

NYS Department of Health
Office of Health Insurance Programs
Bureau of Provider Enrollment

REVALIDATION of Medicaid Providers
42 CFR, Part 455.414
Affordable Care Act

An Overview

Revalidation: What Is This About?

- ▶ The Affordable Care Act mandates that all Medicaid Providers must be revalidated every 5 years.
- ▶ Revalidation includes providing information on the provider's ownership, managing employees, agents, persons with a control interest, group affiliations, supervising/collaborating arrangements, as well as providing current addresses, specialties, etc.

How do I Revalidate?

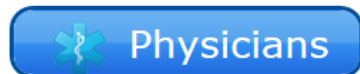
- ▶ Go to Website www.eMedMY.org/ProviderEnrollment/
- ▶ Choose Revalidation Information



The Affordable Care Act mandates that all Medicaid Providers must be revalidated every 5 years. Revalidation is to be completed by **September 25, 2016**. Revalidation includes providing information on the provider's ownership, managing employees, agents, persons with a control interest, as well as providing current addresses, specialties, etc.

***** IMPORTANT MESSAGE ABOUT REVALIDATION DEADLINE**

CLICK BELOW FOR STEP-BY-STEP PROCESS



How Do I Revalidate (cont'd)?

Review the instructions; then complete, print, sign and mail the form with all required documents/other forms and the application fee, if you are required to pay the fee.

Be sure to keep a copy of everything for yourself!

NY MEDICAID PROVIDER ENROLLMENT FORM for <u>PRACTITIONERS</u>		<u>Mail to:</u> eMedNY PO Box 4603 Rensselaer, NY 12151
Category(s) of Service: Enter the 4-digit code(s) given in the instructions: <input type="text"/>		
<input type="checkbox"/> New Enrollment (not currently enrolled)	<input type="checkbox"/> Revalidation (enrolled; required to revalidate)	<input type="checkbox"/> Reinstatement/React If Applicant was previous excluded/terminated from Program, complete the Questionnaire found at

INSTRUCTIONS FOR COMPLETING THE NY MED PHYSICIANS

General Instructions:

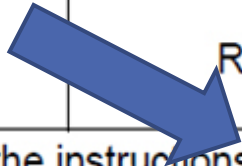
Complete ALL items on the form unless otherwise instructed below. Failure to complete all required items will result in the application being returned to you which may have an impact on the enrollment effective date.

Required document (see #3 below) MUST cover the application date and be continuous through to the date of completion of signature field is required and must be original. Initials or rubber stamped signature are not acceptable.

Let's be more
specific.....

Enter the Category of Service from the Form instructions

NY MEDICAID PROVIDER ENROLLMENT FORM for <u>BUSINESSES</u>		<u>Mail to:</u> eMedNY PO Box 4603 Rensselaer, NY 12144-4603
Category(s) of Service – Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
<input type="checkbox"/> <u>New Enrollment</u> (not currently enrolled)	<input type="checkbox"/> <u>Revalidation</u> (enrolled; required to revalidate) NY Provider ID # <input type="text"/> (from Letter)	<input type="checkbox"/> <u>Change of Ownership</u> (enrolled, complying with 42CFR Part 455.104) NY Provider ID # <input type="text"/>
<input type="checkbox"/> <u>Reinstatement/Reactivation</u> – if Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form.		



Your enrollment form may not say “BUSINESSES” but it will have a box for you to check Revalidation and to add your Provider ID*

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Category(s) of Service – Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
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***if you haven't received a letter and don't know your ID, check your recent remittance statement for the 8-digit number that begins with a zero.**

Be sure to mail your Revalidation package to the correct address

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Category(s) of Service – Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
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Other forms you may need are here:

Requirements & Additional Forms

- Application Fee**
- DEA Certificate** Copy of your DEA certificate or web based printout from the office of Diversion Control website at <https://www.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp> if you are licensed to prescribe or dispense controlled substances. If employed by an institution and authorized to use the Institution's DEA, submit a copy of that DEA and proof of the suffix/identifier assigned to you by the Institution
- IRS Assignment Letter indicating the FEIN and Applicant Name on the Enrollment Form** (W-9 NOT ACCEPTABLE). IRS Assignment Letter (Form: SS-4) can be obtained by going to IRS.Gov or call IRS at 1-800-829-4933
- License or Operating Certificate issued by the appropriate NYS agency**
- Medicare Enrollment is Required** (except if a licensed OMH Day Treatment ONLY)
- [Application Fee Exemption - form #520101](#)
- [Clinic Certification of Staff Certified as Asthma Educators - form #431402](#)
- [Clinic Certification to Provide Diabetes Education - form #432002](#)
- [Electronic Funds Transfer \(EFT\) Authorization - form #701101](#) (NOT REQUIRED for revalidation if EFT is already in place and no change is requested or if you are enrolling as a Managed Care Only non-billing provider)
- [ETIN Certification Statement for New Enrollments - form #490602](#) (NOT REQUIRED for revalidation or reinstatement/reactivation, or if you are enrolling as a Managed Care Only non-billing provider). If you already have an existing ETIN that you wish to affiliate with, submit the Certification Statement for Existing ETINs (EMEDNY 490601) **after you receive your Provider ID**. This form is available on eMedny.org under "Maintenance Forms"
- [Prior Conduct Questionnaire - form #431001](#) (If you answer "Yes" to questions 1-4 in section 6 of the enrollment application, you must complete this form).

OMIG Provider Compliance Certification - Confirmation notice for the OMIG Provider Compliance Program may be required. Visit www.omig.ny.gov to determine if the Applicant / Provider must comply. If yes, a copy of the confirmation notice (printed from the website) must be included with this application.

Maintenance Forms

Complete all required forms

- ▶ Be sure to complete all pages of the Enrollment Form and all required fields on the Form (refer to the Form instructions).
- ▶ This includes social security numbers, home addresses and dates of birth in Sections 1 and 5 of the Disclosure of Ownership and Control portion of the Form.
- ▶ Omissions will delay the process.

Only Pay Revalidation Fee Once.

- Scenario #1:**
- Provider paid *Medicare*.
 - Provider required to pay the Medicaid enrollment fee.

Action: Complete the Application Fee Exemption form and send in with your enrollment.

- Scenario #2:**
- Provider paid Medicaid to another state, including NY.
 - Provider is required to enroll with *Medicare*; *must* pay the enrollment fee.

Action: Provider enrolls with Medicare, pays the fee. Once paid, provide proof of payment and request a refund from New York Medicaid.

Application Fee: Review your Form instructions to see if the Fee applies to you. If it does, it can be waived in certain instances - see exceptions below.

The application fee for 2024 is **\$709**.

Include your check, payable to the New York State Department of Health, with your enrollment form. Include your NPI or Federal Employer Identification Number (FEIN) on your check.

There are certain exceptions to this requirement:

1. You have already paid fee:

The fee is waived if it has been paid (at the current amount or previous amount) to Medicare or another State's Medicaid or Children's Health Insurance (CHIP). Complete the Application Fee Exemption form and send in with your enrollment. Your information will be verified. *See Previous Slide.*

Application Fee: continued...

2. You may request a hardship waiver.

- ▶ Consideration of a hardship waiver is based on two factors:
 - ▶ a. You can demonstrate payment of the fee would be a financial hardship. Submit proof such as the previous year's tax return or end of year financial statement professionally prepared.
 - ▶ b. You must explain how, without your service in the community, Medicaid beneficiaries will be without necessary services or access to services would be difficult.

- ▶ Requests for hardship waiver should be sent with your enrollment form and should explain the hardship and justify the waiver. You must explain how your request meets both factors indicated above.

- ▶ If your request for a hardship exception is complete, New York Medicaid will send it to the Centers for Medicare & Medicaid Services (CMS) for review pursuant to Section 1866(j)(2)(C)(ii) of the Social Security Act.

What if I don't Revalidate?

Federal regulations require that your enrollment be terminated. This means that you will no longer be eligible to order/refer/prescribe services and payment for services you render will no longer be available.

Are There Any Questions?

First, review the Frequently Asked Questions found [here](#).

If you still have a question contact the eMedNY Call Center at 1-800-343-9000.

Or email the Bureau of Provider Enrollment at providerenrollment@health.ny.gov