



Department of Health

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Governor

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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
Provider ID: 123456

Dear Provider:

Federal regulation 42 CFR Part 455.414 requires State Medicaid agencies to revalidate the enrollment of all providers on a periodic basis. The required form to revalidate your enrollment under the Provider ID listed above is available at <https://www.emedny.org/info/ProviderEnrollment/index.aspx>. Your completed form must be mailed, with all required documentation and fee (if required), to the address provided on page 2 of the form. We must receive your revalidation form within 90 days of the date of this letter.

Failure to respond will result in termination of the provider ID listed above. You will be ineligible to receive reimbursement for services provided to, or order/refer/prescribe/attend for, all Medicaid fee for service, Medicaid Managed Care (MMC) and Children's Health Insurance Program (CHIP) beneficiaries. You will also be precluded from participating in all MMC and CHIP networks, per Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act.

Enrollment revalidation is different than the annual recertification process for billing. Revalidation of your Medicaid enrollment ensures that all aspects of your enrollment record are up-to-date. Helpful revalidation information is available at <https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx>.

You are exempt from revalidating at this time if you meet one of the following criteria:

Since September 1, 2013 you:

1. reported to NYS Medicaid an ownership change that was effective on or after September 1, 2013;
- or**
2. were reinstated, reactivated or revalidated by NYS Medicaid.

If you believe you meet one of the exemption criteria, send an e-mail to ProviderEnrollment@health.ny.gov. Include your Provider ID (listed above) in your e-mail. We will review our records and respond to you. Failure to notify us, can result in termination of your participation with NYS Medicaid.

If you have questions during the revalidation process, please contact the eMedNY Call Center at (800) 343-9000. We look forward to your continued participation in the NYS Medicaid Program.

Sincerely,

Susan Zeleznik, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

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