



# PROVIDER QUICK REFERENCE GUIDE

TOPIC	CONTACT INFORMATION
<ul style="list-style-type: none"> <li>▪ Billing Questions</li> <li>▪ Remittance Clarification</li> <li>▪ Request for Claim Forms</li> <li>▪ ePACES Enrollment</li> <li>▪ Electronic Claim Submission Support (eXchange, FTP)</li> <li>▪ Provider Enrollment</li> </ul>	<p><b>CONTACT: eMedNY - (800) 343-9000</b></p> <p>Note: Please listen carefully to message prompts</p>
<ul style="list-style-type: none"> <li>▪ Provider Manuals, Enrollment Information</li> <li>▪ Fees and Rates / Procedure Codes</li> <li>▪ Clarification / limitations</li> </ul>	<p><b>WEBSITE: <a href="http://www.emedny.org">www.emedny.org</a></b></p>
<p>Request Threshold Override Application Forms (TOA)</p>	<p><b>CONTACT: MOAS Unit (800) 421-3891</b></p>
<p>MEVS:</p> <ul style="list-style-type: none"> <li>▪ Tel. Verification (Audio Response Unit or ARU)</li> <li>▪ POS Device</li> <li>▪ ePACES, CPU-CPU link, eMedNY eXchange, dial-up, FTP, PC-Host link, and File Transfer Service using SOAP</li> </ul>	<p><b>CONTACT: eMedNY (800) 343-9000 or <a href="http://www.emedny.org">www.emedny.org</a></b></p>
<p>Automated Eligibility # (MEVS Telephone Verification)</p>	<p><b>CONTACT: (800) 997-1111</b></p>
<p>Check Amount Inquiry</p>	<p><b>CONTACT: NYSDOH Inquiry System (866) 307-5549</b> <i>(after noon on Thursday for following Monday check)</i></p>
<ul style="list-style-type: none"> <li>▪ NYSDOH Pended Claims</li> <li>▪ Fee for Service Prior Approval (Dental, Private Duty Nursing, DMEPOS, Hearing Aid, Out-of-State SNF Admissions and Continued Services)</li> </ul>	<p><b>CONTACT: NYS Department of Health</b> <i>Please listen carefully to message prompts</i></p> <p><b>(800) 342-3005</b> (In-State Providers) <b>(518) 474-3575</b> (Out-of-State Providers)</p>
<p>Fraud and Abuse</p>	<p><b>CONTACT: Office of the Medicaid Inspector General (OMIG) 1-877-87-FRAUD</b></p>
<p>Medicaid Update Newsletter Archive</p>	<p><b>WEBSITE:</b> <a href="http://health.ny.gov/health_care/medicaid/program/update/main.htm">http://health.ny.gov/health_care/medicaid/program/update/main.htm</a></p>
<p>Request Medicaid Update Newsletter</p>	<p><b>E-MAIL ADDRESS: <a href="mailto:MedicaidUpdate@health.ny.gov">MedicaidUpdate@health.ny.gov</a></b></p>
<ul style="list-style-type: none"> <li>▪ Recipient Eligibility</li> <li>▪ Spend Down Information</li> <li>▪ Third Party Insurance Clarification</li> <li>▪ Recipient Personal Data</li> </ul>	<p><b>CONTACT: LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES</b> <i>See Provider Manual or Yellow Pages for local DSS office</i></p>
<p>Medicaid Managed Care Information or Clarification</p>	<p><b>CONTACT: Managed Care Plan LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES or NYC/HRA (Managed Care Coordinator)</b> <i>See Plan Code Listing or Telephone Directory</i></p>
<p>Fee for Service Prior Authorization:</p> <ul style="list-style-type: none"> <li>▪ Enteral Formula</li> <li>▪ Prescription Drug</li> <li>▪ Radiology</li> </ul>	<p><b>CONTACT: (866) 211-1736</b> <b>CONTACT: (877) 309-9493</b> <b>CONTACT: (888) 209-4122</b></p>
<p>eMedNY LISTSERV (Subscribe to email notification and alert system)</p>	<p><b>WEBSITE:</b> <a href="http://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx">http://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx</a></p>

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