



Medicaid Update

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New York State Medicaid National Diabetes Prevention Program

Providers interested in helping Medicaid members stay healthy and prevent Type 2 diabetes can become a Medicaid National Diabetes Prevention Program (NDPP) service provider. Medicaid NDPP service providers assist Medicaid members to make lasting behavior changes through group-based training and individual support. Policy and billing guidelines pertaining to New York State (NYS) Medicaid's coverage of the NDPP can be found under the "Resources for NDPP Providers" section of the NYS Department of Health's Medicaid redesign web page at: https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm. Reimbursement for NDPP services will be available for both Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) claims submitted for dates of service on or after **February 1, 2020**.

Steps to Become a Medicaid NDPP Service Provider:

1. Achieve CDC Recognition

Clinics, groups, individuals, and community-based organizations looking to enroll in Medicaid as an NDPP service provider must first comply with the standards and guidelines set forth by the Centers for Disease Control and Prevention (CDC) as outlined in the National Diabetes Prevention Recognition Program (DPRP), and obtain a valid, current CDC *Pending*, *Preliminary*, or *Full* NDPP recognition. **Providers interested in becoming recognized by the CDC should apply online via the link listed below.** The NDPP recognition process is handled by the CDC.

CDC Resources:

[CDC Diabetes Prevention Recognition Program Standards and Operating Procedures Handbook](#)
[CDC NDPP Recognition Application](#)
[CDC NDPP Registry of All Recognized Organizations](#)

2. Apply to Become a Medicaid NDPP Service Provider

Community Based Organizations (CBOs), clinics, Practitioner Group Practices, and Sole Practitioner Group Practices that have achieved CDC DPRP recognition are able to enroll in NYS Medicaid as an NDPP service provider and be reimbursed for rendering NDPP services to Medicaid members. Once a *Pending*, *Preliminary*, or *Full* CDC recognition is obtained, providers can apply to become a Medicaid NDPP service provider. Additional information about participating in the NYS Medicaid program as an NDPP service provider, including the required NDPP provider enrollment forms, can be found at: <https://www.emedny.org/info/providerenrollment/ndpp/index.aspx>.

3. Provide Medicaid NDPP Services and Bill Medicaid

In-person, group-based sessions, are offered and taught by trained Lifestyle Coaches using a CDC-approved curriculum to educate members on how to make long-lasting, sustainable lifestyle changes related to weight loss, increased physical activity, and healthy eating habits to prevent or delay the onset of Type 2 diabetes. Claims submitted to Medicaid will receive reimbursement of up to \$551 when participants attend up to 22 group-based sessions over the course of one (1) year. Medicaid NDPP service providers will also be awarded a one-time \$70 incentive payment for Medicaid members who achieve at least a five percent weight loss from their baseline over the course of the program.

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Questions and Additional Resources :

- Questions related to NYS Medicaid NDPP should be directed to: NDPP@health.ny.gov.
- Additional information pertaining to Medicaid’s coverage of the CDC’s evidence-based, educational and support NDPP program can be found at: https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm.
- Providers can sign up to receive the Medicaid NDPP Listserv, which provides information relative to Medicaid's coverage and reimbursement of the CDC’s NDPP for Medicaid FFS and MMC members and providers. Additional information relative to the upcoming May 2020 NYS Medicaid NDPP symposia will also be communicated via the Medicaid NDPP Listserv. Sign up is available at: https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx.

New York State Medicaid Policy on Verification of Patient Safety to Undergo Surgery, Requests for Surgical Revisions, and Mental Health Counseling Requirements for Surgery for the Treatment of Gender Dysphoria

This article clarifies New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) policy regarding the verification of patient safety to undergo surgery for the treatment of gender dysphoria, requests for surgical revisions for the treatment of gender dysphoria, and mental health counseling requirements for surgery for the treatment of gender dysphoria. This policy applies to mainstream MMC plans, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs).

Previous Medicaid Update articles regarding gender dysphoria can be found in the following issues:

- [June 2015 Medicaid Update](#), “New York State Medicaid Updates Regulations”
- [May 2016 Medicaid Update](#), “Transgender Related Care and Services Update”
- [January 2017 Medicaid Update](#), “Transgender Related Care and Services Update”

Verification of Patient Safety to Undergo Surgery

MMC plans are permitted to implement processes to verify and ensure a member’s safety to undergo surgery for the treatment of gender dysphoria. Such processes may not include medical necessity reviews for procedures listed under paragraph (4) of 18 New York Code, Rules and Regulations (NYCRR) §505.2(l) but can include medical necessity reviews for other procedures not listed under paragraph (4) of 18 NYCRR §505.2(l). Patient safety verification processes can include verifying that a member is medically cleared/medically appropriate to undergo surgery from a general health status aspect, and that all of the member’s care providers (i.e., primary care providers, behavioral health providers, and surgeons) are working as a team and agree on the member’s care plan for surgery. It is important to note that such patient safety verification processes can only be implemented by an MMC plan if verifying member safety to undergo surgery is routinely done by the MMC plan as a standard of practice for all surgeries. An MMC plan cannot restrict or limit verification of a member’s safety to undergo surgery to surgeries performed for the treatment of gender dysphoria.

Requests for Surgical Revisions for the Treatment of Gender Dysphoria

The NYS Medicaid program, both FFS and MMC, covers surgical revisions (modifications and/or corrections to a prior surgery) for the treatment of gender dysphoria. MMC plans are required to handle requests for surgical revisions for the treatment of gender dysphoria in the same manner as initial surgical requests for the treatment of gender dysphoria. Surgical revision requests for procedures listed under paragraph (4) of 18 NYCRR §505.2(l) cannot be subjected to medical necessity reviews, but medical necessity reviews can be applied to other procedures not listed under paragraph (4) of 18 NYCRR §505.2(l). MMC plans may also implement processes to verify and ensure a member's safety to undergo surgery, including surgical revisions, for the treatment of gender dysphoria, as described above.

Mental Health Counseling Requirements for the Surgical Treatment of Gender Dysphoria

Prior to surgery for the treatment of gender dysphoria, 18 NYCRR §505.2(l)(3)(i)(c) requires documentation that the member has lived in a gender role congruent with the member's gender identity for 12 months. The regulation also requires documentation of mental health counseling, as deemed medically necessary by the qualified health professional treating the member, during that time. For additional information related to the mental health counseling referral letter requirements, please refer to the above referenced *Medicaid Update* article titled, "New York State Medicaid Updates Regulations." The duration and frequency of mental health counseling related to the surgical treatment of gender dysphoria is dependent on the member's unique clinical profile and biopsychosocial circumstances. There is no requirement that mental health counseling be provided continuously for 12 months prior to surgery for the treatment of gender dysphoria.

Questions:

- Medicaid FFS prior approval, prior authorization and/or medical necessity requirement questions should be directed to Office of Health Insurance Programs (OHIP) Division of Operations and Systems at (800) 342-3005 or via email at OHIPMedPA@health.ny.gov.
- Medicaid FFS coverage and policy questions should be directed to OHIP, Division of Program Development and Management at (518) 473-2160.
- MMC general coverage questions should be directed to OHIP, Division of Health Plan Contracting and Oversight at (518) 473-1134 or via email at covques@health.ny.gov.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC plan.
- FFS claim questions should be directed to the eMedNY call center at (800) 343-9000.

Vaccines for Children (VFC) Provider Vaccine Storage Unit Compliance

Reminder: Effective January 1, 2020, all providers enrolled in the New York State (NYS) Vaccines for Children (VFC) Program are required to use stand-alone storage units for VFC inventory. Stand-alone units are self-contained storage units dedicated to a single temperature range and are considered the best type of storage unit for maintaining the temperature necessary to keep vaccine viable. **The use of combination household-style refrigerator/freezer units that share a single compressor is no longer acceptable.**

Stand-alone storage unit purchasing guidance can be found at: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/docs/storage_unit_purchasing_guidance.pdf.

Questions should be directed to the NYS VFC Program at (800) 543-7468.

All Providers

New York Medicaid EHR Incentive Program

Distribution to Eligible Professionals & Eligible Hospitals Since the Start of the Program in 2011*

Number of Payments:	Distributed Funds:
41,831	\$996,234,413

*As of 12/03/2019

Through the New York (NY) Medicaid Electronic Health Record (EHR) Incentive Program, eligible professionals (EPs) and eligible hospitals (EHs) in New York who adopt, implement, or upgrade certified EHR technology (CEHRT) and subsequently become meaningful users of CEHRT, can qualify for financial incentives. The Centers for Medicare and Medicaid Services (CMS) is dedicated to improving interoperability and patient access to health information. The NY Medicaid EHR Incentive Program is a part of the CMS Promoting Interoperability Program, but will continue to operate under the current name, NY Medicaid EHR Incentive Program.

2019 Pre-Validations

An individual EP or a group of EPs who has/have already determined their Medicaid patient volume may utilize the pre-validation services offered by the NY Medicaid EHR Incentive Program. Pre-validation enables EPs to submit their data for preliminary review before attesting and may subsequently reduce the time needed for state review. The deadline to submit pre-validations for payment year (PY) 2019 is **January 20, 2020**.

Pre-validation forms are available within the “Document Repository” section of the NY Medicaid EHR Incentive Program web page at: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/repository/index.htm. To locate the forms, providers should select the expandable drop-down titled “NY Medicaid EHR Incentive Program,” followed by the sublevel drop-down “Eligible Professionals (EPs).”

2019 Pre-Attestation Checklist

An updated Pre-Attestation Checklist for PY 2019 is now available on the NY Medicaid EHR Incentive Program web site. The checklist includes guidance regarding program prerequisites, Meaningful Use (MU), payment information, and support resources. It is recommended that EPs review this checklist to ensure they have met the requirements for PY 2019. The Pre-Attestation Checklist for PY 2019 can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/ephome/docs/2019_pre_att_check.pdf.

PY 2019 Program Discussion Webinar

The NY Medicaid EHR Incentive Program will host a webinar on **January 29, 2020 at 11:00 a.m.**, which will provide important news and information about MU attestations for PY 2019. The conclusion of the presentation will include a Question & Answer (Q&A) session for attendees. Registration information for the webinar can be found at: <https://register.gotowebinar.com/register/773626679659039757>.

Remediation Scenario Webinars

For assistance during the attestation process, providers should refer to the EP13-L and EP24-L Remediation scenario webinars listed below. These webinar recordings provide an in-depth overview of each remediation scenario:

- **EP13-L Remediation: Individual Patient Volume Under 30% – November 2019** (YouTube): <https://www.youtube.com/watch?v=gyXIObZaknc>
- **EP24-L Remediation: Group Patient Volume Under 30% – November 2019** (YouTube): https://www.youtube.com/watch?v=BHTfI9_92o

Webinars and Q&A Sessions

Upcoming NY Medicaid EHR Incentive Program webinars include:

- PY 2019 Program Discussion
- EP Meaningful Use – Stage 3
- Security Risk Analysis
- Public Health Reporting
- Patient Engagement for Eligible Professionals
- Health Information Exchange (HIE)

A calendar with the date and times of these webinars, as well as registration information, can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/calendar/.

NY Medicaid EHR Incentive Program Tutorial Series

The NY Medicaid EHR Incentive Program has produced a series of tutorials to assist providers on a variety of topics. Some of the available tutorials include:

- Post-Payment Audit Education Series
- MURPH Audit Report Card
- Eligible Professional MURPH Registration Video Guide
- Eligible Hospital MURPH Registration Video Guide

Additional tutorials and information can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/tutorials.htm.

New York State (NYS) Regional Extension Centers (RECs)

NYS RECs offer free support to help providers achieve Meaningful Use of CEHRT. Support provided by NYS RECs includes, but is not limited to, the following:

- Answers to questions regarding the program and requirements
- Assistance on selecting and using CEHRT
- Help meeting program objectives

NYS RECs offer **free** assistance for all practices and providers located within New York.

For Providers Located:	
<i>Inside the five boroughs of NYC</i>	<i>Outside the five boroughs of NYC</i>
Contact: NYC REACH Phone: (347) 396-4888 Website: https://www.nycreach.org Email: pcip@health.nyc.gov	Contact: New York eHealth Collaborative (NYeC) Phone: (646) 619-6400 Website: https://www.nyehealth.org Email: ep2info@nyehealth.org

Questions

The NY Medicaid EHR Incentive Program has a dedicated support team ready to assist as needed. The program may be contacted at: **(877) 646-5410 (Option 2)** or via email at hit@health.ny.gov.

Please Complete the New York Medicaid EHR Incentive Program Customer Satisfaction Survey
The NY Medicaid EHR Incentive Program values provider insight. The customer satisfaction survey can be found at: https://www.surveymonkey.com/r/NY_EHR .

Provider Directory

Office of the Medicaid Inspector General (OMIG)

Suspected Medicaid fraud, waste, or abuse complaints and/or allegations should be directed to: (877)-87FRAUD, (877) 873-7283. Additional information is available on the OMIG website at: www.omig.ny.gov.

Medicaid Prescriber Education Program:

For current information on best practices in pharmacotherapy, please visit the following web sites:

- http://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog
- <http://nypep.nysdoh.suny.edu/home>

eMedNY

For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another National Provider Identifier (NPI), or revalidating an existing enrollment, please visit: <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and choose the appropriate link based on provider type.

Additional assistance on the following topics is also available from eMedNY:

- **Beneficiary Eligibility**
Touchtone Telephone Verification System: (800) 997-1111.
- **Medicaid Eligibility Verification System (MEVS)**
Questions related to billing and performing MEVS transactions should be directed to the eMedNY Call Center (800) 343-9000.
- **Provider Manuals/Companion Guides, Enrollment Information/Forms, Training Schedules,** and many additional materials can be found on eMedNY web page at: <https://www.emedny.org/>.
- **Providers looking to inquire about the current week's check/EFT amounts** should contact: **(866) 307-5549** (For the current week's amount, this information is available beginning Thursday evening and continuing for one week thereafter.)
- **Provider Training**
Providers interested in signing up for a provider seminar may enroll online at: <https://www.emedny.org/training/index.aspx>. Providers with individual training requests should contact the eMedNY Call Center at (800) 343-9000 for additional information.

NY Medicaid Electronic Health Record (EHR) Incentive Program

Questions should be directed to the New York Medicaid EHR Call Center at (877) 646-5410.

Comments/suggestions for the Medicaid Update Publication

Please contact the editor, Georgia Wohnsen, at medicaidupdate@health.ny.gov.