

**INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR  
TRANSPORTATION**

**1. General Instructions:**

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required document (see #3 below) **MUST** cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.

**2. Additional Instructions and Definitions for Form Completion:**

**Choose only ONE of the following options & check the corresponding box on the top of the Enrollment Form**

- ✓ Check Billing Provider- If the applicant/provider intends on Billing NYS Medicaid
- ✓ Check Managed Care Only (Non Billing)- If the applicant/provider is contracted with a Managed Care and is required to enroll with NYS Medicaid per the 21st Century Cures Act.

Category(s) of Service: Enter the following 4-digit code on the Enrollment Form: **0602** - Ambulette/Invalid Coach  
**0603** - Taxi (Upstate Taxi only)  
**0605** – Livery / Black Car (NYC Only)  
**0606** – OPWDD  
**0609** – Transportation Network Company

**Choose ONE and check the corresponding box on the Enrollment Form:**

- ✓ Check New Enrollment if the NPI or Provider listed is not currently enrolled in NYS Medicaid
- ✓ Check Revalidation if the NPI or Provider is currently enrolled and you were notified that Revalidation is required per 42 CFR, Part 455.414. The Provider ID can be found on the Revalidation Letter you received
- ✓ Check Reinstatement/Reactivation if the provider was previously enrolled but is not currently active.  
Please note: You will be at financial risk if you render services to Medicaid beneficiaries before successfully completing the enrollment process.

**NPI:** Leave Blank

**DBA Name:** If appropriate

**DEA Number & Dates:** Leave Blank

**Association Types:** Enter the letter (B, F, H, M, P or U) which best corresponds to the individual's role:

B: Board of Directors Member	F: Facility Administrator	H: Compliance Officer
M: Managing Employee	P: Supervising Pharmacist	U: Laboratory Director

### 3. ADDITIONAL REQUIREMENTS

**OMIG Provider Compliance Certification** – Confirmation notice for the OMIG Provider Compliance Program may be required. Visit [www.omig.ny.gov](http://www.omig.ny.gov) to determine if the Applicant / Provider must comply. If yes, a copy of the confirmation notice (printed from the website) must be included with this application.

**42 CFR, Part 455.460** requires the collection of an application fee for a new enrollment, revalidation, change of ownership and reinstatement/reactivation. Click [here](#) for more information.

#### **REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:**

- IRS Assignment Letter indicating the FEIN and Applicant Name on the Enrollment Form (W-9 NOT ACCEPTABLE).  
IRS Assignment Letter (Form: SS-4) can be obtained by going to IRS.Gov or call IRS at 1-800-829-4933.
- Copy of Your Certificate(s), Registration(s), Permit(s), License(s) as determined by the attached chart
- Transportation Information Request Form (EMEDNY-424601)
- If located outside of NYS, include a copy of your participation letter with your State's Medicaid Program
- Application Fee
- ETIN Certification Statement for New Enrollments Form (EMEDNY-490602) (not required for revalidation or reinstatement/reactivation, or if you are enrolling as a Managed Care Only non-billing provider)
- Electronic Funds Transfer (EFT) Authorization Form (EMEDNY-701101) (not required for revalidation if EFT is already in place and no change is requested or if you are enrolling as a Managed Care Only non-billing provider)
- Signed Attestation for Non-Medical Transportation Providers (see page 5 of these instructions)

## Additional Information for Enrollment as a TRANSPORTATION PROVIDER in New York Medicaid

CATEGORY OF SERVICE (COS)	DESCRIPTION	ENROLLMENT REQUIREMENTS <small>(if required, submit proof with the enrollment form that Applicant meets these requirements)</small>
0602	<p><b>Ambulette</b> An entity which transports the infirm or disabled by ambulette to and from facilities which provide medical care</p>	<ol style="list-style-type: none"> <li>1. Operating License for Transit Disabled from the NYS Department of Transportation</li> <li>2. NYS Department of Motor Vehicles Letter of Compliance with Article 19A dated on or after the most recent July 1</li> <li>3. If transporting in the following areas, a Paratransit Base License is required from that locale's Taxi &amp; Limousine Commission**.                             <ol style="list-style-type: none"> <li>a) Westchester County</li> <li>b) Nassau County</li> </ol> </li> </ol> <p>** For transportation in Nassau County, the NYC Taxi &amp; Limousine Commission Paratransit Base License can substitute for the Nassau County license</p>
0603	<p><b>Taxi (Upstate Taxi Only - outside of NYC)</b> <u>(NOTE:</u> if you enroll for Ambulette outside of NYC, you do not need to enroll for Taxi-Upstate as well)</p>	<ol style="list-style-type: none"> <li>1. If transporting in the following areas, approval for Community Car Services (Livery) is required from that locale's Taxi &amp; Limousine Commission**:                             <ol style="list-style-type: none"> <li>a) Westchester County</li> <li>b) Nassau County</li> </ol> </li> </ol> <p>** For transportation in Nassau County, the NYC Taxi &amp; Limousine Commission Community Car Services (Livery) approval can substitute for the Nassau County approval</p> <p><b>NOTE:</b> Although <u>not</u> required to be submitted with the enrollment form, applicant/provider must keep records which document that:</p> <ol style="list-style-type: none"> <li>1) Drivers possess a valid commercial driver's license (Class E), <i>and</i></li> <li>2) Vehicles are registered with livery license plates</li> </ol>
0605	<p><b>Livery (NYC Taxi only)</b> <b>Black Car (NYC only)</b></p>	<p>NYC Taxi &amp; Limousine Commission's (TLC) Community Car Services Livery /Black Car Approval</p> <p><b>NOTE:</b> Although not required to be submitted with the enrollment form, the applicant/provider must keep records which document that the:</p> <ol style="list-style-type: none"> <li>1. Drivers must possess a valid driver's license.</li> <li>2. Vehicle plates are to be registered pursuant to Vehicle and Traffic Law.</li> </ol>

<p><b>0606</b></p>	<p><b>OPWDD</b> - An entity that transports enrollees to OPWDD programs and facilities who have transportation reimbursement included in the rate using ambulette or taxi level vehicles.</p> <p>Providers registering for this category will not submit claims to the Medicaid program for their services.</p> <p>These services are included in the program rate received by the OPWDD program/facility from the Medicaid program.</p>	<p><b>Transporting via ambulette:</b></p> <ol style="list-style-type: none"> <li>1. NYSDOT Operating License for Transit Disabled or proof that this Requirement has been waived by NYSDOT.</li> <li>2. NYSDMV letter of compliance with Article 19A dated on or after the most recent July 1.</li> </ol> <p><b>Transporting via taxi/livery:</b></p> <ol style="list-style-type: none"> <li>1. Proof of OPWDD Provider/registration.</li> </ol> <p><b>NOTE:</b> Although <u>not</u> required to be submitted with the enrollment form, applicant/provider must keep records which document:</p> <ol style="list-style-type: none"> <li>1. Drivers possess a valid commercial driver's license (Class E).</li> <li>2. Vehicles are to be registered with taxi or livery plates pursuant to Vehicle and Traffic Law.</li> </ol>
<p><b>0609</b></p>	<p><b>Transportation Network Company</b> (Upstate Only - outside of NYC)</p>	<p>If transporting in the following areas, approval for Community Car Services (Livery) /Black Car is required from that locale's Taxi &amp; Limousine Commission (TLC) **:         <ol style="list-style-type: none"> <li>a) Westchester County</li> <li>b) Nassau County</li> </ol> <p>** For transportation in Nassau County, the NYC Taxi &amp; Limousine Commission Community Car Services (Livery) approval can substitute for the Nassau County approval</p> <p><b>NOTE:</b> Although <u>not</u> required to be submitted with the enrollment form, the applicant/provider must keep records which document that the:</p> <ol style="list-style-type: none"> <li>1. Drivers must possess a valid driver's license.</li> <li>2. Vehicle plates are to be registered pursuant to Vehicle and Traffic Law.</li> </ol> </p>

# Attestation for Non-Medical Transportation Providers

## New York State Medicaid Program

My signature below confirms the understanding that any licensure requirements in the municipalities where a provider/vendor may operate are the provider's/vendor's sole responsibility. Neither the State Department of Health nor the Department's contracted transportation manager will be responsible for penalties incurred by a provider/vendor due to unmet local licensure requirements. In addition the provider/vendor agrees to maintain records which documents that drivers possess the relevant valid driver's license and the vehicles are registered with the appropriate license plates as indicated on the above required document chart for the appropriate Category of Service (COS.)

Successful enrollment is not a guarantee of trip assignments. Medicaid trips are assigned based upon expressed choice among participant transportation vendors, by the Medicaid enrollee or, where the enrollee expresses no choice, the medical practitioner; and finally, where no choice is expressed, by rotation. Further, if successfully enrolled as a New York State Medicaid transportation provider/vendor, you agree to comply with all of the requirements and quality standards of such a vendor as detailed in the Transportation Provider Policy Manual, Medicaid Provider Manual and Title 18 of the New York Codes, Rules and Regulations, as well as administrative requirements of the Department and its transportation manager (where applicable).

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Signature of Owner    /    Date