



MEDICAID PHARMACY BENEFITS EFFECTIVE APRIL 1, 2023

Beginning April 1, 2023, New York Medicaid members enrolled in mainstream managed care (MC) plans, Health and Recovery Plans (HARPs) and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through NYRx, the New York Medicaid Fee-For-Service (FFS) Pharmacy Program.

Pharmacies should follow NYRx policies and procedures when servicing Medicaid members.

MEMBER IDENTIFICATION

A Medicaid member’s client identification number (CIN) can be found on their managed care plan card or their NYS benefit card, also known as the common benefit identification card (CBIC). In some cases, the CIN may be embedded in the member’s Medicaid MC Plan ID Number.

The CIN is always in the format of 2 letters, 5 numbers, and 1 letter, e.g., AB12345C.

CHECKING MEMBER ELIGIBILITY

Pharmacies can check a member’s Medicaid eligibility status through any of the following methods:

Method	Summary
E1 Transaction	Instructions for E1 transactions begin on page 10 of the NCPDP D.0 Standard Companion Guide .
ePACES	<p>Providers must have an ePACES account and the member’s CIN to check their eligibility status.</p> <p>If the CIN is not available, providers must have the member’s:</p> <ul style="list-style-type: none"> • First Name and Last Name • Date of Birth • Social Security Number (SSN) • Gender
<p>Telephone Verification System (MEVS)</p> <p>1-800-997-1111</p>	<p>Providers must have the following information:</p> <ul style="list-style-type: none"> • Member’s CIN • Provider’s National Provider Identifier (NPI) or Medicaid Management Information System (MMIS) Number • Ordering Provider’s NPI (if applicable) <p>MEVS Quick Reference Guide</p>

IMPORTANT DATES

April 1, 2023
Effective date of the pharmacy benefit transition from managed care to NYRx

April 1 – June 30, 2023
Transition period when members may receive a one-time, temporary fill for up to a 30-day day supply of a non-preferred drug that would normally require prior authorization under NYRx

NEED HELP WITH MEDICAID ELIGIBILITY AND BILLING?

Contact the eMedNY call center at 1-800-343-9000.

Mon - Fri 7 AM - 10 PM
Sat - Sun 8:30 AM - 5:30 PM

Visit www.emedny.org for Medicaid policy manuals and reference guides for ePACES and MEVs.

BILLING MEDICAID

Bank Identification Number (BIN) and Processor Control Number (PCN)

When submitting NYRx claims to Medicaid via NCPDP D.0, the BIN ("004740") is required in field 101-A1. The PCN, required in field 104-A4, has two formats which are comprised of 10 characters:

Formats	
3-digit Electronic Transaction Identification Number (ETIN) <ul style="list-style-type: none">• "Y"- (Yes, read Certification statement) (1)• Pharmacist Initials (2)• Provider Personal Identification Number (PIN) (4)• 3-digit ETIN (3)	4-digit ETIN <ul style="list-style-type: none">• Pharmacist Initials (2)• Provider PIN (4)• 4-digit ETIN (4)

PRIOR AUTHORIZATIONS (PAs)

All approved PAs from managed care plans that are still active/valid after April 1, 2023 will be honored and transferred to NYRx.

Transition Fill for Non-Preferred Drugs

From April 1, 2023 through June 30, 2023, members may receive a one-time, temporary fill for up to a 30-day supply of a drug that would normally require prior authorization under the NYRx Preferred Drug Program (PDP).

The eMedNY claims processing system will populate NCPDP field 548-6F, *Approved Message Code*, with code "005" - *Claim paid under the plan's transition benefit period, otherwise claim would have rejected as prior authorization required.*

Pharmacists may work with the patient and prescriber on future PA requests or where appropriate, medication changes to preferred options. The [Preferred Drug List \(PDL\)](#) contains a full listing of drugs/classes subject to the NYRx Pharmacy Program.

NEED HELP WITH PRIOR AUTHORIZATIONS?

Contact the Magellan call center at 1-877-309-9493.

Available 24 hours a day, 7 days a week

PA forms are available at https://newyork.fhsc.com/providers/pa_forms.asp

ADDITIONAL RESOURCES

NYRx Medicaid Pharmacy Program Website	Information about NYRx programs, including Brand Less Than Generic (BLTG) and Drug Utilization Review (DUR). For policy related questions, contact NYRx@health.ny.gov .
NYSDOH Medicaid Update	The October 2022 and January 2023 special editions focus on the pharmacy benefit transition.
eMedNY's Medicaid Pharmacy List of Reimbursable Drugs (Formulary)	Only those prescription and non-prescription drugs which appear on the list are reimbursable under the NYRx, Medicaid Pharmacy Program.

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)

Pharmacies should refer to the [DMEPOS Procedure Codes and Coverage Guidelines document](#).

- Sections 4.1 through 4.3 contain items that are subject to the transition, so pharmacies should bill these items to Medicaid FFS.
- Sections 4.4 through 4.7 contain items that are not subject to the transition, so pharmacies should continue to bill these items to the member's managed care plan.

Claim Format	DMEPOS Instructions						
<p>NCPDP and 000301 paper claim form</p>	<p>When billing electronically for medical supplies:</p> <ul style="list-style-type: none"> • In the National Drug Code (NDC) field, use leading zeros and enter the five-character code (from the NYS Medicaid Pharmacy Procedure Codes document) in the last five spaces. • NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier- 436-E1 (valid values 01= NDC, 09= Healthcare Common Procedure Coding System (HCPCS)). • Items must be billed to Medicaid FFS using the HCPCS code in the DMEPOS Procedure Codes and Coverage Guidelines (alphanumeric form, e.g., "A4259") and should be submitted in the 11-digit NDC field with leading zeros. If submitting a claim using an NDC number, the claim will deny with reject messages indicated below: <table border="1" data-bbox="418 1056 1446 1192"> <thead> <tr> <th></th> <th>Code</th> <th>Message</th> </tr> </thead> <tbody> <tr> <td>NCPDP Reject Code</td> <td>8J</td> <td>Incorrect Product/Service ID for Processor/Payer</td> </tr> </tbody> </table> <p>When billing by paper, please refer to the Pharmacy Billing Guidelines document.</p>		Code	Message	NCPDP Reject Code	8J	Incorrect Product/Service ID for Processor/Payer
	Code	Message					
NCPDP Reject Code	8J	Incorrect Product/Service ID for Processor/Payer					
<p>Professional/ Medical Claim Format 837 Professional (837-P) or paper 150003 form*</p>	<p>When billing by electronic or paper, refer to the NYS 150003 Billing Guidelines - DMEPOS, Orthopedic Footwear, Orthotic and Prosthetic Appliance document.</p> <p><i>*Pharmacies that choose to bill via the professional or medical claim format need to have a Medicaid Category of Service (COS) of "0442", assigned to them through the enrollment process.</i></p>						
<p>Point of Service Claims (ePACES) – Real-time DMEPOS claims submissions</p>	<p>When submitting claims, refer to the ePACES Professional Real Time Claim Reference Guide.</p>						