

**INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR
PHARMACY AND PHARMACY DME**

1. General Instructions:

- 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 document (see #3 below) **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 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.

2. Additional Instructions and Definitions for Form Completion:

Choose only ONE of the following options & check the corresponding box on the top of the Enrollment Form

- ✓ Check Billing Provider- If the applicant/provider intends on Billing NYS Medicaid
- ✓ Check Managed Care Only (Non Billing)- If the applicant/provider is contracted with a Managed Care and is required to enroll with NYS Medicaid per the 21st Century Cures Act.

Category(s) of Service: Enter the following 4-digit code(s) on the Enrollment Form: **0441** - Pharmacy only

0442 - Pharmacy-based DME**

**Pharmacy-based DME (0442) can only be enrolled with a Pharmacy (0441). Pharmacy 0441 can enroll without the Pharmacy DME (0442).

Choose ONE 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.

DBA Name: If appropriate

NPI: this field is required. NPI must be registered to the pharmacy and active at <https://npiregistry.cms.hhs.gov>. Only 1 NPI per service location is allowed.

DEA Number & Dates: These fields are required

Medicare – Medicare enrollment is required.

Medicare requirement for Billing pharmacies:

If pharmacy is enrolled in or applying for 0441 category of service in Medicaid, then the Medicare 855B form is required.

If pharmacy is enrolled in or applying for 0441 and 0442 categories of service in Medicaid, then the 855S (DME) form is required.

Link to 855B and 855S Medicare Enrollment forms. Mailing address can be found at the bottom of the form.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html>

Medicare requirement for Managed Care(Non-Billing) pharmacies:

If pharmacy is enrolled as/applying for non-billing status then Medicare enrollment is NOT required. However, the pharmacy will not be able to bill Medicaid directly and will only be able to bill through a Managed Care network.

Service Address: This address must match the address on your pharmacy license/registration

Supervising Pharmacist: This field is required. Enrollment in the New York Medicaid program is required for a supervising pharmacist when employed by a freestanding pharmacy. If supervising pharmacist is not enrolled or in an inactive status, submission of a practitioner enrollment is required along with supplemental documentation for the 0444 Category of service at <https://www.emedny.org/info/ProviderEnrollment/spharm/index.aspx>

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

3. ADDITIONAL REQUIREMENTS

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.

42 CFR, Part 455.460 requires the collection of an application fee for a new enrollment, revalidation, change of ownership and reinstatement/reactivation. Click [here](#) for more information.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM - For ALL new enrollments, revalidations, changes of ownership AND reinstatement/reactivations:

- IRS Assignment Letter indicating the FEIN and Applicant Name on the Enrollment Form (W-9 and certificates of authority are NOT ACCEPTABLE). IRS Assignment Letter (Form: SS-4) can be obtained by going to IRS.Gov or call IRS at 1-800-829-4933.
- New York State Board of Pharmacy 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>.
- Pharmacy Information Request Form (EMEDNY-409501) (Be sure to include additional documentation requested on this form).
- Completed Personal Identification Number (PIN) Request Form (EMEDNY-409601) (remember to choose your own PIN!)
- Hospital, Nursing Home, Clinic-based Pharmacy Questionnaire (EMEDNY-409010), if appropriate
- Supervising Pharmacist Agreement, Form (EMEDNY-409901) for your Medicaid-enrolled Supervising Pharmacist
- For out of State Pharmacies Only: 1) Complete Form 402101, and 2) DMEPOS Competitive Bid/Contract Suppliers should include Proof of Contract Supplier Status
- Application Fee - OR application fee exemption form if applicable found here: https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf
- ETIN Certification Statement for New Enrollments Form (EMEDNY-490602) (not required for revalidation or reinstatement/reactivation, or if you are enrolling as a Managed Care Only non-billing provider)
- Electronic Funds Transfer (EFT) Authorization Form (EMEDNY-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)