



## Department of Health

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Governor

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March 15, 2023

Dear Pharmacist:

Beginning on **April 1, 2023**, the pharmacy benefit for New York Medicaid Managed Care members will be transitioned to NYRx, the Medicaid Pharmacy Program. This change applies to all mainstream Managed Care Plans (MCPs), including Health and Recovery Plans (HARPS) and HIV Special Needs Plans (HIV SNPS). For more information about the Pharmacy Carve-out please visit:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/pharmacy\\_transition/](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/)

With this change, Medicaid Managed Care members will be subject to the NYRx Preferred Drug Program (PDP) and the NYRx Preferred Diabetic Supply Program (PDSP). The NYRx PDP and PDSP promote the use of less expensive, equally effective prescription drugs and diabetic supplies when medically appropriate.

Under the PDP all drugs currently available to Medicaid members remain available. The NYRx **Preferred Drug List can be found here:** [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf) .

**Medicaid Managed Care members not currently on a preferred drug in the NYRx PDP will need to be transitioned to a preferred product unless a prior authorization (PA) has been obtained. Non-preferred drugs require PA. For more information on the PDP please visit:**

[https://newyork.fhsc.com/providers/pdp\\_about.asp](https://newyork.fhsc.com/providers/pdp_about.asp)

Under the PDSP Medicaid Managed Care members not currently on a preferred diabetic supply in the NYRx PDSP will need to be transitioned to a preferred product. **Information regarding the PDSP can be found here:** <https://newyork.fhsc.com/providers/diabeticsupplies.asp>

To obtain a PA, providers may contact the **Magellan clinical call center at 1-877-309-9493**. The clinical call center is available 24 hours per day, seven days per week and is staffed with pharmacy technicians and pharmacists available to assist providers in quickly obtaining a PA.

If a prescription denies for PA and the prescriber is not available, the pharmacist may call Magellan to request approval of up to a 72-hour supply of medication.

If you would like to be notified of changes to the NYRx Medicaid pharmacy program, you may request to be added to the email distribution list at: <https://newyork.fhsc.com/providers/notify.asp>.

If you have questions about the Medicaid PDP, PDSP, clinical criteria, or about how to obtain a PA please contact Magellan at 1-877-309-9493. For other questions about the Medicaid Pharmacy program please contact Medicaid Pharmacy Policy at 518-486-3209 or email [NYRx@health.ny.gov](mailto:NYRx@health.ny.gov).

See the attached **Pharmacy Quick Reference Guide and Checklist** which provide helpful information on member identification and eligibility, billing and NYRx coverage of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

Thank you for your continued support and assistance in providing a smooth transition for NYS Medicaid Managed Care members.



## MEDICAID PHARMACY BENEFITS EFFECTIVE APRIL 1, 2023

Beginning April 1, 2023, New York Medicaid members enrolled in mainstream managed care (MC) plans, Health and Recovery Plans (HARPs) and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through NYRx, the New York Medicaid Fee-For-Service (FFS) Pharmacy Program.

Pharmacies should follow NYRx policies and procedures when servicing Medicaid members.

## MEMBER IDENTIFICATION

A Medicaid member’s client identification number (CIN) can be found on their managed care plan card or their NYS benefit card, also known as the common benefit identification card (CBIC). In some cases, the CIN may be embedded in the member’s Medicaid MC Plan ID Number.

The CIN is always in the format of 2 letters, 5 numbers, and 1 letter, e.g., AB12345C.

## CHECKING MEMBER ELIGIBILITY

Pharmacies can check a member’s Medicaid eligibility status through any of the following methods:

Method	Summary
E1 Transaction	Instructions for E1 transactions begin on page 10 of the <a href="#">NCPDP D.0 Standard Companion Guide</a> .
<a href="#">ePACES</a>	Providers must have an ePACES account and the member’s CIN to check their eligibility status.  If the CIN is not available, providers must have the member’s: <ul style="list-style-type: none"> <li>• First Name and Last Name</li> <li>• Date of Birth</li> <li>• Social Security Number (SSN)</li> <li>• Gender</li> </ul>
Telephone Verification System (MEVS)  1-800-997-1111	Providers must have the following information: <ul style="list-style-type: none"> <li>• Member’s CIN</li> <li>• Provider’s National Provider Identifier (NPI) or Medicaid Management Information System (MMIS) Number</li> <li>• Ordering Provider’s NPI (if applicable)</li> </ul> <a href="#">MEVS Quick Reference Guide</a>

### IMPORTANT DATES

#### April 1, 2023

Effective date of the pharmacy benefit transition from managed care to NYRx

#### April 1 – June 30, 2023

Transition period when members may receive a one-time, temporary fill for up to a 30-day day supply of a non-preferred drug that would normally require prior authorization under NYRx

### NEED HELP WITH MEDICAID ELIGIBILITY AND BILLING?

Contact the eMedNY call center at 1-800-343-9000.

Mon - Fri 7 AM - 10 PM  
Sat - Sun 8:30 AM - 5:30 PM

Visit [www.emedny.org](http://www.emedny.org) for Medicaid policy manuals and reference guides for ePACES and MEVs.

## BILLING MEDICAID

### Bank Identification Number (BIN) and Processor Control Number (PCN)

When submitting NYRx claims to Medicaid via NCPDP D.0, the BIN ("004740") is required in field 101-A1. The PCN, required in field 104-A4, has two formats which are comprised of 10 characters:

Formats	
<p><b>3-digit Electronic Transaction Identification Number (ETIN)</b></p> <ul style="list-style-type: none"> <li>• "Y"- (Yes, read Certification statement) (1)</li> <li>• Pharmacist Initials (2)</li> <li>• Provider Personal Identification Number (PIN) (4)</li> <li>• 3-digit ETIN (3)</li> </ul>	<p><b>4-digit ETIN</b></p> <ul style="list-style-type: none"> <li>• Pharmacist Initials (2)</li> <li>• Provider PIN (4)</li> <li>• 4-digit ETIN (4)</li> </ul>

### PRIOR AUTHORIZATIONS (PAs)

All approved PAs from managed care plans that are still active/valid after April 1, 2023 will be honored and transferred to NYRx.

#### Transition Fill for Non-Preferred Drugs

From April 1, 2023 through June 30, 2023, members may receive a one-time, temporary fill for up to a 30-day supply of a drug that would normally require prior authorization under the NYRx Preferred Drug Program (PDP).

The eMedNY claims processing system will populate NCPDP field 548-6F, *Approved Message Code*, with code "005" - *Claim paid under the plan's transition benefit period, otherwise claim would have rejected as prior authorization required.*

Pharmacists may work with the patient and prescriber on future PA requests or where appropriate, medication changes to preferred options. The [Preferred Drug List \(PDL\)](#) contains a full listing of drugs/classes subject to the NYRx Pharmacy Program.

**NEED HELP  
WITH PRIOR  
AUTHORIZATIONS?**

**Contact the  
Magellan call center  
at 1-877-309-9493.**

Available 24 hours a day,  
7 days a week

PA forms are available at  
[https://newyork.fhsc.com/  
providers/pa\\_forms.asp](https://newyork.fhsc.com/providers/pa_forms.asp)

### ADDITIONAL RESOURCES

<p><a href="#">NYRx Medicaid Pharmacy Program Website</a></p>	<p>Information about NYRx programs, including Brand Less Than Generic (BLTG) and Drug Utilization Review (DUR). For policy related questions, contact <a href="mailto:NYRx@health.ny.gov">NYRx@health.ny.gov</a>.</p>
<p><a href="#">NYSDOH Medicaid Update</a></p>	<p>The October 2022 and January 2023 special editions focus on the pharmacy benefit transition.</p>
<p><a href="#">eMedNY's Medicaid Pharmacy List of Reimbursable Drugs (Formulary)</a></p>	<p>Only those prescription and non-prescription drugs which appear on the list are reimbursable under the NYRx, Medicaid Pharmacy Program.</p>

## DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)

Pharmacies should refer to the [DMEPOS Procedure Codes and Coverage Guidelines document](#).

- Sections 4.1 through 4.3 contain items that are subject to the transition, so pharmacies should bill these items to Medicaid FFS.
- Sections 4.4 through 4.7 contain items that are not subject to the transition, so pharmacies should continue to bill these items to the member’s managed care plan.

Claim Format	DMEPOS Instructions						
<p>NCPDP and 000301 paper claim form</p>	<p>When billing electronically for medical supplies:</p> <ul style="list-style-type: none"> <li>• In the National Drug Code (NDC) field, use leading zeros and enter the five-character code (from the <a href="#">NYS Medicaid Pharmacy Procedure Codes document</a>) in the last five spaces.</li> <li>• NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier- 436-E1 (valid values 01= NDC, 09= Healthcare Common Procedure Coding System (HCPCS)).</li> <li>• Items must be billed to Medicaid FFS using the HCPCS code in the DMEPOS Procedure Codes and Coverage Guidelines (alphanumeric form, e.g., "A4259") and should be submitted in the 11-digit NDC field with leading zeros. If submitting a claim using an NDC number, the claim will deny with reject messages indicated below:</li> </ul> <table border="1" data-bbox="418 1058 1446 1192"> <thead> <tr> <th></th> <th>Code</th> <th>Message</th> </tr> </thead> <tbody> <tr> <td><b>NCPDP Reject Code</b></td> <td>8J</td> <td>Incorrect Product/Service ID for Processor/Payer</td> </tr> </tbody> </table> <p>When billing by paper, please refer to the <a href="#">Pharmacy Billing Guidelines document</a>.</p>		Code	Message	<b>NCPDP Reject Code</b>	8J	Incorrect Product/Service ID for Processor/Payer
	Code	Message					
<b>NCPDP Reject Code</b>	8J	Incorrect Product/Service ID for Processor/Payer					
<p>Professional/ Medical Claim Format 837 Professional (837-P) or paper 150003 form*</p>	<p>When billing by electronic or paper, refer to the <a href="#">NYS 150003 Billing Guidelines - DMEPOS, Orthopedic Footwear, Orthotic and Prosthetic Appliance document</a>.</p> <p><i>*Pharmacies that choose to bill via the professional or medical claim format need to have a Medicaid Category of Service (COS) of "0442", assigned to them through the enrollment process.</i></p>						
<p>Point of Service Claims (ePACES) – Real-time DMEPOS claims submissions</p>	<p>When submitting claims, refer to the <a href="#">ePACES Professional Real Time Claim Reference Guide</a>.</p>						



## Are you ready for April 1?

Pharmacies should review this checklist to ensure their readiness for the benefit transition from Medicaid Managed Care to NYRx that begins April 1, 2023.

### Identify Medicaid Members

Review your customer population and identify Medicaid members. Work with your system administrator to automate member identification based on the Client Identification Number (CIN) which is always in the format of 2 letters, 5 numbers, and 1 letter (e.g., AB12345C). The CIN can be found on a member’s NYS Benefit Insurance Card and may also be embedded in their managed care plan card. In addition to the CIN, utilize **BIN 004740** which identifies Medicaid as the insurance provider.

### Review Reject Codes

**Reject Code 831** – Starting April 1, if you submit a pharmacy claim to a Medicaid Managed Care plan, you will see NCPDP reject code 831 (Provider Service ID Carve-Out, Bill Medicaid Fee For Service) with a message to bill the claim to NYRx, using BIN 004740.

**Reject Code 889** – Use the correct override combination for NCPDP reject code 889 (Prescriber not enrolled in State Medicaid Program), which can be applied to prescriptions written by unlicensed residents, interns, or foreign physicians in training programs.

- Field 439-E4 (Reason for Service Code): enter "PN" (Prescriber Consultation)
- Field 441-E6 (Result of Service Code): enter applicable value
- Field 420-DK (Submission Clarification Code): enter "02" (Other Override)

### Verify Website Access

Make sure you can access:

[newyork.fhsc.com](http://newyork.fhsc.com) – preferred products, drug criteria, and prior authorization resources

[emedny.org](http://emedny.org) – policy and billing manuals, ePACES information, medical supplies and criteria, and outpatient formulary file

[health.ny.gov/nyrx](http://health.ny.gov/nyrx) – NYRx program information, including reimbursement methodology and immunization administration

### Set Up [ePACES](#)

Make sure you can access ePACES to check member eligibility and if needed, submit medical claims for medical supplies and procedure codes. ePACES is a free, web-based application available to Medicaid providers. For help, call eMedNY at 1-800-343-9000.

### Check Inventory

Make sure you have ample supply of products covered under the NYRx [Preferred Drug](#) and [Brand Less Than Generic \(BLTG\) Programs](#).

### \*\*\* IMPORTANT MEDICAID PHONE NUMBERS \*\*\*

**eMedNY 1-800-343-9000** for claims billing and ePACES help  
Mon – Fri 7 AM – 10 PM. Sat – Sun 8:30 AM – 5:30 PM

**Magellan 1-877-309-9493** for prior authorizations. Open daily, 24 hours.

**1-800-342-3005** for medical supplies and procedure code limits

**1-866-211-1736, Option 1** for enteral nutrition prior authorization



# Changes to Your NYS Medicaid Pharmacy Benefits take effect April 1, 2023.

## Here is what you need to know:

- **NYRx**, the Medicaid pharmacy plan will begin covering your prescriptions on **April 1**.
- You will use your **Medicaid ID Card** or your **Health Plan Card** to fill your prescriptions starting **April 1**.
- Most pharmacies in New York take **NYRx**. Check [health.ny.gov/NYRx](https://health.ny.gov/NYRx) to see if your pharmacy does.
- Most drugs and supplies, including diabetic test strips, are covered by **NYRx**. Check [health.ny.gov/NYRx](https://health.ny.gov/NYRx) to see if your drugs and supplies are covered, or if they require approval from your doctor, before **April 1**.

This change is for those members enrolled in a Medicaid Managed Care Plan.

To find out if this change impacts you, check your mail for a letter from your health plan or call the **NYS Medicaid Helpline:**

**(855) 648-1909**  
**TTY 1-800-662-1220**

or view a copy of the letter at [health.ny.gov/NYRx](https://health.ny.gov/NYRx).

• You can also scan the QR code below

## FAST FACTS

### What is NYRx?

Through NYRx, NYS Medicaid covers your drugs and supplies by reimbursing the pharmacy directly, rather than paying your health plan.

### Will I need a new health plan ID card?

No, you will not need a new ID card. The pharmacist can use your valid health plan or Medicaid ID card.

### What if my pharmacy does not take NYRx?

If your current pharmacy **does not** take NYRx, you may:

- Ask your pharmacist to transfer a refill to a participating pharmacy.
- Ask your doctor to send your prescriptions to a participating pharmacy.

### What if my drugs and/or supplies require approval from my doctor?

If your drugs and/or supplies require approval from your doctor, you should:

- Talk to your doctor about requesting approval; or
- Talk to your doctor or pharmacist about alternate drug and/or supplies that don't require approval.



**Have questions or want to learn more?**

Scan the QR code to the right.

Or contact the **NYS Medicaid Helpline** at: **(855) 648-1909**

Helpline Hours: **Mon-Fri 8AM - 8PM, Sat 9AM-1PM, TTY 1-800-662-1220**

