

New York State Medicaid Provider Enrollment Package Rate Based/Institutional Providers

Enclosed is an Application for Enrollment in the New York State Medicaid Program. As a Medicaid provider you agree to comply with the rules, regulations and official directives of the Department, including, but not limited to Part 504 of 18 NYCRR. Prior to completing this application, please review these regulations which can be found at the Department of Health's website, www.health.ny.gov.

If this entity provides a service which requires a National Provider Identifier (NPI), then you must obtain the NPI prior to completing this form. For information regarding NPI, please visit the CMS web site at www.cms.hhs.gov/NationalProvStand or the National Plan & Provider Enumeration System at <https://nppes.cms.hhs.gov/NPPES>. There may be several NPIs for the services covered by this enrollment and multiple NPIs may be enrolled with this single application process provided the NPIs were all obtained using the same FEIN.

Please fully complete the enclosed forms according to the enclosed instruction sheet. Do not alter any pre-filled fields as that information was taken from your operating certificate, license or notice to enroll. An original signature of an owner or an authorized representative is required to process your enrollment. *Initials or rubber stamped signatures are not acceptable.* Completion of the Disclosure of Ownership section is also mandatory. Be sure to complete the enrollment form in blue or black ink only. Do not use white-out or correction tape on the documents. This package must be scanned, so please make sure all copies are on 8 1/2 x 11 sheets and in good condition. Documentation copies should cover both the application dates and the current date. *Please note that incomplete applications, missing documentation and/or not returning the enclosed cover sheet will cause your application package to be returned to the correspondence address listed on the enrollment form. This will significantly delay the enrollment process.* Keep a copy of all forms and documents submitted.

Once enrolled, an acceptance letter will be mailed to the address that was designated for correspondence. This letter will direct you to the website of Medicaid's fiscal agent, Computer Sciences Corporation (CSC). CSC's website, www.eMedNY.org, contains billing guidelines and information on Medicaid policy. Actively enrolled providers also receive Medicaid's monthly newsletter, the Medicaid Update. This publication keeps the provider community up-to-date on Medicaid policy and program changes. Medicaid Updates can also be found on the Department of Health or eMedNY website. Important inquiry contact information can be found at http://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-Inquiry.pdf. Please bookmark this link for future reference.

We urge your prompt attention to this matter. Any inquiries regarding the enrollment process may be directed in writing to the Institutional Enrollment Unit of the Division of OHIP Operations, Office of Health Insurance Programs, New York State Department of Health, Suite 6E, 150 Broadway, Albany, NY, 12204-2736 or by telephone at (518) 474-3575 or (800) 342-3005.

RETURN PACKAGE AND ALL REQUESTED DOCUMENTATION TO:
CSC
P. O. BOX 4603
RENSSELAER, NY 12144