



PROVIDER QUICK REFERENCE GUIDE

TOPIC	CONTACT INFORMATION
<ul style="list-style-type: none"> ▪ Billing Questions ▪ Remittance Clarification ▪ Request for Claim Forms ▪ ePACES Enrollment ▪ Electronic Claim Submission Support (eXchange, FTP, eMedNY BBS) ▪ Provider Enrollment (fee for service) 	<p>CONTACT: Computer Sciences Corporation (CSC) (800) 343-9000 - Note: Please listen carefully to message prompts</p>
<p>Provider Manuals</p>	<p>WEBSITE: www.emedny.org/providermanuals/index.html</p>
<p>Seminar Schedules (FAX ON DEMAND)</p>	<p>CONTACT: CSC Provider Services Fax-on-Demand eMedNY (800) 370-5809</p>
<p>Request Threshold Override Application Forms (TOA)</p>	<p>CONTACT: CSC MOAS Unit (800) 421-3891</p>
<p>MEVS (OMNI 3750, Eligibility, ePaces, UT)</p>	<p>CONTACT: eMedNY (800) 343-9000 or www.emedny.org</p>
<p>Automated Eligibility # (MEVS Telephone Verification)</p>	<p>CONTACT: CSC (800) 997-1111</p>
<p>Check Amount Inquiry</p>	<p>CONTACT: NYSDOH Inquiry System (866) 307-5549 <i>(after noon on Thursday for following Monday check)</i></p>
<p>Name Search</p>	<p>CONTACT: NYSDOH Inquiry System (518) 472-1550</p>
<ul style="list-style-type: none"> ▪ NYSDOH Pended Claims ▪ Fees and Rates/Procedure Codes ▪ Clarification/Limitations ▪ Provider Enrollment (rate based) 	<p>CONTACT: NYS DEPARTMENT OF HEALTH http://www.health.state.ny.us (800) 342-3005 (In-State Providers) (518) 474-3575 (Out-of-State Providers)</p>
<p>Fraud and Abuse</p>	<p>CONTACT: OFFICE OF THE MEDICAID INSPECTOR GENERAL (OMIG) 1-877-87-FRAUD</p>
<p>Medicaid Update Newsletter Archive</p>	<p>WEBSITE: http://www.nyhealth.gov/health_care/medicaid/program/update/2009/index.htm</p>
<p>Request Medicaid Update Newsletter</p>	<p>E-MAIL ADDRESS: MedicaidUpdate@health.state.ny.us</p>
<ul style="list-style-type: none"> ▪ Recipient Eligibility ▪ Spend Down Information ▪ Third Party Insurance Clarification ▪ Recipient Personal Data 	<p>CONTACT: LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES <i>See Provider Manual or Yellow Pages for local DSS office</i></p>
<p>Medicaid Managed Care Information or Clarification</p>	<p>CONTACT: Managed Care Plan LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES or NYC/HRA (Managed Care Coordinator) <i>See Plan Code Listing or Telephone Directory</i></p>

New CSC Mailing Addresses

Please use the following chart when sending mail to Computer Sciences Corporation (CSC) and identify the type of correspondence to be mailed, and mail to the address below using the appropriate P.O. Box and 4-digit ZIP Code extension:

Computer Sciences Corporation
P.O. Box _____
Rensselaer, New York 12144-_____

P.O. Box	ZIP Code Extension	Description of Contents	Form Types
4600	4600	Prior Approval and Prior Authorization Requests	<ul style="list-style-type: none"> ▪ EMEDNY-3614 (Dental) ▪ EMEDNY-3615 (Drugs Physician) ▪ EMEDNY-2832 (Hearing Aid) ▪ EMEDNY-1260 (Level of Care) ▪ EMEDNY-3897 (Transportation) ▪ EMEDNY-4106 (Group Transportation) ▪ PA Additional Information
4601	4601	Claims	<ul style="list-style-type: none"> ▪ EMEDNY-1500 (HCFA) ▪ EMEDNY-0002 (Form A) ▪ EMEDNY-0003 (Pharmacy) ▪ UB-04
4602	4602	Threshold Override Applications	EMEDNY-0001 (TOA)
4603	4603	Provider Enrollment Applications	All Fee-For-Service and Rate-Based Enrollment Packets
4604	4604	Edit Review	Provider submitted documentation (Medicare EOMBs) to support claims pending for MMIS Edits 00127 and 01283 only
4605	4605	Remittance Retrieval	Provider Requests for copies of remittance statements
4606	4606	Additional Information	Provider Enrollment Additional Information Form with attachments
4610	4610	Provider Maintenance	Provider maintenance (update) forms and related correspondence
4614 New P.O. Box!	8614	Electronic Form Requests	<ul style="list-style-type: none"> ▪ Electronic Certifications ▪ ETIN Applications ▪ Security Packet A ▪ Security Packet B ▪ Electronic Remittance Request ▪ Electronic Prior Approval Request ▪ Remittance Sort Request ▪ Pended Claim Recycle Request ▪ Request to Disaffiliate/Delete an EITN
4616 New P.O. Box!	8616	Electronic Funds Transfer	Electronic Funds Transfer Enrollment Forms