

# HELP GUIDE FOR NEW ENROLLMENT SECTION

## Introduction:

The enrollment sections has been updated to provide the user enhancements to navigation, finding forms, understanding requirements better, more clearly defined instructions and enhanced interaction and performance. This guide provides an overview of the layout and usage of the updated section.

## Provider Index Page

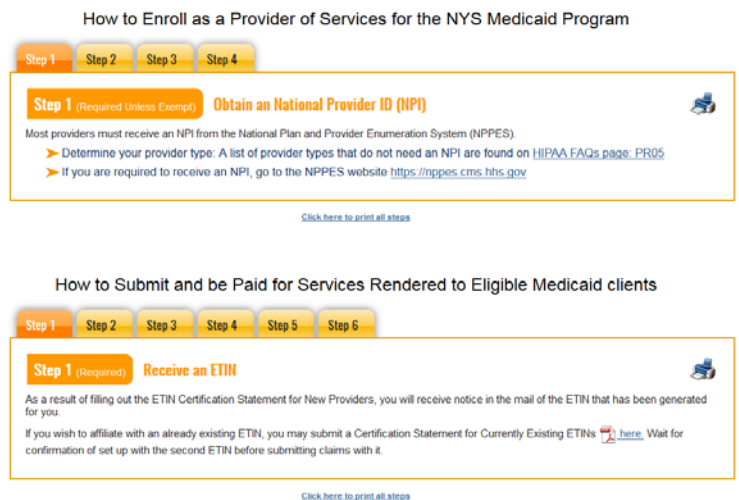
### Filtered Provider Listing

The provider listing on the main provider enrollment index page can now be filtered by enrollment type, simply by clicking on the desired radio button or image next to that radio button. The list will then be filtered, displaying only the provider types in that grouping.



## Enrollment Guide Page

The enrollment guide page has been updated to easily be able to read thru the page and clearly outlines the necessary steps for different types of enrollment. Click on each of the step "tabs" to navigate through each section. If you want to print just that one step click on the printer icon on the top right of the box, otherwise to print all steps click the link at the bottom of the box.

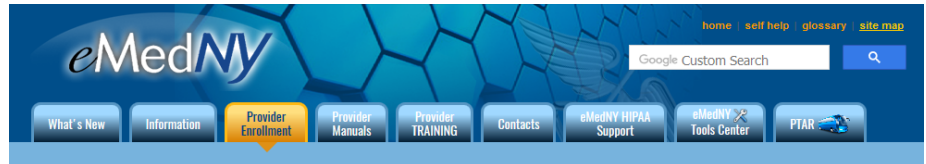


# Individual Provider Pages

## NEW LAYOUT

### Quick Box

Easily get quick information, including link to enrollment form, category(s) of service, change of address form and whether or not application fee is required



Provider Index > Chiropractor > Individual Billing Medicaid

### Provider Enrollment & Maintenance

#### CHIROPRACTOR

Complete this Enrollment Form if you are:

1. Applying for initial ENROLLMENT or ALREADY ENROLLED and enrolling another NPI, or
2. Responding to a letter instructing you to REVALIDATE your enrollment, or
3. Seeking REINSTATEMENT or REACTIVATION of your previous enrollment

[PRACTITIONER Enrollment Form](#)

**ENROLLMENT FORM**

**Category(s) of Service: 0140**

If you are ALREADY ENROLLED and need to change your address, [click here](#)

**Application Fee is NOT Required**

### 5 sections outlining instructions and requirements:

1. General Instructions
2. Additional Instructions (helps fill out the enrollment form fields)
3. Requirements (lists additional required forms and other requirements for enrollment)
4. Maintenance Forms (section for just maintenance)
5. Mailing Instructions

? **General Instructions for the Enrollment Form**

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required documents **MUST** cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8.5 x 11 paper in good condition.
- Keep a copy of all documents submitted.

**Additional Instructions for the Enrollment Form**

**Requirements & Additional Forms**

**Maintenance Forms**

**Mailing Instructions**

CLICK ON HEADER TO EXPAND THEN CLICK AGAIN TO CLOSE

If any of the sections have been updated, then the last update date will reflect the last update.

Last Updated: 3/2015

Supplemental Information

- [Chiropractor and Portable X-Ray Manual](#)

If you have any questions or concerns, please contact the eMedNY Call Center at 1-800-343-9000 or [click here](#) to send us an email.

**NEW YORK STATE Department of Health**

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This website is provided as a service for providers and the general public, as part of the offerings of the electronic Medicaid system of New York State. You'll be able to find helpful manuals and reference material, and get answers to questions about New York Medicaid. The site is updated regularly to meet the ever-growing needs of the New York State provider community. If you need help finding what you're looking for, please visit our Site Map, use the search above, or you can contact us directly for assistance.

HOME  
GLOSSARY  
PRIVACY POLICY  
SITE MAP  
SELF HELP  
CONTACT US

EPACES LOGIN  
EXCHANGE LOGIN  
WEB PORTAL

## Section 1 – General Instructions

This section gives overall instructions and print guidelines to filling the enrollment form and any other required form.

? **General Instructions for the Enrollment Form**

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.
- Required documents **MUST** cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8.5 x 11 paper in good condition.
- Keep a copy of all documents submitted.

## Section 2 – Additional Instructions

This section helps fill out certain fields in the enrollment form.

**Additional Instructions for the Enrollment Form**

**Category(s) of Service:** Enter the applicable 4-digit code(s) on the Enrollment Form **U14U**

**Choose ONE Application Type and check the corresponding box on the Enrollment Form:**

- Check **New Enrollment** if the NPI or Provider listed is not currently enrolled in NYS Medicaid
- Check **Revalidation** if the NPI or Provider is currently enrolled and you were notified that Revalidation is required per 42 CFR, Part 455.414. The Provider ID can be found on the Revalidation Letter you received
- Check **Reinstatement/Reactivation** if the provider was previously enrolled but is not currently active.  
*Please note: You will be at financial risk if you render services to Medicaid beneficiaries before successfully completing the enrollment process.*

**DEA:** Leave Blank

**Type of Practice:** For each service address, check the box from the list which best describes your type of practice at that address.

**Place of Service:** For each service address, check the box from the list which best describes the site.

**Association Types:** Enter the letter (B, F, H, M, P or U) which best corresponds to the individual's role:

B: Board of Directors Member    F: Facility Administrator    H: Compliance Officer  
M: Managing Employee    P: Supervising Pharmacist    U: Laboratory Director

## Section 3 – Requirements & Additional Forms

This section first lists any requirements needed then lists all the additional required forms, with links directly to the forms for easy access.

**Requirements & Additional Forms**

- Medicare Enrollment is Required**
- Proof of current license / registration** Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of your license status from the licensing agency's website.
- Electronic Funds Transfer (EFT) Authorization - form #701101** (NOT REQUIRED for revalidation if EFT is already in place and no change is requested). If you answered "No" to the Enrollment Form's Group question (Line 4 of page 2), EMEDNY-701101 is NOT required. Also not required for revalidation or reinstatement/reactivation.
- ETIN Certification Statement for New Enrollments - form #490802** (NOT REQUIRED for revalidation or reinstatement/reactivation). If you already have an existing ETIN that you wish to affiliate with, submit the Certification Statement for Existing ETINs (EMEDNY 490501) after you receive your Provider ID. This form is available on [eMedny.org](http://eMedny.org) under "Maintenance Forms"
- Group Member Affiliation/Disaffiliation Request - form #610202** (Each Member MUST complete this form). NOT REQUIRED if you are enrolling as a Managed Care Only non-billing provider)
- 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](http://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.

## Section 4 – Maintenance Forms

This section lists any maintenance forms associated with the provider type in alphabetical order

**Maintenance Forms**

- Change of Address - form #610101**
- Disclosure Form for Practitioners - form #380104**
- EFT Attestation Form - form #701102**
- Group Member Affiliation/Disaffiliation Request - form #610202** (Each Member MUST complete this form). NOT REQUIRED if you are enrolling as a Managed Care Only non-billing provider)
- Notification of Status as Group-only Practitioner - form #426801**
- 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).

## Section 5 – Mailing Instructions

This section lists mailing instructions along with optional expedited / priority mailing instructions

**Mailing Instructions**

- Keep a copy of all documents submitted
- Send the completed enrollment form, required documents and additional forms to:

STANDARD MAILING	EXPEDITED / PRIORITY MAILING
eMedNY P.O. Box 4603 Rensselaer NY 12144-4603	eMedNY ATTN: Box 4603 327 Columbia Turnpike Rensselaer, NY 12144

## Conclusion:

The enrollment section is similar enough to the old section but new features and a new look was given to it to enhance experience.