



Medicaid Update

The Official Newsletter of the New York State Medicaid Program

October 2019

Volume 35 | Number 10

Attention eMedNY eXchange Users: Information on TAR Remit Files

Electronic Remittance Advice (ERA) and Pend Reports distributed by eMedNY eXchange are delivered to all provider inboxes as Tape Archive (TAR) files. These files are the X12/005010X221 835 Health Care Claim Payment Advice (835), Pended Claims Report (835S), X12/005010X218 Premium Payment Advice (820), and the Managed Care Capitation Premium Pended and Denied Claims Report (820S). File naming conventions for remits and all other file types can be found in section 7.1.1 of the eMedNY Trading Partner Information Companion Guide found under the eMedNY HIPAA Support section of the eMedNY website at: www.emedny.org.

Frequently asked questions (FAQ) related to TAR files:

Q. What does TAR stand for?

A. TAR stands for Tape Archive and is a time-tested way for many files to be concatenated into a single file that is easier to download, transmit, and/or backup. While somewhat similar to the functionality of the popular Zip file format, TAR performs no compression to the file on its own. TAR minimizes the number of potential downloads eXchange users need to perform. Users receive the same number of files but with a manageable number of downloads.

Q. How does a provider extract the remittances from a TAR file?

A. Windows does not natively support TAR files; however, many third-party applications exist that will open, extract, and even create TAR files. Most applications that handle Zip files on Windows are designed to support TAR files as well. Contact your information technology (IT) support to select the right program for your working environment.

Q. Is there assistance available to walk providers through extracting remittances?

A. Because of the heterogeneous nature of platforms in the eMedNY provider community, support staff cannot offer per-user support for extracting remittances from TAR files. The online resources are sufficient for a vast majority of users and when in doubt consult with an IT professional.

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

Andrew M. Cuomo
Governor
State of New York

Howard A. Zucker, M.D., J.D.
Commissioner
New York State
Department of Health

Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

The Medicaid Update is a monthly publication of the New York State Department of Health.

In This Issue...

Attention eMedNY eXchange Users: Information on TAR Remit Files.....Cover

All Providers

New York Medicaid EHR Incentive Program 3
Reminder: Dispensing Validation System (DVS) Cancellations 4
Reminder: eMedNY Front-End (Pre-Adjudication) Edits 5

Policy and Billing

Payment of Patient Responsibility 6

Provider Directory..... 7

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:
40,153	\$982,004,005

*As of 9/30/2019

Through the 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.

Stage 3 Meaningful Use Required for Payment Year 2019

Stage 3 Meaningful Use (MU) is required for Payment Year (PY) 2019. All EPs must use 2015 Edition CEHRT in order to meet Stage 3 requirements. The minimum EHR Reporting Period is any continuous 90-day period within calendar year 2019. All EPs are required to attest to eight objectives and measures. In addition to the required objectives and measures, EPs must report on clinical quality measures (CQMs) for the full calendar year of 2019. EPs demonstrating MU for the first time have a minimum CQM reporting period of any continuous 90-day period during the calendar year. Additional resources on Stage 3 MU for PY 2019 can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/ehr/2019_opt_stage3.htm.

Health Information Exchange Webinar

Health Information Exchange (HIE) allows providers and members to share data electronically. This ensures that providers have access to accurate and timely information about a member's health and treatment history. This webinar will define what HIE is and will review terminology and concepts related to this specific MU objective. Registration for this webinar is available at: <https://register.gotowebinar.com/rt/9145938231805653261>.

EHR Survey

The NY Medicaid EHR Incentive Program strives to deliver a valuable provider experience. Providers are encouraged to complete the EHR Customer Satisfaction Survey to provide feedback on their experience. The feedback from this survey is used to create new resources and to update existing resources for providers. The EHR Customer Satisfaction Survey can be found at: https://www.surveymonkey.com/r/NY_EHR.

Webinars and Q&A Sessions

Upcoming NY Medicaid EHR Incentive Program webinars include:

- Security Risk Analysis
- 2019 Public Health Reporting
- EP Meaningful Use – Stage 3
- Patient Engagement for Eligible Professionals
- Health Information Exchange

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. These tutorial series include:

- PY2018 Meaningful Use Attestation Series
- Post-Payment Audit Education Series
- MURPH Audit Report Card
- Eligible Professional MURPH Registration Video Guide
- Eligible Hospital MURPH Registration Video Guide

Additional information on the available tutorials 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 EHR Incentive Program has a dedicated support team ready to assist. Please contact the program 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 survey can be found at: https://www.surveymonkey.com/r/NY_EHR .

Reminder: Dispensing Validation System (DVS) Cancellations

The following stipulations apply to all Dispensing Validation System (DVS) transactions:

- Submit the DVS request only when there is certainty that the member is ready to receive the items.
- Consistently verify eligibility and other coverage information before requesting a DVS. Verifying eligibility will alert providers if the member has another primary third-party insurance that may be responsible for payment of the claim.
- Ensure that the correct ordering information and National Provider Identifier (NPI) have been entered.
- Ensure that the proper modifier and item code(s) have been entered.
- Obtain DVS authorization for durable medical equipment (DME) items **if member is fee-for-service**. Most DME items are covered by the plan for members with managed care plan coverage or third party insurance and therefore no DVS authorization will be necessary as the claim will not be billed to Medicaid.

Note: If a provider obtains an unwarranted DVS authorization, cancellations for pharmacy and medical supply items must be performed within 24 hours. Authorizations for DME items, prescription footwear and orthotic/prosthetic devices, and hearing aids may be cancelled up to 90 days.

Reminder: eMedNY Front-End (Pre-Adjudication) Edits

The eMedNY front-end edits are performed prior to claim adjudication and provide a faster turnaround for notification of error conditions. **Claims rejected by the front-end process will not be reported on the Remittance Advice.** Front-end error conditions will be returned in outbound responses to claim submissions via the X12/005010X214 Health Care Claim Acknowledgement (277CA). Electronic Provider Assisted Claim Entry System (ePACES) users will be provided with pre-adjudication edits on the screen titled "Claim Status Response Details." Claims, that have passed all pre-adjudication edits and do not have errors indicated, will be reported on a future remittance advice.

Note: Provider billing staff must be able to view the responses returned in the 277CA so they may identify and correct any exceptional conditions within submitted claims. Providers should contact their technical staff and/or vendors to ensure billing staff are provided with a report of the response information. Specifications for the 277CA are published by ASC X12 and are available at: <http://store.x12.org/store/>.

A list of pre-adjudication edits and associated claim status codes is available under the eMedNY HIPAA Support section of the eMedNY web site at: www.emedny.org.

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

Policy and Billing

Reminder to all Providers on Billing Requirements for Medicare Part C Claims That are Submitted to Medicaid for Payment of Patient Responsibility

Reminder: All providers must accurately report Medicare Part C cost-sharing amounts on Medicaid claims. Some providers may be inflating the patient responsibility amount for Part C Medicare Advantage claims, resulting in overpayment by the Medicaid program and therefore may be leaving the providers subject to investigation by the Office of the Medicaid Inspector General (OMIG).

A provider of a Medicare Part C benefit cannot seek to recover any copayment, or coinsurance amount from Medicare/Medicaid dually eligible individuals. The provider is required to accept the Medicare Part C health plan payment and any Medicaid payment as payment in full for the service. The member may not be billed for any Medicare Part C copayment/coinsurance amount that was not reimbursed by Medicaid.

Questions:

- Medicaid fee-for-service (FFS) coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management at (518) 473-2160.
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

Provider Directory

Office of the Medicaid Inspector General:

For suspected fraud or abuse 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 <https://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).

For 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, please enroll online at <https://www.emedny.org/training/index.aspx>. For individual training requests, call (800) 343-9000.

Beneficiary Eligibility:

Call the Touchtone Telephone Verification System at (800) 997-1111.

Medicaid Prescriber Education Program:

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

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 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.

Medicaid Electronic Health Record (EHR) Incentive Program

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

Comments and Suggestions Regarding This Publication

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