REAL-TIME" via ePACES. Real-time means that the claim is processed within seconds and professional providers can get the status of a real-time claim, including the paid amount without waiting for the remittance advice.

Fast and easy registration, locations, and dates are available on the eMedNY website at: <http://www.emedny.org/training/index.aspx>.

eMedNY representatives look forward to having you join them at upcoming meetings!

If you are unable to access the Internet to register or have questions about registration, please contact the eMedNY Call Center at (800) 343-9000.

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.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules: Please visit the eMedNY website at: 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.

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.)

Do you have comments and/or suggestions regarding this publication? Please contact Kelli Kudlack via e-mail at: medicaidupdate@health.state.ny.us.