



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Enrollment of Medicaid Managed Care and Children's Health Insurance Program Providers**

Section 5005(b)(2)  
21st Century Cures Act

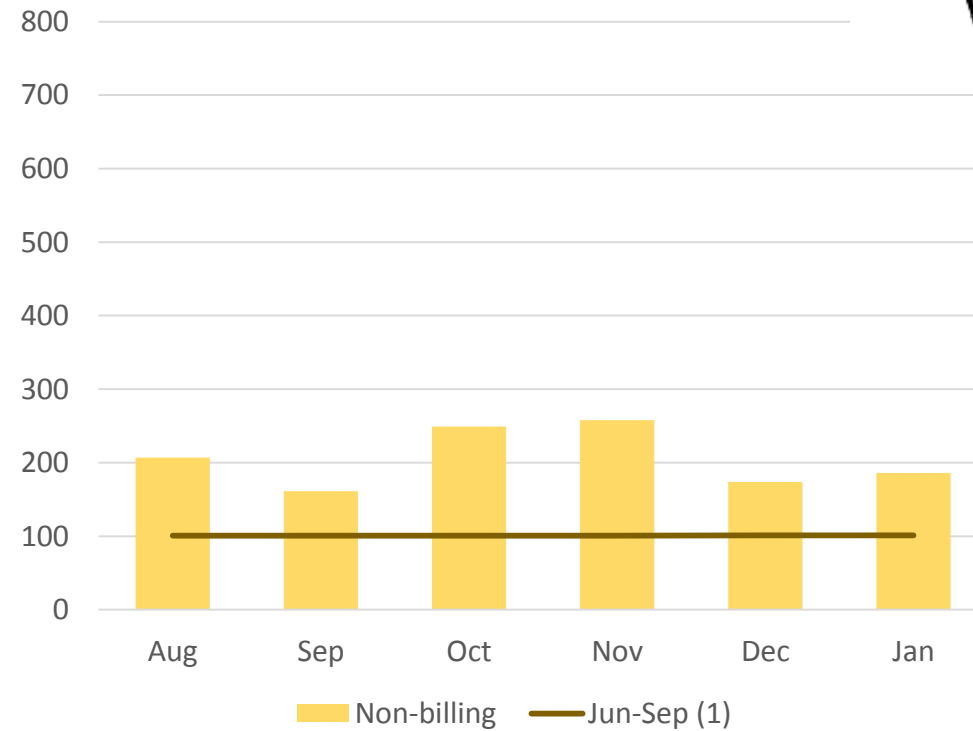
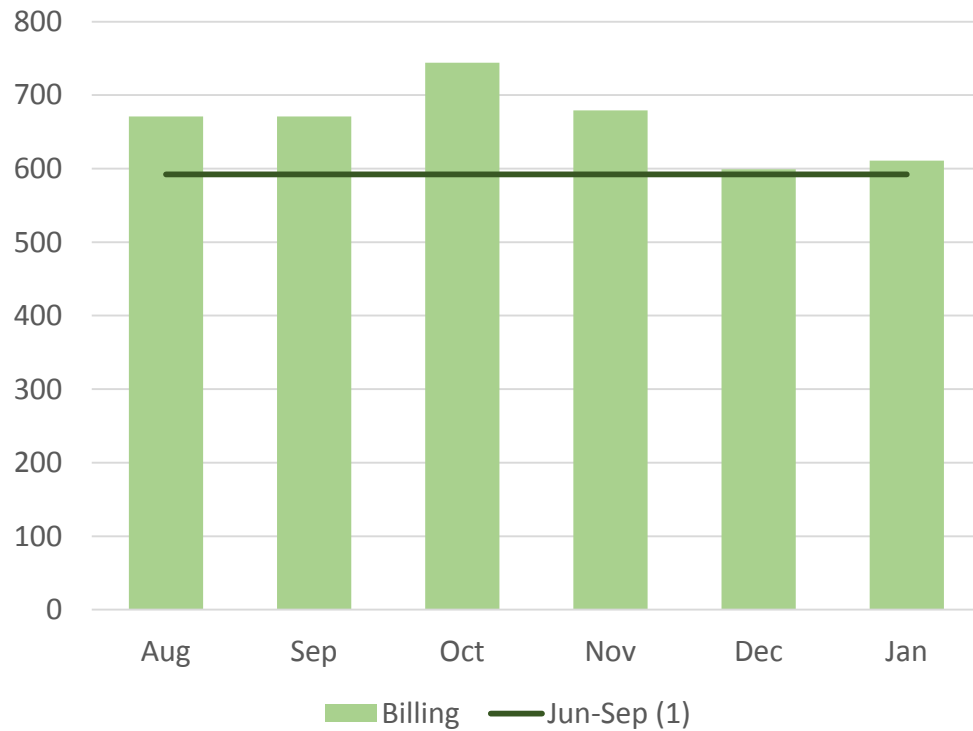
January 31, 2019



- Provider Enrollment Update
- Non-Enrollable Providers
- MMIS/MEDS Reference Data and Validation
- Next Steps
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# Provider Enrollment Update

Average Number of New Applications Received Weekly



(1) Four month average prior to commencement of Section 5005(b)(2)

# Non-Enrollable Providers

- The State has received inquiries and complaints from providers about MCO's sending letters informing them of requirements to enroll in NYS Medicaid.
- As stated previously, MCOs must not send such notices to provider types who cannot enroll in NYS Medicaid.
- MCOs must ensure that notices to enroll are sent **ONLY** to **enrollable provider** types on the NYS Enrollable Providers list available at:  
<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>
- Or [NYS Enrollable Providers](#)

# MMIS/MEDS Reference Data and Validation

## Background:

- The MMIS/MEDS system edit in the PNDS was employed in January 2019 to allow plans to identify which providers have not yet enrolled in Medicaid fee-for-service.
- The 21<sup>st</sup> Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program providers to enroll in state Medicaid programs.

# MMIS/MEDS Reference Data and Validation (cont'd)

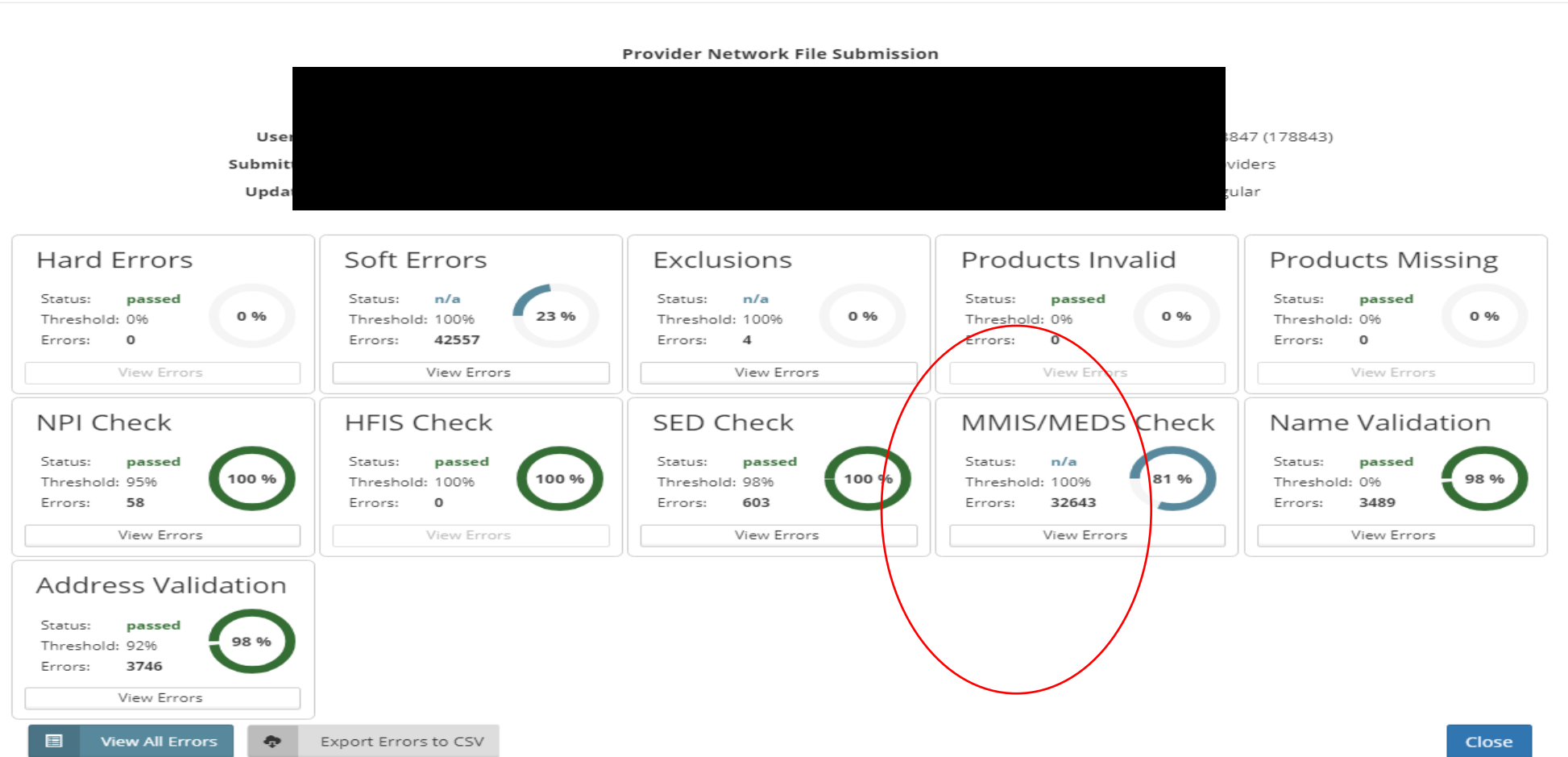
- The PNDS system validates plan submissions against a monthly extract of enrolled fee-for-service providers (December 2018), taken from Health Data NY at the following link: <https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/keti-qx5t/data>
  - The reference data is also saved in the PNDS portal on a monthly basis.

# MMIS/MEDS ERRORS

The MMIS/MEDS system edit produces ‘soft’ errors. At this time, these errors **will not** cause a file to be rejected by the PNDS system.

- These errors can be located in the PNDS submission by clicking on the “Submission Status” tab → “View Errors” tab, under MMIS/MEDS check.
- Two types of PNDS MMIS/MEDS check errors are identified:
  - 1. Part A:** MMIS not found on reference data[Health Data NY file]
  - 2. Part B:** MMIS not identified with submitted NPI  
(MCOs will have to export the “error data details” to CSV to filter for each type of error)

# MMIS/MEDS Check





# Part A & B Error

The screenshot shows an Excel spreadsheet titled "ValidationErrors-20190128-100917.csv". The spreadsheet has a green title bar and a ribbon with tabs for File, Home, Insert, Page Layout, Formulas, Data, Review, and View. The Home tab is active, showing options for Clipboard, Font, Alignment, Number, Styles, Cells, and Editing. The spreadsheet grid shows columns A through AC and rows 1 through 36. Column 1 is labeled "LineNr" and contains numbers 1 through 36. Column 2 is labeled "AffectedF" and contains a large black redaction box. Column 3 is labeled "ErrorCode" and contains a large black redaction box. Column 4 is labeled "Descriptic" and contains a large black redaction box. Column 5 is labeled "ErrorType" and contains a large black redaction box. Column 6 is labeled "NPI" and contains a large black redaction box. Column 7 is labeled "License Ni" and contains a large black redaction box. Column 8 is labeled "Medicaid" and contains a large black redaction box. Column 9 is labeled "Managed" and contains a large black redaction box. Column 10 is labeled "First Nam" and contains a large black redaction box. Column 11 is labeled "Last Name" and contains a large black redaction box. Column 12 is labeled "Address" and contains a large black redaction box. Column 13 is labeled "Room/Sui" and contains a large black redaction box. Column 14 is labeled "City" and contains a large black redaction box. Column 15 is labeled "State" and contains a large black redaction box. Column 16 is labeled "Zip" and contains a large black redaction box. Column 17 is labeled "Exclusion:" and contains a large black redaction box. Column 18 is labeled "ExtendedInfo" and contains the text "Part A" repeated 20 times, which is circled in red. Column 19 is labeled "T" and is empty. Column 20 is labeled "U" and is empty. Column 21 is labeled "V" and is empty. Column 22 is labeled "W" and is empty. Column 23 is labeled "X" and is empty. Column 24 is labeled "Y" and is empty. Column 25 is labeled "Z" and is empty. Column 26 is labeled "AA" and is empty. Column 27 is labeled "AB" and is empty. Column 28 is labeled "AC" and is empty. The status bar at the bottom shows "Average: 250159074.6 Count: 560 Sum: 52533405667".

# MCO to Complete on 2/8/2019

- MCOs will review the 4<sup>th</sup> Quarter PNDIS submission status tab to find the MMIS/MEDS Check error box.
  - Open the box on the Error tab.
  - Download the errors as a CSV file.
  - Filter to identify only the “Part A” errors.
- MCOs will analyze the data from the PNDIS submission and remove the Part A providers identified. **\*Providers pending Medicaid enrollment should NOT be removed from the file.**
- MCOs will submit the revised network as a test file (provider and ancillary) to the PNDIS on **02/08/2019** . To create a complete ad hoc report the revised provider file needs to be submitted with the 4th quarter ancillary file. No changes will need to be made to the ancillary test file.
  - *Test file must be free of “hard errors”*
- Once the test file is submitted, Mainstream MCOs should send the provider and ancillary file numbers to Maureen Schips at [maureen.schips@health.ny.gov](mailto:maureen.schips@health.ny.gov). MLTC MCOs should send the provider and ancillary file numbers to Meredith Walker at [meredith.walker@health.ny.gov](mailto:meredith.walker@health.ny.gov) .

# DOH to Email MCOs on 2/22/2019

- PNDS will generate Ad hoc reports from the MCO submitted test files.
- Plan Managers at DHPCO will complete an analysis of network adequacy from the Ad hoc reports.
- The analysis reports will be sent by the DHPCO Plan Managers to their MCO PNDS contacts on **02/22/2019**.

# MCO to submit to Plan Manager by 03/08/2019

- MCOs receive analysis reports on 2/22/2019.
- MCOs will complete template Excel file that identifies the following:
  - A list of providers that MCO proposes to terminate due to non-compliance with provider enrollment requirements- This list should NOT include providers pending enrollment.
  - A list of providers who will not be terminated due to access to care.
  - The template Excel file will be provided to MCOs on 02/22/2019.
- MCOs submit the template Excel file to their respective Plan Manager by **03/08/2019**.

# Summary of Next Steps

## 1. MCO to complete:

- Review and identify the Q4 2018 submission to identify all “Part A” errors and remove these providers.  
\* Pending enrollment providers should NOT be removed.
- Create a test file that will be submitted to the PNDS that has all “Part A” providers removed. This will allow DOH to compare test file results to original Q4 2018 submissions and determine any network adequacy issues.
- **Submit test file to PNDS by 2/8/2019**

## 2. DOH to complete:

Ad hoc reports and analysis of changes to network will be sent to MCOs PNDS contact on **02/22/2019**.

## 3. MCO to complete:

- Report submitted to DOH- **by 03/08/2019**
  - provide the following as an Excel file:
    - list of proposed terminated providers due to non-compliance with provider enrollment requirements.
    - list of providers who will not be terminated due to access to care.

# Future Action Items

- Webinar to discuss MMIS/MEDS ERROR process:
  - Tentative- end of February.
- “Part B” error analysis process-
  - This process will begin with the Quarter 1 2019 PNDS submission.
- Reminder: Do NOT terminate any providers. DOH will provide direction on this at a later date.

# Resources

- FAQs are available, along with other support documents, at:  
<https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>

## ***Or contact us:***

- Mainstream, HARP and HIV-SNP: for general managed care questions, the MCO Outreach Survey, and the active list of Medicaid FFS providers, email the Bureau of Managed Care Fiscal Oversight at [bmcfhhelp@health.ny.gov](mailto:bmcfhhelp@health.ny.gov)
- Managed Long Term Care: for general managed care questions, email [MLTC.Compliance.Reporting@health.ny.gov](mailto:MLTC.Compliance.Reporting@health.ny.gov)
- For general provider enrollment questions, email the Bureau of Provider Enrollment at [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov)
- eMedNY Call Center: (800) 343-9000
- PNDS help: [pnds@health.ny.gov](mailto:pnds@health.ny.gov)