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Health – Past  
Issues](#)**"New York State of Health" Update**

The State is prepared to open the Health Benefits Exchange "New York State of Health" on October 1 for coverage beginning January 1, 2014. To a great extent, the rollout will be a "soft launch" as consumers should be able to shop online and even submit an application on October 1, but the actual enrollment and eligibility determinations (the "834 transaction") as well as the processing of coverage by insurers will not take place until November 1, at the earliest.

[Back to Top.](#)**DOH Medicaid Update**

DOH has released the September edition of its monthly [Medicaid Update](#) publication.

The updates discussed include:

- Transportation Carve-out for Managed Care: Beginning January 1, 2014, non-emergency medical transportation (NEMT) services will be carved-out of the managed care benefit package for managed care enrollees in 24 counties in the Finger Lakes and Northern New York. This continues the phase-in of the Department's Medicaid fee-for-service NEMT management program.
- Coverage for Lumbar Discography: Effective November 1, 2013, lumbar discography for chronic low back pain, or nonspecific low back pain, will be discontinued.
- Implantable infusion pumps for non-cancer pain: Effective November 1, 2013, coverage of implantable infusion pumps for opioid administration for pain management, except in cases of intractable cancer pain, will be discontinued due to insufficient evidence and the potential for patient harm. This policy will not apply to pumps implanted prior to October 1, 2013.

- Hospice Carve-in to Medicaid Managed Care: On October 1, 2013, hospice services will be carved-in to the benefit package for Medicaid managed care, (but not MLTCs). Currently, MMC enrollees receive hospice services as Medicaid fee-for-service. Individuals in receipt of hospice services prior to October 1 will continue to have those services covered under FFS for the duration of the services. Once carved-in, MMC plans will pay hospice providers a per diem payment rate that will cover all necessary health and palliative care services. After the transition year (September 30, 2014), MMC plans may negotiate different payment rates with hospice providers.
- Coverage for Transcutaneous Nerve Stimulation (TENS): Effective November 1, 2013, Medicaid will limit reimbursement for TENS to only those enrollees diagnosed with knee pain due to osteoarthritis.
- Limitation on Coverage for Functional Electrical Stimulation (FES): Effective November 1, 2013, services/procedures, DME and supplies to provide FES will be limited. Specifically, FES will not be covered for treatment in spinal cord injury, head injury, cerebral palsy and upper motor neuron disease.
- Palivizumab (Synagis®) Reimbursement: The Update contains billing codes to be used by practitioners and Article 28 clinics for reimbursement for palivizumab.
- Pharmacy Update:
  - Palivizumab CDRP Process: Prescriptions obtained for palivizumab are subject to Clinical Drug Review Program (CDRP) prior authorization requirements. Prior authorization requirements are intended to ensure that utilization of prescriptions written for respiratory syncytial virus (RSV) occur within the RSV season.
  - Pharmacists as Immunizers Meningococcal Vaccine: Effective October 29, 2013, the administration of meningococcal vaccine to Medicaid FFS beneficiaries 19 years of age or older, by qualified pharmacists employed by, or under contract with, Medicaid enrolled pharmacies is reimbursable pursuant to a patient-specific order or a non-patient specific order.
  - Pharmacy Prior Authorization Programs Update: Effective October 3, 2013, prior authorization requirements will change for a number of drugs in the Preferred Drug Program, including anabolic steroids (topical), antihistamines (second generation) and growth hormones.

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## **MLTC Implementation Advisory Group**

The Managed Long Term Care (MLTC) Implementation Advisory Group held a conference call on September 20. CMS approval was granted for mandatory enrollment in Orange and Rockland Counties and the process was started with “closing the front door” to long term care services for dual eligible individuals last week. Such individuals will be directed to an MLTC plan to access benefits. Communications will be going out to providers, advocates and others. Existing fee for service members will be transitioned over time. DOH also gave notice to CMS for Albany, Onondaga, Monroe and Erie counties to begin mandatory enrollment on December 1. Letters will be going out soon to long term CHHA patients in the existing mandatory counties.

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## DOH Posts FIDA FAQs

Late Friday afternoon, the Department of Health posted a series of [Frequently Asked Questions \(FAQs\)](#) related to the Fully Integrated Duals Advantage (FIDA) Demonstration, that was approved by CMS August 26.

The FAQs are responsive to questions that have not previously been addressed in materials on the MRT website, or through [webinars](#), [presentations](#) or, most recently, through the Department's [live Twitter chat](#).

The FIDA demonstration will run from July 1, 2014 through December 31, 2017. To be eligible, individuals must be 21 years of age or older and entitled to benefits under Medicare Part A and enrolled under Parts B and D, and be receiving full Medicaid benefits (i.e., individuals who are dually eligible under both Medicare and Medicaid). Individuals must also reside in one of the eight FIDA demonstration counties (counties comprising NYC, Long Island and Westchester) and either be nursing facility clinically eligible (NFCE), receiving facility-based Long Term Support Services (LTSS), eligible for the Nursing Home Transition and Diversion (NHTD) Waiver or require community-based LTSS for more than 120 days.

More information on the FIDA initiative is available [here](#).

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## Medicaid Primary Care Rate Increase Updates

The Department of Health has completed the process of preparing a list of providers that have attested to their eligibility to receive the Primary Care Rate Increase (PCRI). The attestation provider list has been published on the [Medicaid PCRI website](#).

The attestation list dated September 17, 2013 reflects all qualified providers who submitted an attestation prior to the August 1, 2013 deadline and are now retroactively eligible for PCRI payment as of January 1, 2013. The list also contains providers who attested after the August 1 deadline. For these providers, the effective date for eligibility for PCRI payment is their attestation submission date. If duplicate information for a provider is included on the attestation list, MCOs must use the record with the oldest effective date. For example if provider A is listed with a January 1, 2013 effective date and also a May 1, 2013 effective date, the January 1 effective date must be used.

The Department will continue to update this list as new attestations are submitted.

Additionally, the Department released a [revised timeline](#) for the submission of reconciliations and payment. As Quarters 1 and 2 do not require an encounter “run out” period (Quarter 2 ended on June 30, 2013), MCOs will have 30 days to submit reconciliation reports to the Department. The due date for Quarter 1 and 2 reports is **October 25, 2013**. Reconciliation reports for Quarter 3 will be due on November 30, 2013.

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## MLTC Transition to UAS-NY

The Office of Health Insurance Programs recently issued a [reminder](#) to MLTC Plans that, effective October 1, 2013, the Uniform Assessment System for New York (UAS-NY) will replace the Semi-Annual Assessment of Members (SAAM). MLTC Plans must use the UAS-NY for all

new members who are scheduled to enroll effective October 1, 2013 and for all reassessments beginning October 1, 2013.

The SAAM assessment cannot be used for new enrollees. All SAAM assessments conducted from June 16, 2013 through September 30, 2013 must be submitted to the Department of Health by October 31, 2013 via the regular SAAM submission process.

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## Regulatory Updates

### Public Notice

The Department of Health proposes to amend the Medicaid State Plan to revise the APG reimbursement methodology to include recalculated weight and component updates that will become effective on or after October 1, 2013.

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## Legislative Spotlight

**None.**

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## Upcoming Calendar

<b><i>Thursday, October 3</i></b>	Public Health and Health Planning Council (PHHPC)  The Committee on Codes, Regulations and Legislation meeting will begin at 9:30 a.m. and the PHHPC will meet immediately following its conclusion.  New York State Department of Health 90 Church Street, 4 <sup>th</sup> Floor, Rooms 4A & 4B, New York, NY
<b><i>Thursday, October 3</i></b>	Empire State Stem Cell Board Funding Committee 2:00 p.m. to 5:00 p.m.  New York State Department of Health 90 Church Street, 4 <sup>th</sup> Floor, Rooms 4A & 4B, New York, NY
<b><i>Friday, October 4</i></b>	Committee on Health Planning of the Public Health and Health Planning Council  10:00 a.m.  New York State Department of Health 90 Church Street, 4 <sup>th</sup> Floor, Rooms 4A & 4B, New York, NY

<b><i>Thursday, October 10</i></b>	Bureau of Tobacco Control and Tobacco Control Advisory Board  10:30 a.m. to 3:00 p.m.  Corning Tower Building, 610 Conference Room, Albany, NY
<b><i>Tuesday, October 15</i></b>	MRT Affordable Housing Work Group  10:00 a.m. to 3:00 p.m.  New York State Department of Health 90 Church Street, 4 <sup>th</sup> Floor, Rooms 4A & 4B, New York, NY
<b><i>Friday, October 18</i></b>	The Minority Health Council  9:00 a.m. to 12:00 p.m.  New York State Department of Health 90 Church Street, 4 <sup>th</sup> Floor, Rooms 4A & 4B, New York, NY

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