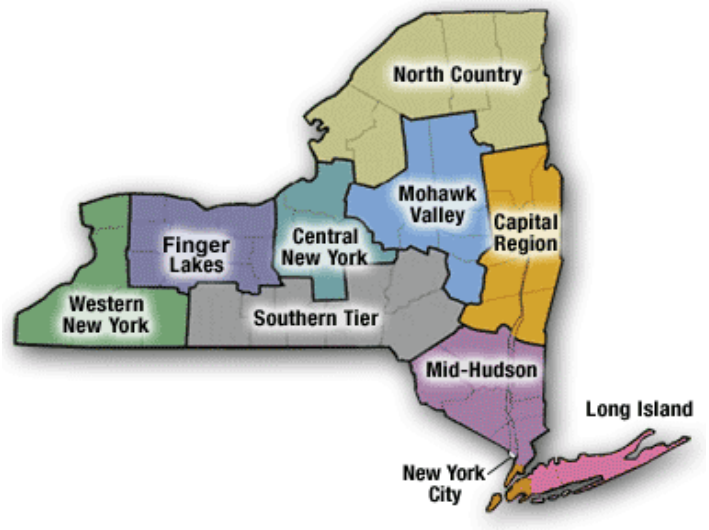
New Provider New Biller – Pharmacy

NEW YORK STATE | Department of Health | Medicaid NYRx

AGENDA

- General Information
- Medicaid Partners
- Eligibility
- Claims
- Keeping Up To Date
- Other Tools

General Information



NEW YORK STATE | Department of Health | Medicaid NYRx

General Information

- Effective **April 1, 2023**, Medicaid members enrolled in:
  - Mainstream Medicaid Managed Care (MMC) Plans
  - Health and Recovery Plans (HARPs)
  - HIV-Special Needs Plans (SNPs)

  will receive pharmacy benefits through the NYRx Pharmacy program

- The pharmacy benefit transition to NYRx **does not** apply to NYS Medicaid members enrolled in:
  - Managed Long-Term Care (MLTC) Plans
  - Programs of All-Inclusive Care for the Elderly (PACE)
  - Medicaid Advantage Plus (MAP)
  - Child Health Plus (CHP)
  - Essential Plan

General Information

- The NYRx Drug Benefit change **will not** alter the scope of the existing NYS Medicaid pharmacy benefits including:
  - Copayments
  - Covered Rx and OTC drugs
  - Pharmacist administered vaccines
  - Enteral nutrition
  - Medical/Surgical supplies

General Information

Transition Period

- Between April 1, 2023 and June 30, 2023:
  - NYS Medicaid members will be able to obtain a one-time fill for medications that are non-preferred in NYRx without the normal PA requirement.
  - This will allow additional time for prescribers to switch NYS Medicaid members to a NYRx preferred medication (no PA required) or obtain a PA for the non-preferred medication.

General Information

- The following NYRx Programs will apply as of April 1, 2023:
  - **Preferred Drug Program** (PDP) - promotes the use of less expensive, equally effective prescription drugs when medically appropriate.
    https://newyork.fhsc.com/providers/PDP_about.asp
  - **Brand Less Than Generic** (BLTG) Program - is a cost containment initiative which promotes the use of certain multi-source brand name drugs when the cost of the brand name drug is less expensive than the generic equivalent.
    https://newyork.fhsc.com/providers/bltgp_about.asp

General Information

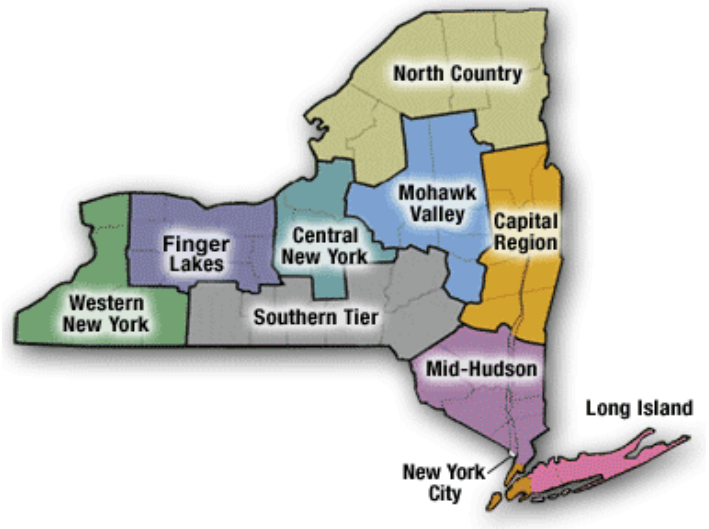
- **Clinical Drug Review Program** (CDRP) - is aimed to ensure that specific drugs are used in a medically appropriate manner.
  https://newyork.fhsc.com/providers/CDRP_about.asp
- **Drug Utilization Review (DUR) Program** - helps to ensure that prescriptions for outpatient drugs are appropriate, medically necessary and not likely to result in adverse medical consequences.
  https://www.health.ny.gov/health_care/medicaid/program/dur/index.htm
- **Mandatory Generic Drug Program (MGDP) -** requires PA for brand name prescriptions with an A-rated generic equivalent.
  https://newyork.fhsc.com/providers/MGDP_about.asp

General Information

- **Dose Optimization Program** - can reduce prescription costs by reducing the number of pills a patient needs to take each day.
  https://newyork.fhsc.com/downloads/providers/NYRx_%E2%80%8CPDP_PDL.pdf

- **Preferred Diabetic Supply Program (PDSP)** - provides NYS Medicaid members access to quality glucose meters and test strips, while at the same time reducing overall program costs.
  https://newyork.fhsc.com/providers/diabeticsupplies.asp

Medicaid Partners



NEW YORK STATE | Department of Health | Medicaid NYRx

Medicaid Partners

- New York State Department of Health (NYSDOH)
- NYRx, The Medicaid Pharmacy Program
- Office of the Medicaid Inspector General (OMIG)
- GDIT (eMedNY)
- County Department of Social Services (DSS)
- New York State of Health
- Magellan Medicaid Administration
- Managed Care Plans
- Providers

New York State Department of Health

- Responsibilities
  - Medicaid policy
  - Procedure codes
  - Required claim documentation
  - Fees and Rates
  - Prior Approvals
  - Over two year claims procedures
  - Provider enrollment
- Website and Phone Contact:
  - www.health.ny.gov
  - Prior Approval
    - In State: (800) 342-3005
    - Out of State: (518) 474-3575
  - Policy questions
    - (518) 473-2160

NYRx, the Medicaid Pharmacy Program

- Responsibilities
  - Pharmacy policy
  - Drug Utilization review
  - Provider enrollment
  - Prior Approval Criteria development
  - Required claim documentation
  - Pharmacy Reimbursement
- Website, eMail and Phone Contact:
  - (518) 486-3209
  - NYRx@health.ny.gov

www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

Office of the Medicaid Inspector General (OMIG)

- Responsibilities
  - Surveillance and monitoring of fraud and abuse
  - Medicaid Restricted Recipient determination and monitoring

- Website and Phone Contact :
  - **Website**: www.omig.ny.gov
  - **Telephone**: (877) 87-FRAUD
  - **Restricted Recipient:** - (518) 474-6866
    - OMIG.sm.RRP@omig.ny.gov

GDIT - eMedNY

- Responsibilities
  - Processing Medicaid claims
  - Provider Manuals
  - Remittance statements and checks
  - Electronic Fund Transfer
  - Billing inquiries & guidelines
  - Provider training
  - Issues paper claim forms (excluding UB-04)
  - Electronic Transmitter Identification Numbers (ETIN)
  - ePACES (Electronic Provider Assisted Claim Entry System)
  - Provider Enrollment Maintenance (Fee-for-Service)

GDIT - eMedNY – (Continued)

- Responsibilities - cont'd
  - Medicaid Eligibility Verification System (MEVS)
  - Drug Utilization Review (DUR)
  - Dispensing Validation System (DVS)
- Contact
  - eMedNY Provider Services (800) 343-9000
  - MEVS Automated Number (ARU) (800) 997-1111
  - Website – www.emedny.org

Local Department of Social Services / New York City Human Resource Administration (HRA)

- Responsibilities
  - Recipient enrollment and eligibility
  - Excess recipient income (participation spend-down)
  - Temporary ID cards
  - Some prior approvals/authorizations
  - Medicaid managed care plan concerns

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-Inquiry.pdf

New York State of Health (NYSoH)

- NYS Health Benefit Exchange
  - Health Plan Marketplace
  - Created by the Affordable Care Act
  - Medicaid recipient enrollment and eligibility for select populations
  - County/Office code “H78” identifies clients that have been enrolled through NYSoH
  - Phone inquiries pertaining to eligibility from the NYS Health Benefit Exchange contact 855-355-5777

https://nystateofhealth.ny.gov

Magellan Medicaid Administration

- Administers NYS Medicaid Pharmacy Programs
  - Magellan Clinical Call Center Prior Authorization
    - Phone: (877) 309-9493
  - Available 24 hours a day, seven days a week

https://newyork.fhsc.com

Managed Care Plans

- Responsibilities
  - Contract with providers
  - Covered services other than pharmacy
  - Care management
  - Plan procedures
  - Referral process
  - Recipient education
  - Maintenance of records
- Website and Phone Contact:
  - Refer to: ‘Information for All Providers’, Managed Care Information Section of the Provider Manual for plan codes and telephone numbers.

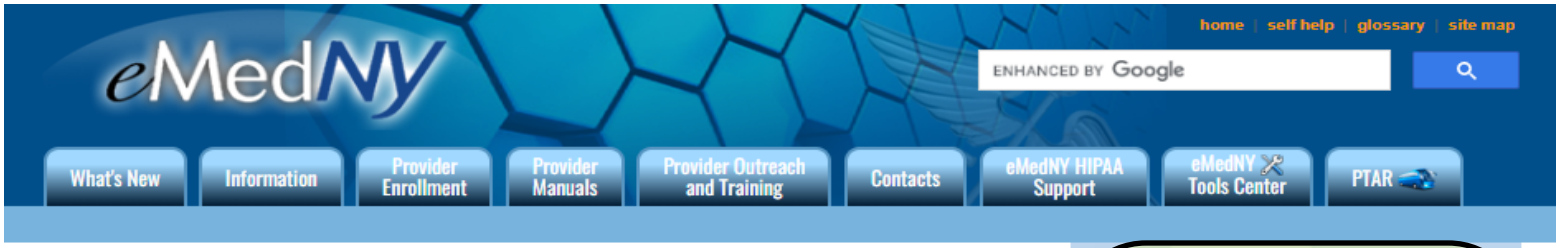
https://www.emedny.org/ProviderManuals/AllProviders/index.aspx#mcparty

Providers

- Responsibilities
  - Verify eligibility via MEVS
  - Timely submission of claims
  - Seek service authorizations/approvals when required
  - Retain appropriate medical record data
  - Be compliant with HIPAA guidelines
  - Obtain, Register NPI, and Enroll in Medicaid
  - Follow NYS Medicaid rules and regulations
  - Review the monthly NYSDOH *Medicaid Update*
  - Refer frequently to eMedNY website for updated info

eMedNY Website – Home Page
www.eMedNY.org

eMedNY Website – Pharmacy Benefit Transition



NEW YORK STATE | Department of Health | Medicaid NYRx

PHARMACY BENEFIT TRANSITION

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through the NYRx Pharmacy program instead of through their MMC Plan. The pharmacy benefit transition to NYRx does not apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)]. Transitioning the pharmacy benefit from MMC to NYRx will provide NYS with full visibility into prescription drug costs, allow centralization of the benefit, leverage negotiation power, and provide a uniform list of covered drugs with standardized utilization management protocols simplifying and streamlining the drug benefit for NYS Medicaid members. NYS Medicaid consumers have comprehensive drug coverage and equitable access to an extensive network of over 5,000 pharmacy providers.

Providers, including prescribers, pharmacies and DMEPOS providers, **must be enrolled** in NYS Medicaid to receive reimbursement for services provided to Medicaid members. See provider enrollment for more information.

Failure to enroll will result in denial of claims for prescriptions, **effective April 1, 2023.**

For information about enrollment exceptions, please review the Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers in Medicaid.

For more information about the transition, please visit the NYRx pharmacy benefit transition website or see the *Useful Links* section on the right side of this page.

FAQs

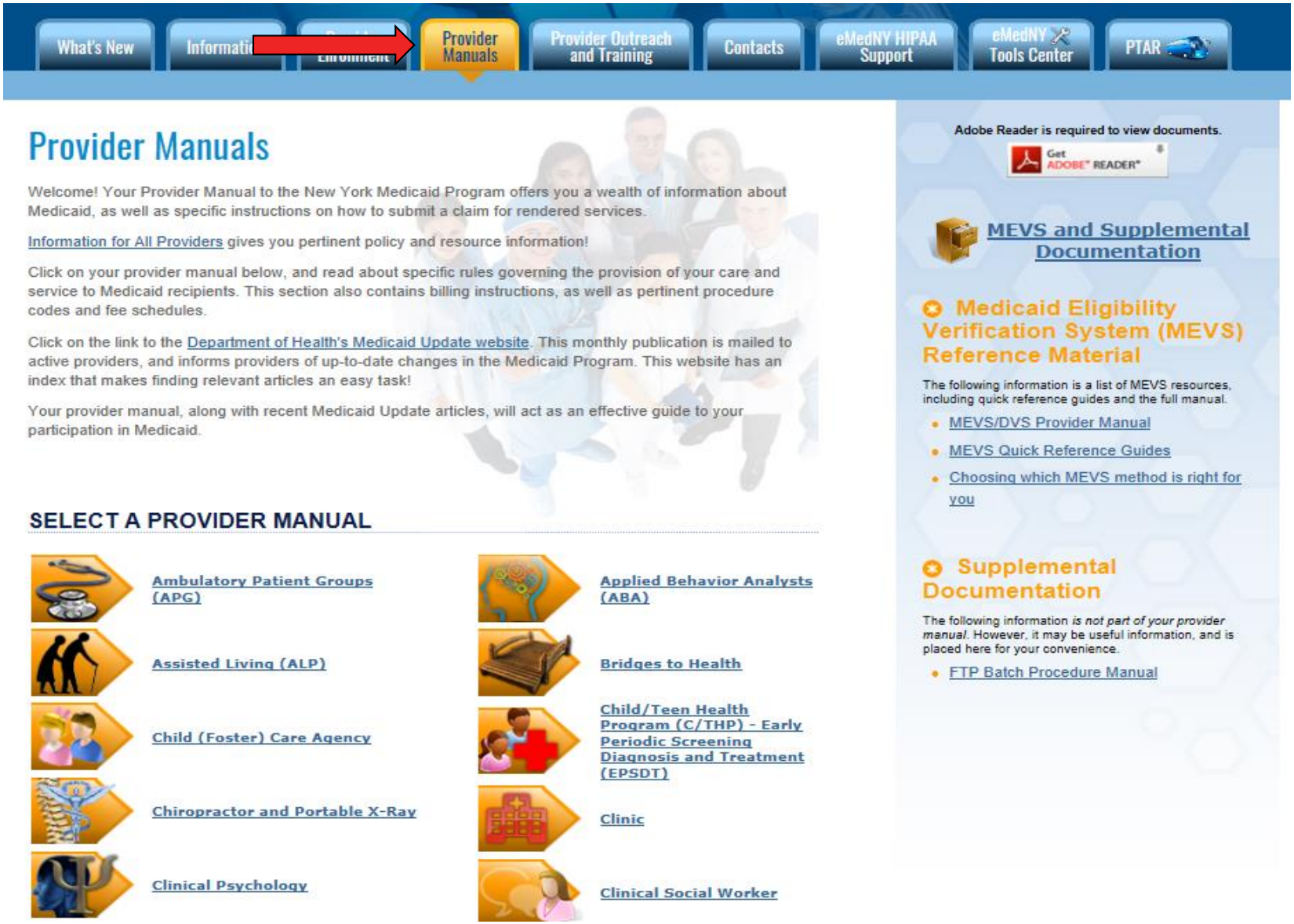
Useful Links

- Pharmacy Benefit Transition
- NYRx Medicaid Pharmacy Program
- Medicaid Pharmacy List of Reimbursable Drugs
- Provider Enrollment
- Provider Enrollment Status Resources
- Medicaid Preferred Drug Program
- Medicaid Pharmacy Program Member Resources
- Pharmacy New Provider/New Biller Training Presentation

Important Medicaid Updates

- October 2022 Medicaid Update Special Edition Part 1
- January 2023 Medicaid Update Special Edition Part 2
- March 2023 Medicaid Update Special Edition Part 3

eMedNY Website – Provider Manuals



Pharmacy Provider Manual

Pharmacy Manual

PHARMACY MANUAL CONTENTS

- Information for All Providers
- Policy Guidelines
- Medical Supply Fee Schedule
- Fee Schedule Column Descriptions
- Medical Supply Codes
- Billing Guidelines
  - Pharmacy Billing Guidelines
  - General Remittance Guidelines
- Medicaid List of Reimbursable Drugs (Formulary File)
- Preferred Diabetic Supply List (PDSL) - Magellan
- ProDUR-ECCA D.0 Provider Manual
- ProDUR-ECCA Standards Manual (links to NCPDP D.0 Companion Guide)

Featured Links

- Pharmacy Manual Archive
- Pharmacy Provider Communications

MOST RECENT COMMUNICATION

Clarification for Long-Term Care Pharmacies New Patient and Leave of Absence - March 14, 2023 (PDF 139KB)

- NYS Department of Health Rules and Regulations, Title 10
- NYS Department of Health Rules and Regulations, Title 18
- NYS Preferred Drug Program - Prior Authorization Forms/Worksheets

Sign Up for LISTSERV®

Other Info

DOH Medicaid Update Website
Provides up-to-date changes that may affect your participation in the Medicaid Program.

MEVS and Supplemental Documentation
This information *is not part of your provider manual*, however, it may be useful information and is placed here for your convenience.

Pharmacy Provider Manual

Medical Supply Codes Billable by a Pharmacy

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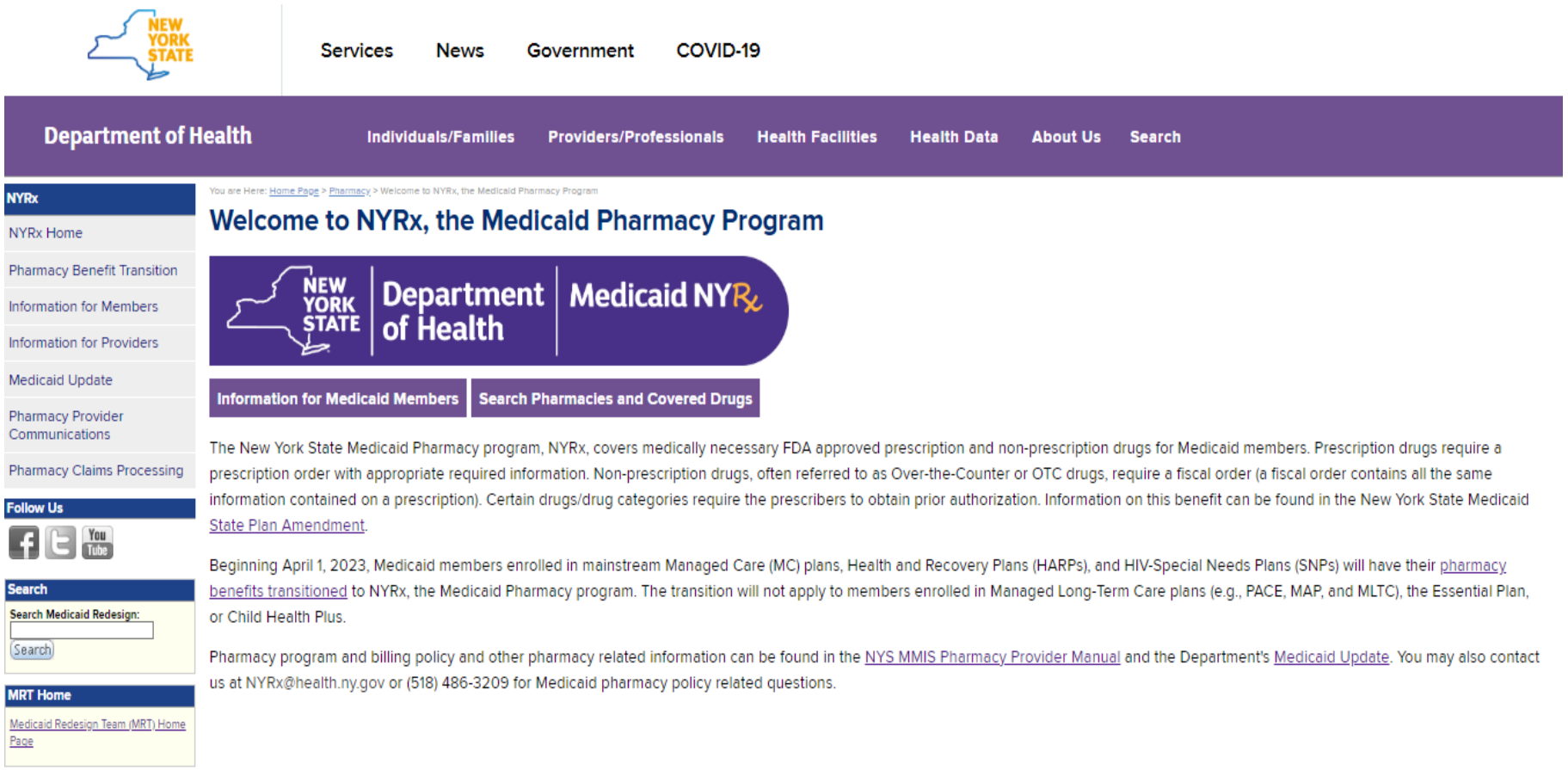
4.3 HEARING AID BATTERY 28
4.4 PHARMACISTS AS IMMUNIZERS 29

Additional Pharmacy Information
NYRx Home Page

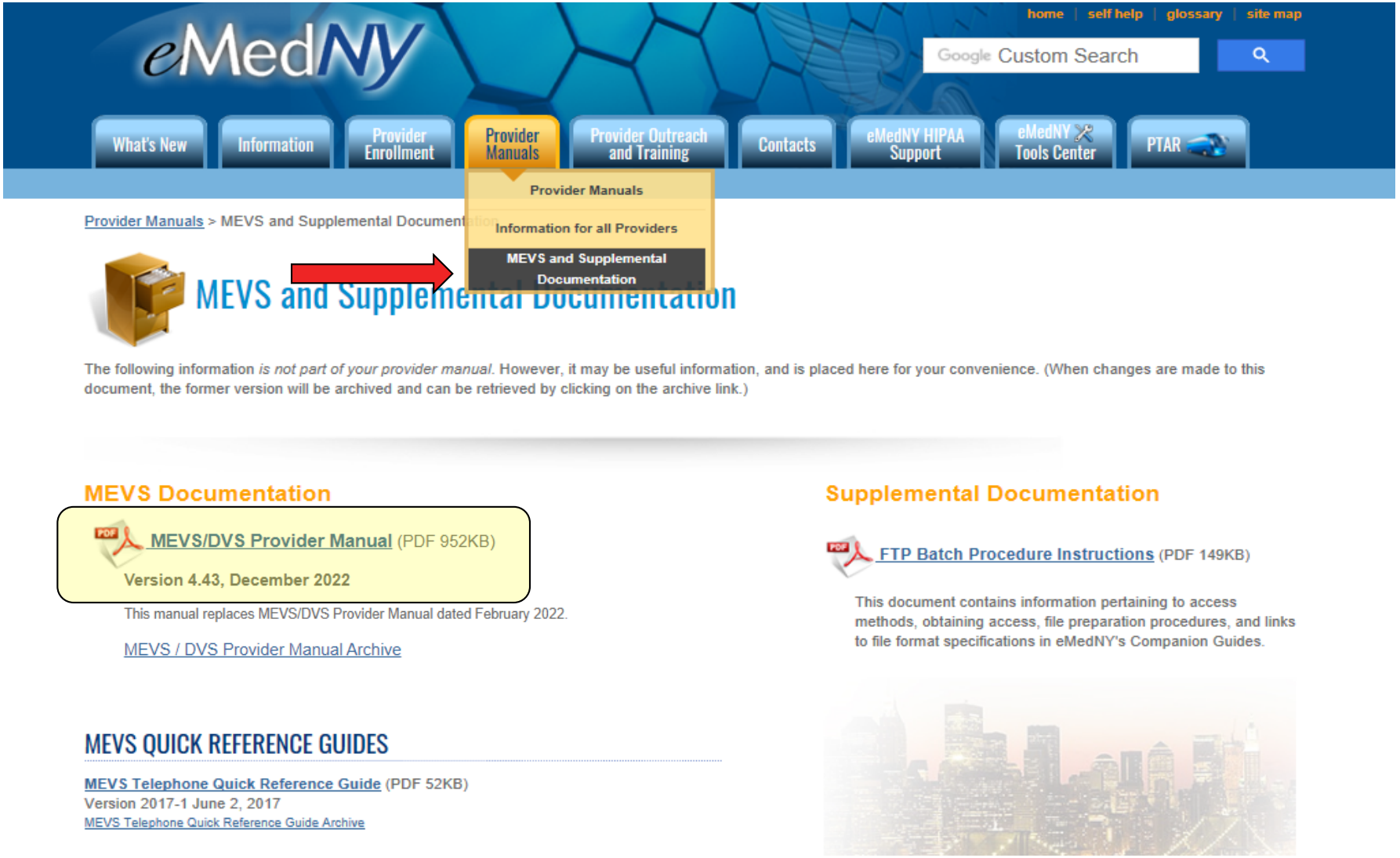


https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

Eligibility

NEW YORK STATE | Department of Health | Medicaid NYRx

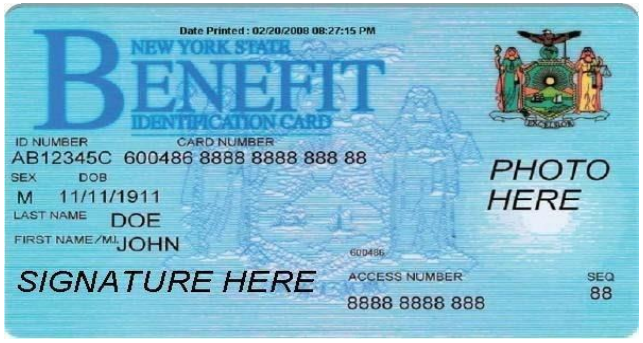
MEVS/DVS Provider Manual



Medicaid Benefit Identification: CARDS/FORMS

Medicaid Benefit Identification Cards and Forms with which you will need to become familiar are:

- Permanent plastic photo card
- Permanent plastic non-photo card
- Replacement paper card
- Temporary Medicaid Authorization Form, DSS-2831A



Medicaid Eligibility Verification System - MEVS

- Methods for checking eligibility
  - **A**udio **R**esponse **U**nit : (touch-tone telephone method)
    1 800-997-1111
  - ePACES : Free Internet based application
  - Alternate access: Real-time E1 Eligibility Inquiry & Response through NCPDP
    - https://www.emedny.org/HIPAA/5010/transactions/NCPDP_D.0_Companion_Guide.pdf

Eligibility verification is necessary to avoid risk of receiving no payment

Medicaid Eligibility Verification System - MEVS

- **Eligibility response provides information about:**
  - Restriction to primary providers
  - Reporting of exception codes – further clarifies eligibility
  - Medicaid co-payment information
  - Patient Liability
  - Enrollment: Local DSS/HRA or NYSoH

- **Payer type identification – client covered by:**
  - Medicaid Fee-for-Service
  - Medicaid Managed Care (MCO)
  - Third Party coverage (Medicare/Third Party Insurance)

Medicaid Pharmacy Co-Payments

- Co-payment amounts are as follows:
  - $3.00 for non-preferred Brand Name Drugs;
  - $1.00 for Generic Drugs, preferred Brand Name Drugs, and Brand Drugs included in the Brand Less Than Generic Drugs Program;
  - $0.50 for Non-Prescription (over the counter) Drugs;
  - $1.00 for Medical/Sickroom Supplies.

- There is a $50 quarterly co-pay maximum

- Health care providers have an obligation to provide services and goods regardless of a Medicaid member's ability to pay co-payments.

https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf

Claims

NEW YORK STATE | Department of Health | Medicaid NYRx

Claim Submission

Medicaid is the Payer of Last Resort

- All other payers must be billed prior to Medicaid

Claim Adjudication Cycle

- Weekly cycle processing
  - Monday 6:00 PM cut-off time
  - Check & Remit prepared the following Monday
  - Checks & Paper remits are mailed 2 weeks and 2 days from check date
  - Electronic Funds Transfer (EFT) - funds are available 2 weeks and 2 days from check date

Claim Submission Methods

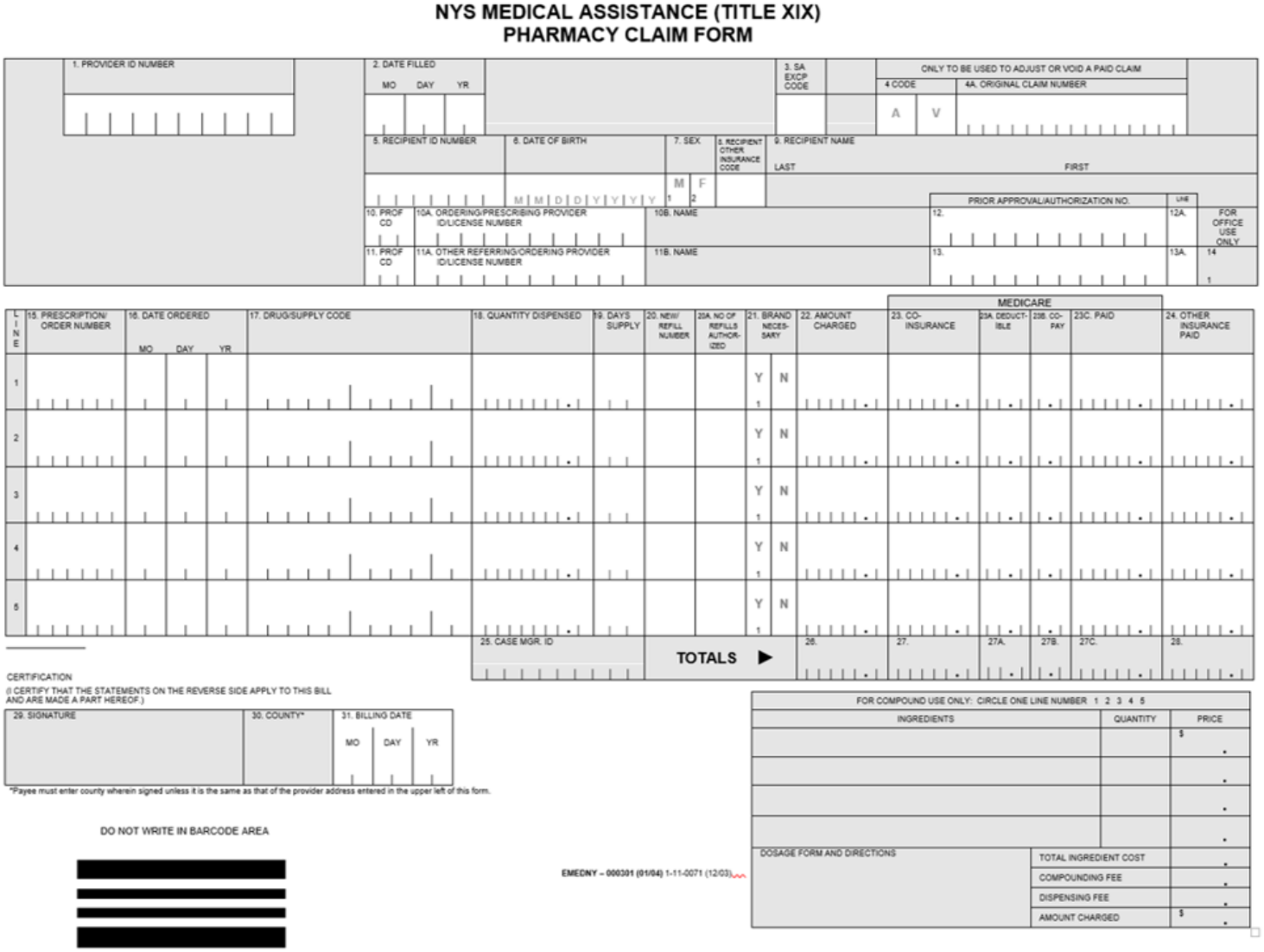
- Paper
- Electronically
  - HIPAA Compliant Software (NCPDP, 837 P)
    - eMedNY eXchange
    - SOAP (Simple Object Access Protocol)
  - ePACES (Electronic Provider Assisted Claim Entry System)*
    - 837 P – DME / Medical Supplies only

* Note: ePACES does not support NCPDP format

Claim Submission Methods

eMedNY PROVIDER CATEGORY	eMedNY PAPER CLAIM FORM #	HIPAA ELECTRONIC CLAIM FORMAT
Professional DME (Medical Supplies)	Modified HCFA 1500 - eMedNY 150001 eMedNY 150002 eMedNY 150003	837P- Professional
Pharmacy	eMedNY 000301	NCPDP

Pharmacy Claim Form



NYS MEDICAL ASSISTANCE (TITLE XIX)
PHARMACY CLAIM FORM

1. PROVIDER ID NUMBER
2. DATE FILLED — MO DAY YR
3. SA EXCP CODE
ONLY TO BE USED TO ADJUST OR VOID A PAID CLAIM
4 CODE — A V
4A. ORIGINAL CLAIM NUMBER
5. RECIPIENT ID NUMBER
6. DATE OF BIRTH — M M D D Y Y Y Y
7. SEX — M 1 F 2
8. RECIPIENT OTHER INSURANCE CODE
9. RECIPIENT NAME — LAST FIRST
PRIOR APPROVAL/AUTHORIZATION NO.
LINE
10. PROF CD
10A. ORDERING/PRESCRIBING PROVIDER ID/LICENSE NUMBER
10B. NAME
12.
12A.
FOR OFFICE USE ONLY
11. PROF CD
11A. OTHER REFERRING/ORDERING PROVIDER ID/LICENSE NUMBER
11B. NAME
13.
13A.
14
1

MEDICARE

LINE	15. PRESCRIPTION/ ORDER NUMBER	16. DATE ORDERED MO DAY YR	17. DRUG/SUPPLY CODE	18. QUANTITY DISPENSED	19. DAYS SUPPLY	20. NEW/ REFILL NUMBER	20A. NO OF REFILLS AUTHORIZED	21. BRAND NECESSARY Y N	22. AMOUNT CHARGED	23. CO-INSURANCE	23A. DEDUCTIBLE	23B. CO-PAY	23C. PAID	24. OTHER INSURANCE PAID
1								Y N 1						
2								Y N 1						
3								Y N 1						
4								Y N 1						
5								Y N 1						
	25. CASE MGR. ID		TOTALS ▶						26.	27.	27A.	27B.	27C.	28.

CERTIFICATION
(I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)

29. SIGNATURE
30. COUNTY*
31. BILLING DATE — MO DAY YR

*Payee must enter county wherein signed unless it is the same as that of the provider address entered in the upper left of this form.

DO NOT WRITE IN BARCODE AREA

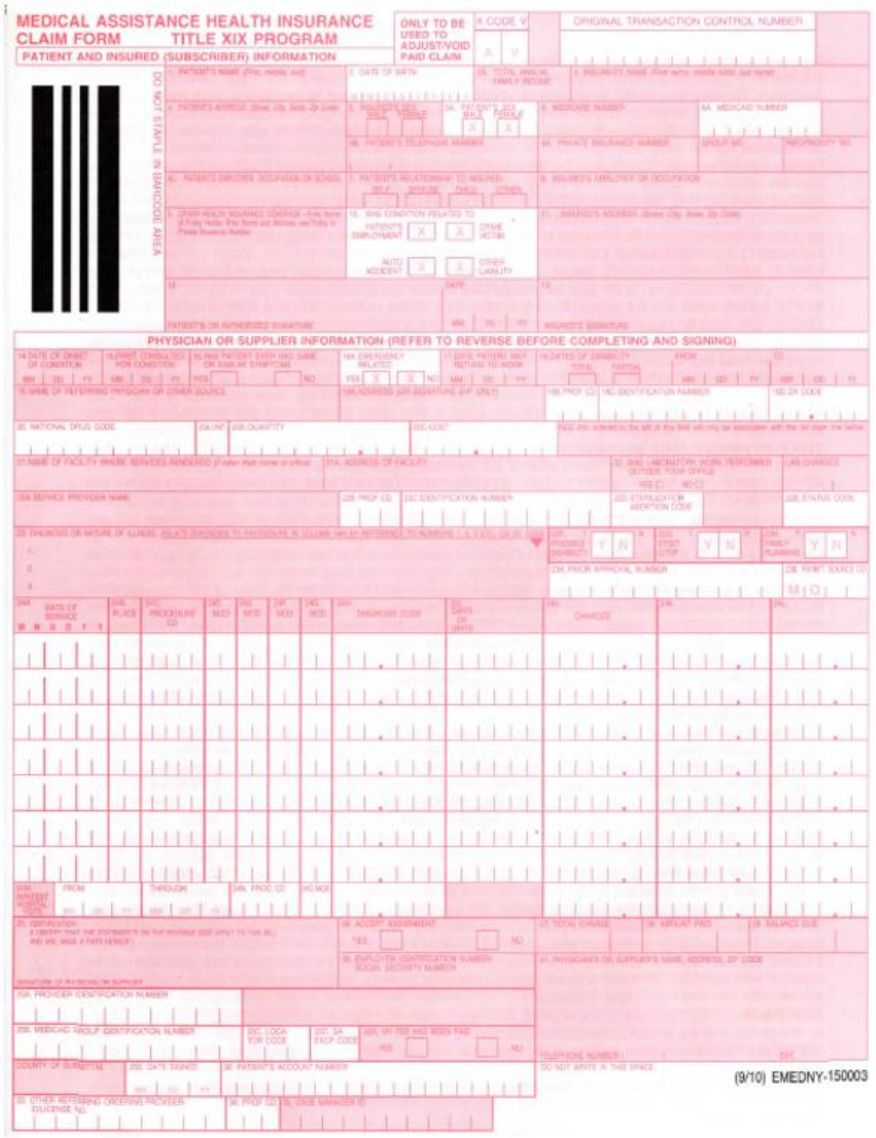
[redacted]

EMEDNY – 000301 (01/04) 1-11-0071 (12/03)

FOR COMPOUND USE ONLY: CIRCLE ONE LINE NUMBER 1 2 3 4 5

INGREDIENTS	QUANTITY	PRICE
		$.
		.
		.
		.
DOSAGE FORM AND DIRECTIONS	TOTAL INGREDIENT COST	.
	COMPOUNDING FEE	.
	DISPENSING FEE	.
	AMOUNT CHARGED	$.

eMedNY-150003 Claim Form



Claim Submission Methods (Continued)

- To send or receive electronic claim information providers need the following:
  - ETIN (Electronic Transmitter Identification Number)
  - Certification Statement – updated annually
  - BIN (004740)
  - User ID and Password
  - Electronic Remittance/PDF Remittance Request Form (to receive 835 or PDF remittance)

Forms are available at - https://www.emedny.org/info/ProviderEnrollment

Claim Submission / Status

- Claim Submission Types
  - Original, Replace (Adjustment), Void
- Claim Status
  - NCPDP
    - Claims processed in real time and receive an automatic response indicating if claim rejected, denied (reason for rejection or denial) or paid
  - 837 Professional and ePACES
    - PAID, DENY, PEND (835S)
      - 835 file – Allows for notification of claim adjudication
      - ePACES Professional – Real Time Response option
      - Status Response Edits returned – Use Edit Error Knowledge Base (EEKB) to assist in interpreting

Claim Submission / Status

- Claim Status (Continued)
  - 837 Professional and ePACES
    - REJECT
      - 277CA file – Allows for notification of claim acknowledgment
      - Pre-adjudication Edits for Rejected Claims
      - Crosswalk available for interpreting Rejection Edits
      - Rejected claims **do not** appear on remittance advice
- Remittance Advice Formats: Paper, PDF or Electronic (835)

Pre-Adjudication Crosswalk –

https://www.emedny.org/HIPAA/5010/transactions/crosswalks/eMedNY%20Pre-adjudication%20Crosswalk%20(837%20Health%20Care%20Claims).pdf

Electronic Payment/Responses

- **EFT** – Electronic Funds Transfer
  - *Funds deposited directly to checking or savings account*
- **Electronic Remittance Advice**
  - *HIPAA compliant 835 formats that require software to interpret*
- **PDF Remittance Advice**
  - *PDF version of the paper remittance delivered electronically to eXchange*

Note: Medicaid requires all billing providers to register for EFT and ERA or PDF remittances.

Sample Paper/PDF Remittance Advice

PAGE 03
DATE 08/06/07
CYCLE 1563

MEDICAID
MANAGEMENT INFORMATION SYSTEM
MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

TO: ABC PHARMACY
123 MAIN STREET
ANYTOWN, NEW YORK 11111

ETIN:
PHARMACY
PROV ID: ########/#########
REMITTANCE NO: ##########

PRESCRIP TION NO.	ITEM CODE	QUANTITY	CLIENT ID NUMBER	CLIENT NAME	SERVICE DATE	TCN	CHAR GED	PAID	STATUS	ERRORS
#######	00173044100	54.000	LL#####L	LAST NAME	MM/MM/YY	####-#########-#-#	100.00	0.00	DENY	00162
#######	00904391660	5.000	LL#####L	LAST NAME	MM/MM/YY	####-#########-#-#	50.00	0.00	DENY	00162
#######	00904391660	5.000	LL#####L	LAST NAME	MM/MM/YY	####-#########-#-#	30.00	0.00	DENY	00142 00144
#######	00002411260	1.000	LL#####L	LAST NAME	MM/MM/YY	####-#########-#-#	60.00	0.00	DENY	00142 00144
#######	00173044100	54.000	LL#####L	LAST NAME	MM/MM/YY	####-#########-#-#	100.00	0.00	DENY	00162

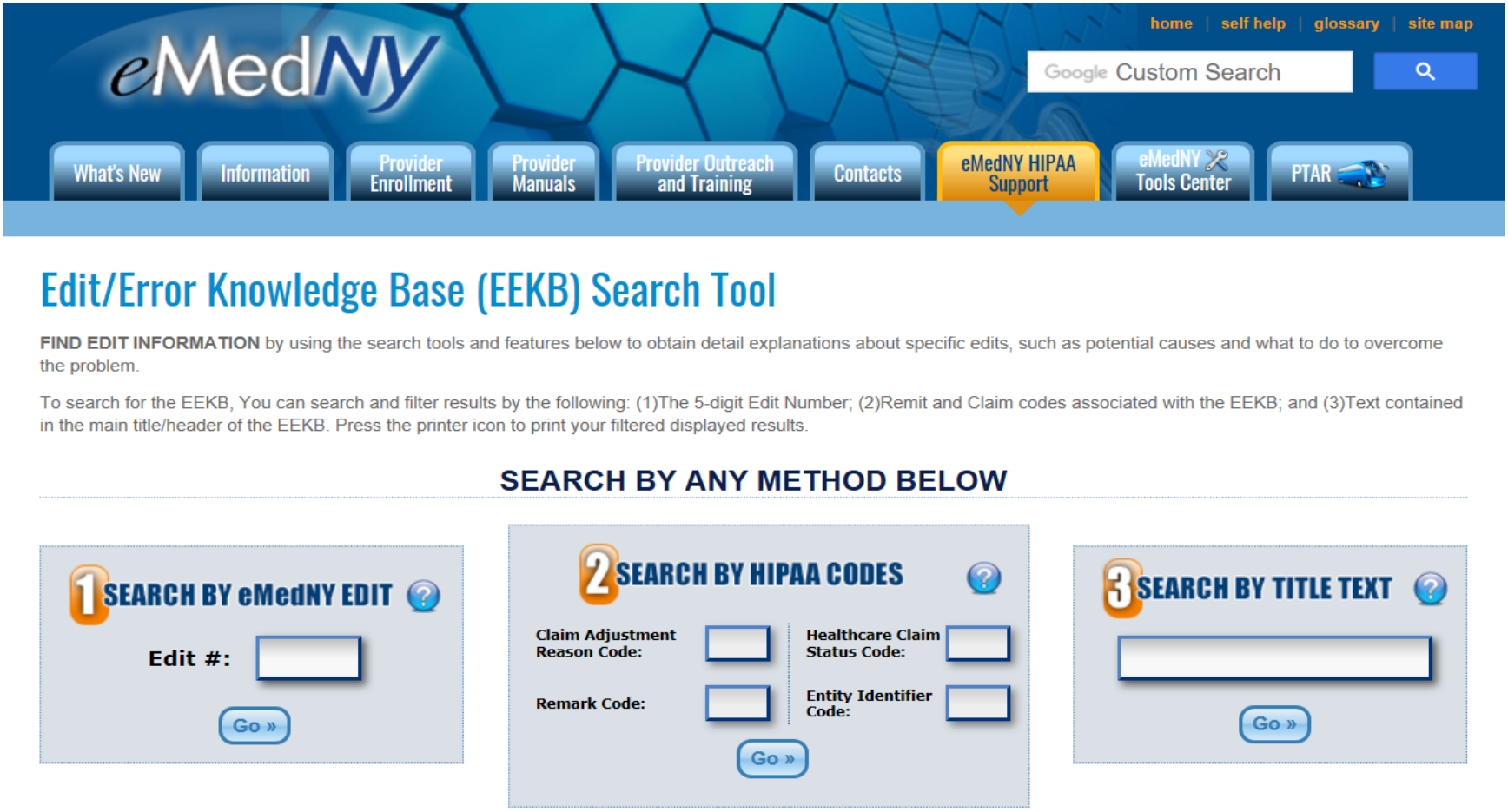
*=PREVIOUSLY PENDED CLAIM
**=NEW PEND

TOTAL AMOUNT ORIGINAL CLAIMS	PAID	84.88	NUMBER OF CLAIMS	3
NET AMOUNT ADJUSTMENTS	PAID	90.00	NUMBER OF CLAIMS	1
NET AMOUNT VOIDS	PAID	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS – ADJUSTS		20.00	NUMBER OF CLAIMS	1

Edit/Error Knowledge Base (EEKB)

For <u>DENIED or PENDED</u> Professional (DME / Medical Supply) Claim Edits

Edit/Error Knowledge Base (EEKB)



Pre-Adjudication Crosswalk

For <u>REJECTED</u> Professional (DME / Medical Supply) Claims

Pre-Adjudication Crosswalk

NYS MEDICAID PRE-ADJUDICATION CROSSWALK FOR HEALTH CARE CLAIMS

VERSION 5010 (BATCH AND REAL-TIME)

The specifications for the transactions referenced here are the property of the Accredited Standards Committee X12 and are available at:

http://www.wpc-edi.com/
http://store.x12.org/

Implementation Guide (TR3):
005010X212
005010X214

It is extremely important that providers, as well as the vendors that service the eMedNY provider community, react to the front end responses sent by eMedNY. Claims rejected by the front end process are not reported in the Remittance Advice or any other transactions.

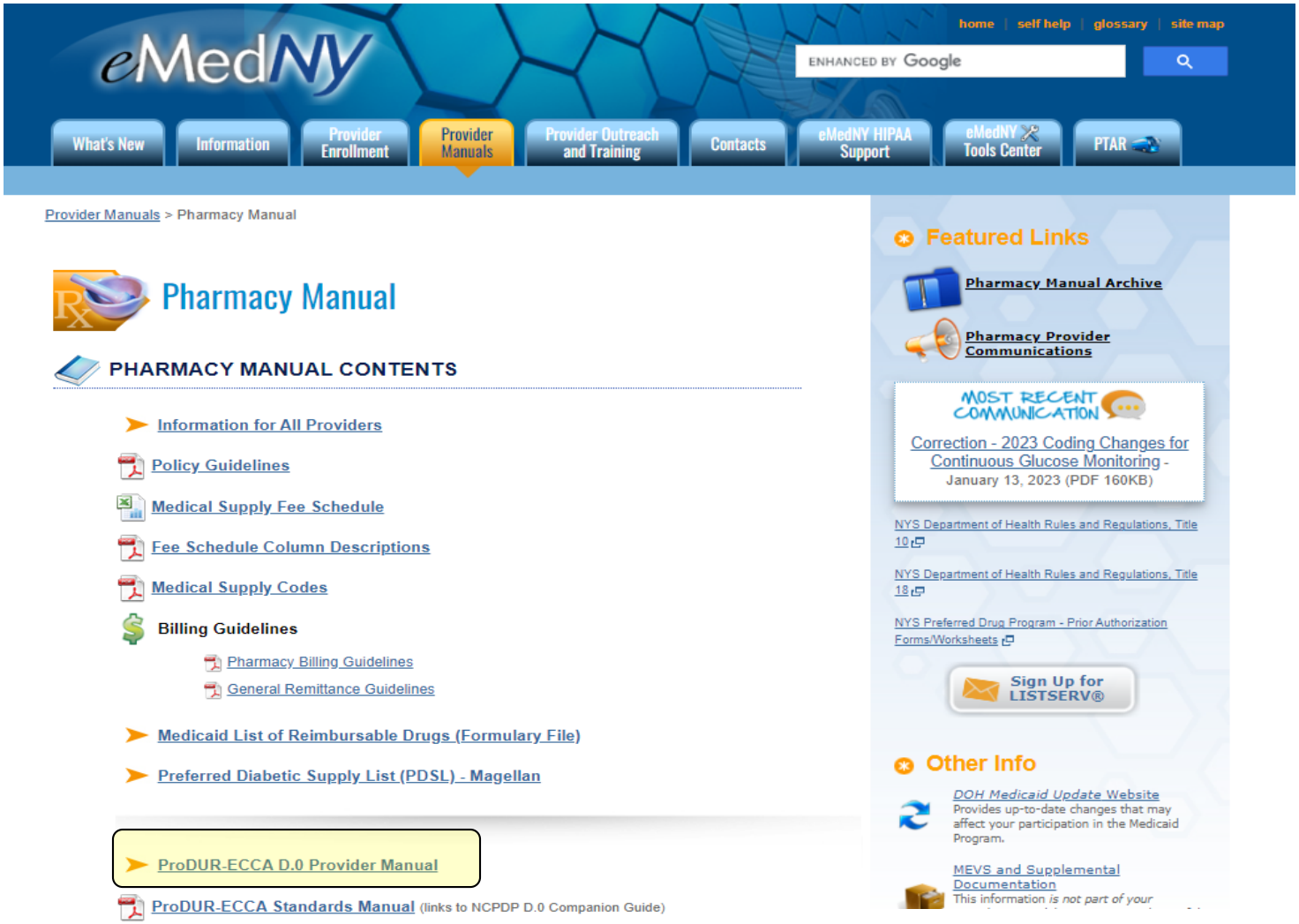
The following table lists the specific values returned by the eMedNY system in the ASC X12N 277 Health Care Claim Acknowledgment in the loop 2200D and 2220D STC segment for Claim Status Category Code (STC01-1), Claim Status Code (STC01-2), and Entity Identifier Code (STC01-3) in response to electronic healthcare claims submitted on the ASC X12N 837 Health Care Claim. Note also that by default, an STC segment with STC01 valued with A1|20 is returned in loop 2200B.

Inbound claims are validated against a set of preliminary edits that are checked prior to adjudication but after EDI translation. If no errors are found on a specific claim, the claim is forwarded for adjudication. Otherwise the codes listed in the table below will report the specific error condition that was identified. When submitted claims fail any of these edits they will not be adjudicated.

277CA (OUTBOUND RESPONSE TO CLAIMS)										INBOUND CLAIM (VERSION 5010)			
CLAIM LEVEL (LOOP 2200D)						LINE LEVEL (LOOP 2220D)				BATCH			REAL-TIME
STC01-			STC10-			STC01-				837-			837-
-1	-2	-3	-1	-2	-3	-1	-2	-3	NYS Medicaid Conditions	INST	PROF	DENT	PROF
A1	18	PR							No errors detected at Claim Level; Claim rejected due to line-level errors: STC segment in Loop 2220D provides detail (see bottom of worksheet). Returned in response to v. 5010 batch transactions ONLY.	✓	✓	✓	
A1	18	40							No errors detected at Claim Level; Claim rejected due to line-level errors: STC segment in Loop 2220D provides detail (see bottom of worksheet).				✓
A2	20								No error being reported (((Claim has been forwarded to adjudication)))	✓	✓	✓	✓
A3	117	1P							Provider Signature-on-File indicator not set to "Y"		✓	✓	✓
A3	117								Provider Signature-on-File indicator not set to "Y"				
A3	121								Maximum lines (999) exceeded in claim	✓			

- ***Several claim edits previously reported on remittances are now moved to the pre-adjudication process.***
  - ✓***Examples: client ID invalid, Dx code invalid, procedure code invalid***
- ***Providers MUST correct and resubmit rejected claims as these are not reflected in a remittance advice.***

ProDUR/ECCA Manual



For DENIED, PENDED or REJECTED Pharmacy (NCPDP) Codes

ProDUR/ECCA Manual

Provider Manuals > Pharmacy >

ProDUR-ECCA D.0 Provider Manual

The New York State Department of Health (NYSDOH) has implemented a program that allows the pharmacy community to submit MEVS transactions in an on-line real-time environment that performs a Prospective Drug Utilization Review (Pro-DUR). This program was implemented on June 1, 1994 and is being administered by the fiscal agent. In order to receive payment for services rendered, all pharmacies must submit their transactions through the on-line DUR program. If desired, this program can also capture claims electronically and transmit them to the fiscal agent for adjudication. The purpose of the Pro-DUR program is to comply with OBRA 90 mandated Pro-DUR requirements. This program will check all prescriptions with prescription drugs the recipient has taken over the past 90 days and alerts the pharmacists to possible medical problems associated with dispensing the new drug.

This manual is designed to familiarize you with the ProDUR/ECCA system, and contains multiple sections discussing the different aspects of the ProDUR system. You may either view or download this manual by using the options below.

ProDUR/ECCA Provider Manual D.0 - Version 2.58: *February 23, 2023*

ProDUR/ECCA D.0 Provider Manual **Archive**

ProDUR/ECCA Manual

DUR Response – Chart D 8.5
Claim Response Message – Chart E 8.7

9.0 MEVS ACCEPTED CODES - TABLE 1 (Rev. 05/16) 9.1

10.0 MEVS DENIAL CODES - TABLE 2 (Rev. 05/16) 10.1

10.1 TABLE 2 ERROR CHART (Rev. 05/11) 10.1.1

11.0 CO-PAYMENT CODES - TABLE 6 (Rev. 05/11) 11.1

12.0 Rx DENIAL CODES - TABLE 7 (Rev. 04/22) 12.1

13.0 DISPENSING VALIDATION SYSTEM REASON CODES - TABLE 9 (Rev. 05/11) 13.1

14.0 PEND REASON CODES – TABLE 10 (Rev. 11/11) 14.1

15.0 NCPDP REJECT CODES (Rev. 12/22) 15.1

16.0 INSURANCE COVERAGE CODES – TABLE 11 (Rev. 5/11) 16.1

17.0 EXCEPTION CODES – TABLE 12 (Rev. 12/22) 17.1

18.0 COUNTY/DISTRICT CODES – TABLE 13 (Rev. 05/11) 18.1

19.0 NEW YORK CITY OFFICE CODES – TABLE 14 (Rev. 01/15) 19.1

Timely Claim Submission

- Initially submit claims within 90 days of the date of service to be valid and enforceable, unless the claim is delayed due to circumstances outside the control of the provider.
- Claims submitted after 90 days must be submitted within 30 days from the time submission came within the control of the provider.
- If a claim is returned to a provider due to data insufficiency or claiming errors (rejected or denied), it must be corrected and resubmitted within 60 days of the date of notification to the provider.
- In addition, paid claims requiring correction or resubmission must be submitted as adjustments to the paid claim within 60 days of the date of notification.
- In most cases adjustments, rather than voids, must be billed to correct a paid claim.
- Claims not correctly resubmitted within 60 days, or those continuing to not be payable after the second resubmission, are neither valid nor enforceable.

Timely Claim Submission (Continued)

- 90 Day Delay Reason Code Form for Paper Claims
  - Printed on same quality and size paper as claim form
  - Complete acceptable reason and other required information
  - One form per claim
  - eMedNY Delay Reason Code Form and Instructions found at:

    https://www.emedny.org/info/TimelyBillingInformation_index.aspx

Note: Resubmission of denied claims are also subject to Timely Submission guidelines

Timely Claim Submission (Continued)

eMedNY Delay Reason Code Form

eMedNY
PO Box 4601
Rensselaer, NY 12144-4601

Expedited / Priority Shipping:
eMedNY
327 Columbia Turnpike
ATTN: Box 4601
Rensselaer, NY 12144

Client Identification Number: _____
Date(s) of Service: _____

The attached claim is for services for which the timely filing limit has expired. The reason for late submission is (Enter 'X' in box where appropriate):

- ☐ 1 Proof of eligibility unknown or unavailable
- ☐ 2 Litigation (include supporting documentation)
- ☐ 3 Authorization Delays (include supporting documentation)
- ☐ 4 Delay in Certifying Provider
- ☐ 5 Delay in Supplying Billing Forms (applies to paper claims only)
- ⊘ 6 Delay in Supplying Custom-made Appliances ** NYS Medicaid does not accept this reason for delay and will deny a code value of "6". **
- ☐ 7 Third Party Processing Delay (include EOMB)
- ☐ 8 Delay in Eligibility Determination
- ☐ 9 Original Claim Rejected or Denied due to a reason unrelated to the billing limitation rules
  - fill in Transaction Control Number (TCN) of original claim:_____
- ☐ 10 Administrative Delay in the Prior Approval Process
  - fill in prior approval number:_____
- ☐ 11 Other (select one)
  - ○ (A) Adjustment of Paid Claim
    - fill in original TCN:_____
  - ○ (B) Audit Directed Replacement of Voided Claim
    - fill in voided claim TCN:_____
  - ○ (C) Provider Initiated Replacement of Voided Claim
    - fill in voided claim TCN:_____
  - ○ (D) Interrupted Maternity Care - delayed prenatal care claims because delivery performed by a different practitioner
  - ○ (E) IPRO Denial/Reversal - Island Peer Review Organization previously denied claim but denial was reversed on appeal - fill in original TCN: _____
- ☐ 15 Natural Disaster (include supporting documentation)

Sincerely,

Name: _____

Title: _____

Refer to your Provider Manual, General Billing section for more information on the timely submission of claims.

Timely Claim Submission (Continued)

90-Day Indicator for Electronic Claims (HIPAA Compliant)

1 = Proof of eligibility unknown or unavailable

2 = Litigation

3 = Authorized delays

4 = Delay in certifying provider

6 = Delay in supplying custom made appliances *

7 = Third party processing delay

8 = Delay in eligibility determination

9 = Original claim rejected or denied due to a reason unrelated to the billing limitation rules

10 = Administration delay in the prior authorization process

11 = Other (IPRO denial reversal, interrupted maternity care & adjustments of paid claims)

15 = Natural Disaster

* eMedNY will deny code 6

Timely Claim Submission (Continued)

- Claims over two years
  - For payment consideration by DOH
    - Submit claim to eMedNY within 60 days of control
    - Claim will deny - edit 01292 (DOS Two Years Prior to Date Received) or 835/820 Error code 29 or Health Care Claim Status code 187 (Time Limit for Filing has Expired)
    - Submit copy of remittance, written request, and supporting documentation (verification of error by DOH, LDSS, DOH agent or court order) within 60 days to DOH

New York State Department of Health
Two Year Claim Review
431B Broadway
Menands, NY 12204-2836

Medicare Crossovers to NY Medicaid

- Medicare will crossover claims directly from Medicare's Coordination of Benefits Contractor to NY Medicaid
- Parts A & B only
- Medicare Advantage, Part C will **not** crossover
- Important: The NPI on the claim submitted to Medicare **must** be the NPI enrolled with NY Medicaid
- Adjustments or void may be submitted to Medicaid for crossover claims
- Medicare remittances will contain a crossover indicator
- No changes will be made to the Medicaid remittances content for paper or 835 electronic

For Professional (DME / Medical Supply) Claims Only

Authorizations (PA / DVS)

- Some or all services for certain categories of service may require PA, DVS authorizations

- **Prior Approval (PA)**
  - Any procedure code that is **underlined** in the procedure code section of the provider manual
  - Requests for Prior Approval are either sent in on paper or electronically, with appropriate documentation outlined in provider manual **prior to** rendering service.
  - Prescription drug prior authorizations (Magellan) - https://newyork.fhsc.com

- **Dispensing Validation System (DVS)**
  - Any procedure code that has a **'#'** sign after it or indicates (DVS REQUIRED) in the procedure code section of the provider manual
  - Electronic/automated authorization process

Refer to Provider Manuals for specific PA/DVS requirements

Enteral Formula

- Full policy information and documentation requirements can be found in Section 4.2 of the Pharmacy Procedure Code manual on:

  www.eMedNY.org

- **This benefit is limited to up to 2,000 calories per day for:**
  - Members who are tube fed; or
  - Members with inborn metabolic disorders.
  - Children up to 21 years of age, who require liquid oral nutritional therapy when nutrients from food cannot be absorbed or metabolized.
  - Orally-fed adults with a diagnosis of HIV infection, AIDS, HIV related illness, or other disease or condition.

Enteral Formula Authorizations

Interactive Voice Response System (IVR)

- Any procedure code that has an asterisk **'*'** in the procedure code section of the provider manual
- Requests to prescribe or dispense Enteral Formulas are sent through the Interactive Voice Response (IVR) system. The dedicated telephone number is (866) 211-1736.
- Prescriber and dispenser worksheets to assist in the IVR process are available in the Durable Medical Equipment (DME) Policy Guidelines.

New Enteral Web Portal

- https://medicaidenteralportal.health.ny.gov
- eMedNY.org –

https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Policy_Section.pdf

Enteral Formula Authorizations

NEW YORK STATE MEDICAID PROGRAM
ENTERAL FORMULA PRIOR AUTHORIZATION
DISPENSER WORKSHEET (Rev. 10/08)

To facilitate the process, be prepared to answer these questions when you call the voice interactive Enteral Prior Authorization Call Line at **1-866-211-1736, Option 4.** Do not block your Caller ID. For audit purposes, Caller ID is recorded by the call line.

1. Enter the 11-digit **prior authorization number** obtained by the prescriber and written on the fiscal order.	_ _ _ _ _ _ _ _ _ _ _ _
2. Enter the **recipient CIN** (Client Identification Number) of the patient for which the enteral formula is ordered. The automated system will then confirm that a valid, unused prior authorization number exists for this patient. (Client ID number is 2 alpha/5 numeric/1 alpha.)	_ _ _ _ _ _ _ _
3. Enter your 10 digit **National Provider Identification Number.**	_ _ _ _ _ _ _ _ _ _
4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) **Category of Service.**	_ _ _ _
5. Enter a **telephone number** where you can be reached.	(_ _ _) _ _ _ - _ _ _ _
6. Enter numeric portion of **HCPCS code** of enteral being prescribed. See the **Enteral Products Classification List at** http://www.emedny.org/ProviderManuals/DME/communications.html. The	B_ _ _ _ _ _

Dispenser Worksheet

- Assists with activating the Authorization
- Found on www.eMedNY.org in Section 4.2 (page 39) of the DME Procedure Code Manual
- 1-866-211-1736 to activate
- The IVR will prompt you to enter responses on your telephone's keypad.

https://www.emedny.org/ProviderManuals/communications/Dispenser%20Worksheet.pdf

Vaccines

- Vaccines that can be obtained by NYS Medicaid members, 18 years of age and older:

Influenza (2 yrs and older)	Varicella
Measles, mumps, and rubella	COVID-19
Meningococcal	Hepatitis A
Pneumococcal	Hepatitis B
Tetanus, diphtheria, and pertussis	Herpes zoster (shingles)
	Human papillomavirus

- Reimbursement is provided to Medicaid enrolled pharmacies for vaccines and anaphylaxis agents administered by a certified pharmacist or a certified pharmacy intern under the supervision of a certified pharmacist

https://www.health.ny.gov/health_care/medicaid/program/phar_immun_fact.htm

Vaccine Billing

- Pharmacies will bill the administration fee and, when applicable, acquisition cost of the vaccine using the appropriate procedure codes.
- National Drug Codes (NDCs) are not to be used for billing the vaccine product to Medicaid FFS.

Vaccine claims submitted via the National Council for Prescription Drug Programs (NCPDP) D.0 format

NCPDP D.0 Claim Segment Field	Value
436-E1 (Product/Service ID Qualifier)	Enter value of **"09"** which qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code.
407-D7 (Product/Service ID)	Enter an applicable procedure code. Up to four claim lines can be submitted with one transaction

Diabetic Supplies

- NYRx Pharmacy Medicaid Program participates in a Preferred Diabetic Supply Program (PDSP)
  - Provide access to quality glucose meters and test strips, while at the same time reducing overall program costs
  - Voice Synthesized Blood Glucose Monitors (“talking” monitors) and Disposable Blood Glucose Monitors are excluded from PDSP coverage. These products continue to be covered by Medicaid through the existing DME Dispensing Validation System (DVS) PA process.
  - Coverage Information of Real Time Continuous Glucose Monitors can be found in the January 2022 Medicaid Update
- Preferred Diabetic Supply Program Policy - (518) 486-3209

For the list of products available on the PDSP please visit:
https://newyork.fhsc.com/providers/diabeticsupplies.asp

Diabetic Supplies Billing

- Dually Eligible Beneficiaries: When billing for Medicare beneficiaries, NDCs should be used and in fact are required when Medicare has approved “0”.

- Reimbursement: Reimbursement for preferred products cannot exceed the lower of the usual and customary charge nor the fee for each NDC on the List of Medicaid Reimbursable Drugs.

- Quantity Limits: Effective July 20, 2017, quantity limits will be applied based on diagnosis for preferred test strips:
  - For those beneficiaries who are Type 1 Diabetics: 300 strips per 30days
  - For those beneficiaries who are Type 2 Diabetics: 100 strips per 30days

Keeping Up To Date

NEW YORK STATE | Department of Health | Medicaid NYRx

NYS Medicaid Update Newsletter

Medicaid Update

The Official Newsletter of the New York State Medicaid Program

March 2023
Volume 39 | Number 5

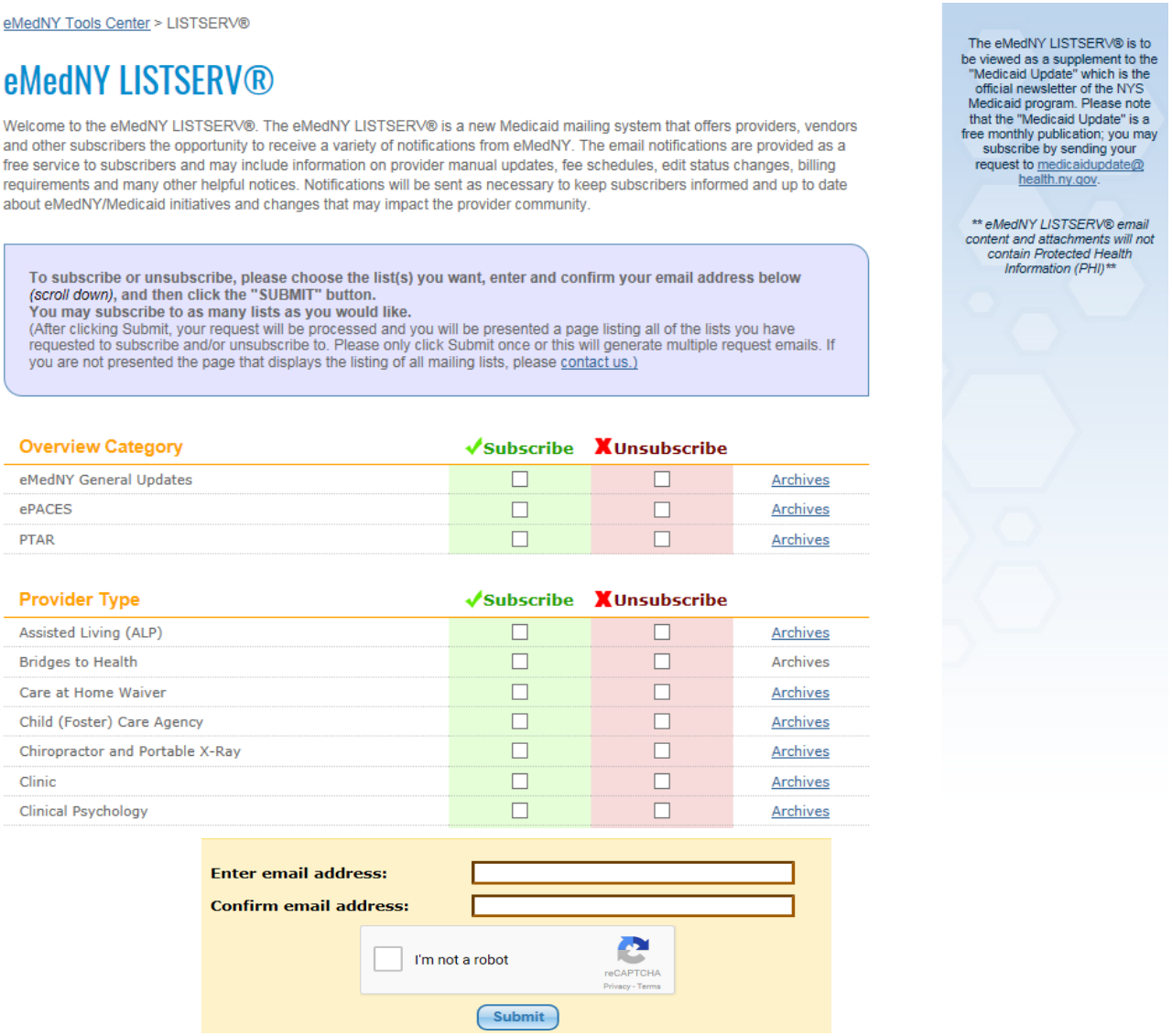
Special Edition

NYRx Pharmacy Benefit Transition
Special Edition - *Part Three*

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through NYRx, the Medicaid Pharmacy Program formerly known as Medicaid Fee-for-Service, instead of through their MMC Plan. The pharmacy benefit transition to NYRx ***does not*** apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)].

http://www.health.ny.gov/health_care/medicaid/program/update/main.htm

eMedNY Website – eMedNY ListServ®



eMedNY Tools Center > LISTSERV®

eMedNY LISTSERV®

Welcome to the eMedNY LISTSERV®. The eMedNY LISTSERV® is a new Medicaid mailing system that offers providers, vendors and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and many other helpful notices. Notifications will be sent as necessary to keep subscribers informed and up to date about eMedNY/Medicaid initiatives and changes that may impact the provider community.

To subscribe or unsubscribe, please choose the list(s) you want, enter and confirm your email address below *(scroll down)*, and then click the "SUBMIT" button.
You may subscribe to as many lists as you would like.
(After clicking Submit, your request will be processed and you will be presented a page listing all of the lists you have requested to subscribe and/or unsubscribe to. Please only click Submit once or this will generate multiple request emails. If you are not presented the page that displays the listing of all mailing lists, please contact us.)

Overview Category	✓Subscribe	XUnsubscribe	
eMedNY General Updates	☐	☐	Archives
ePACES	☐	☐	Archives
PTAR	☐	☐	Archives

Provider Type	✓Subscribe	XUnsubscribe	
Assisted Living (ALP)	☐	☐	Archives
Bridges to Health	☐	☐	Archives
Care at Home Waiver	☐	☐	Archives
Child (Foster) Care Agency	☐	☐	Archives
Chiropractor and Portable X-Ray	☐	☐	Archives
Clinic	☐	☐	Archives
Clinical Psychology	☐	☐	Archives

Enter email address:

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Submit

The eMedNY LISTSERV® is to be viewed as a supplement to the "Medicaid Update" which is the official newsletter of the NYS Medicaid program. Please note that the "Medicaid Update" is a free monthly publication; you may subscribe by sending your request to medicaidupdate@health.ny.gov.

*** eMedNY LISTSERV® email content and attachments will not contain Protected Health Information (PHI)***

eMedNY Website – What's New?

What's New

This page provides a list of recent additions and updates to the site, as well as links to the affected sections. For information regarding older changes, please refer to the archives section.

What's New & Current Changes

Status	Date	Page/Document	Description
New	3/15/23	Provider Manuals	A New Webinar Presentation has been posted for **DME** providers: • Enteral Formula Prior Authorization Webinar
Changed	3/14/23	Provider Manuals	The following Provider Manuals have been updated for **Private Duty Nursing** providers: • Policy Guidelines • Procedure Codes • Billing Guidelines
Changed	3/14/23	Provider Manuals	The following Provider Manual has been updated for **PHARMACY** providers: • Medical Supply Codes
New	3/14/23	Provider Manuals	A New Provider Communication has been posted for **PHARMACY** providers: • Clarification for Long-Term Care Pharmacies New Patient and Leave of Absence

https://www.emedny.org/new/index.aspx

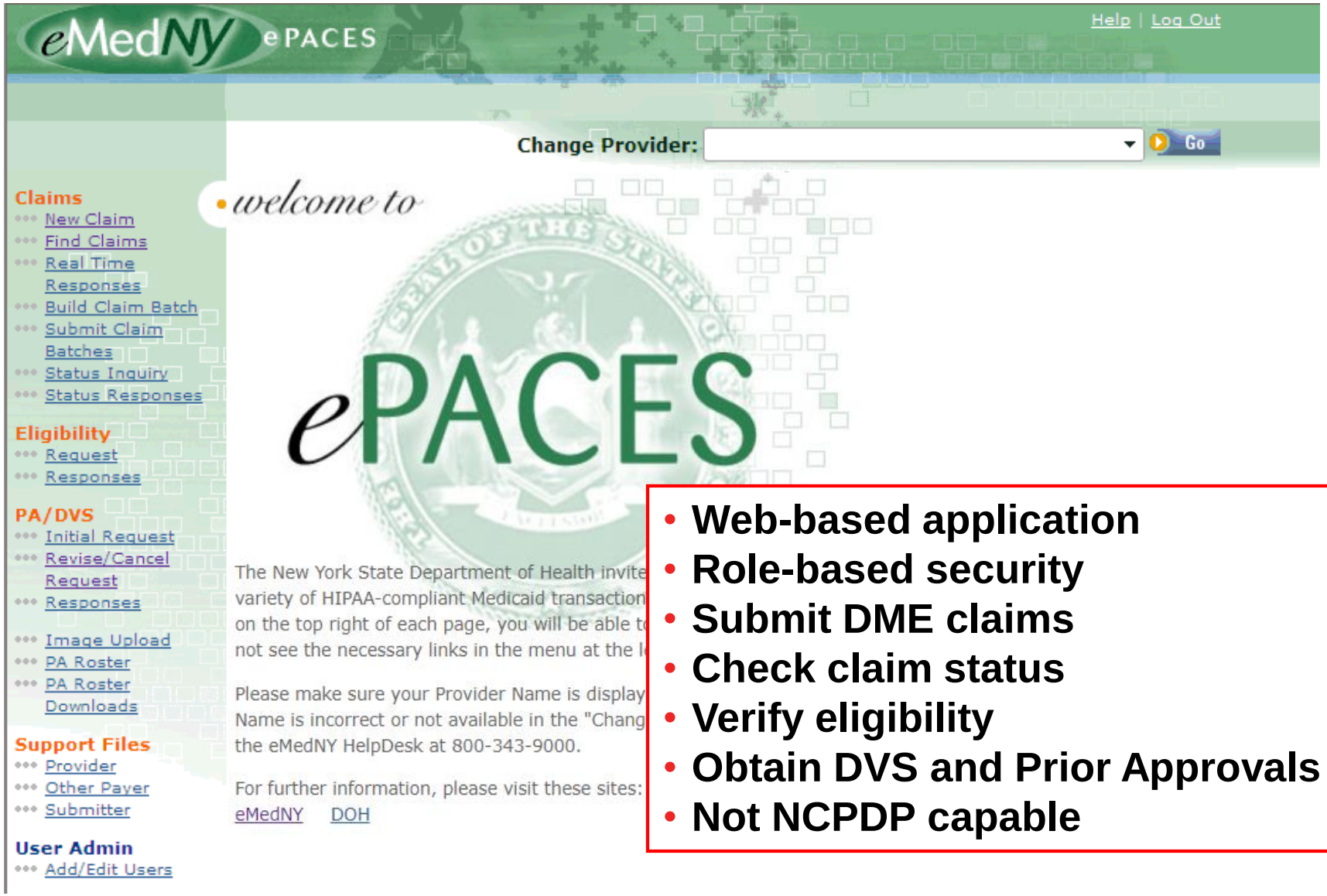
eMedNY Website – Provider Training

Regional Representatives are also available for individual training

Other Tools

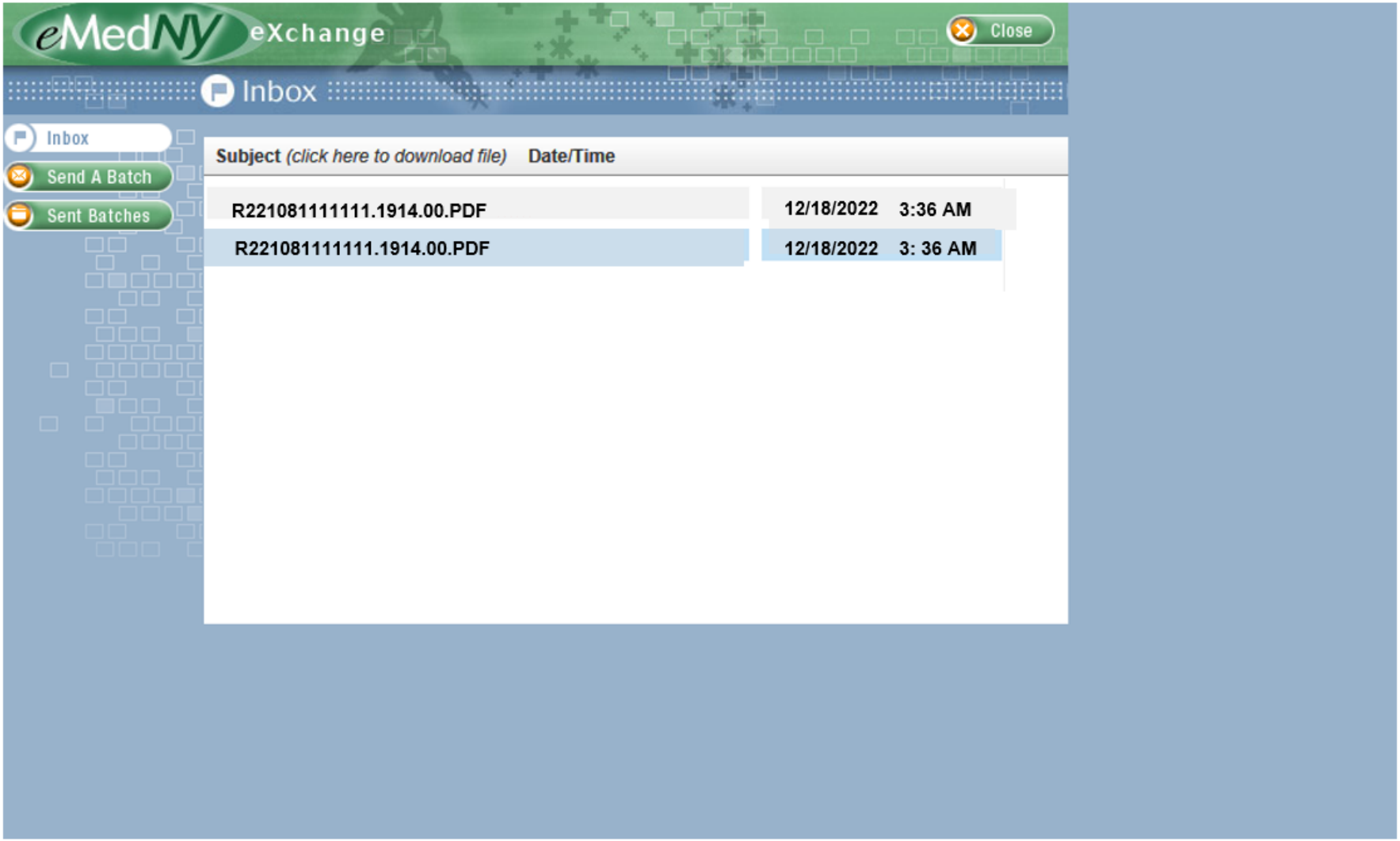
NEW YORK STATE | Department of Health | Medicaid NYRx

ePACES Home Screen

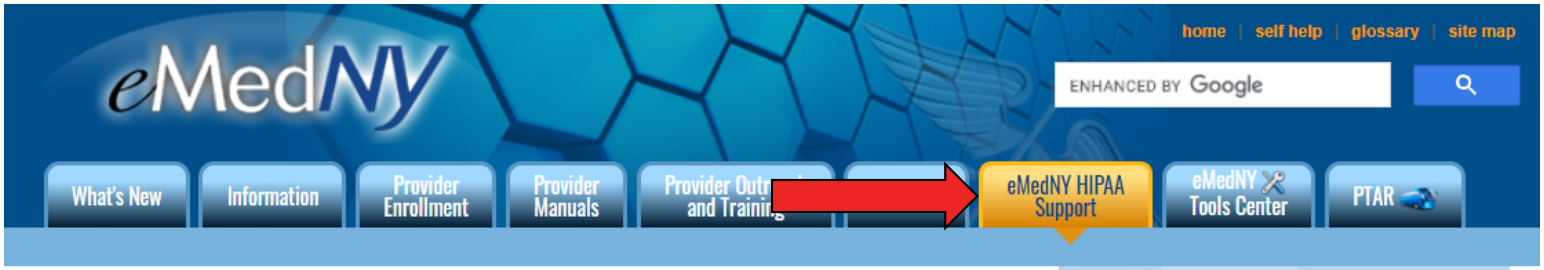


- **Web-based application**
- **Role-based security**
- **Submit DME claims**
- **Check claim status**
- **Verify eligibility**
- **Obtain DVS and Prior Approvals**
- **Not NCPDP capable**

eMedNY eXchange



eMedNY HIPAA Support 5010/D.0



eMedNYHIPAASupport

eMedNY's Headquarters for HIPAA X12 5010/NCPDP D.0

When entering this site, be sure to review eMedNYHIPAASupport What's New for the latest changes.

Important Announcements

September 9, 2022

An updated version of the eMedNY MCE 834 Companion Guide (version 3.0) is published on the eMedNYHIPAASupport page. Changes being planned with this release (October 27, 2022) includes updated Race and Ethnicity Codes.

Currently, eMedNY shares the Race and Ethnicity information for WMS members using a limited set of codes from the 834 TR3 internal code list for DMG05-1. With this release, eMedNY will transition to an expanded set of standardized codes, by using the components DMG05-2 and DMG05-3, to share Race and Ethnicity Information for WMS Members. For detailed information, refer to the updated Code List in the MCE 834 CG.

All sample transactions within the Companion Guide are updated and can be used by the Plans for internal testing. eMedNY will NOT send any test files directly to Plans as part of this update. Text versions of all samples included in this Companion Guide are also available for download from the eMedNYHIPAASupport Transaction Instructions page. Look for these MCE 834 CG Sample Files under Managed Care Enrollment and select appropriate CG Samples.

https://www.emedny.org/HIPAA/5010/transactions/index.aspx

Managed Care Plans are encouraged to review the updated guidance and begin preparing for these changes outlined for the MCE 834 transaction set.

Featured Links

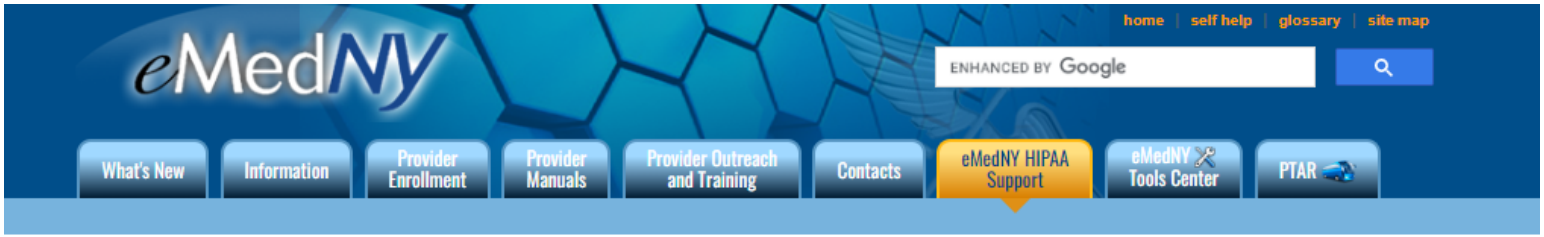
- 834 FAQs
- Frequently Asked Questions
- Privacy & Security
- Transaction Instructions
- Online Resources
- Crosswalks
- EEKB Search Tool

Sign Up for LISTSERV®

To be notified of 5010 / D.0 updates, please sign up for the eMedNY General Updates category of LISTSERV®

Helpful Links

eMedNY HIPAA Support 5010/D.0



eMedNYHIPAASupport > eMedNY 5010/D.0 Transaction Instructions

eMedNY 5010/D.0 Transaction Instructions

The New York State Department of Health (NYS DOH) has provided the Standard Companion Guide Transaction Information, which includes NYS Medicaid specific information intended to supplement the instructions published in ASC X12's Implementation Guides (TR3s). **The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.**

NYS DOH does not offer individual training to assist Providers in the use of the ASC X12N transactions instructions provided on this website.

The information provided herein is believed to be true and correct based on the published Version(s) of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYS Medicaid makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYS DOH policy changes or as HIPAA legislation is updated or revised.

Trading Partner Information

- eMedNY Trading Partner Information Standard Companion Guide
- eMedNY Transaction Information Standard Companion Guide CAQH - CORE CG X12
- Pended Claims Report: Specification
- Managed Care Capitation Premium Pended and Denied Claims Report: Specification

D.0

- NCPDP D.0 Companion Guide
- ProDUR-ECCA D.0 Provider Manual

Sample Files

- 5010 Claim Balancing Example
- 5010 Sample Files

Reference and Contact Information

- **NYS Medicaid Pharmacy - List of Reimbursable Drugs**
  www.emedny.org/info/formfile.aspx

- **NYS Medicaid Pharmacy - Procedure and Supply Codes**
  www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf

- **NYRx, the Medicaid Pharmacy Program**
  - (518) 486-3209 - NYRx@health.ny.gov
  - www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

- **Magellan Medicaid Administration**
  - (877) 309-9493 - https://newyork.fhsc.com

- **eMedNY Call Center**
  - 800-343-9000 - www.emedny.org