CVS caremark

Pharmacy Update

Medicaid Enrollment Rejects New York Medicaid

Section 5005(b)(2) of the 21st Century Cures Act requires all Medicaid Managed Care network furnishing, ordering, prescribing, referring providers, to be enrolled with State Medicaid programs. This information was previously communicated in the January 2018 New York State (NYS) Medicaid Update Article found here:
www.health.ny.gov/health_care/medicaid/program/update/2018/2018-01.htm

Effective September 1, 2022, MetroPlusHealth Managed Medicaid Plan members must use providers (e.g., pharmacies, providers, and specialists) enrolled with the NYS Medicaid program. These providers must have a valid Medicaid ID.

If your pharmacy receives the following or similar reject:

Reject 889 <<Prescriber Not Enrolled in NYS Medicaid Program>>

To override the reject for Interns, Residents, and Foreign Physicians who are not yet licensed with NYS Medicaid and therefore cannot enroll with the State Medicaid program:

Use Submission Clarification Code value '**55'**

CVS Pharmacies use Submission Clarification Code value '**42'**.

Reject 890<<Pharmacy Not Enrolled in NYS Medicaid Program>>

To override the reject for Pharmacies pending NYS Medicaid enrollment:

Use Submission Clarification Code value '**56'**

Please be advised that when an SCC override is used, the pharmacy is certifying that they have validated that the prescriber or the pharmacy is active and valid and can prescribe and dispense medications. The override process may be subject to audit.

One-time overrides may be considered by contacting the Pharmacy Help Desk for the following:

This update applies to:
All Network Pharmacies

State(s):
New York

Line of Business:
Medicaid

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331** if one is not provided.

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at **www.caremark.com/pharminfo** > NCPDP Payer Sheets.

• A single instance of emergency medical care (e.g., member visited the emergency room and was seen by a non-enrolled prescriber)
• Foster Care Members:
    o If the member needs medication from a non-enrolled pharmacy, provider, or specialist, an override will be approved, up to one (1) override per drug per month.
• Transition supplies for members new to a health plan, at least one (1) 30-day fill within the first 90 days of enrollment
• Members requiring urgent treatment for substance use disorder and behavioral health condition