

# **INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR LICENSED PRACTICAL NURSE / REGISTERED NURSE**

## **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:**

Category(s) of Service: Enter the appropriate 4-digit code(s) on the Enrollment Form: **0521** – Licensed Practical Nurse  
**0522** – Registered Nurse

### **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.

DEA Number & Dates: Leave Blank

Service Address: Enter your home address

Type of Practice – Leave Blank

Place of Service – Leave Blank

**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](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.

To apply for the Medically Fragile Children PDN Enhancement, also complete form EMEDNY- 432301.

### **REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:**

- ETIN Certification Statement for **New** Enrollments Form (EMEDNY-490602) (**not** required for revalidation or reinstatement/reactivation)
- Electronic Funds Transfer (EFT) Authorization Form (EMEDNY-701101) (not required for revalidation if EFT is already in place and no change is requested).
- 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.