



PROVIDER QUICK REFERENCE GUIDE

TOPIC	CONTACT INFORMATION
<ul style="list-style-type: none"> ▪ Billing Questions ▪ Remittance Clarification ▪ Request for Claim Forms ▪ ePACES Enrollment ▪ Electronic Claim Submission Support (eXchange, FTP) ▪ Provider Enrollment 	<p>CONTACT: eMedNY - (800) 343-9000</p> <p>Note: Please listen carefully to message prompts</p>
<ul style="list-style-type: none"> ▪ Provider Manuals, Enrollment Information ▪ Fees and Rates / Procedure Codes ▪ Clarification / limitations 	<p>WEBSITE: www.emedny.org</p>
<p>MEVS:</p> <ul style="list-style-type: none"> ▪ Tel. Verification (Audio Response Unit or ARU) ▪ POS Device ▪ ePACES, CPU-CPU link, eMedNY eXchange, dial-up, FTP, PC-Host link, and File Transfer Service using SOAP 	<p>CONTACT: eMedNY (800) 343-9000 or www.emedny.org</p>
<p>Automated Eligibility # (MEVS Telephone Verification)</p>	<p>CONTACT: (800) 997-1111</p>
<p>Check Amount Inquiry</p>	<p>CONTACT: NYSDOH Inquiry System (866) 307-5549 <i>(after noon on Thursday for following Monday check)</i></p>
<ul style="list-style-type: none"> ▪ NYSDOH Pended Claims ▪ Fee for Service Prior Approval (Dental, Private Duty Nursing, DMEPOS, Hearing Aid, Out-of-State SNF Admissions and Continued Services) 	<p>CONTACT: NYS Department of Health <i>Please listen carefully to message prompts</i></p> <p>(800) 342-3005 (In-State Providers) (518) 474-3575 (Out-of-State Providers)</p>
<p>Fraud and Abuse</p>	<p>CONTACT: Office of the Medicaid Inspector General (OMIG) 1-877-87-FRAUD</p>
<p>Medicaid Update Newsletter Archive</p>	<p>WEBSITE: http://health.ny.gov/health_care/medicaid/program/update/main.htm</p>
<p>Request Medicaid Update Newsletter</p>	<p>E-MAIL ADDRESS: MedicaidUpdate@health.ny.gov</p>
<ul style="list-style-type: none"> ▪ Recipient Eligibility ▪ Spend Down Information ▪ Third Party Insurance Clarification ▪ Recipient Personal Data 	<p>CONTACT: LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES <i>See Provider Manual or Yellow Pages for local DSS office</i></p>
<p>Medicaid Managed Care Information or Clarification</p>	<p>CONTACT: Managed Care Plan LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES or NYC/HRA (Managed Care Coordinator) <i>See Plan Code Listing or Telephone Directory</i></p>
<p>Fee for Service Prior Authorization:</p> <ul style="list-style-type: none"> ▪ Enteral Formula ▪ Prescription Drug ▪ Radiology 	<p>CONTACT: (866) 211-1736 CONTACT: (877) 309-9493 CONTACT: (888) 209-4122</p>
<p>eMedNY LISTSERV (Subscribe to email notification and alert system)</p>	<p>WEBSITE: http://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx</p>

For Mailing Instructions, please visit: https://www.emedny.org/contacts/emedny_mailing_addresses.pdf