

# How Do I Do It?

## A Resource Guide for NY State Medicaid Provider Enrollment

| I need to.....  | How do I do it?   | I need more information.   |
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| ...change my name on my Medicaid enrollment file  | <p><b>Practitioners:</b> Send an e-mail to <a href="mailto:providerenrollment@health.ny.gov">providerenrollment@health.ny.gov</a>. Include your NPI, new name, and State in which your license was issued (e.g., NY State). <b>Group Practices:</b> Send an e-mail to <a href="mailto:providerenrollment@health.ny.gov">providerenrollment@health.ny.gov</a>. Include your NPI, new name, and a copy of the new FEIN IRS letter. <b>Licensed entities:</b> Mail a copy of your updated license; approval documents from your state with an official letter requesting the change; copy of the new FEIN IRS letter and form 610501 to: eMedNY, PO Box 4610, Rensselaer, NY 12144-4610.</p> | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |
| ...report a change of ownership   | <p>Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. Complete the Enrollment Form and be sure to check the "<b>Change of Ownership</b>" box. For <b>Institutional</b> - Submit a "Bill of Sale" and any documentation regarding when the Change of Ownership took place.</p>   | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |
| ...report new managing employees, board members or others with a control interest   | <p>Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. The appropriate <b>Disclosure Form</b> is found within the box titled "<b>Maintenance Forms.</b>"</p>   | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |
| ....change the address where Medicaid <b>correspondence</b> is sent   | <p>Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. The Change of Address form is found within the box titled "<b>Maintenance Forms.</b>"</p>   | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |
| ...change the address where <b>Medicaid checks are sent</b> , Corporate Address ( <b>where the 1099 is sent</b> )   | <p>Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. The Change of Address form is found within the box titled "<b>Maintenance Forms.</b>"</p>   | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |
| .....to add, close or update a <b>service</b> address   | <p>Most providers can complete the Change of Address form; to add, close or update a <b>service</b> address (see information above for address changes). Be sure to follow the "additional instructions based on provider type." <b>Institutional providers</b> address changes can only be made with the approval of the NY State licensing agency. <b>Official letter of notification is required with the Change of Address form.</b></p>  | <p><b>Institutional providers</b> can e-mail <a href="mailto:providerenrollment@health.ny.gov">providerenrollment@health.ny.gov</a><br/>All other providers should contact eMedNY at 800-343-9000.</p> |
| ...find out if I am actively enrolled - <i>{The 21st Century Cures Act requires all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with NY State Medicaid.}</i> | <p><b>Practitioners</b> - visit: <a href="https://www.emedny.org/info/opra.aspx">https://www.emedny.org/info/opra.aspx</a> and search to see if you are enrolled (OPRA and non-OPRA). <b>Groups, businesses and institutional providers</b> should contact eMedNY or search the <b>Medicaid Provider Listing</b> - <a href="https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/kefi-qx5t">https://health.data.ny.gov/Health/Medicaid-Fee-for-Service-Provider-Listing/kefi-qx5t</a> .</p>  | <p>Questions?<br/>Contact eMedNY at 800-343-9000.</p>  |

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| ...sign-up for Electronic Funds Transfers (EFT) - <i>{Not applicable for OPRA/Managed Care enrolled Providers.}</i>  | Visit the <b>Provider Enrollment Maintenance page</b> at www.eMedNY.org and choose the <b>Electronic Funds Transfer (EFT) Authorization Form</b> on the " <b>Provider Maintenance Forms</b> " page or <b>click here</b> .   | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...notify Medicaid that I have a collaborating or supervising physician  | Visit the <b>Provider Enrollment page</b> at www.eMedNY.org and navigate to your profession/organization type. The collaborating or supervising form is found in the box titled, " <b>Maintenance Forms.</b> " <a href="https://www.emedny.org/info/ProviderEnrollment/spharm/index.aspx">https://www.emedny.org/info/ProviderEnrollment/spharm/index.aspx</a> .  | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...end/terminate my enrollment with Medicaid - <i>{Be aware that you will be ineligible to receive reimbursement for services provided for OPRA, all Medicaid FFS, and be precluded from participating in all MMC and CHIP networks, per Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act.}</i> | <b>Practitioners-</b> If you do not wish to participate as a provider- Send a signed letter to eMedNY, PO Box 4610, Rensselaer, NY 12144-4610, with your NPI, Provider ID, contact name & number. Your file will be updated effective the day the request is reviewed & processed<br><b>Institutional, Business, Group Providers-</b> If you wish to terminate your Medicaid Enrollment, or only wish to remain enrolled as a Managed Care Only (Non-Billing) Provider with NYS Medicaid submit the corresponding Form (below)to eMedNY.<br>Institutional Status Change Form<br>Business Status Change Form<br>Group Status Change Form<br>Note:for Institutional Providers only- Include a copy of the notification letter that was submitted to your authorized/approving DOH agency. | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...add specialties to my Medicaid enrollment file  | Visit the Provider Enrollment page at www.eMedNY.org and navigate to your profession/organization type. Navigate to " <b>Requirements &amp; Additional Forms,</b> " click on <b>Application as a Specialist - form #490301</b> .  | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...enroll or re-enroll in the NYS Medicaid Program as a Business, Group or Institutional provider  | Visit the <b>Provider Enrollment page</b> at www.eMedNY.org and navigate to your profession/organization type. Complete the Enrollment Form and be sure to check the appropriate box: <b>New Enrollment</b> or <b>Reinstatement/ Reactivation</b> and <b>Choose</b> either <b>Billing Provider</b> or <b>Managed Care Only (Non Billing)</b> .  | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...enroll or re-enroll in the NYS Medicaid Program as a FFS practitioner   | Visit the Provider Enrollment page at www.eMedNY.org and navigate to your provider type, then choose Option 1 - <b>Billable</b> or Option 2 - <b>OPRA</b> . Complete the Enrollment Form and be sure to check the appropriate boxes.  | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...affilaite/disaffiliate my enrollment with a group practice  | Visit the Provider Enrollment page at www.eMedNY.org and navigate to your profession/organization type. Complete the Enrollment Form - <b>Group Member Affiliation/Disaffiliation Request - form #610202</b> found in the " <b>Requirements &amp; Additional Forms</b> " box.   | Questions?<br>Contact eMedNY at 800-343-9000. |

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| ...revalidate my enrollment after I receive a letter to do so   | Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. Complete the Enrollment Form and be sure to check the "Revalidation" box.   | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...recertify my Electronic Transmitter Identification Number (ETIN)   | If you've misplaced the ETIN Certification Form mailed to you, visit the <b>Provider Enrollment Maintenance page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and choose the <a href="#">Certification Statement/Instructions for Existing ETINs</a> on the " <b>Provider Maintenance Forms</b> " page. You can also <a href="#">click here</a> to access the form.   | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...request a new ETIN   | Visit the <b>Provider Enrollment Maintenance page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and choose the <a href="#">Provider Electronic/Paper Transmitter Identification Number (ETIN) form</a> on the " <b>Provider Maintenance Forms</b> " page. You can also <a href="#">click here</a> to access the form.  | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...update my license - provider received a letter notifying of an expiring license  | Send a copy of your license to Medicaid, please mail it to:<br><b>eMedNY, PO Box 4610, Rensselaer, NY 12144-4610</b><br><b><u>Be sure your NPI is on your license or it cannot be processed.</u></b>   | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...notify Medicaid that I am a member of a group with <b>no</b> private practice?   | Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to your profession/organization type. The <a href="#">Provider Change Form (Practitioners in Groups) (eMedNY-426801)</a> is found within the box titled " <b>Requirements and Additional Forms.</b> " You can also <a href="#">click here</a> to access the form.   | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...associate my enrollment with an Institution/facility - <i>{A practitioner cannot associate to an Institution/facility through Provider Enrollment, only through their own facility.}</i>   | Visit the <b>Provider Enrollment home page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to the right side of the screen. Scroll down and choose the button labeled " <a href="#">Enter Facilities Practitioner's NPIs.</a> " <b>This site is to be used by facilities to record with the NYS Medicaid Program NPIs and licenses for practitioners that are affiliated with the facility and might be included as a provider on claims submitted by the facility.</b> | Questions?<br>Contact eMedNY at 800-343-9000. |
| ...after I receive a letter to revalidate my enrollment how do I determine what is actively listed on my provider file? - <i>{Ensure you are familiar with your provider file (Specialty Codes, Locators/Addresses, Group Affiliations, and Rate Report for Institutional Billing Providers Only).}</i> | Visit the <b>Provider Enrollment page</b> at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and navigate to " <b>Revalidation Information.</b> " Choose the box marked " <b>When is a provider due to revalidate?</b> " and click in the link titled " <a href="#">Click Here for these reports.</a> " Mail the " <b>Request for Providers Reports</b> " to eMedNY - This form may be used by enrolled providers to request information on their NY Medicaid file.                         | Questions?<br>Contact eMedNY at 800-343-9000. |