

NEW YORK STATE MEDICAID PROGRAM
Chronic Disease Self-Management Program (CDSMP)
Provider Attestation

This attestation pertains to any Hospital Outpatient Department (OPD), freestanding Diagnostic and Treatment Center (D&TC), Federally Qualified Health Center (FQHC), provider group practice, individual/sole practitioner, community-based organization (CBO), (hereinafter “providers”) that have received a programmatic license from the Self-Management Resource Center (SMRC) to provide the evidence-based Chronic Disease Self-Management Program (CDSMP) services for persons diagnosed with arthritis.

The New York State Department of Health (NYSDOH) hereby establishes the following Medicaid provider enrollment requirements for the NYS Medicaid Program for providers seeking to enroll in and bill NYS Medicaid for CDSMP services. To be eligible to enroll in Medicaid as a CDSMP service provider, the applying provider must comply with/satisfy the SMRC licensure requirements, Medicaid provider enrollment requirements, NYS Medicaid [General Billing Guidelines for All Providers](#), and any/all federal and State regulatory standards set forth in this Provider Attestation.

- The provider attests it has achieved programmatic licensure based on the policies outlined in the SMRC [Program Implementation and Fidelity Manual](#), and is seeking enrollment in the NYS Medicaid Program as a CDSMP service provider.
- The provider attests it has thoroughly reviewed the NYS Medicaid program’s policies and billing guidelines, and fully understands and agrees that the provider shall be subject to, and bound by, all of the rules, regulations, policies, standards, fee codes, and procedures of the NYSDOH including, but not limited to, 18 NYCRR Part 504.
- By submitting this attestation, the provider recognizes that it is required to comply with the Medicaid Program’s record-keeping requirements, pursuant to 18 NYCRR §504.3(a). Such records and information shall promptly be made available and furnished upon request by, but not limited to, NYSDOH, the Medicaid Fraud Control Unit of the NYS Office of Attorney General (MFCU), the NYS Office of the Medicaid Inspector General (OMIG), the Secretary of the Department of Health and Human Services (HHS), and/or the HHS Office of Inspector General. In addition to the Medicaid program’s record-keeping requirements, CDSMP providers are also required to maintain the following:
 - Copies of all documents pertaining to their SMRC programmatic licensure;
 - A typed roster of all employed or contracted “leaders,” which shall include each leader’s full name, National Provider Identifier (NPI) number, date of birth (DOB), and Social Security Number (SSN). The roster must include/indicate an accurate change log documenting any/all leaders who are added or removed from the CDSMP-licensed provider.
 - Written documentation establishing the provider verified its leaders have achieved and maintain certification pursuant to the guidelines stated in the SMRC Programs Implementation and Fidelity Manual including, but not limited to:
 - Satisfactorily completed an in-person or virtual (video-platform), leader training, or cross-training; and
 - Satisfactorily facilitated at least one 6-week series of an in-person or virtual video platform workshop within 12 months after training.
- By submitting this attestation, the provider recognizes that it is required to handle and maintain any personally identifiable information (PII) and protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Centers for Medicare and Medicaid Services (CMS) standards, and any other applicable State and federal privacy laws.

- SMRC-licensed providers may use trained leaders to provide CDSMP services to NYS Medicaid members. These leaders will not be enrolled in the NYS Medicaid program, but are required to obtain and maintain a valid NPI at all times. Additionally, the provider recognizes and accepts responsibility for ensuring that all leaders rendering CDSMP services to Medicaid members do NOT:
 - Currently have Medicaid or Medicare billing privileges revoked and must not be currently subject to a Medicare re-enrollment bar;
 - Currently have its Medicaid billing privileges terminated for cause or be excluded by any state Medicaid agency;
 - Currently be excluded from any other federal health care program, as defined in 42 CFR §1000.10, in accordance with §§1128, 1128A, 1156, 1842, 1862, 1867, or 1892 of the Social Security Act; and
 - Currently be debarred, suspended, or otherwise excluded from participating in any other federal procurement or non-procurement program or activity in accordance with the Federal Acquisition Streamlining Act implementing regulations and the Department of HHS non-procurement common rule at 42 CFR Part 376.

- The provider attests that it has completed the following NYS Medicaid provider enrollment application sections and/or disclosure forms depending on the enrolling provider type:

- Newly-enrolling CBO providers are required to complete:

- Section five (5) of the *NYS Medicaid Business Enrollment Form* ([EMEDNY-436701](#)), entitled “Agents, Managing Employees & Those with a Control Interest,” listing all of the provider’s agents, managing employees, and those with a control interest including, but not necessarily limited to, the following: facility administrator, all members of the board of directors, managing employees, compliance officer, laboratory director, supervising pharmacist, and/or employee/leader. Providers enrolling as CDSMP service providers **MUST** list a leader in this section.

Note: This policy pertains to all CDSMP service providers including those providers that are required to obtain and enroll a new NPI for the sole purpose of enrolling in Medicaid as a CDSMP service provider. CBOs must also complete the *NYS Medicaid Business Disclosure Form* ([EMEDNY-380101](#)) any time they revalidate their Medicaid enrollment, or anytime a new leader is added to their program.

All providers newly-enrolling CBOs that are looking to render and be paid for CDSMP services **must** obtain a new NPI to enroll in Medicaid as a CBO under the category of service (COS) 0572. This is a separate and distinct Medicaid enrollment and does not affect or impact any aspect of a provider’s Medicaid provider enrollment file that may be active under a different NPI and COS.

- Newly enrolling individual/sole practitioners are required to complete:

- Section five (5) of the *NYS Medicaid Provider Enrollment Form for Practitioners* ([EMEDNY-436801](#)) or Section five (5) of the *New York State Medicaid Ordering, Referring, Attending, Prescribing (OPRA)* enrollment form ([EMEDNY-436901](#)) entitled “Agents, Managing Employees & Those with a Control Interest”, listing all of the provider’s agents, managing employees and those with a controlling interest – including, but not necessarily limited to, the following: managing employees, compliance officer, laboratory director, supervising pharmacist, employee/leader. Providers enrolling as a CDSMP service provider **MUST** list a leader in this section. The individual/sole practitioner would list himself/herself in this section if he/she will be the trained leader delivering the CDSMP program.

- Individual/sole practitioners and CBOs already enrolled in Medicaid under an existing NPI,

COS, and/or specialty code looking to add the CDSMP specialty code, are required to complete:

- The *NYS Medicaid Disclosure Form for Practitioners or Physicians* ([EMEDNY-380104](#)) listing all of the provider's agents, managing employees & those with a Control Interest including, but not necessarily limited to, the following, as applicable: facility administrator, all members of the board of directors, compliance officer, laboratory director, supervising pharmacist, employee/leader and managing employees (includes general, business and office managers; all persons who exercise operational or managerial control of a provider; all persons who directly or indirectly conduct the day-to-day operations of a provider). Providers enrolling as CDSMP service providers MUST list a leader in this section.
- The *NYS Medicaid Disclosure Form for Practitioners or Physicians* ([EMEDNY-380104](#)) any time they revalidate their Medicaid enrollment, or anytime a new leader is added.

The provider MUST attest that it has provided the requested information for each leader providing CDSMP services to Medicaid members. The Medicaid-enrolled CDSMP service provider is required to complete the following fields for each leader who delivers CDSMP services as an Employee/Agent/Contractor, on its behalf:

- Name;
- Association Type = (Employee/Agent);
- Home Address (Street Address, City, State, Zip);
- SSN; **and**
- DOB.

The leaders will undergo a background check performed by the NYSDOH to ensure program integrity and address the potential risk of fraud, waste, and abuse.

Section 5 of the above NYS Medicaid enrollment application MUST be completed and submitted for review upon the provider's initial enrollment as a CDSMP service provider. The provider MUST also complete the appropriate NYS Medicaid disclosure form for their provider type at any time thereafter whenever the provider revalidates their Medicaid enrollment, or anytime a new leader is added. Failure to provide the requested information will result in the application being deemed incomplete and returned to the provider unprocessed. If the provider is already enrolled in Medicaid and fails to disclose the requested information, their claims for CDSMP services may not be reimbursed, and/or the provider's enrollment in the Medicaid Program may be terminated.

- The provider attests that it fully accepts the foregoing duties and responsibilities outlined herein above, including verification that the CDSMP leaders' training and eligibility requirements have been met prior to rendering any CDSMP services to Medicaid members.

If a CDSMP provider is found to be utilizing a leader who does not meet the standards set forth by either the SMRC or NYSDOH, the provider's enrollment in the Medicaid Program may be terminated.

This attestation form must be completed by the provider applying for enrollment in the NYS Medicaid Program as a CDSMP provider.

I, _____, hereby attest that _____
(Print name of the Provider, Authorized Agent or Managing Employee) (Print name of SMRC licensed provider)

has obtained a program license from the SMRC and is, therefore, eligible to enroll in the NYS Medicaid program as a CDSMP service provider.

- The provider acknowledges the requirement to update the NYS NYSDOH Bureau of Provider Enrollment with any updates, revisions, or renewals of their SMRC program license.
- The provider acknowledges the requirement to obtain and maintain an active program license from the SMRC at all times in order to maintain its Medicaid enrollment and billing privileges.
- The provider acknowledges that if it fails to maintain a current /valid SMRC program license, it will be terminated from the Medicaid program, and pursuant to Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act, will also be removed from all Medicaid Managed Care (MMC) networks in which it participates.

Date SMRC program licensure issued: _____

Date SMRC program licensure is valid through: _____

I certify that all statements made herein are true, accurate, and complete to the best of my knowledge.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS ATTESTATION MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Print Name Authorized Agent

Signature of Authorized Agent

Date

NPI of Providers

Providers Type
(i.e., CBO, Article 28, Practitioner Group)

Mailing Instructions:

Please submit this completed, signed, and dated attestation form along with the completed New York State Medicaid provider enrollment application or maintenance form(s) to:

Newly-Enrolling Provider Applications	Existing Medicaid Providers/ Maintenance Transactions
eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603	eMedNY P.O. Box 4610 Rensselaer, NY 12144-4610