

Frequently Asked Questions

Hemophilia/Blood Clotting Factors

Why is Healthfirst implementing this Utilization Management Blood Clotting program?

Effective July 1, 2017, the law requires that clotting factor products be included in the Medicaid managed care benefit package and in capitation rates.

On the effective date of transition, Healthfirst and all other New York State Medicaid Managed Care (MMC) plan providers will cover medically necessary clotting factor products for plan enrollees and will reimburse clotting factor providers for provision of products and services to plan enrollees. Plans have covered inpatient clotting factor administration and home infusion since 2011. Effective July 1, 2017, services related to outpatient administration of clotting factors will also be covered by plans, as applicable.

Which health plans does this change apply to?

This change applies to all MMC plans and to Health and Recovery Plans (HARP), including Healthfirst PHSP Medicaid and the Personal Wellness Plan (PWP).

Prior to the July 1, 2017, transition date, clotting factor products were provided via Medicaid Fee-for-Service (FFS) through Medicaid-enrolled pharmacies and clinics in all care settings other than inpatient, including in the home.

This transition will not cause any interruption in the provision of clotting factor products and services.

How can providers check to see if their patient is a Healthfirst member?

There are a few options available to providers to confirm the status of their patients:

- Providers can check to see if their patients are active in Healthfirst plans (PHSP Medicaid, HARP, and PWP) using the Healthfirst provider portal (<https://healthfirst.org/providers/>). Use the patient's Client Identification Number to view member details
- Providers can also check the status of their patient by using the NYS ePaces portal (<https://www.emedny.org/epaces/>)
- Lastly, providers can call NY Medicaid Choice at **1-800-505-5678** to check the status of their patients using their Client Identification Number.

Do providers need to request prior authorization to obtain clotting factor products?

Contracted providers are not required to obtain authorization. However, Healthfirst requests that all providers notify us of members who are in need of, or are currently obtaining, clotting factor products. This way, patients can receive the appropriate care management and care planning services available to them through Healthfirst, as required.

Contracted providers may submit notification to Healthfirst using the steps noted below.

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Non-contracted providers must submit a prior authorization request. Healthfirst also complies with retrospective authorization requirements, as noted in NYS guidance. No medical necessity evaluation will be applied to these requests; they will be administratively approved for the carve-in timeframe, as required.

All providers may submit patient notifications or request for authorization using one of the following methods:

- By Fax: Send to **1-646-313-4603**
- Please provide a cover sheet and include all pertinent clinical information with ordering provider prescription
- By Phone: Call our Provider Services department at **1-888-394-4327**, Monday to Friday, 8:30am–5:30pm

What impact, if any, will this change have on providers?

Rather than billing a single state payer (Medicaid FFS) to obtain payment for clotting factor products, providers will now be required to bill each individual plan, based on the member's current enrollment at the time of service. For Healthfirst members receiving clotting factor products, providers, rather than billing Medicaid Fee-for-Service, will now bill Healthfirst, the same as they would for any other effective coverage.

How do providers bill Healthfirst for clotting factor products they provided to their Healthfirst patients?

Outpatient institutional facilities should submit claims electronically, using the 837I. Any facility that wishes to submit via institutional paper claims should use the UB-04 claim form. Providers must use the appropriate injection codes and modifiers (when required). If the factor product is obtained through a 340B program, then the National Drug Code (NDC) is not required to be submitted. For all non-340B clotting factor claim submissions, the NDC is required on the claim form to avoid a denial. All noncompliant claims will be denied in entirety, in accordance with NYS policy.

For providers who bill using Ambulatory Patient Groups (APG) reimbursement methodology, Healthfirst requires that the drug code be billed on a separate claim without a rate code/ value code to be reimbursed as appropriate. Providers must include the total number of units administered (not the number of vials used). In addition, providers must bill their invoice cost for the product and not for their billed charges.

Providers are subject to post-payment audits to ensure all providers are billing at invoice cost. They may be required to submit proof of cost upon request. Any claims billed higher than invoice cost are subject to recoupment.

Note: Any individual physicians who are billing Healthfirst for clotting factor products should use the 837P to submit claims electronically. For physicians billing via paper claims, the CMS-1500 claim form should be used.

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What services does this change include?

All Medicaid-covered clotting factor products are included. A complete list of the codes that are now billable to health plans is included at the following links:

- Clotting factor code list by associated J-Codes:
https://www.health.ny.gov/health_care/medicaid/redesign/2017/2017-03-06_j-code.htm
- Clotting factor code list by associated NDC Codes:
https://www.health.ny.gov/health_care/medicaid/redesign/2017/2017-03-06_ndc.htm

Whom does the member or member representative contact for any questions related to the blood clotting factor or other pertinent questions?

A member or a member's representative should contact the Care Coordination Unit at **1-800-404-8778** to get connected with a Care Manager for assistance.