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New York State Patient-Centered Medical Home Program

Primary care providers who intended to attest through the March 31, 2025 deadline can still submit an application for the New York State Patient-Centered Medical Home Program (NYS PCMH). Medicaid Managed Care (MMC) plans will continue to provide PCMH payments through December 2025.

Effective April 1, 2025, primary care providers recognized under NYS PCMH will receive a Medicaid fee-for-service (FFS) supplemental payment of $5.25per member per month (PMPM) for MMC enrollees and CHPlus members under 21 years of age, and $2.00PMPM for NYS Medicaid members 21 years of age and above, in addition to the current fee schedule.

To receive this enhanced incentive payment, in addition to the $5.00PMPM, practices must have at least 50 percent of their Medicaid fee-for-service members in Medicaid Care Models (CMs) or attest an attestation confirming their SCN participation. It is best practice for primary care providers to contact their managed care plan to confirm and complete the attestation process for their own clinics.

The NYS PCMH incentive enhancement will be paid in addition to the current Medicaid fee-for-service payments for the following services: Care Management, Recovery Plans, Human Immunodeficiency Virus-Special Needs Plan, Health Home, Health Home Enhanced Care Management, Health Home Enhanced Care Coordination, Supportive Housing, attestations after April 1, 2025 will forfeit monthly incentive enhancement payments. Attestation is required. Practices will complete the attestation process.

Practice(s) must complete the NYS Department of Health (DOH) assessment tool, attestation, and provide a copy of their NCQA recognition letter(s) to demonstrate compliance with the requirements associated with recognized primary care providers and practices, as outlined in the NYS PCMH Guidance. Practices should contact their managed care plan(s) to confirm the attestation process and request the password for the attestation should contact pcmh@health.ny.gov.

NCQA Recognition

The SCN program is part of the 1115 New York Health Equity Reform Demonstration. The SCN program supports primary care providers in connecting NYS Medicaid members to appropriate social services, housing supports, transportation, and other social services that can impact the health of an individual.

Public Health Emergency Unwind

The Consolidated Appropriations Act of 2023 required states to begin the process of redetermining Medicaid eligibility for its members, which ended the continuous coverage that had been in place since March 18, 2020 due to the COVID-19 Public Health Emergency (PHE). Medicaid members who were covered prior to December 31, 2023, were required to be redetermined for eligibility in 2024 or 2025.

Beginning in mid-February 2025, the New York City (NYC) Human Resources Administration will include updated language in its renewal packages informing NYS Medicaid members that they may be eligible for a renewal period if the renewal packet is not returned by the due date. Renewal notices for NYS Medicaid members enrolled through a local social services district outside of NYC will include similar language indicating coverage will be closed if the renewal packet is not returned by the due date. Members who fail to return their renewal packet by the due date may be eligible for a renewal period. If a member does not meet that case, the NYS Medicaid renewal is not automatically completed but will instead be processed as a new application.

Providers can assist in this effort by informing their patients of this requirement and encouraging them to complete and return their renewal packet by the due date so their NYS Medicaid eligibility can be redetermined.

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Enhanced Reimbursement for Integrated eConsultations, Physical Health and Behavioral Health eConsults

Effective June 1, 2025, New York State (NYS) will enhance reimbursement rates for a period of five years for eConsultations between eligible physical health and behavioral health providers. For instance, a primary care provider (PCP) may request a consultation from a psychiatrist to determine the most suitable antidepressant medication for a patient diagnosed with major depressive disorder, who also has complex cardiovascular disease. The psychiatrist may recommend a PCP initiate a trial of a selective serotonin reuptake inhibitor (SSRI) based on evidence-based practice guidelines, and the mental health and the physical conditions of the patient, including cardiac risks, would be addressed.

The following practitioners may engage in eConsults: physicians (including psychiatrists), physician assistants, nurse practitioners (NPs), registered nurse practitioners (RN), and clinical social workers. Eligible providers will be paid 50 percent for the initial two years of the enhanced reimbursement period and both providers engaged in the eConsult will be entitled to the enhanced rate. Following the initial period, reimbursement will adjust according to a tiered reduction schedule as follows:

Current Procedure Terminology (CPT) Codes	Provider Type	Established Rate Effective January 1, 2025	Enhancement Year 1 (June 1, 2025 – May 31, 2026) (50 percent)	Enhancement Rate Year 2 (June 1, 2026 – May 31, 2027) (40 percent)	Enhancement Rate Year 3 (June 1, 2027 – May 31, 2028) (30 percent)
99451	Consultative Provider	$26.40	$39.50	$43.60	$35.30
99452	Consultant	$26.40	$39.50	$43.60	$35.30

Billing

Article 28, Article 29, Article 31, or Article 32 Hospital Outpatient Departments or freestanding Diagnostic and Treatment Centers, and Federally Qualified Health Centers that have opted into the Ambulatory Patient Group (APG) reimbursement methodology may submit an APC claim to Medicaid for the eConsult. Providers who are not paid by APC may submit a professional claim for the eConsult. Providers who are not paid by APC and are licensed by the office of Mental Health or Office for People With Developmental Disabilities may submit a professional claim for the eConsult using the appropriate rate in this guidance to ensure appropriate billing and reimbursement. **To identify those collaborative eConsult visits, a new modifier combination, GQ and U1, is being implemented for dates of service beginning January 1, 2025. Providers who are billing professional claims for eConsults with this modifier must also be entered into the Medicaid system as a provider service. It is critical for providers to utilize the enhanced reimbursement for integrated eConsultations.**

Please note: Medicaid Managed Care (MMC) Plans are required to pay the government rate for eConsults collaborations involving Article 31 and 32 clinics.

Providers should refer to the eConsults article published in the January 2024 issue of the Medicaid Update, including as to consent, forms and documentation requirements, and Electronic Medical Record requirements. Additional guidance can be found in the eConsult Expansion New Reimbursement is an Outpatient Setting article published in the December 2024 issue of the Medicaid Update.

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Resources:

- NYS Medicaid FFS billing and claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS Provider Relations questions should be directed to the Medicaid Fee-for-Service Provider Relations Inquiries Division of Program Development and Management's telephone at (518) 473-2189 or by email at ednmail.qcdq@health.ny.gov.
- Medicaid Managed Care (MMC) questions should be directed to the MMC Plan of the enrollee. MMC Plan contact information can be found in the eMedNY Managed Care Information for All Providers – Managed Care Information document.
- Questions regarding integrated eConsults specific to this guidance should be directed to integratedConsultations@health.ny.gov.

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New York State Medicaid Doula Provider Enrollment Update: Doula Group Enrollment

Effective immediately, a doula-only group can now enroll in the New York State (NYS) Medicaid program as a doula services provider and bill NYS Medicaid directly for doula services. A NYS Medicaid-enrolled doula provider can now affiliate with a multi-professional group to provide services. The Medicaid Managed Care (MMC) Plan of the enrollee may also contract with a doula-only or multi-professional group. The individual doula in a doula-only group or multi-professional group must be enrolled as an individual NYS Medicaid provider.

Resources:

- eMedNY "Provider Enrollment & Maintenance – Doula (Perinatal)" web page
- eMedNY "Provider Enrollment & Maintenance – Doula-Only Group" web page
- eMedNY "Provider Enrollment & Maintenance – Doula Multi-Professional Group" web page

Questions and Additional Information:

- NYS Medicaid FFS coverage questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS coverage and policy questions should be sent to Doulas@health.ny.gov.
- Medicaid Managed Care (MMC) questions should be directed to the MMC Plan of the enrollee. MMC Plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers – Managed Care Information document.

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Policy and Billing

Transition of Doula Services into Medicaid Managed Care

Coverage of doula services by Medicaid Managed Care (MMC) Plans was delayed to April 2, 2025. Doula services provided to MMC enrollees prior to April 2, 2025 will be paid by the New York State (NYS) Medicaid fee-for-service (FFS) program. Beginning April 2, 2025, doula services covered by MMC Plans (including doula services covered by MMC Plans (including doula services covered by MMC Plans (including