

**INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR
CAH /III PALLIATIVE CARE SERVICES, TRAUMATIC BRAIN INJURY (TBI) and OMH HCBS CHILDREN'S SED
WAIVER PROGRAM**

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 on the Enrollment Form: **0263**

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 Change of Ownership to comply with 42 CFR, Part 455.104
- ✓ 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.
- ✓ Check Receivership if the provider is enrolled and a Receiver has been appointed

Effective Date – If your authorization was issued within the past 90 days AND has an **effective date** of more than 90 days ago, you may use the effective date of the license. Otherwise, the effective date must be less than or equal to 90 days ago.

FEIN – Federal Employer Identification Number is required

NPI – Leave Blank

NY Medicaid ID – Complete if either the Revalidation, Change of Ownership, Reinstatement/Reactivation or Receivership box was checked. NY Medicaid ID is 8-digits

DBA – optional

License # and Dates – Leave Blank

Control of Facility Code - Leave Blank

DEA or NYS Cont Subs Lic # & Dates - These fields are not required

of Beds - Leave Blank

Service Address – List all addresses where services will be rendered. These addresses must appear on your operating certificate.

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, reinstatement/reactivation and receivership. Click [here](#) for more information.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:

- IRS Assignment Letter indicating the FEIN and Applicant Name on the Enrollment Form (W-9 NOT ACCEPTABLE). IRS Assignment Letter (Form: SS-4) can be obtained by going to IRS.Gov or call IRS at 1-800-829-4933.
- Authorization from Appropriate State Program Area
- Application Fee
- 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)