



Training Video
For NYS Medicaid Providers

Enrollment

Key Objectives

Electronic (ERA) or PDF Remittance Advice
Request Form Instructions

General Information

The New York State Medicaid program requires all billing providers sign up for either:

- Electronic Remittance Advice (ERA)
 - HIPAA compliant 835 or 820 format and requires translation software
- PDF Remittance Advice
 - Facsimile of paper remittance advice

Who Must Sign Up for Electronic/PDF Remittance Advice?

All billing (pay to) providers:

- Professional
- Institutional
- Dental
- Pharmacy

As a member of a Group practice, the services you provide are claimed by, and paid to, the Group practice.

Members of Group practices with Group Only status are non-billing providers, UNLESS they also have a private practice from which they provide services to Medicaid beneficiaries.

Practitioners in private practice

Practitioner and Dental Groups

Practitioners who do not have “Group Only” status

Who Does Not Have to Sign Up for Electronic/PDF Remittance Advice?

Practitioners enrolled as OPRA (Ordering, Prescribing, Referring, Attending) providers

NOTE: OPRA providers cannot receive payment from Medicaid

Non-Billing providers such as Physician Assistants and Supervising Pharmacists

Practitioners enrolled as “Group Only” Status



Microsoft Start



Search the web



Add shortcut

eMedNY.org Website

The screenshot shows the eMedNY.org website interface. At the top, there is a navigation bar with the eMedNY logo, a search bar, and a menu with items like 'What's New', 'Info', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. A red arrow points to the 'Info' button.

Below the navigation bar, there are several main sections:

- Provider Enrollment & Maintenance:** This section has two columns: 'New Enrollment' and 'Already Enrolled'. Below these columns, it says 'IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT' with a red arrow pointing to the right. Underneath, there is a 'Useful Information' section with buttons for 'Maintenance Forms', 'Revalidation', 'Enrollment Guide', and 'How to log in?'. A red arrow points to the 'Maintenance Forms' button.
- Pharmacy Benefit Transition:** A section with a 'LEARN MORE' button.
- Are you compliant with NYSDOH EFT Requirement?:** A yellow banner with a red arrow pointing to it.
- ATTENTION: MEDICAID NOW REQUIRES ALL BILLING PROVIDERS TO REGISTER FOR ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS AND EITHER ELECTRONIC REMITTANCE ADVICE (ERA) OR PDF REMITTANCES.** A large red box with a close button (X) containing this text and detailed instructions for providers.
- Complete the EFT Form:** A yellow banner with instructions to read the EFT Form instructions carefully and a list of requirements.
- Complete the ERA/PDF Form:** A yellow banner with instructions to read the ERA/PDF Form instructions carefully and a list of requirements.
- Provider Maintenance Forms:** A section with a 'PLEASE TAKE NOTE' box and a list of various forms such as 'Provider Claims, Receipts Request Form', 'First Approval Request Form', 'Provider Electronic/Paper Transmitter Identification Number (ETIN) Selection Form', 'Provider ID Request Form', 'Remittance Copy Request Form', 'Request for Provider Reports', 'Request to Deactivate/Delete an ETIN', 'Service Bureau Electronic/Paper Transmitter Identification Number (ETIM)', 'Tax Waiver Form', and 'Trading Partner Agreement'.
- Wage Parity:** A button with a dollar sign icon.
- Electronic Visit Verification (EVV):** A button with a calendar icon.
- Enter Facilities Practitioner's NPIs:** A button with a building icon.
- eMedNY LISTSERV®:** A button with a mail icon.
- Submitter Dashboard:** A button with a computer monitor icon.
- PAXpress®:** A button with a checkmark icon.

Electronic or PDF Remittance Advice Request



ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

Prior to submitting this form, providers must:

- Have a valid and active eMedNY eXchange, Core Web Services, or VPN User ID prior to submitting this form. If you do not have an active User ID, **STOP** and contact the eMedNY Call Center at 1-800-343-9000 to start the ePACES enrollment process before completing this form.
- Be associated with the ETIN entered in the 'Provider Information' section below. If the provider is not currently associated with the ETIN entered on this form, **STOP**. You **must** complete a certification statement for the ETIN entered (EMEDNY form # 490601) and mail both forms together to the address below.

THIS FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED

Required Information:

(1) **Provider Name:** _____
Enter the name of either the individual provider or organization for which this form is being submitted.

(2) **NPI (National Provider Identifier) (Required, unless exempt):** _____
The NPI entered must match the provider or organization name entered above in section (1).

(3) ***MMIS Provider ID** _____
**Required only if NPI exempt or an atypical provider.*

(4) **ETIN:** _____
The 3 or 4 digit Electronic Transmitter Identification Number. Only one ETIN per form is allowed. For multiple providers, a separate form must be submitted for each provider.

(5) **Remittance Type Selection (Select One):**
 835/820 Electronic Remittance **OR** PDF *(can only be used with eXchange delivery method)*
 For 835/820 electronic remittance types, software to interpret HIPAA formatted records is strongly recommended, eMedNY cannot provide remittance interpretation service.

(6) **Remittance Delivery Method (Select One):** eXchange **OR** VPN **OR** Core WEB Services

(7) **Current eXchange, Core WEB Services, or VPN User ID:** _____
 The eXchange, Core Web Services, or VPN user ID submitted on the form must be valid and activated.
 Only one User ID is allowed per ETIN/Provider combination.

Authorized Signature

The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.

Signature of Person Submitting Enrollment

Submission Date

Printed Name of Person Submitting Enrollment

Email Address of Person Submitting Enrollment

Mail or fax completed form to:

eMedNY
Attn: Provider Enrollment Support
P.O. Box 4614
Rensselaer, New York 12144-8614
FAX: (518) 257-4632

PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR PROCESSING.

Electronic or PDF Remittance Advice Request

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Electronic 835/820 Remittance Advice

- Only for providers who have ability to interpret the 835 or 820 format
- Delivery via eXchange, VPN or Core Web Services
- User ID for eXchange is the same as the ePACES User ID
- Core Web Services user ID issued upon enrollment in the Core Web portal

PDF Remittance Advice

- Paper remit facsimile
- Delivery to the eXchange only
- Requires ePACES enrollment
- User ID for eXchange is the same as ePACES User ID
- PDF remits are available for retrieval for 28 days

Electronic or PDF Remittance Advice Request

(6) Remittance Delivery Method (Select One): eXchange OR VPN OR Core WEB Services

(7) Current eXchange, Core WEB Services, or VPN User ID: _____

- The eXchange, Core Web Services, or VPN user ID submitted on the form must be valid and activated.
- Only one User ID is allowed per ETIN/Provider combination.

Authorized Signature

The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.

Signature of Person Submitting Enrollment

Submission Date

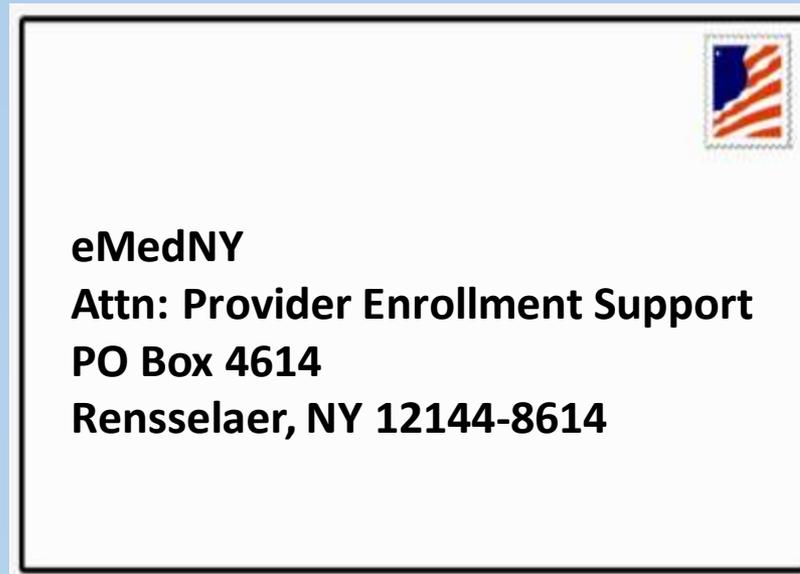
Printed Name of Person Submitting Enrollment

Email Address of Person Submitting Enrollment

The ERA/PDF Request form will be rejected if it is incomplete or contains information that is not legible

Where to Send Forms?

Mail the completed ERA/PDF Remittance Advice Request to:



Fax the completed ERA/PDF Remittance Advice Request to:

(518) 257-4632

Reference and Contact Information

1) eMedNY Website

www.emedny.org

2) eMedNY Enrollment Forms

www.emedny.org/info/providerenrollment/index.aspx

3) eMedNY Call Center

800-343-9000



Conclusion

Electronic or PDF Remittance Advice Request



www.emedny.org