



Medicaid Partners Telephone and Web Address Information

Topic	Who to contact?	Phone/Web Site Info.
Billing Questions	Computer Sciences Corporation ***Listen carefully to the prompts	(800) 343-9000
Remittance Clarification		
Request for Claim Forms		
Electronic Claim Submission Support (eXchange, FTP, eMedNY BBS)		
Provider Enrollment (fee for service)		
ePACES Enrollment		https://www.emedny.org/enroll/
Provider Manuals		www.emedny.org/providermanuals/index.html
Fax-on-Demand documents such as Seminar Schedules	CSC Provider Services Fax-on-Demand	(800) 370-5809
Request Threshold Override Application Forms (TOA)	CSC MOAS Unit	(800) 421-3891
MEVS (OMNI 3750, Eligibility, ePaces, UT)	Computer Sciences Corporation	(800) 343-9000 www.emedny.org
Automated Eligibility # (MEVS Telephone Verification)		(800) 997-1111
Check Amount Inquiry	NYSDOH Inquiry System	(866) 307-5549 (after noon on Thursday for following Monday check)
Name Search		(518) 472-1550
NYSDOH Pended Claims Fees and Rates/Proc. Codes Clarification/Limitations	New York State	http://www.health.state.ny.us
Fraud and Abuse		(877) 87FRAUD
Provider Enrollment (rate-based)		(518) 474-8161
Medicaid Updates		www.health.state.ny.us/nvsdoh/mancare/omm/main.htm
To request the Medicaid Update be emailed to you.		Email request to: MEDUPDTE@health.state.ny.us
Recipient Eligibility Spend Down Information Third Party Insurance Clarification Recipient Personal Data	Local County DSS	<i>See Provider Manual or Telephone Directory</i>
Medicaid Managed Care Information/Clarification	Managed Care Plan Local County DSS or NYC/HRA (Managed Care Coordinator)	<i>See Plan Code Listing or Telephone Directory</i>

New CSC Mailing Addresses

Please use the P.O. Boxes indicated for your type of transaction,
and mail to the address below the table:

P. O. Box	Description of Contents	Form Types
P. O. Box 4601	Claims	EMEDNY-1500 (HCFA) EMEDNY-0002 (Form A) EMEDNY-0003 (Pharmacy) UB-92
P. O. Box 4602	Threshold Override Authorizations	EMEDNY-0001 (TOA)
P. O. Box 4600	Prior Authorizations	EMEDNY-3614 (Dental) EMEDNY-3615 (Drugs...Physician) EMEDNY-2832 (Hearing Aid) EMEDNY-1260 (Level of Care) EMEDNY-3897 (Transportation) EMEDNY-4106 (Group Transportation) EMEDNY-0004 (PA 278 Electronic Attachment) PA Additional Information
P. O. Box 4603	Provider Enrollments	All Fee-For-Service and Rate-Based Enrollment Packets
P. O. Box 4606	Additional Information	Provider Enrollment Additional Information form with attachments
P. O. Box 4610	Provider Maintenance	Provider related correspondence and maintenance forms
P. O. Box 4605	Remittance Retrieval	Requests from Providers for copies of remittance statements.
P. O. Box 4604	Edit Review	Provider submitted documentation to adjudicate claims.

Computer Sciences Corporation
PO Box see above
Rensselaer, NY 12144-see above

(The last four digits of the zip code should match the PO Box number used)

If you have any questions, please call the eMedNY Call Center at
(800) 343-9000.