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**Announcement of Statewide Health Care Facility  
Transformation Program – III – Awards**

The State recently announced the first round of awards from the Statewide Health Care Facility Transformation Program (HCFTP) – III capital funding. The first round of awards total \$187 million in funding to support 25 statewide projects that will protect and transform New York State's health care system. The funding source for this program, \$525 million, was included in the SFY 2018-19 Enacted Budget and was amended as part of the SFY 2019-20 Enacted Budget to allocate up to \$300 million to projects that were not granted awards from State HCFTP – II funding which were announced in February of this year. Below is a regional breakdown of the first round investments.

HCFTP - III - Investment Breakdown				
Region	New Construction or Investment	Capital Improvement	Debt Retirement	Regional Total
MID-HUDSON	\$4,594,720	\$11,991,300	\$41,984,615	\$58,570,635
FINGER LAKES	\$17,116,887	\$4,943,826	\$0	\$22,060,713
NORTH COUNTRY	\$0	\$1,542,615	\$20,000,000	\$21,542,615
CAPITAL REGION	\$0	\$0	\$17,356,000	\$17,356,000
LONG ISLAND	\$6,875,750	\$10,987,500	\$0	\$17,863,250
NEW YORK CITY	\$11,242,910	\$1,195,955	\$3,000,000	\$15,438,865
SOUTHERN TIER	\$11,512,000	\$0	\$0	\$11,512,000
WESTERN NEW YORK	\$10,676,625	\$0	\$0	\$10,676,625
MOHAWK VALLEY	\$0	\$6,286,534	\$0	\$6,286,534
CENTRAL NEW YORK	\$0	\$0	\$5,762,489	\$5,762,489
<b>TOTALS</b>	<b>\$62,018,892</b>	<b>\$36,947,730</b>	<b>\$88,103,104</b>	<b>\$187,069,726</b>

The [Governor's announcement](#) states that additional awards will be announced in the coming months, and requests for second round applications will be issued later this year.

## **Medicaid Update – July 2019**

To view the July 2019 - Medicaid Update in its entirety, click [here](#). Here are a few highlights.

### **Medicaid Pharmacy Prior Authorization Programs Update**

**Effective July 25, 2019**, prior authorization requirements will change for some drugs in certain Preferred Drug Program (PDP) classes and new classes have been added to the Preferred Drug List (PDL). These changes result from the [May 16, 2019](#) recommendations of the NYS Drug Utilization Review Board (DURB) to the Commissioner of the Department of Health. The effected PDP classes include:

- Anticonvulsants – Other
- Central Nervous System (CNS) Stimulants
- Multiple Sclerosis Agents
- Growth Hormones
- Erythropoiesis Stimulating Agents
- Antihyperuricemics (includes the Xanthine Oxidase Inhibitors)
- Anticholinergics/Chronic Obstructive Pulmonary Disease (COPD) Agents

With newly added PDP therapeutic classes to include:

- Antimigraine Agents – Other
- Movement Disorder Agents
- Colony Stimulating Factors
- Immunosuppressives – Oral

**Pharmacy Delivery Policy Reminder:** Prescription and over-the-counter (OTC) drugs dispensed pursuant to a prescription or fiscal order submitted to Medicaid for reimbursement for any portion, may be picked up at the pharmacy provider or may be delivered free of charge to the Medicaid fee-for-service (FFS) or Medicaid Managed Care (MMC) member's home or current residence

including facilities and shelters. For more details of the Delivery policy click [here](#).

### **Policy and Billing Updates:**

**Effective July 1, 2019 for Medicaid fee-for-service (FFS), and November 1, 2019 for Medicaid Managed Care (MMC) Plans** (including mainstream MMC plans, HIV Special Needs Plans (HIV SNPs), and Health and Recovery Plans (HARPs)), New York State (NYS) Medicaid will begin covering testing of CYP2C9 gene analysis to determine eligibility for siponimod drug therapy. Testing of the CYP2C9 gene is reimbursable once in a lifetime and should be billed using Current Procedural Terminology (CPT) code “**81227**”.

**Effective July 1, 2019 for Medicaid fee-for-service (FFS) and November 1, 2019 for Medicaid Managed Care (MMC) Plans** (including mainstream MMC plans, and HIV Special Needs Plans (HIV SNPs)), New York State (NYS) Medicaid will begin covering testing of the DMD gene in individuals who are being considered for treatment with Exondys 51® (eteplirsen). Testing of the DMD gene is reimbursable once in a lifetime and should be billed using Current Procedural Terminology (CPT) code “**81161**”.

**Billing Guidance for reporting Mechanical Ventilation** – Hospital inpatient providers are reminded to make certain the International Classification of Diseases Tenth Revision (ICD-10) procedure code reported on a claim for mechanical ventilation represents the actual number of continuous hours the member received mechanical ventilation. The reporting of inappropriate ICD-10 procedure codes for mechanical ventilation has resulted in overpayments to hospital facilities. A clinical assessment that supports the member's diagnosis, the requirements for mechanical ventilation, and the actual number of continuous hours the member received mechanical ventilation must be included in the member's medical record and may be subject to review and audit.

### **All Providers:**

**Reminders** - The Department has issued reminders regarding the following:

- **Sign-up for Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) or Portable Document Format (PDF) Remittances:** Billing providers who are still receiving paper checks and/or paper remittance statements are required to register for Electronic Funds Transfer (EFT) and either Electronic Remittance Advice (ERA) or Portable Document Format (PDF) remittances. Medicaid began phasing in this requirement beginning in September 2012. The advantages of EFT over paper checks include no lost checks, no delays caused by misdirected checks, mail travel time is eliminated, funds are transferred securely, and trips to and from the bank to deposit Medicaid paper checks are eliminated.
- **Provider Training Schedule and Registration:** eMedNY offers various types of educational opportunities to providers and their staff. Training sessions are available at no cost to providers and include information for claim submission, Medicaid Eligibility Verification, the eMedNY website, and ePACES. Training is available in both seminar and webinar format. For more information, click [here](#).

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## **NYS Office for the Aging Releases Grant Application to Create Healthy, Age-Friendly Communities**

The New York State Office for the Aging (NYSOFA), in cooperation with the NYS Departments of State and Health, released a [grant program application](#) that will provide funding to: communities seeking to achieve AARP and the World Health Organization (WHO) certification as an *Age-Friendly Community*; or, county governments that commit to incorporating age-friendly and healthy community principles into all relevant policies, plans, ordinances, and programs, replicating certain provisions of the Governor's Executive Order ([EO #190](#)).

The grant program will provide a total of \$1 million in finding, through one award to a community in each of the 10 Regional Economic Development Council (REDC) regions. The applicants can select one of [four different community options](#) in which to apply. This State initiative includes an innovative public/private partnership with AARP, the Health Foundation for Western and Central New York, and the New York Academy of Medicine. Interested applicants can apply on the [Grants Gateway website](#).

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## **Governor Signs Bill Creating a Maternal Mortality Review Board**

Governor Cuomo signed [S.1819/A.3276](#) into Law which creates a State Maternal Mortality Review Board (MMRB) that will be tasked to identify and assess the causes, relating factors, and preventability of maternal deaths in the State. The newly signed law also allows for the creation of a New York City maternal mortality review board along with the opportunity to collaborate with the State MMRB. The 15 members of the State MMRB will be multidisciplinary experts in the fields of maternal mortality, women's health and public health, and experts who serve as representatives of the racial and ethnic diversity of women and mothers in the state.

According to reporting by [America's Health Rankings](#), New York is ranked 30<sup>th</sup> in national maternal mortality standings with 20.6 /per 100,000 deaths. The efforts of the MMRB are intended to improve health outcomes associated with maternal related deaths and identify and implement strategies to reduce risks of maternal mortality resulting from economic, racial, or other disparity. All MMRB findings will be presented to an advisory council which will be established in the Department of Health pursuant to the newly signed law, in which the Department may develop policy, best practices and strategies to prevent maternal mortalities throughout the State.

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## **New York City Debuts the NYC Care Program with Partner NYC Health + Hospitals**

NYC Care is a health care access program that guarantees low-cost and no-cost services offered by NYC Health + Hospitals to New Yorkers who do not qualify for or cannot afford health insurance based on federal guidelines. NYC Care is

not an insurance plan. NYC Care will connect qualifying uninsured NYC residents with a primary care provider within the NYC Health + Hospitals network. It is estimated that roughly 600,000 city residents are uninsured and Health + Hospitals expects 300,000 residents are eligible to enroll in the program. The remaining half, are most likely eligible for coverage under Medicaid, or other affordable private insurance coverage.

The cost of care will be based on a sliding scale determined by the individual's income and family size. Once enrolled, individuals will have access to health care provided at any NYC Health + Hospitals patient care location across the city. [NYC Care](#) recently began enrollment in the Bronx and will be in every borough by late 2020.

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## **Regulatory Update**

### **Department of Labor**

#### **Hours Worked, 24-Hour Shifts**

The State Department of Labor (DOL) has issued a [notice of expiration](#) of **proposed regulation** that would align NYS regulatory requirements with DOL's interpretation and enforcement of New York's minimum wage law as it applies to 24-hour "live in" home care attendants. The regulation clarifies the DOL residential exception provides that residential employees need only be paid for 13 hours of every 24-hour shift ("13 hour rule"), applies to non-residential home care aides who maintain their own residence and therefore might not actually "live in" the home of his or her employer. DOL had continually issued identical **emergency regulations** from October 2017 through November 2018, in order to institute their interpretation and enforcement of the minimum wage law.

This proposed regulation was originally issued in response to recent Appellate Division rejections of DOL's longstanding interpretation to apply the residential exception upon the home care industry. While the proposed regulation would relieve home care employers from the obligation to pay aides for the entirety of a 24-hour shift going forward, it does not address home care aides who may be entitled to back-pay from hours work prior to issuance of the emergency rule.

On March 26, 2019, the New York State Court of Appeals, New York's highest Court reversed decisions by Courts in the First and Second Department Appellate Divisions that ruled that the aides are entitled to 24 hours of pay irrespective of sleeping/meal time. This decision would relieve the need for continued emergency regulations by DOL.

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## **Related Articles and Other News**

[\*\*CMS Launching Pilot Program to Give Providers Direct Access to Claims Data\*\*](#)

## [New York State Department of Health Reminds People to Get Vaccinated for Preventable Diseases like Measles, Flu and HPV](#)

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### **Calendar**

Thursday, August 8,  
2019

The Public Health and Health Planning Council – Committee on Codes, Regulations and Legislation and Full Council Meeting

9:15 a.m. - 90 Church Street, 4th Floor, Rooms 4A & 4B, NYC

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### **QUICK LINKS**

[NYS Department of Health](#) --- [NYS DOH –Meetings, Hearings & Special Events](#) --- [Medicaid Redesign Team](#) --- [Senate Health Committee Website](#) --  
- [Assembly Health Committee Updates](#) --- [NYS Division of Budget](#)

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