

Medicaid Update



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New York State Department of Health Telehealth Consumer Survey

In order to better understand patient perspectives on telehealth, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) has partnered with the Office of Addiction Services and Support (OASAS), Office of Mental Health (OMH), Office of Children and Family Services (OCFS), and the Office for People with Developmental Disabilities (OPWDD) to conduct the Telehealth Consumer Survey. All NYS residents, whether they have used telehealth services or not, are encouraged to complete the survey. Survey results will be used to inform future telehealth policy development within NYS.

To access the survey, visit the [NYS DOH "Telehealth Consumer Survey" web page](#) or scan the QR code provided below using your mobile device to take the survey in your preferred language.



The survey is available in Arabic, Bengali, Chinese, English, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish and Yiddish, and takes approximately five minutes to complete. Providers are encouraged to share the survey with their patients, consumers, and networks.

Questions

All questions regarding the Telehealth Consumer Survey should be sent to the NYS DOH at Telehealth.Policy@health.ny.gov.

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All Providers

Payment Error Rate Measurement Upcoming Request for Medicaid Provider Documentation

The Centers for Medicare and Medicaid Services (CMS) will be measuring improper payments in the Medicaid and State Child Health Insurance programs under the Payment Error Rate Measurement (PERM) program. New York State (NYS) will be participating for the sixth time. The last time NYS participated was in federal fiscal year 2021. CMS, along with their contractor, NCI, Inc., and the NYS Office of the Medicaid Inspector General (OMIG), have the authority to collect information under sections 1902(a)(27) and 2107(b)(1) of the Social Security Act. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) statutes and regulations require the provision of such information upon request, and the information can be provided without patient consent.

NCI Inc., in partnership with OMIG, will be requesting documentation for randomly selected claims to perform a medical review. If a provider's submitted claim is selected for review, NCI Inc. and OMIG will request written documentation to substantiate claims paid. Providers are asked to submit copies of the specific medical documents for the patient, as requested in the letter the provider will receive from the CMS contractor, directly to the CMS contractor and send a second copy to OMIG. Providers are urged to submit records to OMIG via email at PERMNY@omig.ny.gov or fax at (518) 402-1845, as it allows PERM staff to obtain records as soon as they are sent and enables them to effectively and efficiently identify any issues that may arise, as needed. Providers are asked to ensure that the records are sent in a secure way. Records may also be mailed to the following address:

Office of the Medicaid Inspector General
800 North Pearl Street First Floor
Albany, NY 12204
Attention: PERM

Requests for documentation are anticipated to begin in November 2022. The sampled claims will have been paid between July 1, 2022 and June 30, 2023. Compliance with medical record requests and providing full medical records for the randomly selected claims is required. Failure to provide requested records will result in a determination by CMS of erroneous payment, and OMIG will pursue recoveries, as appropriate.

Once the review is completed OMIG will pursue recovery of any payments determined to be made in error. It is in the best interest of providers to comply with requests for documentation and provide full and complete responsive records. In the last PERM cycle audit, the NYS error rate for medical reviews was measured at 1.63 percent, compared to a national error rate average of 13.9 percent. Three quarters of the claims identified by CMS as paid erroneously were later unsubstantiated by OMIG utilizing records submitted by providers in response to documentation requests.

Questions

Questions should be directed to the PERM Project Staff by telephone at (518) 474-3499 or by email at PERMNY@omig.ny.gov.

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Policy and Billing

Sickle Cell Disease Now a Single Qualifying Condition for the Medicaid Health Home Program

The New York State (NYS) Department of Health (DOH) is expanding eligibility requirements for enrollment in the NYS Medicaid Health Home program. This expansion, approved on March 24, 2022 by the Centers for Medicare and Medicaid Services (CMS) in State Plan Amendment (SPA) #21-0026, includes **sickle cell disease (SCD)** as a single qualifying condition for Health Homes Serving Adults (HHSA) and Health Homes Serving Children (HHSC). **Please note: Medicaid State Plan Amendment (#21-0026)** can be accessed via the [NYS DOH "Medicaid Health Homes - State Plan Amendments" web page](#). Individuals enrolled in the NYS Medicaid Health Home program must also meet appropriateness criteria, which includes significant behavioral, medical, or social risk factors requiring intensive care management services, and have:

- two or more chronic conditions, **or**
- one single qualifying condition, such as:
 - o human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), **or**
 - o serious mental illness (SMI) (adults), **or**
 - o serious emotional disturbances (SED), **or**
 - o complex trauma (children), **or**
 - o new: SCD.

The inclusion of SCD as a single qualifying condition recognizes the unique challenges in access to services faced by individuals with SCD, their families and/or supports. One key focus is to ensure effective transition of young adults with SCD from pediatric to adult care. These individuals often face difficulty accessing services, including finding adult specialists who accept patients with SCD, who understand SCD, and who acknowledge the patient's readiness for self-management. Additional challenges include:

- managing the comorbidities associated with SCD,
- understanding pain and pain control/management issues,
- recognizing self-care and self-efficacy,
- acknowledging and addressing social determinants of health,
- connecting to community support services (such as peer supports) and appropriate educational information.

Questions and Additional Information:

- Questions should be directed to the Health Home program at healthhomes@health.ny.gov.
- For information regarding the implementation of the NYS Medicaid Health Home program, providers can refer to the [April 2012 Special Edition Medicaid Update](#) titled *Introducing Health Homes Improving Care for Medicaid Recipients with Chronic Conditions*.

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Pharmacy

Attention Pharmacy Providers: Full Participation in Medicare Required for Medicaid Enrollment

This is a reminder that the New York State (NYS) Medicaid program requires all NYS Medicaid-enrolled pharmacy providers to be fully enrolled in Medicare. Pharmacy providers not fully participating with Medicare will be terminated from the NYS Medicaid program on thirty days' notice and will no longer receive reimbursement. Fully participating Medicare enrollment must include assignment of benefit [Centers for Medicare and Medicaid Services (CMS-460)], drug (CMS-855B), and common supply (CMS-855S) (e.g., diabetic supplies and enteral nutrition) billing.

All pharmacy providers must ensure their Medicare enrollment remains active. Pharmacy managers may check their Medicare status on the [CMS "Medicare Provider Enrollment, Chain, and Ownership System \(PECOS\)" website](#).

Pharmacy providers can refer to the [CMS National Provider Enrollment Conference document](#) for PECOS guidance.

Questions and Additional Information:

- Questions regarding Medicaid enrollment should be directed to providerenrollment@health.ny.gov.
- Questions regarding Medicaid enrollment policy or this notice should be directed to ppno@health.ny.gov.

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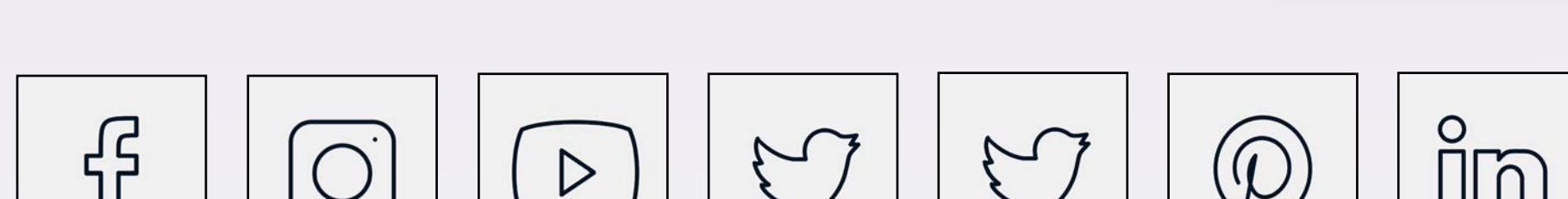


Provider Directory

- Office of the Medicaid Inspector General:**
For suspected fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit [Office of Medicaid Inspector General \(OMIG\) web site](#).
- Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:**
Please visit the [eMedNY website](#).
- Provider Manual:**
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:**
Please enroll online for a [provider seminar](#). 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:
 - [DOH Prescriber Education Program page](#)
 - [Prescriber Education Program in partnership with SUNY](#)
- 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 [eMedNY's Provider Enrollment page](#) and choose the appropriate link based on provider type.
- NY 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, Angela Lince, at medicaidupdate@health.ny.gov.

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