



# Medicaid/HARP/CHP Resource Guide

*Anticipated 2021 Changes,  
2020 News Recap, & Medicaid  
Compliance Requirements*



## Anticipated Changes in 2021

### **Removal of service limits on physical therapy (PT), occupational therapy (OT), and speech therapy (ST)**

Starting **Jan. 1, 2021**, the Medicaid Managed Care (MMC) benefit package is being modified by removal of service limits on physical therapy (PT), occupational therapy (OT), and speech therapy (ST). This applies to our Medicaid and Health and Recovery Plans (HARP) members.

### **Voluntary Foster Care Agencies**

Starting **July 1, 2021**, New York State will include Voluntary Foster Care Agencies (VFCAs) in Medicaid managed care. VFCAs have the option, but are not required, to obtain 29-l licensure and to implement the new VFCA rate and fee structure for Medicaid FFS as early as **Feb. 1, 2021**. Those who do not choose early adoption will continue to bill the current Medicaid per diem until **July 1, 2021**, when Medicaid managed care will be mandatory for all foster children, as will 29-l licensure and the new rates and fee structure. More information will be provided as we get closer to the implementation.

### **Pharmacy Utilization Management in 2021**

#### **Carve-Out from Medicaid Planned – April 2021**

New York State has announced an intention to carve-out pharmacy benefits starting in **April 2021**. We will provide more information as we get closer to the transition. Until the carve-out is implemented, we will be implementing two new utilization management programs for pharmacy, which will replace all other pharmacy utilization management for HIP-managed members.

# Express Scripts & New Century Health Will Conduct Utilization Management Starting January 1

## Express Scripts

Starting **Jan. 1, 2021**, Express Scripts, Inc. (ESI) will perform most drug utilization management services (preauthorizations, quantity limits, and step therapy) for our Medicaid and HARP plan members. (ESI began managing Child Health Plus members in Aug. 2020.) ESI's electronic prior authorization (ePA) option is fast, secure, and simple. It's the fastest way to get your authorizations approved. Any authorized personnel can use your electronic health record (EHR) or sign in to an online portal. You save time, and patients get their medications faster.

## How to submit preauthorization requests with ESI's ePA

Check with your EHR vendor to ensure you have the latest software version enabling ePA. If not available, create a free account online for the tool that works best for your office: **CoverMyMeds** or **Surescripts**. Once enabled, you will see those drugs requiring preauthorization when e-prescribing.

When the prescription is submitted, ESI will immediately confirm the need for preauthorization and electronically send clinical questions. You can answer the questions or place the request in a queue for office staff to complete later. Once complete, ESI will process the request and quickly respond with an approval or a denial.

## You can also use these phone and fax numbers for preauthorization requests:

**Pharmacy Drug Reviews:** call **888-281-5539**, 24/7/365 or fax to **877-251-5896**.

**Medical Drug Reviews:** call **877-681-9866**, 8 a.m. to 7 p.m., Monday through Friday or fax to **866-896-1209**.

## New Century Health

Starting **Jan. 1, 2021**, pending approval by the New York State Department of Health (NYSDOH), New Century Health (NCH) will authorize most oncology-related chemotherapeutic drugs and supportive agents when delivered in the physician's office, outpatient hospital, or ambulatory setting. NCH will not provide review for members managed by HealthCare Partners and Montefiore CMO; or members under 18 years of age.

You can complete a preauthorization request online at [my.newcenturyhealth.com](https://my.newcenturyhealth.com).

You can also call NCH at **888-999-7713**, option 6, between the hours of 8 a.m. and 8 p.m., Monday through Friday, or fax the preauthorization form that's in the provider portal to **877-624-8602**.

An NCH representative will contact you soon to schedule a meeting and coordinate training.

## All preauthorizations approved before Jan. 1

All preauthorizations issued by EmblemHealth before **Jan. 1, 2021** will remain valid until they expire.





# 2020 News Recap



## New State-Sponsored Webpage

To make it easier for you to find information about our state-sponsored programs, we have introduced a dedicated [webpage](#) for our Medicaid, HARP, and Child Health Plus providers.

## CAHPS Member Satisfaction Survey

From Nov. 2020 through **Jan. 2021**, DataStat will conduct the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Child Member Satisfaction Survey via mail and telephone. The CAHPS survey measures members' satisfaction with both their providers and their health plan. See our Improving Member Satisfaction Guide to help increase our scores.

## Medicaid: New York State Medicaid Update

The Office of Health Insurance Programs of the New York State Department of Health regularly posts a **Medicaid Update**. [Click here](#) to view their latest announcements.

## New & Enhanced Programs

### God's Love We Deliver (GLWD) Medicaid/HARP Meal Intervention Program

As of Oct. 1, 2020, EmblemHealth covers medically tailored, home-delivered meal services provided by God's Love We Deliver (GLWD) for qualifying Medicaid and HARP members. The meal intervention program consists of a three-step approach to address social determinants of health such as food insecurity and malnutrition. Patients referred to the program will receive: a nutritional assessment by a Registered Dietitian Nutritionist (RDN); evidence-based, medically tailored meals that address patients' specific medical circumstances; and ongoing nutrition education and counseling. [Learn more](#) about this program.

## **Managing a healthy pregnancy with Future Steps**

As part of our [Healthy Futures Program](#), Future Steps, a pregnancy telehealth app, is available to eligible EmblemHealth Medicaid and HARP members (ages 15-45) at no additional cost. Future Steps offers resources, education, and support to help your patients manage their health and the health of their baby anytime, anywhere using a smartphone, tablet, or computer. Visit [State-Sponsored Programs](#) for more information on how the Future Steps app can help you support your members.

## **2020 Medicaid Benefit Changes**

### **Medicaid Expands Provider Types for Fluoride Varnish Application in a Primary Care Setting**

As of Oct. 1, 2020, fluoride varnish can be applied by additional primary care provider (PCP) types to optimize treatment. Added PCP types include registered nurses and physician assistants, based on the scope of practice. In addition, New York State Medicaid will cover silver diamine fluoride (SDF), a topical treatment used to help prevent tooth cavities (or caries) from forming, growing, or spreading to other teeth.

### **Smoking Cessation Counseling – Limits Removed**

As of Nov. 1, 2020, EmblemHealth removed service limits on smoking cessation counseling for Medicaid and HARP members. Previously, these services were limited to eight (8) sessions per calendar year. Instead, EmblemHealth now covers as many sessions as medically necessary.

### **Crisis Residence Services – Benefit Added**

As of Dec. 1, 2020, Medicaid and HARP members will be eligible for Crisis Residence Services. These overnight services, up to 28 days, help children and adults who are having an emotional crisis. The services can help avoid emergency inpatient admissions and can be used as part of a discharge plan to transition the member from hospital to home. The benefits will be managed by Beacon Health Options and Montefiore's University Behavioral Health, as applicable.

## **Medicaid Compliance Requirements:**

See New York State's [Compliance Library](#) and CMS' [Medicaid Integrity Education](#) for certain state and federal requirements.

Our Enhanced Care Prime Network providers must meet the following requirements to be able to treat our Medicaid and HARP members.

### **Informed consent required for Medicaid hysterectomy/sterilization**

Federal regulations require Medicaid patients' consent to hysterectomy and sterilization procedures. A signed consent form must be submitted for the claim to be processed.

### **Compliance: Home Care Worker Wage Parity Law**

Organizations, hospitals, or hospital systems contracted with entities to provide home care services for EmblemHealth Medicaid, CHP, and HARP members in New York City as well as Nassau, Suffolk, or Westchester counties are required to provide the New York State Department of Health and EmblemHealth with quarterly written certification of their organization's or hospital's compliance with the minimum wage requirements of the Home Care Worker Wage Parity—Public Health Law of §3614-c. We will contact you via fax several times each year to ask you to fax us your wage parity certifications. Please comply with this regulation and send the information when requested.

## Medicaid provider disclosure of ownership and control

The New York State Department of Health requires written disclosure regarding ownership, control, and criminal convictions related to certain controlling persons' involvement in Medicare, Medicaid, or Title XX programs. Specifically:

- Section 42 CRF455.104 – Requires managed care organizations, like EmblemHealth, to collect the disclosure of complete ownership, control, and relationship information from certain entities identified in the statute. These include:
  - all participating hospitals
  - skilled nursing facilities
  - home health agencies
  - independent clinical laboratories
  - renal disease facilities; and
  - any entity (other than an individual practitioner or group of practitioners) who furnishes or arranges for health-related services for which it provides claims payment under any plan or program established under Title V or Title XX of the Social Security Act.
- Section 42 CRF455.106 – Requires managed care organizations, like EmblemHealth, to collect and report health care-related criminal conviction disclosure information (initially and upon renewal of their contracts) of any managing employee who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or a Title XX program.

Disclosure forms must be completed and submitted as part of the credentialing and recredentialing processes. This applies to both directly contracted providers and delegated entities. Disclosure forms must also be submitted when a reportable event occurs and upon request of the New York State Department of Health and EmblemHealth.

## Required annual compliance certification on Office of the Medicaid Inspector General's website

### Certification process

If you are a Medicaid provider, you are likely required to adopt and maintain an effective compliance program. Further, you will now need to attest to your compliance as part of your annual "Certification Statement for Provider Billing Medicaid." This annual certification shall occur on the anniversary date of the provider's enrollment in Medicaid.



## **Finding anniversary date**

According to the NYSDOH, “Providers can find their anniversary dates on their initial Medicaid enrollment welcome letters. Additionally, each year, approximately 45-60 days before the anniversary of a provider’s enrollment, the NYS Department of Health (NYSDOH) sends by mail a package of information and materials to the provider, which includes the Certification of Statement for Provider Billing Medicaid Form. This Form must be completed and returned to the NYSDOH by the enrollment anniversary date.”

## **Why you need to certify**

With regard to the Social Services Law (SSL) certification, New York State’s (NYS’s) mandatory compliance program law applies to Medicaid providers subject to Public Health Law (PHL) Articles 28 or 36, or Mental Hygiene Law (MHL) Articles 16 or 31, regardless of the amount they bill, order, or receive from NYS’s Medicaid program. Plans will need to monitor network provider compliance with the SSL certification requirement.

## **Who should certify**

In addition, a compliance program is required for other persons, providers, or affiliates who provide care, services, or supplies under the Medicaid program, or who submit claims for care, services, or supplies for or on behalf of another person for which Medicaid is, or should be reasonably expected by the provider to be, a substantial portion of their business operations as follows:

1. A person, provider, or affiliate who claims, orders, has claimed or ordered, or should be reasonably expected to claim or order at least \$500,000 in any consecutive 12-month period from Medicaid;
2. A person, provider, or affiliate who receives, has received, or should be reasonably expected to receive at least \$500,000 in any consecutive 12-month period directly or indirectly from Medicaid or a Medicaid Managed Care Plan; or
3. A person, provider, or affiliate who submits or has submitted claims for care, services, or supplies to the Medicaid program on behalf of another person or persons in the aggregate of at least \$500,000 in any consecutive 12-month period.

## **What the compliance program should include**

The law and regulations contain a set of eight minimum core elements applicable to all providers, regardless of size. However, the law also recognizes compliance programs should reflect the provider’s size, complexity, resources, and culture as long as the compliance program meets the requirements.

## **When to submit the certification to EmblemHealth**

EmblemHealth will request submission of the Certification Statement for Provider Billing Medicaid during the Delegation Oversight Audit, and during the credentialing and recredentialing processes. Only providers who participate in the EmblemHealth Enhanced Care Prime Network will be required to submit this certification.

## **Available resources**

The Office of the Medicaid Inspector General (OMIG) suggests Medicaid providers review OMIG’s published Compliance Guidance, Medicaid Updates, and Compliance Alerts, among other OMIG publications and outreach methods, for information on how to meet NYS mandatory compliance program requirements. There is a Compliance Library on OMIG’s website to guide providers in developing and implementing an effective compliance program. Medicaid providers are encouraged to subscribe to OMIG’s listserv. The listserv provides an email notification of any changes to OMIG’s website, including changes to published compliance program-related materials. To see more detail on the compliance program requirements, see:

[https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501\\_ETIN\\_CERT\\_Certification\\_Statement\\_Cert\\_Instructions\\_for\\_Existing\\_ETINs.pdf](https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501_ETIN_CERT_Certification_Statement_Cert_Instructions_for_Existing_ETINs.pdf)

