



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). ▪ Provider Enrollment (Practitioner/business: procedure/NDC-based). 	<p>CONTACT: eMedNY - (800) 343-9000</p> <p>Note: Please listen carefully to message prompts</p>
<ul style="list-style-type: none"> ▪ Provider Manuals, Enrollment Information. ▪ Fees and Rates / Procedure Codes. ▪ Clarification / limitations. 	<p>WEBSITE: www.emedny.org</p>
<p>Request Threshold Override Application Forms (TOA).</p>	<p>CONTACT: MOAS Unit (800) 421-3891</p>
<p>MEVS:</p> <ul style="list-style-type: none"> ▪ Tel. Verification (Audio Response Unit or ARU). ▪ POS Device. ▪ ePACES, CPU-CPU link, eMedNY eXchange, dial-up, FTP, PC-Host link, and File Transfer Service using SOAP. 	<p>CONTACT: eMedNY (800) 343-9000 or www.emedny.org</p>
<p>Automated Eligibility # (MEVS Telephone Verification).</p>	<p>CONTACT: (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>
<ul style="list-style-type: none"> ▪ NYSDOH Pended Claims. ▪ Provider Enrollment (Institutional/facility: rate based). ▪ Fee for Service Prior Approval (Dental, Private Duty Nursing, DMEPOS, Hearing Aid, Out of State). 	<p>CONTACT: NYS Department of Health Please listen carefully to message prompts (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://health.ny.gov/health_care/medicaid/program/update/main.htm</p>
<p>Request Medicaid Update Newsletter.</p>	<p>E-MAIL ADDRESS: MedicaidUpdate@health.ny.gov</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>
<p>Fee for Service Prior Authorization:</p> <ul style="list-style-type: none"> ▪ Enteral Formula ▪ Prescription Drug ▪ Radiology 	<p>CONTACT: (866) 211-1736 CONTACT: (877) 309-9493 CONTACT: (888) 209-4122</p>
<p>eMedNY LISTSERV (Subscribe to email notification and alert system)</p>	<p>WEBSITE: http://www.emedny.org/Listserv/eMedNY_Email_Alert_System.html</p>

For Mailing Instructions, please visit: https://www.emedny.org/contacts/emedny_mailing_addresses.pdf