

**New York State Department of Health Office of Medicaid
Management**

HIPAA Hardship Application

1. Enter your Electronic Transmitter Identification Number - ETIN (formerly known as Transmission Supplier Number - TSN): _____ (3 characters)

2. Enter your Organization/Provider Name: _____

3. Enter a contact for your organization:

MMIS Provider ID: _____ (8 digits)

Contact Name: _____ Email: _____

Phone: _____ FAX: _____

Address1: _____

Address2: _____

City: _____ State: _____ Zip: _____

4. Requested by (must be the CEO or highest ranking individual in the organization):

As the CEO, the highest-ranking individual in the organization, or the sole practitioner/proprietor, I am requesting an extension of the HIPAA deadline beyond December 29, 2004, while my organization completes its transition to full HIPAA compliance of all electronic claims and transactions to New York Medicaid.

I am fully aware that NY Medicaid is implementing a new system on March 23, 2005, and will not be able to process proprietary claims and other proprietary transactions after that date, and this will affect my ability to receive reimbursement from Medicaid.

(Signature above)

(date signed)

(Printed name)

5. ***FAX the completed form to CSC at (518) 447-9525.***

6. **Make a copy for your records, and then mail the original to the following address. If CSC does not receive the original within two weeks, your hardship exemption will be voided.**

Computer Sciences Corp.
HIPAA Systems Development Support Unit
P.O. Box 4166
Albany, NY 12204