Medicaid Update

New York State Recipient Restriction Program and Health

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Information

medical services;

of the NYCRR §360-6.4.

Restriction Exclusions

· emergency services;

omig.ny.gov.

Beneficiary Advisory Council (BAC).

Anthem BC BS HealthPlus

or by fax at (518) 641-3303.

Fidelis "Contact Us" web page.

CDPHP

Emblem

Fidelis Care

Healthfirst

Highmark BC BS

Independent Health

MetroPlus Health Plan

"Compliance Program Guidance" web page.

can be provided without patient consent.

to ensure compliance with regulatory standards.

provider contact information; and

supporting documentation.

How to Self-Report Damaged, Lost or Destroyed Records

When self-reporting, providers must include the following information:

• a statement fully explaining the loss, damage or destruction of records including:

whether there are mitigating circumstances for missing or damaged documents.

Questions and Additional Information:

Pharmacy

available for medically necessary use.

List of Reimbursable Drugs" web page.

Medicaid Disclosure Form. as follows:

o Institutional entities

o **Business entities**

Questions and Additional Information:

• Questions regarding this policy change should be directed to NYRx@health.ny.gov.

ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

o Individual practitioners (via the eMedNY "Provider Enrollment Maintenance Portal" web page)*

• Ownership interest means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

based practices.

 \bowtie

Self Disclosure at selfdisclosures@omig.ny.gov.

o names and titles of individuals who discovered and documented the loss/destruction;

o a listing of the documents affected including document type, relevant recipients, and dates of service;

o a description of all actions taken to prevent recurrence of the event that caused the loss/destruction; and

Questions

ny.gov.

Provider Directory

primary care; · specialty care;

from RRP restrictions.

management model, authorized under the Affordable Care Act (ACA) that provide intensive care management for NYS Medicaid members that have chronic conditions. HHCM services are not subject to RRP limitations and must be paid by FFS and MMC providers regardless of the RRP status of the NYS Medicaid member.

New York State Recipient Restriction Program

and Health Home Care Management Program

Services

Individuals in the Restricted Recipient Program (RRP) may be enrolled

in a New York State (NYS) Medicaid Health Home (HH) program, as

Health Home Care Management (HHCM) services are excluded

This is a reminder to all NYS Medicaid fee-for-service (FFS) and Medicaid

Managed Care (MMC) providers providing HH program services to NYS

Medicaid members who are identified as part of the RRP that HHs are a care

The RRP is managed by the NYS Office of Medicaid Inspector General (OMIG). The purpose of the RRP is to coordinate medical services and improve quality of care for NYS Medicaid members. Coordination of care reduces the potential over-utilization of health care services and prevents abusive or fraudulent behavior. A restriction is implemented if it is found that a pattern of duplicative, excessive, contraindicated, and/or conflicting health care services, medications, and/or supplies, have been received by the NYS Medicaid member, and/or if a NYS Medicaid member

commits fraudulent acts with their benefit card (i.e., forged prescriptions,

card loaning, doctor shopping). The RRP may restrict the NYS Medicaid

member to care provided or referred by a primary care provider (PCP),

inpatient hospital, and/or primary pharmacy. The designated primary physician or primary clinic is responsible for providing all non-emergent medical care to restricted NYS Medicaid members, either directly or by referring them to another medical provider for appropriate services. HH care managers should familiarize themselves with NYS Medicaid members who are in the RRP as well as their designated RRP providers to work with them to adhere to any restrictions. RRP status and designated RRP provider information can be found in the electronic Provider Assisted Claim Entry System.

• dental and pharmacy as outlined in Title 18 of the New York Codes, Rules, and Regulations (NYCRR) §360.6.4. Medical services should be provided by or coordinated by the designated RRP provider. HH care managers should work with the RRP provider and/or pharmacy to ensure that appropriate referrals are made to specialty care as needed. For full regulatory guidance, providers should refer to Title 18

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• OTP services (providers should refer to Reminder: Recipient Restriction Program and Opioid Treatment Program Services article published in the March 2025 issue of the Medicaid Update; and • claims for services provided in an inpatient setting as part of an emergency admission.

and services, which were not rendered, ordered, or referred by a restricted NYS Medicaid member PCP:

• NYS OMIG "Information for Managed Care in the Recipient Restriction Program (RRP)" web page

• FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

Subject to the exceptions below, restrictions may include one or more of the following, or another restriction as specified:

NYS OMIG "Frequently Asked Questions for RRP Providers" web page. **Additional Resources:** • NYS Department of Health (DOH) Guide to Restriction Exception (RE) Codes and Health Home Services document • NYS DOH "Medicaid Managed Care Plan Billing and Payment Protocol for Health Home Services" web page

RRP does not apply to emergency services, opioid treatment program (OTP) services (formerly known as methadone maintenance treatment

programs), or inpatient services when a recipient is admitted emergently. Payment will be made for the following medical care

For additional guidance, providers can refer to the New York State Medicaid Program Information for All Providers - General Policy document and the

• Reminder: Recipient Restriction Program and Opioid Treatment Program Services article published in the March 2025 issue of the Medicaid Update **Questions and Additional Information:** • RRP-specific questions should be directed to the NYS OMIG RRP Helpline by telephone at (518) 474-6866 or by email at omig.sm.RRP@

• HH-specific questions should be directed to the NYS Office of Health Insurance Programs Division of Health Home at healthhomes@health.

• MMC reimbursement, billing, and/or documentation requirement 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.

All Providers

New York State Department of Health Announces New Advisory Boards:

Medicaid Advisory Committee and Beneficiary Advisory Council

The New York State (NYS) Department of Health (DOH) is pleased to share the launch of the two new boards dedicated to the advancement of the NYS Medicaid program. NYS DOH invites NYS residents, providers and caregivers of NYS Medicaid and Children's Health Insurance Program

("Child Health Plus" or CHPlus) members to share their voices and lived experiences by participating on the Medicaid Advisory Committee (MAC) and the

Providers should refer to the Highmark "Maternal Child Services" web page, for additional information. Providers should contact Independent Health case management by telephone at (716) 635-7822 or by fax at (716) 250-7140. Providers should notify MetroPlus Health of pregnant NYS Medicaid members at healthpromotion@metroplus.org.

Providers should contact Healthfirst provider services at (888) 801-1660, for assistance

submit a WNY Collaborative Prenatal Care Risk Screening and Referral Form.

Excellus BlueCross BlueShield Providers should complete and submit a Prenatal Incentive Registration and Referral form via the Excellus Provider Portal.

Providers should contact care management at (888) 447-0337 (TTY: 711).

(800) 442-2560, available 24 hours per day, seven days per week. Providers should complete and submit the Molina Healthcare Pregnancy Notification Report form. Molina Healthcare Providers should complete and submit the MVP Health Care Prenatal Registration Form. found on the One Healthcare ID website. Providers should complete and submit the Excellus Prenatal Incentive Registration and Referral Form. provider portal. **Questions** Questions should be directed to MaternalandChild.HealthPolicy@health.ny.gov. **New York State Office of the Medicaid Inspector General** to Perform Compliance Program Reviews Using a 12-Month Review Period

icy and Billing

To ensure that CMS assesses an accurate error rate for the upcoming PERM cycle, NYS is reminding all providers that compliance with medical record requests and timely 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. NYS OMIG will subsequently pursue appropriate action which may include recovery of the payment. **↑**Back to Top **Update and Reminder:** Medicaid Policy on Loss of Records Due to Unforeseen Events

The Centers for Medicare and Medicaid Services (CMS) will measure 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 in the PERM program for the

seventh time (federal fiscal year 2024 being the last time NYS participated). CMS, along with their review contractor and the NYS Office of the

Medicaid Inspector General (OMIG), have the authority to collect information under §1902(a)(27) and §2107(b)(1) of the Social Security Act. The Health

Insurance Portability and Accountability Act of 1996 statutes and regulations allow for the provision of such information upon request, and the information

Consistent with previous PERM reviews, the CMS review contractor, in partnership with NYS OMIG, will request documentation from providers

for randomly selected claims to perform a medical review. Results of the last cycle showed an estimated error rate of 1.43 percent for NYS, which

included the results of the medical review component, compared to a national average of 5.09 percent. NYS OMIG also successfully overturned 104

of the 118 claims (88 percent) originally determined to be in error utilizing records submitted by providers in response to documentation requests.

o a complete listing and copies of any reports of the loss/destruction to insurance companies, police agencies, state agencies, or federal organizations including contact information for those entities. Providers must also notify any other State or local agency of their loss, damage, or destruction as required by those agencies. Please note: In the event of a NYS Medicaid audit or investigation in which sought records were not maintained as required by Title 18 of the NYCRR §504.3, NYS OMIG will evaluate the Statement of Damaged, Lost or Destroyed Records form and determine on a case-by-case basis

• For assistance with submitting the Statement of Damaged, Lost or Destroyed Records form, providers should contact the NYS OMIG Bureau of

• Please note: In addition to Title 18 of the §504.3(a), providers may be subject to other record retention requirements, including but not

that such periods shall be deemed amended to implement any longer term that shall be required by applicable federal or state law regulation.

Notice for Upcoming Over-the-Counter Coverage Changes

As part of the commitment to enhancing patient care, NYRx, the New York State (NYS) Medicaid pharmacy program, has recently conducted a

thorough review of over-the-counter (OTC) medication utilization and their clinical effectiveness. This review is in response to a recent amendment

to NYS Social Services Law §365-a, effective October 1, 2024. These changes are meant to promote the use of safe, effective, and

medically necessary Food and Drug Administration-approved non-prescription drugs for NYRx members. During the February 2025 Drug

least five percent of the value of the property or assets of the disclosing entity; o is an officer or director of a disclosing entity that is organized as a corporation; or o is a partner in a disclosing entity that is organized as a partnership. • Changes of ownership must be reported to NYS Medicaid by submitting the Enrollment Form, located on the eMedNY "Provider Enrollment & Maintenance" web page. To choose the appropriate provider type, providers must check the box marked "Change of Ownership" on the Enrollment Form, and submit the required documentation and forms, as listed on the <u>eMedNY website</u>, for the provider type. This includes pharmacy transfers of ownership.

Provider Directory-**Office of the Medicaid Inspector General:**

> **Comments and Suggestions Regarding This Publication** Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.

This is an exceptional opportunity to assist the NYS Medicaid program and CHPlus in providing access to the highest quality and cost-effective care to members of NYS Medicaid and CHPlus. Committee members will advise and inform policy development in matters related to NYS Medicaid and CHPlus. The MAC members will serve a three-year term, and the BAC members will serve a two-year term. **Additional Information** For additional information regarding the MAC and the BAC, interested participants should visit the NYS DOH "Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)" web page or email MAC BAC@health.ny.gov. **↑**Back to Top **Notification of Pregnancy to Medicaid Managed Care Plans** Early identification and reporting of pregnant New York State (NYS) Medicaid members allows pregnant individuals to take full advantage of the education, support, resources, and incentives Medicaid Managed Care (MMC) Plans provide throughout the prenatal and postpartum period, which improve quality of care and pregnancy outcomes. Each MMC Plan has a dedicated process for Principal Maternal Care Providers (PMCPs) to utilize when informing the MMC Plan about a pregnant NYS Medicaid member. Below captures the process of each MMC Plan, effective May 2025. PMCPs are encouraged to notify the health plan of the patient regarding their pregnancy so they can receive additional supports and services. **Managed Care Plan Pregnancy Notification Process** Providers should contact the Amida Care provider relations team by email at provider-services@amidacareny.org or by Amida Care telephone at (800) 556-0674.

Providers should complete the notification of pregnancy in the online Interactive Care Reviewer via Availity or fax the Anthem

Providers should complete and submit a CDPHP High-Risk Pregnancy Referral Form by email at pregnancy@cdphp.com

Providers can contact Fidelis Care by telephone at (888) FIDELIS (1-888-343-3547), or by completing the fields on the

Providers should complete the notification of pregnancy in the online Interactive Care Reviewer via Availity or complete and

Pregnant NYS Medicaid members should contact MetroPlus Health member services at (800) 303-9626 (TTY: 711), Monday

to Friday from 8 a.m. to 6 p.m.; and Saturday from 9 a.m. to 5 p.m. Pregnant NYS Medicaid members looking to contact

MetroPlus Health during after hours, which include Sundays and holidays, should contact the Medical Answering Service at

Newborn Notification of Delivery form to Anthem Blue Cross and Blue Shield (Anthem) at (800) 964-3627.

Providers should complete and submit the Fidelis Care Babycare Program Prenatal Encounter Form.

MVP Health Care Providers should complete the United Healthcare Obstetrical Risk Assessment Form, as well as the Care Conductor tool United Healthcare Univera Healthcare **VNSNY Choice** Providers should contact VNSNY Choice provider relations by telephone at (866)-783-0222 or by accessing the VNS Health **↑**Back to Top For newly initiated Compliance Program Reviews (CPR) beginning after July 1, 2025, the New York State (NYS) Office of the Medicaid Inspector General (OMIG) will perform a 12-month review period. CPRs serve to determine whether required providers have adopted, implemented, and maintained an effective compliance program as required by Title 18 of the New York Codes, Rules, and Regulations Part 521. This change will not affect reviews currently being conducted by NYS OMIG. NYS OMIG notifies required providers of its intent to commence a review of its compliance program by sending a written notification that includes the review period and procedures for completing the review. The required provider is expected to submit a completed module and related documentation within thirty days of the notification NYS OMIG will engage and communicate with the provider throughout the course of review. Providers will receive formal notification of the results of the review completed by NYS OMIG.

Further information regarding the compliance program review process and provider requirements can be found on the NYS OMIG "Compliance"

web page. Information regarding potential penalties for providers that do not have a satisfactory compliance program can be found on the NYS OMIG

Questions regarding compliance program requirements should be directed to the NYS OMIG Bureau of Compliance at compliance@omig.ny.gov.

Payment Error Rate Measurement Upcoming Request for New York State Medicaid Provider Documentation

As stated in Title 18 of the New York Codes Rules and Regulations (NYCRR) §504.3, "by enrolling in the Medicaid program, the provider agrees: (a) To prepare and to maintain contemporaneous records demonstrating its right to receive payment under the medical assistance program and to keep for a period of six years from the date the care, services, or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider and to furnish such records and information, upon request, to the department, the Secretary of the United States Department of Health and Human Services, the Deputy Attorney General for Medicaid Fraud Control and the New York State Department of Health; (i) to comply with the rules, regulations and official directives of the department." Providers whose records have been damaged, lost, or destroyed are required to report that information as soon as practicable, but no later than thirty calendar days after discovery, to the New York State (NYS) Office of the Medicaid Inspector General (OMIG) Bureau of Self-Disclosure. Failure to report such incidents may result in a determination of overpayment, penalties, and/or sanctions. Please note: Loss/destruction/corruption/inaccessibility

of electronic records due to data corruption, data breach, theft, change in data vendor, or other issues also subject to this reporting requirement

Providers are required to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting electronic health

records, and should have a secure backup system in place to allow recovery of documentation destroyed or lost due to such events or any other cause.

To self-report, providers must complete the Statement of Damaged, Lost or Destroyed Records form, located on the NYS OMIG "Self-Disclosure

Submission Information and Instructions" web page, offers the NYS OMIG Hightail Secure Uplink website, for form submission, and all required

provider NYS Medicaid enrollment information including Medicaid Management Information System number and National Provider Identifier number;

o a complete and full description of the loss/destruction that occurred including when it occurred, as well as how and when it was discovered;

limited to Title 10 of the NYCRR §405.10; Title 18 of the NYCRR §521-1.3(b), located on the NYS OMIG "Laws and Regulations" web page (select Text of Rule and Statements under "Recently Adopted Regulations"); and contractual requirements under the Medicaid Managed Care program. o Additionally, providers continue to be subject to any additional record retention requirements outlined in their prior or current contracts with Medicaid Managed Care or Managed Long-Term Care or subcontractors thereof, or with their contracts with the NYS, including retention for 10 years or more, and in the case of a minor, for 10 years after the date of service or three years after majority, whichever occurs later, and except

Meeting, Board approved (DUR) reviewed Utilization Review Board the DUR and coverage changes listed below. Effective August 1, 2025, NYRx will remove the following products from the New York State Department of Health List of Medicaid Reimbursable Drugs, located on the <u>eMedNY "Medicaid Pharmacy List of Reimbursable Drugs"</u> web page: • Gastrointestinal Products: Bismuth subsalicylate • Otic Products: Carbamide peroxide • Topical Products: Menthol-containing products **Impact on Providers and Patients:** • Transition to Alternative Therapies: Providers are encouraged to discuss these changes with their patients. Alternative treatment options are

• Patient Education: NYRx has notified NYS Medicaid members of these changes. Additionally, provider education to patients

• Adjusting Prescribing Practices: Given these changes, providers may need to modify their prescribing practices. It is crucial that providers stay

about these formulary changes is helpful and to discuss safer and more effective alternatives. Providers communication with

patients regarding the rationale behind these changes and the benefits of alternative therapies is essential for a smooth transition.

informed about which medications remain NYRx-covered as well as consider the most appropriate therapies for patients' needs. Providers should

refer to the New York State Department of Health List of Medicaid Reimbursable Drugs, located on the eMedNY "Medicaid Pharmacy

NYRx is committed to continuously monitoring medication utilization and effectiveness to ensure that the OTC formulary remains aligned with evidence-

Attention Providers: Disclosure of Ownership and Control Information

Pursuant to Title 18 of the New York Codes Rules and Regulations (NYCRR) §502.5, enrolled providers are required to inform the New York State

(NYS) Department of Health (DOH) within 15 days* of any change in direct or indirect ownership of, control interest in, or managing employee of the

enrolled provider. Failure to inform the NYS DOH may result in termination of enrollment. NYS Medicaid regulations define ownership as follows:

• Indirect ownership interest means an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an

Managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial

• Changes to managing employees or those with a control interest, but not to ownership, should be reported by submitting the applicable New York State

control over or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency and includes, but is not limited to, laboratory directors and supervising pharmacists. **Person with an ownership or control interest** means a person or corporation that: o has an ownership interest totaling five percent or more in a disclosing entity; o has an indirect ownership interest equal to five percent or more in a disclosing entity; o has a combination of direct and indirect ownership interests equal to five percent or more in a disclosing entity; o owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at

• For additional DUR Program information, visit the NYS Department of Health "Drug Utilization Review (DUR)" web page.

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.

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

& Maintenance" web page. **Questions** Providers should contact the eMedNY Call Center at (800) 343-9000 for assistance. **↑**Back to Top

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:

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

Kathy Hochul Governor State of New York

Amir Bassiri Medicaid Director Office of Health Insurance Programs

NY State of Health James McDonald, M.D., M.P.H. Commissioner New York State Department of Health

*Per the NYRx Medicaid Pharmacy Program Manual, located on the eMedNY "Pharmacy Manual" web page, changes in supervising pharmacist must be reported by the pharmacy owner within seven days. In addition, the pharmacy owner must complete and submit a new Supervising Pharmacist Agreement form (eMedNY-409901). The supervising pharmacist must also submit a New York State Affiliation/Disaffiliation Request form (eMedNY-610201). Both the eMedNY-409901 and eMedNY-610201 forms are located on the eMedNY "Provider Enrollment

> Please visit the <u>eMedNY website</u>. 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.

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.