



**Department
of Health**

Office of
Health Insurance
Programs

Provider Enrollment Guidance for Health Home Care Management Agencies (CMAs)

Updated April 2019

Agenda

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Provider Enrollment Steps for Health Home CMAs

Step 1: Obtaining a National Provider Identifier (NPI) number

- The National Provider Identifier (NPI) number is a unique 10 digit identification number issued to health care providers in the U.S. by the Centers for Medicare and Medicaid Services (CMS). Determine whether the CMA currently has a NPI number. If not the CMA will need to apply for an NPI.
- Completing the application for an NPI number found on the National Plan and Provider Enumeration (NPPES) website: <https://nppes.cms.hhs.gov/#/>
- The NPI number is generally issued within 5 days.
- NPI number is required to complete eMedNY application for a new MMIS Provider ID.

The Provider Enrollment (eMedNY) Application

Once a CMA has received the NPI number, visit the eMedNY website at the following to complete the application:

<https://www.emedny.org/info/ProviderEnrollment/index.aspx>



[Provider Enrollment & Maintenance](#)

Provider Enrollment – Health Homes Application

On the right side of the webpage, scroll down until the application for “Health Homes” appears.

Click on the link for the Health Homes application.

Click on the “Institution Enrollment Form” (shown on next slide).

- Eye Prosthesis Supplier / Occularist
- Freestanding Clinic (D&TC)
- Harm Reduction Services
- Health Homes
- Hearing Aid Supplier (HAID)
- Hemodialysis Center (freestanding)
- Home Health Agency (HHA)

Category of Service 0265 for Case Management

Provider Enrollment & Maintenance



CASE MANAGEMENT, HEALTH HOME PROVIDER & HARM REDUCTION SERVICES

Harm Reduction Services: Provides individual and group supportive counseling, care plan development, medication management and psycho education support groups.

Health Homes: A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a collaborative manner.

Complete this Enrollment Form if you are:

1. Applying for initial ENROLLMENT or ALREADY ENROLLED and enrolling another NPI, or
2. Responding to a letter instructing you to REVALIDATE your enrollment, or
3. Seeking REINSTATEMENT or REACTIVATION of your previous enrollment, or
4. Reporting an OWNERSHIP CHANGE, or
5. Reporting a RECEIVERSHIP

 [INSTITUTION Enrollment Form](#)



Category(s) of Service: 0265

If you are ALREADY ENROLLED and need to change your corporate or correspondence address, [click here](#)

Application Fee is REQUIRED. [Click here for more information.](#)

? General Instructions for the Enrollment Form

- 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 documents **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 8.5 x 11 paper in good condition.
- Keep a copy of all documents submitted.
- Valid Telephone numbers are required for each service address. 

eMedNY Application – “Additional Instructions” section

Additional Instructions for the Enrollment Form ←

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 applicable 4-digit code(s) on the Enrollment Form **0265**

Choose ONE Application Type 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 Change of Ownership to comply with 42 CFR, Part 455.104
- ✓ 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.
- ✓ Check Receivership if the provider is enrolled and a Receiver has been appointed

Effective Date: If your authorization was issued within the past 90 days AND has an effective date of more than 90 days ago, you may use the effective date of the authorization. Otherwise, the effective date must be less than or equal to 90 days ago.

FEIN: Federal Employer Identification Number is required

NPI: REQUIRED except for OPWDD sponsored Case Management programs

NY Medicaid ID: Complete if either the Revalidation, Change of Ownership, Reinstatement/Reactivation or Receivership box was checked. NY Medicaid ID is 8-digits

DBA: Optional

LICENSE #: Leave Blank

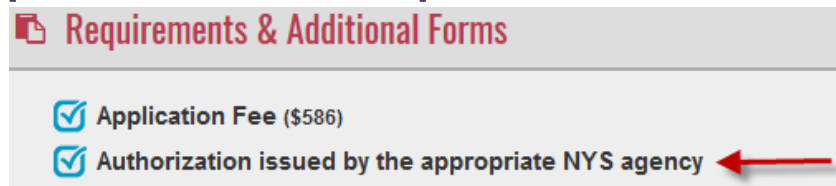
Control of Facility Code: [Click here for the list of codes](#)

DEA or NYS Cont Subs Lic # & Dates: Leave Blank

Information on the Provider Enrollment application fee, can be found here:

<https://www.emedny.org/info/ProviderEnrollment/ffs.aspx>

eMedNY Application: Requirements and Additional Forms



- ***“Authorization Issued by the Appropriate NYS Agency”*** (listed under Requirements & Additional Forms)
 - Provider Enrollment will accept a copy of the completed Business Associate Agreement (BAA) between the Health Home and the Health Home CMA as the “Authorization”.
 - Completed BAAs will need to first be submitted to the DOH Privacy and Security Team for review to the following email address: doh.sm.Medicaid.Data.Exchange@health.ny.gov
 - The BAA should be included with the eMedNY application to facilitate verification.
 - Verification is conducted to assure a contractual relationship exists between the CMA and the lead Medicaid Health Home.
 - The application will not be processed without providing this additional information.

Note: The eMedNY application processing may take 90 days or more.

Your New MMIS ID: Next steps for NEW Health Home CMAs

For New Health Home CMAs Only:

- You will need to create a Health Commerce System (HCS) account for your Health Home CMA organization.
- Complete and submit the “HCS Account Creation” form found on the following link: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/lead_hhc.htm
- To locate the “HCS Account Creation” form, click the heading “Administrative Requirements for Health Homes” and then “Health Commerce System Resources”.

Lead Health Home Resource Center

Expand All

Collapse All

- Administrative Requirements for Health Homes

- Health Commerce System Resources

- [HCS Account Creation Form](#) – (DOC)
- [Paperless HCS User Account Guide](#) – (PDF)
- [Assigning HCS User Roles](#) – (PDF)

The Department will reach out on next steps to complete the HCS account creation once your completed forms are processed.

Your New MMIS ID is received: Next steps for Existing Health Home CMAs

For Existing Health Home CMAs:

Once your new MMIS ID is issued for your organization, we will need to update the Health Home Program systems. Please submit an email to MAPP CCC to inform the Health Home team of this MMIS ID change.

We will assist your organization with the MMIS ID updates in the following systems:

- Health Commerce System (HCS)
- Uniform Assessment System (UAS)
- Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS)

The MAPP CCC email is mapp-customercenter@cma.com

Next Steps: Updating MAPP HHTS with the New MMIS Provider ID

- Once your organization's new MMIS ID is added to MAPP HHTS and connected in the system to the Health Home(s) that you are working with, MAPP user roles will be added under the new MMIS ID.
- MAPP CCC will send out Web Based Training (WBT) information for your MAPP HHTS roles via email.
- If your organization is already in MAPP HHTS and you are changing from one MMIS ID to a new MMIS ID, you will need to move all of your active Health Home Members to the new MMIS ID.
- If you have completed training previously under a different MMIS ID, you will not need to repeat this training.
- The segments in the MAPP HHTS associated to the old MMIS ID will need to be ended the last day of the month. New segments can be created under the new MMIS ID for the first day of the month following.
- A one-on-one call can be requested with DOH to walk through your organization's specific questions and assist your organization in understanding how to make these changes in MAPP HHTS. You can request this call and submit your questions in advance to MAPP CCC mapp-customercenter@cma.com
- To assign or change your Organization's MAPP Gatekeeper, complete a new MAPP Gatekeeper form found here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm . This completed form should be sent to MAPP CCC for processing at mapp-customercenter@cma.com .

Contact Information

For questions regarding the eMedNY application process:

Contact the eMedNY Call Center: 1-800-343-9000

For all other Health Home Program specific enrollment questions:

Contact Health Home Program Provider Line: 518-473-5569

Or submit an email to our Health Home Mailbox at:

https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/mailHealthHome.action Select “Organizational Changes” from the drop down box

For questions or updates involving MAPP HHTS:

Contact MAPP CCC at: mapp-customercenter@cma.com

or call MAPP CCC at 518-649-4335.