NEW YORK STATE | 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

Bureau of Provider Enrollment
Bureau of Certification and Surveillance
Division of Health Plan Contracting and Oversight

April 24, 2019

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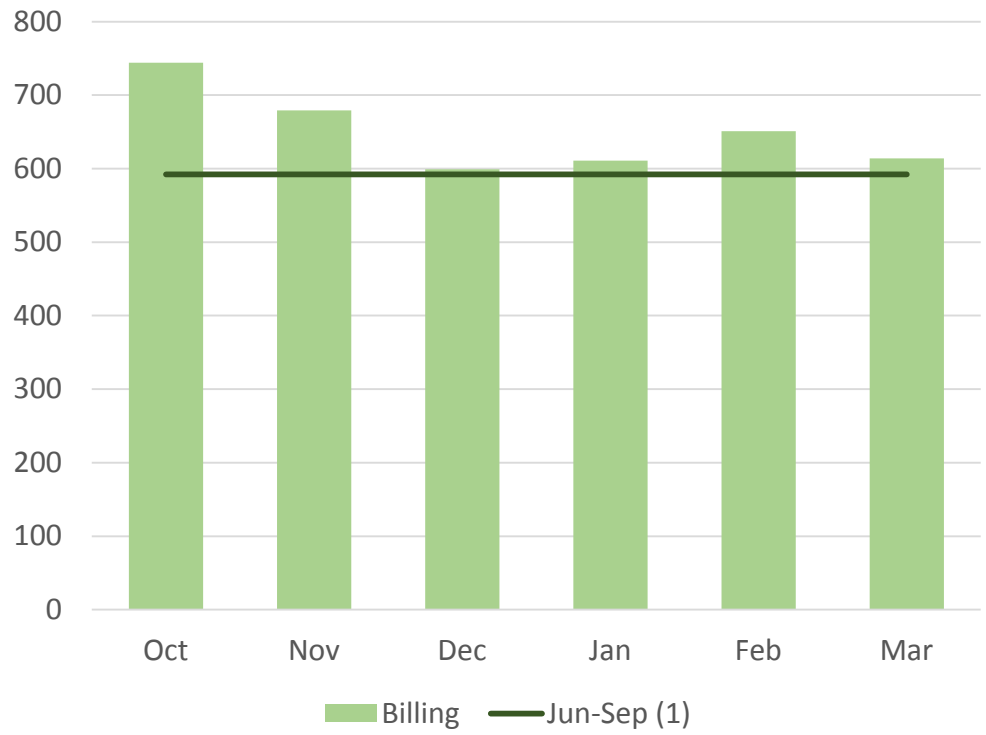
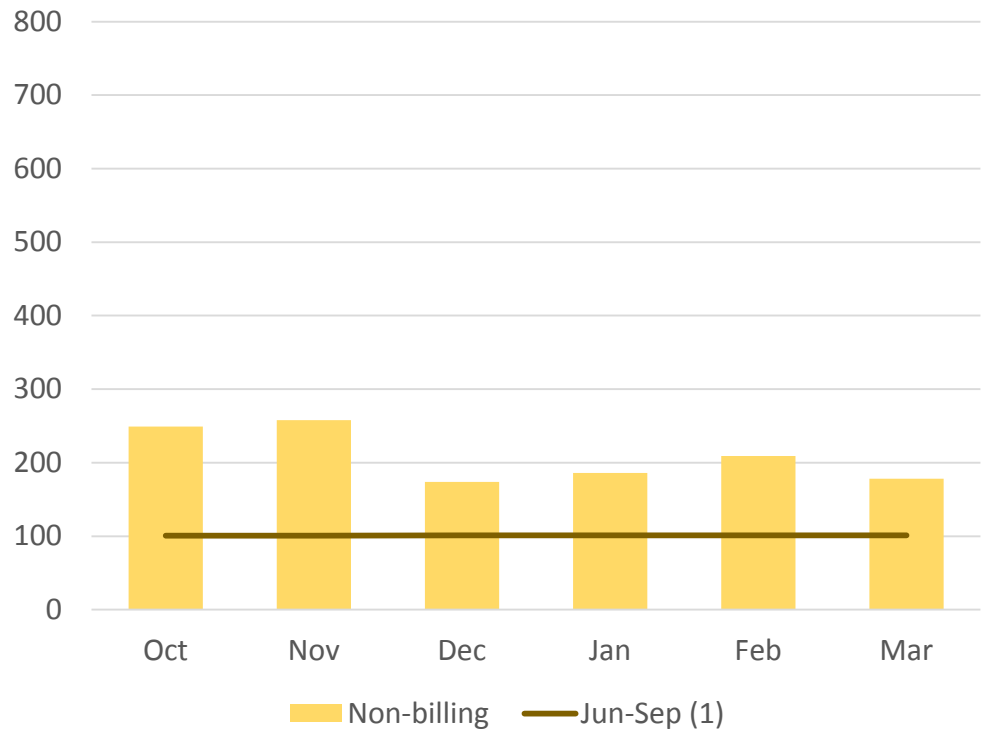
Provider Enrollment Update

Average Number of New Applications Received Weekly





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

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Enrollable and Non-Enrollable Providers

- 21st Century Cures Act enrollment requirements are applicable **ONLY** to the enrollable provider types.
- As stated previously, MCOs and their delegated vendors must not send 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

Behavioral Health

- Examples of Medicaid enrollment requirements for BH provider types:

PROVIDER TYPE	ENROLLMENT REQUIREMENT
Licensed Mental Health Counselor	Not required to enroll
Licensed Marriage Family Therapist	Not required to enroll
CSW (Clinical Social Worker)	Required to enroll (required to enroll in Medicare prior to Medicaid)
Applied Behavioral Analyst	Not required to enroll
Adult Home And Community Based Services OMH	Not required to enroll
Children's Home and Community Based Services OMH	Required to enroll
LMSW (Licensed Master Social Worker)	Not required to enroll

Single Case Agreements:

- Per the 2016 Medicaid and CHIP Managed Care Final rule, “out-of-network” providers under single case agreements **are not considered “network” providers** and therefore are not subject to the requirements at 438.602(b).

- Out-of-network providers do not have to be screened and/or enrolled in the State’s FFS program.

- Additionally, emergency room physicians are only subject to 438.602(b) to the extent they meet the definition of a network provider in 42 CFR 438.2.

Proposed Provider Terminations

- The Department has been reviewing and verifying listings of providers identified by the MCOs and will be making recommendations to:

  - **terminate providers** for a *nonactive MMIS number or for not having MMIS number (not enrolled)*; or

  - **not terminate providers,** as this *would cause an access to care issues*.

Proposed Provider Terminations (cont'd)

- MCOs will receive individual direction from DOH on when to begin terminations of providers.
- These terminations are derived from the "Proposed Provider Terminations" tab in the workbooks completed by the MCOs and verified by DOH.
- MCOs are required to follow State Statute, Regulations and Provider Contracting guidelines when terminating providers.

Requirements for Terminations- Provider Notices

- Pursuant to PHL 4406-d(2), MCOs shall provide health care professionals, whom are intended to be terminated, with 60 days prior written notice of termination. Such notice shall contain an explanation of the reasons for the contract termination and the right to request a hearing or review.

- Health care professionals must be given at least 30 days to request the hearing. The hearing must be held within 30 days of such request.

- MCOs are responsible to verify all notices that are being sent to providers via their contracted vendors/managers.

Requirements for Terminations- Member Notices and Transitional Care

- Pursuant to the model contract, MCOs are required (for IPA, institutional providers or medical group serving 5% or more of the enrolled population in a LDSS) to provide DOH with impact analysis of the termination or nonrenewal of provider contracts with regards to impact on the enrollees' access to care.

- Members undergoing care by such provider, who is intended to be terminated, should be notified no less that 30 days prior to termination and such member notices should be forwarded to DOH, to the extent practicable, for review and approval 45 days prior to termination.

- Pursuant to PHL 4403 (6)(e), (regardless if impact analysis is required or not) under certain circumstances, transitional care may be available to enrollees undergoing care and treatment from providers being terminated.

Next Steps

- MCOs will receive direction from DOH on when to begin terminating providers.
  DO NOT TERMINATE UNTIL SUCH NOTICE IS RECEIVED

- If a provider submits an enrollment application to NYS after receiving the MCO termination notice but before termination effective date, the MCO may extend the termination date for an additional 120 days to provide time for an enrollment decision by NYS. If enrolled, the termination should be rescinded.

- MCOs should continue to educate providers on the 21st Century Cures Act and the requirement to enroll in NYS Medicaid.

- Section 5005 of the 21st Century Cures Act, requires States to report provider terminations. More details on the report structure, submission and timeframe will be provided at the later time.

Are the any questions

- FAQs, links to active and pended lists, along with other supporting documents can be found at: https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx
- 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 bmcfhelp@health.ny.gov
- Managed Long Term Care: for general managed care questions, email MLTC.Compliance.Reporting@health.ny.gov
- For general provider enrollment questions, email the Bureau of Provider Enrollment at providerenrollment@health.ny.gov
- PNDS help: pnds@health.ny.gov
- To subscribe to the Pharmacy Policy listserv, e-mail RPhContact-L@listserv.health.state.ny.us
- eMedNY Call Center: (800) 343-9000