

Important Notice: Action required by December 1, 2017

Dear

Effective January 1, 2018, Federal law requires that all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with State Medicaid programs. We are writing to explain how this impacts you and what steps you need to take because of this change to the regulations.

You have been identified as a _____ provider who is not actively enrolled with the New York State Medicaid program and you are providing services to our Medicaid eligible members. Therefore, you must enroll in Medicaid or you may be removed from the _____ provider network as of January 1. Enrollment as a Medicaid provider does not require you to accept Medicaid fee for service patients.

The Medicaid provider enrollment process is to ensure appropriate and consistent screening of providers and improve program integrity. In order to enroll, you will need to complete paperwork and submit it to New York State Medicaid. Please go to: <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and navigate to your provider type to print and review the **Instructions** and the **Enrollment form**. At this website, you will also find a *Provider Enrollment Guide*, a *How Do I Do It? Resource Guide*, *FAQs*, and all the necessary forms related to enrollment in New York State Medicaid.

Important: Your application must be received by eMedNY by **December 1, 2017**. If you have questions during the NYS Medicaid Enrollment process, please contact eMedNY's Call Center at (800) 343-9000.

If at one time you were a Medicaid provider, and your enrollment has lapsed (no longer actively enrolled), you may be able to keep your original Provider Identification Number (PID), also known as MMIS ID, by indicating Reinstatement on the application. Practitioners may either enroll as a non-billing, Ordering/Prescribing/Referring/Attending (OPRA) provider, or as a Medicaid billing provider. Business, Group Practice and Institutional provider types will be offered the option to enroll in Medicaid as a billing or non-billing (Managed Care Only) provider.

If you receive this letter from multiple managed care plans, you only need to submit a single Medicaid enrollment application. You may be asked to provide evidence to us of your submission, so you are encouraged to keep a copy of the application. If you have any additional questions regarding how or why you were identified as a provider who needs to enroll in Medicaid FFS, please contact _____ at _____

Thank you for your attention and cooperation with this important initiative.

Sincerely,