



**New York State Department of Health
New York Early Intervention System (NYEIS) Electronic Mailing List**

Requesting Revisions to Child's Gender or Date of Birth in Medicaid's Data System

Date: May 24, 2016

Dear Colleague:

On occasion, a child's gender or date of birth (DOB) may be incorrectly recorded in Medicaid's data system (eMedNY). Based on the child's Medicaid enrollment office/county/transaction district, an early intervention provider can request the revisions be made by following the steps below.

Children Enrolled through the NYSoH Exchange (Office/Transaction District: H78) OR New York City

Send an email with an attached password protected Microsoft Word or Excel document to hxexcept@health.ny.gov. The attachment should include the following:

- Billing Provider's Name (Agency/Individual)
- Requestor's Name
- Requestor's e-mail and phone number
- Enrollment Office/County/Transaction District (If more than one office please use separate forms.)
- Child's Last Name and First Name
- Child's Client Identification Number (CIN)
- Type of Correction
- Correction
- Verified By: List how the identity was verified. (Do not send the actual document.)

Example:

Medicaid: Requested Revisions

Billing Provider's Name (Agency/Individual):

Requestor's Name:

E-mail:

Phone Number:

Enrollment Office/County/Transaction District*:

Child's Last Name	Child's First Name	CIN	Type of Correction	Correction	Verified By	Status of Correction <i>(Completed by Medicaid)</i>
March	Meg	AB12345C	DOB	2/29/2015	Birth Certificate	
Robin	Christopher	XY12345Z	Gender	Male	Doctor's Report	

The attachment must be protected using a password. To password protect a Word or an Excel document:

1. Click the File tab.
2. Click Info.
3. Click Protect Document, and then click Encrypt with Password.
4. In the Encrypt Document box, type a password, and then click OK.
5. In the Confirm Password box, type the password again, and then click OK.

The password needs to be sent in a second email to hxexcept@health.ny.gov. To assist Exception staff, it is recommend that the two emails have similar subject lines (e.g., " Requested Revisions" and " Contains Password"). Do not include a child's name in the subject line.

Children Enrolled Through the Local Office/County (Other Than NYC)

Send requests (secure email or fax) to the local county office associated with the child's record. You may use the this same format unless the local office/county has requested another.

If after one month, the local county office did not act upon on the request, you can contact hxexcept@health.ny.gov and they will have field staff follow up.

Additional Information

DO NOT SEND: NYEIS Data Request forms, NYEIS Child Reference Numbers, eibilling Medicaid Code 35 Error Reports, or other extraneous information.

***ePACES and the Medicaid Eligibility Verification System (MEVS)** will help determine a child's eligibility, and the enrollment office/county/transaction district. To start the ePACES enrollment process call 800-343-9000. To learn more about MEVS visit:

[https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf)

Gender and DOB errors found in NYEIS can be corrected by the child's Service Coordinator or Early Intervention Official Designee (EIOD).

If you have questions, contact the Bureau of Early Intervention's Provider Approval and Due Process Unit by email, provider@health.ny.gov.

Please do not reply to this e-mail announcement.

Thank You.

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