NYS Medicaid Chronic Disease Self-Management Program for Arthritis Policy and Billing Guidance

This policy and billing guidance serves to notify New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) plans that federal approval has been granted to cover the Chronic Disease Self-Management Program (CDSMP) for members aged 18 years and older with a diagnosis of arthritis. The following program information pertains only to those Hospital Outpatient Departments (OPDs), freestanding Diagnostic and Treatment Centers (D&TCs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), practitioner group practices, individual/private practitioners, community-based organizations (CBOs), and any out-of-state practitioners (hereinafter "organization") that have achieved programmatic licensure from the Self-Management Resource Center (SMRC) to deliver evidence-based CDSMP services to individuals diagnosed with arthritis, and intend to enroll, provide, and bill Medicaid for CDSMP educational and support services. Reimbursement for CDSMP services, as outlined by the SMRC for Medicaid members diagnosed with arthritis, will be available for claims submitted for dates of service on or after **March 1, 2025**, for NYS Medicaid FFS, and **June 1, 2025**, for NYS MMC.

Medicaid FFS CDSMP Overview:
CDSMP is an evidence-based, self-management interactive program for adults that focuses on disease management skills. Its purpose is to increase confidence, physical and psychological well-being, knowledge to manage chronic conditions, and the motivation to manage challenges associated with chronic diseases including arthritis. CDSMP has been shown to improve mental well-being, quality of life, and patient-physician relationships, in addition to reducing healthcare expenditures.

SMRC Recognition and Licensure Requirements:
Organizations seeking to provide and receive NYS Medicaid reimbursement for CDSMP services must obtain recognition and licensure from the SMRC. SMRC licensure is a prerequisite for enrollment in Medicaid as a CDSMP service provider. Prior to applying for SMRC licensure, organizations should thoroughly review the current standards, guidelines, and licensing requirements detailed in the 2022 *SMRC Implementation and Fidelity Manual*, accessible on the SMRC web page: [SMRC Implementation and Fidelity Manual 2022](#).

➤ **Compliance Requirements:**
   NYS Medicaid enrollment as a CDSMP service provider depends on maintaining active SMRC licensure. Organizations must adhere to all standards and guidelines outlined in the 2022 *SMRC Implementation and Fidelity Manual*, or its subsequent updates, and notify the NYS Medicaid program within 30 days of any changes to, or loss of, SMRC licensure.
➤ **License Status Impact:**
   Organizations that fail to maintain active SMRC licensure will lose eligibility for NYS Medicaid reimbursement for CDSMP services. Those enrolled solely for CDSMP services will be terminated as Medicaid FFS providers. In accordance with Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act, they will be removed from all MMC networks in which they participate.

CDSMP FFS Referral Requirement:
Pursuant to the Medicaid-approved State Plan Amendment (SPA), CDSMP services are provided as preventive services in accordance with 42 C.F.R. Section 440.130(c) and must be ordered by a NYS Medicaid-enrolled physician, or other qualified licensed health practitioner, acting within their scope of practice under state law. Members are required to provide a referral to the CDSMP service provider to be eligible to participate in the NYS Medicaid CDSMP. The referral must also be maintained by the Medicaid-enrolled CDSMP service provider.

SMRC-Specific Program Eligibility Requirements:
Medicaid members are eligible for CDSMP services if they meet the following eligibility criteria set forth by the SMRC. The current 2022 SMRC-specific standards and guidelines are outlined in the *SMRC Implementation*

and *Fidelity Manual,* available at: [SMRC_Implementation_and_Fidelity_Manual_2022.pdf (selfmanagementresource.com)](selfmanagementresource.com).

Medicaid FFS Member Eligibility Requirements:
The CDSMP service provider must verify the member has active Medicaid coverage prior to rendering CDSMP services. The member's eligibility must be verified for each date of service. A provider not verifying eligibility prior to the provision of services will risk the possibility of non-payment for those services. The Medicaid *Eligibility Verification System (MEVS) Manual* is available at: [MEVS DVS Provider Manual (emedny.org)](emedny.org).

Medicaid FFS CDSMP Structure and Service Delivery:
The CDSMP for Arthritis program will meet once per week, for 2.5 hours, for six weeks. According to fidelity guidelines, the program series should have no fewer than eight participants and a maximum of sixteen for in-person sessions, and twelve remotely via telehealth platforms. If a program cannot meet this minimum requirement, it should be postponed until more participants are recruited. A participant is considered a "completer" if they have attended four or more out of the total six sessions; evidence has shown completers are more likely to experience the greatest benefit from the program.

CDSMP Curriculum Requirements:
Medicaid CDSMP service providers must use an approved curriculum that meets the SMRC requirements. Any CDSMP curricula must be submitted, reviewed, and approved by SMRC prior to its use.

CDSMP FFS Provider Enrollment and Billing Guidance:
All organizations currently enrolled in NYS Medicaid under an existing National Provider Identifier (NPI), Category of Service (COS), and/or specialty code must obtain and enroll a new, dedicated NPI specifically for the purpose of enrolling in Medicaid as a CDSMP service provider.

The CDSMP NPI will be enrolled in Medicaid under the CBO COS code **0572** for CDSMP provider enrollment and claims payment. This designation does not affect any other aspect of the provider's Medicaid enrollment file.

Providers may submit claims for CDSMP services rendered to Medicaid members after enrollment has been completed. New NPIs can be obtained through the *National Plan and Provider Enumeration System (NPPES)* web page, available at https://nppes.cms.hhs.gov/#/.

A. **Community-Based Organizations (CBOs):**
All organizations must obtain a new NPI to enroll as a CDSMP service provider in NYS Medicaid. This requirement applies even if the organization is currently enrolled in Medicaid under an already existing NPI, COS, and/or specialty code.

B. **Enrollment Process:**
The CBO would go to the *CBO Enrollment Forms & Instructions* section of the eMedNY CDSMP provider enrollment page, available at: [https://www.emedny.org/info/ProviderEnrollment/cbo/,](https://www.emedny.org/info/ProviderEnrollment/cbo/) for additional information pertaining to CDSMP enrollment instructions, requirements, and other important information about participating in the NYS Medicaid program as a CDSMP service provider.

After obtaining the new NPI and SMRC licensure, CBOs must submit:
➢ CDSMP Recognition Attestation (434902_CDSMP_Attestation.pdf; ***and***
➢ NYS Medicaid Business Enrollment Form (EMEDNY-436701).
➢ NYS Medicaid Business Disclosure Form (EMEDNY-380101).

C. **Category of Service (COS) Assignment:**
Upon application approval, the CBO will receive:

➢ CBO COS **0572**

➢ CDSMP specialty code **106**

The COS **0572** identifies the CBO provider type within the Medicaid program. COS **0572** requires a separate enrollment and cannot be added to an existing NYS Medicaid provider enrollment file.

D. Individual Practitioner Requirements for CDSMP Services:
Individual practitioners must obtain a NPI and SMRC licensure to enroll in Medicaid as a CDSMP service provider. Providers must follow the CBO enrollment process outlined above in Section "A."

E. Group Practices and Clinic CDSMP Service Delivery:
Practitioner group practices, Hospital OPDs, D&TCs, FQHCs, and RHCs billing for CDSMP services must also be enrolled in Medicaid as a CBO. Providers must follow the CBO enrollment process outlined above in Section "A."

F. New and Existing Practitioner Documentation Requirements:
All providers, including those currently enrolled in Medicaid, must submit the following NYS Medicaid enrollment forms:

➢ CDSMP Recognition Attestation ([434902_CDSMP_Attestation.pdf)](434902_CDSMP_Attestation.pdf);
➢ NYS Medicaid Practitioner enrollment form (EMEDNY-436801);
➢ NYS Medicaid Ordering, Prescribing, Referring, Attending, (OPRA) enrollment form (EMEDNY-436901) if the practitioner is looking to only enroll and participate in Medicaid as a MMC provider; *and*
➢ NYS Medicaid Practitioners or Physicians Disclosure Form (EMEDNY-380104).

Upon application approval, providers will be enrolled under the CBO COS **0572** and assigned the CDSMP specialty code **106**. Practitioners must complete and submit the above "NYS Medicaid Practitioners or Physicians Disclosure Form" (EMEDNY-380104) any time they revalidate their Medicaid enrollment, or anytime a new Leader is added to the practice.

CDSMP Leader Requirements and Management:
The following section examines and sets out the essential requirements, structures, and responsibilities for CDSMP Leaders, the scope of member support, and administrative and reporting obligations, as well as ongoing compliance considerations. These sections collectively ensure that Medicaid-enrolled providers understand how to maintain SMRC certification standards, properly document Leader qualifications, and deliver consistent, high-quality CDSMP services.

➢ **Leadership Structure and Qualifications:**
Each CDSMP service requires two qualified Leaders, structured as either two peer Leaders or one health professional paired with one peer Leader. All Leaders must complete SMRC certification through either in-person or virtual training. Following certification, Leaders must facilitate at least one 6-week workshop series within 12 months to maintain their qualification status. Throughout their service, Leaders must maintain strict compliance with all standards outlined in the *SMRC Implementation and Fidelity Manual*.
➢ **Member Support and Service Delivery:**
CDSMP Leaders work directly with Medicaid members to develop practical self-management skills. Their role focuses on helping members understand and implement strategies for managing arthritis through multiple approaches. This includes teaching techniques for managing physical symptoms and psychological effects, developing appropriate exercise and medication routines, and establishing effective communication with healthcare providers and support networks. Leaders also guide members in optimizing nutrition and sleep habits while building problem-solving skills specific to their arthritis management needs.
➢ **Administrative and Reporting Requirements:**
Each Leader must maintain a valid NPI for claims reporting purposes only, as Leaders are not allowed to enroll in the Medicaid program at this time. Organizations must provide comprehensive oversight of their Leaders**.**
➢ **Ongoing Compliance and Documentation:**
Organizations must maintain current documentation of all CDSMP Leaders, including a detailed roster with

required identification information. This roster serves as an active record of the program's Leadership and must be updated within 30 days of any changes. The organization must track all Leader additions and removals, maintaining accurate records for program integrity and compliance purposes.

CDSMP Service Delivery Options:

SMRC-recognized organizations may provide non-medical, group-based educational support services to Medicaid members at various community locations.

Partnership Framework:

Medicaid-enrolled organizations may deliver CDSMP services through two primary methods:
➢ Using existing facility infrastructure for on-site classes.
➢ Partnering with local CBOs to enhance community reach and access.

This framework creates reciprocal benefits by allowing:
➢ CBOs to host SMRC-recognized Medicaid-enrolled organizations looking to deliver CDSMP services.
➢ Medicaid-enrolled SMRC-recognized organizations to leverage existing CBO locations within the community.

The *SMRC Organizations Locator*, available at [Organizations Locator - SMRC - Self-Management Resource Center](#), provides a searchable registry of recognized organizations in NYS.

CDSMP FFS Procedure Code:

Providers must submit claims for CDSMP services using CPT code **98960** via electronic, or paper claim format.

Note: CDSMP services must be submitted separately from non-CDSMP services. Providers enrolled in NYS Medicaid as a CDSMP service provider and also under a different NPI, COS, and/or specialty code must submit separate claims for each service type.

CDSMP FFS Make-up Session Guidelines:

Organizations may offer make-up sessions for members who miss regularly scheduled CDSMP class sessions. A make-up session may be held on either the same, or different, date of service as a regularly scheduled session. Claims for make-up sessions held on the same date of service as regularly scheduled sessions should be submitted using CPT code **98960** with two units of service.

CDSMP FFS Service Location Requirements:

CDSMP services must be delivered in accessible community locations that promote member engagement. These settings must be open to the public and equipped with dedicated spaces for program activities and confidential member monitoring. The environment should foster both group interaction and individual privacy while maintaining professional standards throughout service delivery.

➢ **Location Specifications:**
Acceptable community venues include, but are not limited to, church facilities, recreation centers, community centers, educational institutions, and similar public spaces. Each location must provide appropriate space for year-round program implementation and maintain compliance with accessibility standards. Private residences are strictly prohibited as service locations, regardless of their potential suitability for program activities.
➢ **Documentation and Disclosure Requirements:**
All service locations must be formally documented through the Medicaid enrollment process. Organizations must provide comprehensive details of each service location, ensuring these addresses remain distinct from any personal residences identified in Section 1 of the *NYS Medicaid Business Enrollment Form* ([EMEDNY-436701](#)).
➢ **Address Verification Process:**
The service address(es) reported on a NYS Medicaid application, revalidation, or maintenance request will be evaluated at the time of processing to ensure they do not match any home address for any individual disclosed as

an owner, agent, managing employee, Leader, or who has a controlling interest. If a service location address listed on the NYS Medicaid enrollment application, revalidation, or maintenance form matches a home address, it will result in the application being returned to the provider unprocessed.

CDSMP FFS Provider Enrollment Checklist:

Below is a checklist that organizations may reference when applying to NYS Medicaid for enrollment as a CDSMP service provider.

Organizations must:

- ☐ Currently have an active SMRC licensure;
- ☐ Obtain an NPI number for your organization;
- ☐ Direct individual Leaders to obtain their own NPI number;
- ☐ Go to Chronic Disease Self-Management Program (CDSMP) to review and complete all the required Medicaid CDSMP provider enrollment forms, and review all other important information about participating in the NYS Medicaid program as a CDSMP service provider;
- ☐ Review and complete the required CDSMP provider Attestation form (eMedNY form #434901);
- ☐ Submit the completed, signed, and dated Medicaid provider enrollment application or provider maintenance transaction forms for review; and
- ☐ Pay the Medicaid enrollment fee.

CDSMP FFS Billing Checklist:

Below is a checklist that organizations may reference when submitting claims to Medicaid for CDSMP services. All CDSMP claims must contain the following:

- ☐ The Medicaid member's Client Identification Number (CIN) and any other demographic information needed to submit the CDSMP claim to Medicaid;
- ☐ The billing provider NPI, which is the NPI of the Medicaid-enrolled CDSMP service provider;
- ☐ The rendering provider NPI, which is the NPI of the trained Leader that rendered the CDSMP service to the Medicaid member;
- ☐ A valid diagnosis code (DX) code;
- ☐ A valid CDSMP procedure code; and
- ☐ A valid date of service that the CDSMP service was rendered to the member.

CDSMP FFS Provider Responsibility Checklist:

Medicaid-enrolled CDSMP service providers are required to comply with the following requirements, which include, but are not limited to:

- ☐ Ensuring all requirements for achieving and maintaining SMRC licensure have been met;
- ☐ Screening and hiring CDSMP Leaders;
- ☐ Ensuring Leaders have been trained to an SMRC-approved curriculum, and coordinating any ongoing training and skill-building that may be required or needed;
- ☐ Screening participants for active Medicaid eligibility and that they meet the CDSMP eligibility requirements;
- ☐ Complying with all applicable laws, rules, and regulations pertaining to the NYS Medicaid program, including those governing participant privacy and data security (e.g., HIPAA);
- ☐ Maintaining all records pertaining to SMRC recognition, Medicaid enrollment, Medicaid claim-supporting documentation, and Leader rosters for the timeframe required to comply with the Medicaid program's record-keeping requirements; and
- ☐ Monitoring and evaluating the quality of support provided to program participants.

CDSMP MMC Guidance:

MMC plans must cover the CDSMP benefit and make it available to eligible MMC members. MMC plans must comply with the coverage requirements for the CDSMP benefit, as outlined in NYS Social Services Law, the monthly *Medicaid Update*, Provider Bulletins, and/or any Provider Manual updates.

➢ Once a CDSMP-recognized service provider is enrolled in Medicaid FFS, the organization can then reach out to the MMC plans to inquire about becoming part of their CDSMP provider network.

➢ MMC plans are allowed to create a different payment structure; however, it is expected plans and providers will negotiate contracts with reasonable payment terms and conditions. If an MMC plan and provider cannot reach an agreement on payment terms, the MMC plan should offer a rate equivalent to the Medicaid FFS payment.

➢ Contact information for each MMC plan can be found on the following Department of Health (DOH's) web page: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.

➢ MMC plans may utilize the Network Provider Enrollment list, available at https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/ to review both completed and pending applications to become a CDSMP service provider with NYS Medicaid. This list will assist the MMC plans in determining which CDSMP Organizations to participate with to expand their network adequacy.

Medicaid FFS Provider Enrollment Training & Billing Assistance:

➢ The eMedNY call center is available via phone to assist Medicaid providers with provider enrollment, claim submission, and reimbursement questions at 800-343-9000.
➢ eMedNY regional provider services representatives are available for in-person provider training and assistance throughout the state upon request. To request in-person training, please contact the eMedNY Call Center at the phone number referenced directly above.
➢ Submit electronic transactions (claims submissions and member eligibility checks) to Medicaid free of charge via ePACES (https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx).
➢ Provider training videos on various topics including ePACES, information for new providers/new billers, provider enrollment, and the Medicaid Eligibility Verification System (MEVS) are available to assist providers at: https://www.emedny.org/training/videos.aspx.
➢ eMedNY provides an "Introduction to Provider Enrollment" that walks providers through the steps of how to enroll as a provider of services for the NYS Medicaid program at: https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx.
➢ eMedNY provides a step-by-step process on how to submit and be paid for services rendered to eligible Medicaid clients at the same link referenced in the bullet directly above.

Medicaid FFS Questions/Contact Information:

For questions related to:
➢ **Providers seeking assistance with FFS CDSMP claims reimbursement and/or provider enrollment:**
  o Contact: Computer Sciences Corporation (CSC a/k/a CSRA) at 1-800-343-9000 or via email at emednycallctr@gdit.com or visit https://www.emedny.org/ for additional information.

➢ **Providers seeking assistance with FFS CDSMP policy:**
  o Contact: Office of Health Insurance Programs at 518-473-2160 or via email to FFSMedicaidPolicy@health.ny.gov.

➢ **Providers seeking assistance with MMC CDSMP claims reimbursement and/or provider contracting:**
  o Contact: MMC-specific plan; a directory by MMC plan can be found on the DOH's web page here: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf