



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# **Enrollment of Medicaid Managed Care and Children's Health Insurance Program Providers**

Section 5005(b)(2)  
21st Century Cures Act

August 30, 2017

# What is this about?

- The 21st Century Cures Act (Act) requires all Medicaid Managed Care (MMC) and Children's Health Insurance Program providers to enroll with state Medicaid programs by January 1, 2018.
- The Act requires that enrollment of providers includes identifying information:
  - name,
  - specialty,
  - date of birth,
  - social security number,
  - National Provider Identifier (NPI),
  - federal taxpayer identification number, and
  - the state license or certification number.

# Categories of Service (COS) that must enroll

- Adult Day Health Care Provider (ADHC)
- Ambulatory Surgery Center (ASC)
- Assisted Living Program (ALP)
- Audiologist <sup>(1)</sup>
- Bridges to Health Waiver Provider (B2H)
- Care at Home Waiver Provider (CAH)
- Case Management Provider (CMCM)
- Certified Asthma Educator (CAE) <sup>(1)</sup>
- Certified Diabetes Educator (CDE) <sup>(1)</sup>
- Chemical Dependency Program (CDP)
- Child (Foster) Care Agency (CCA)
- Children's Health and Behavioral Transformation
- Chiropractor <sup>(1)</sup>
- Clinic, Diagnostic & Treatment Center (D&TC)

<sup>(1)</sup> Eligible to enroll as an OPRA or FFS provider

# COS that must enroll (cont'd)

- Clinical Psychologist <sup>(1)</sup>
- Clinical Social Worker (CSW) <sup>(1)</sup>
- Consumer Directed Personal Assistance Program (CDPAP)
- Dental Group
- Dentist <sup>(1)</sup>
- Durable Medical Equipment Supplier (DME)
- Early Intervention Program Provider (EI)
- Eye Prosthesis Supplier/Occularist
- Freestanding Clinic (D&TC)
- Health Homes
- Hearing Aid Supplier (HAID)
- Hemodialysis Center (freestanding) (HDC)
- Home Health Agency (HHA)
- Hospice Provider
- Hospital (Inpatient & Outpatient)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities - OPWDD (ICF/IID)

<sup>(1)</sup> Eligible to enroll as an OPRA or FFS provider

# COS that must enroll (cont'd)

- Laboratory (LAB)
- Laboratory Director (LBD)
- Long Term Home Health Care Program (LTHHCP)
- Managed Care Plan (MCP)
- Midwife/Nurse Midwife <sup>(1)</sup>
- Nurse (LPN/RN) <sup>(1)</sup>
- Nurse Practitioner <sup>(1)</sup>
- Nurse Registry
- Nursing Home - RHCF
- Nursing Home Transition/Diversion (NHTD)
- OASAS Part 820 Residential Treatment Program
- OMH Community Residence
- OMH Licensed ACT Provider
- OMH Licensed Outpatient Provider
- OMH Licensed PROS Provider
- OMH Lic. Residential Treatment Facility (RTF)
- Optical Establishment

<sup>(1)</sup> Eligible to enroll as an OPRA or FFS provider

# COS that must enroll (cont'd)

- Optician/Ophthalmic Dispenser (OPD) <sup>(1)</sup>
- Optometrist (OPT) <sup>(1)</sup>
- OPWDD Community Residence
- OPWDD Waiver Provider
- Personal Care Agency (PCA)
- Personal Emergency Response Provider (PERS)
- Pharmacy
- Physician <sup>(1)</sup>
- Practitioner Groups
- Physician Assistant (Registered) <sup>(1)</sup>
- Podiatrist <sup>(1)</sup>
- Portable X-Ray Provider
- School Supportive Health Service Provider (SSHSP)
- Service Bureau
- Supervising Pharmacist
- Therapist (PT, OT, Speech) <sup>(1)</sup>
- Transportation Provider
- Traumatic Brain Injury (TBI) Provider

<sup>(1)</sup> Eligible to enroll as an OPRA or FFS provider

# How to identify if a provider is already enrolled as a Medicaid FFS provider

- An initial list of active Medicaid fee-for-service (FFS) providers will be distributed to each MMC plan's PNDS contact. If you'd like additional plan contacts to receive the list, email [bmcfhelp@health.ny.gov](mailto:bmcfhelp@health.ny.gov)
- Subsequent, updated lists will be posted monthly on <https://health.data.ny.gov/> and will include the following data elements:
  - Profession or Service
  - MMIS ID & Name
  - NPI
  - County & State of service location
- Practitioners can verify if they are enrolled by using the enrolled practitioners search function found on <https://www.emedny.org/info/opra.aspx>
- Business, Group Practice and Institutional providers can verify their enrollment by calling eMedNY's Call Center at (800) 343-9000

# What next?

- By October 1, 2017, contact your network providers, who are not already actively enrolled as a Medicaid FFS provider and are in a COS that must enroll, and inform them that:
  - Applications are due by December 1, 2017.
  - Providers not enrolled will need to be removed from your Medicaid and Children's Health Insurance network. DOH will provide future guidance on the timeline.
  - Providers only have to submit one application as part of this initiative, i.e., not one per MMC network they participate with.



# What next? (cont'd)

- Practitioners <sup>(1)</sup> who only want to service patients through a MMC plan can enroll as a non-billing, Ordering/Prescribing/Referring/Attending (OPRA) provider.
- Business, Group Practice and Institutional providers may also enroll as a non-biller by checking the appropriate box at the top of their application.
- Enrollment in Medicaid FFS does not require them to accept Medicaid FFS patients.
- If they were a Medicaid FFS provider at one time, they may be able to keep their original provider identification number (PID), also known as MMIS ID, by checking the appropriate reinstatement box on the application

# What next? (cont'd)

- Providers need to go to <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and navigate to their provider type to print the instructions and enrollment form. The appropriate provider type would, in most cases, be their licensed profession.
  - At this website, they will find all the forms they need to enroll in New York Medicaid including:
    - Provider Enrollment Guide
    - How Do I Do It?
    - Resource Guide
    - FAQs – check back frequently as they will be updated as needed.
- DOH will be scheduling monthly check-ins with the MMC plans

# Outreach Letter

## Important Notice: Action required by December 1, 2017

Dear <Provider Name>:

Effective January 1, 2018, Federal law requires that all Medicaid Managed Care and Children's Health Insurance Program network providers to be enrolled with State Medicaid programs. We are writing to explain how this impacts you and what steps you need to take because of this change to the regulations.

You have been identified as a <Managed Care Plan Name> provider who is not actively enrolled with the New York State Medicaid program and you are providing services to our Medicaid eligible members. Therefore, you must enroll in Medicaid or you may be removed from the <Managed Care Plan Name> provider network as of January 1. Enrollment as a Medicaid provider does not require you to accept Medicaid fee for service patients.

The Medicaid provider enrollment process is to ensure appropriate and consistent screening of providers and improve program integrity. In order to enroll, you will need to complete paperwork and submit it to New York State Medicaid. Please go to: <https://www.emedny.org/info/ProviderEnrollment/index.aspx> and navigate to your provider type to print and review the **Instructions** and the **Enrollment form**. At this website, you will also find a *Provider Enrollment Guide, a How Do I Do It? Resource Guide, FAQs*, and all the necessary forms related to enrollment in New York State Medicaid.

**Important:** Your application must be received by CSRA, the Medicaid fiscal agent, by **December 1, 2017**. If you have questions during the NYS Medicaid Enrollment process, please contact CSRA's eMedNY Call Center at (800) 343-9000.

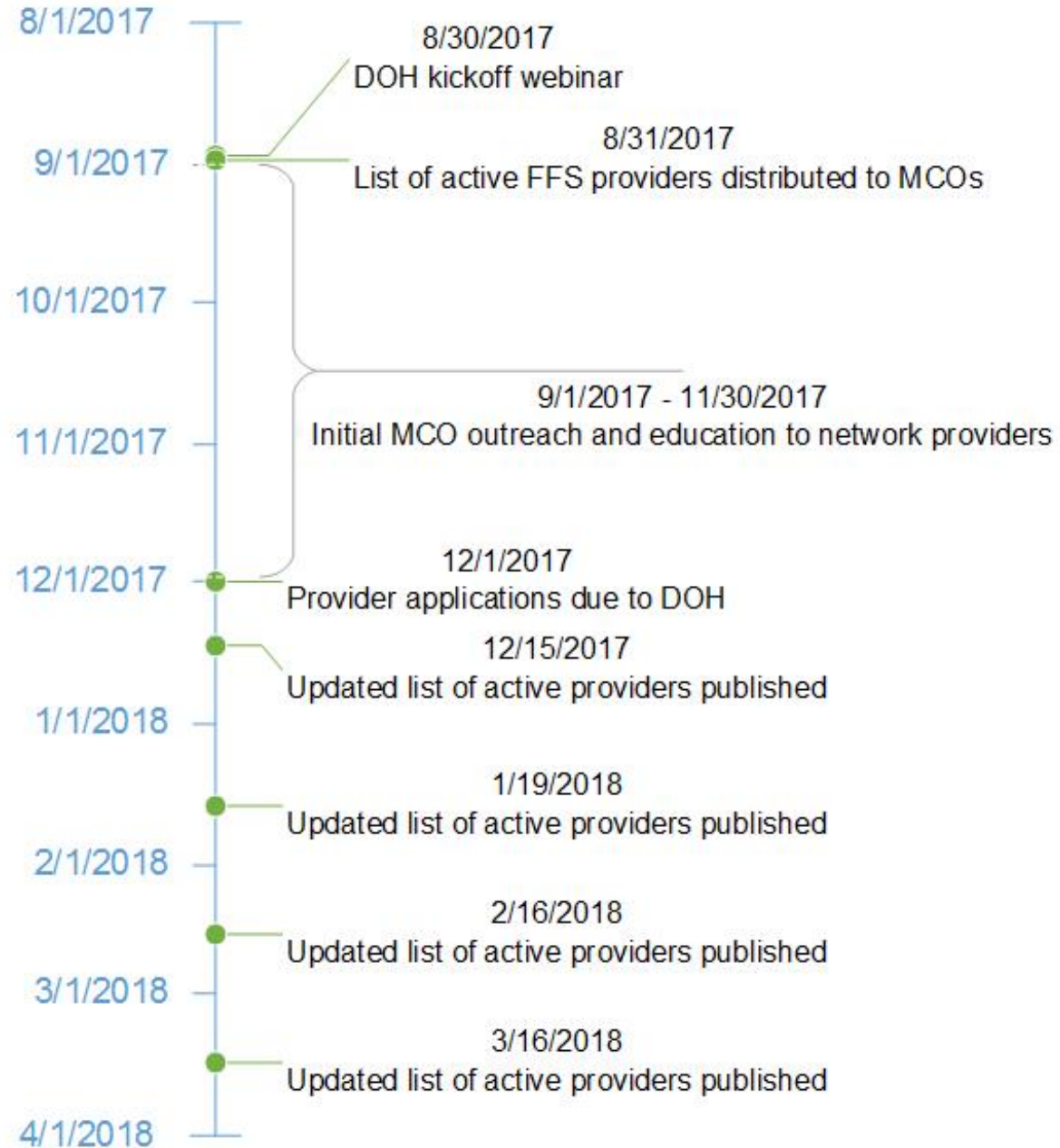
If at one time you were a Medicaid provider, and your enrollment has lapsed (no longer actively enrolled), you may be able to keep your original Provider Identification Number (PID), also known as MMIS ID, by indicating Reinstatement on the application. Practitioners may either enroll as a non-billing, Ordering/Prescribing/Referring/Attending (OPRA) provider, or as a Medicaid billing provider. Business, Group Practice and Institutional provider types will be offered the option to enroll in Medicaid as a billing or non-billing (Managed Care Only) provider.

If you receive this letter from multiple managed care plans, you only need to submit a single Medicaid enrollment application. You may be asked to provide evidence to us of your submission, so you are encouraged to keep a copy of the application. If you have any additional questions regarding how or why you were identified as a provider who needs to enroll in Medicaid FFS, please contact <Managed Care Plan Name> at <Managed Care Plan Contact Information>

Thank you for your attention and cooperation with this important initiative.

Sincerely,

# Timeline



# Are there any questions?

- Providers: eMedNY Call Center at (800) 343-9000
- MMC Plans:
  - For questions/resources specific to managed care and the active list of Medicaid FFS providers, email the Bureau of Managed Care Fiscal Oversight at [bmcfhelp@health.ny.gov](mailto:bmcfhelp@health.ny.gov)
  - For general provider enrollment questions, email the Bureau of Provider Enrollment at [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov)