

INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR THERAPIST

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 on the Enrollment Form: **0621** – if enrolling for Occupational Therapy
0622 – if enrolling for Physical Therapy
0623 – if enrolling for Speech Pathology

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

Medicare – Medicare enrollment is required for Physical Therapists

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

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.

A site visit is required. However, it can be waived if 1) a site visit was conducted by Medicare or another state's Medicaid or CHIP Programs within the past 12 months; OR 2) your State's licensing agency has completed a site survey within the past 12 months. Please submit proof with your enrollment form if an eligible site visit has occurred

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). If you answered "No" to the Enrollment Form's Group question (Line 7 of page 2), EMEDNY-701101 is NOT required. Also not required for revalidation or reinstatement/reactivation. Use this link if you would like to submit your EFT Information to the NYS WEB site. <https://portal.emedny.org/provider/portal/eftRequest>
- 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.