

NYS Department of Health  
Office of Health Insurance Programs  
Bureau of Provider Enrollment

**REVALIDATION** of Medicaid Providers  
42 CFR, Part 455.414  
Affordable Care Act

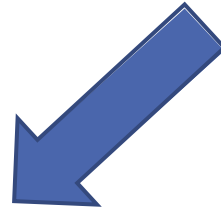
An Overview

# Revalidation: What Is This About?

- ▶ The Affordable Care Act mandates that all Medicaid Providers must be revalidated every 5 years.
- ▶ Revalidation includes providing information on the provider's ownership, managing employees, agents, persons with a control interest, group affiliations, supervising/collaborating arrangements, as well as providing current addresses, specialties, etc.

# How do I Revalidate?





- ▶ Go to Website [www.eMedMY.org/Provider Enrollment](http://www.eMedMY.org/Provider Enrollment).
- ▶ Choose Revalidation Information



## REVALIDATION

The Affordable Care Act mandates that all Medicaid Providers must be revalidated every 5 years. Revalidation includes providing information on the provider's ownership, managing employees, agents, persons with a control interest, as well as providing current addresses, specialties, etc.

### CLICK BELOW FOR STEP-BY-STEP PROCESS

-  [Physicians](#)
-  [Pharmacies](#)
-  [Supervising Pharm.](#)
-  [Other Providers](#)

### WEBINARS

No webinars currently available

### FEATURED FAQs


#### ALL REVALIDATION FAQs

ID	FAQ
<a href="#">R12</a>	What happens if I don't revalidate with NY Medicaid?  I submitted my revalidation application and contacted eMedNY 7-10 days later to verify my application is in process. What's my next step?
<a href="#">R24</a>	I recently received a notice that my enrollment has been terminated because I did not revalidate. How do I become an active Medicaid provider again?

### QUICK LINKS

 [FAQs](#)

 [Presentation](#)

 [Category of Service \(COS\) & Form Search Tool](#)

 [Provider Training](#)

# How Do I Revalidate (cont'd)?

Review the instructions; then complete, print, sign and mail the form with all required documents/other forms and the application fee, if you are required to pay the fee.

Be sure to keep a copy of everything for yourself!

<b>NY MEDICAID PROVIDER ENROLLMENT FORM</b> for <b><u>PRACTITIONERS</u></b>		<u>Mail to:</u> eMedNY PO Box 4603 Rensselaer, NY 12151
<b>Category(s) of Service:</b> Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
<input type="checkbox"/> <b>New Enrollment</b> (not currently enrolled)	<input type="checkbox"/> <b>Revalidation</b> (enrolled; required to revalidate)	<input type="checkbox"/> <b>Reinstatement/React</b> If Applicant was previous excluded/terminated from Program, complete the Questionnaire found at

## INSTRUCTIONS FOR COMPLETING THE NY MED PHYSICIANS

### General Instructions:

Complete ALL items on the form unless otherwise instructed below. Failure to complete all required items will result in the application 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 to the date of completion of signature field is required and must be original. Initials or rubber stamped signature are not acceptable.

Let's be more  
specific.....

# Enter the Category of Service from the Form instructions

<b>NY MEDICAID PROVIDER ENROLLMENT FORM for <u>BUSINESSES</u></b>		<u>Mail to:</u> Computer Sciences Corporation PO Box 4603 Rensselaer, NY 12144-4603
<b>Category(s) of Service</b> – Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
<input type="checkbox"/> <u>New Enrollment</u> (not currently enrolled)	<input type="checkbox"/> <u>Revalidation</u> (enrolled; required to revalidate) NY Provider ID # <input type="text"/> (from Letter)	<input type="checkbox"/> <u>Change of Ownership</u> (enrolled, complying with 42CFR Part 455.104) NY Provider ID # <input type="text"/>
<input type="checkbox"/> <u>Reinstatement/Reactivation</u> – if Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at <a href="http://www.eMedNY.org">www.eMedNY.org</a> and include it with this Enrollment Form.		

Your enrollment form may not say "BUSINESSES" but it will have a box for you to check Revalidation and to add your Provider ID\*

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\*if you haven't received a letter and don't know your ID, check your recent remittance statement for the 8-digit number that begins with a zero.

# Be sure to mail your Revalidation package to the correct address

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<b>Category(s) of Service</b> – Enter the 4-digit code(s) given in the instructions: <input type="text"/> <input type="text"/>		
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# Other forms you may need are here:



[Provider Enrollment](#) > Clinic, Diagnostic & Treatment Center (D&TC)

## Provider Enrollment



### Enrollment information for Clinic, Diagnostic & Treatment Centers (D&TC)

If you are **ALREADY ENROLLED** and need to change your corporate or correspondence address,



Complete the Enrollment Form below if you are:

If you have any questions or concerns, please contact the eMedNY Call Center at 1-800-343-9000 or [click here](#) to send us an email.

#### Additional forms/information which may be **REQUIRED** to complete your enrollment:

- ✓ [Application Fee Exemption - form #520101](#)
- ✓ [Clinic Certification of Staff Certified as Asthma Educators - form #431402](#)
- ✓ [Clinic Certification to Provide Diabetes Education - form #432002](#)
- ✓ [Disclosure Form for Institutions - form #380103](#)

# Complete all required forms

- ▶ Be sure to complete all pages of the Enrollment Form and all required fields on the Form (refer to the Form instructions).
- ▶ This includes social security numbers, home addresses and dates of birth in Sections 1 and 5 of the Disclosure of Ownership and Control portion of the Form.
- ▶ Omissions will delay the process.

# Only Pay Revalidation Fee Once.

- Scenario #1:**
- Provider paid *Medicare*.
  - Provider required to pay the Medicaid enrollment fee.

**Action:** Complete the Application Fee Exemption form and send in with your enrollment.

- Scenario #2:**
- Provider paid Medicaid to another state, including NY.
  - Provider is required to enroll with *Medicare*; *must* pay the enrollment fee.

**Action:** Provider enrolls with Medicare, pays the fee. Once paid, provide proof of payment and request a refund from New York Medicaid.

Application Fee: Review your Form instructions to see if the Fee applies to you. If it does, it can be waived in certain instances - see exceptions below.

The application fee for 2018 is **\$569**.

Include your check, payable to the New York State Department of Health, with your enrollment form. Include your NPI or Federal Employer Identification Number (FEIN) on your check.

There are certain exceptions to this requirement:

## 1. You have already paid fee:

The fee is waived if it has been paid (at the current amount or previous amount) to Medicare or another State's Medicaid or Children's Health Insurance (CHIP). Complete the Application Fee Exemption form and send in with your enrollment. Your information will be verified. *See Previous Slide.*

## Application Fee: continued...

### 2. You may request a hardship waiver.

- ▶ Consideration of a hardship waiver is based on two factors:
  - ▶ a. You can demonstrate payment of the fee would be a financial hardship. Submit proof such as the previous year's tax return or end of year financial statement professionally prepared.
  - ▶ b. You must explain how, without your service in the community, Medicaid beneficiaries will be without necessary services or access to services would be difficult.
  
- ▶ Requests for hardship waiver should be sent with your enrollment form and should explain the hardship and justify the waiver. You must explain how your request meets both factors indicated above.
  
- ▶ If your request for a hardship exception is complete, New York Medicaid will send it to the Centers for Medicare & Medicaid Services (CMS) for review pursuant to Section 1866(j)(2)(C)(ii) of the Social Security Act.

# What if I don't Revalidate?

Federal regulations require that your enrollment be terminated. This means that you will no longer be eligible to order/refer/prescribe services and payment for services you render will no longer be available.

# Are There Any Questions?

First, review the Frequently Asked Questions found [here](#).

If you still have a question contact the eMedNY Call Center at 1-800-343-9000.

Or email the Bureau of Provider Enrollment at [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov)