



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
NPI: 123456789
Provider ID: 123456
COS: 060

Dear Provider:

This letter acknowledges the successful enrollment revalidation of the Medicaid Provider ID and category(ies) of service (COS) listed above. We appreciate the time you committed to this process.

As a reminder, providers are required to keep their enrollment files up to date. Most practitioners can update their files quickly and easily on the Provider Enrollment Maintenance Portal for Practitioners at <https://www.emedny.org/portal/>. To determine if your provider type can submit transactions via the Maintenance Portal, please use the Provider Enrollment Portal COS/FORM LOOKUP TOOL link, found on the Maintenance Portal page.

All other provider types should visit the *Maintenance Forms* section of the enrollment page for their provider type found at <https://www.emedny.org/info/ProviderEnrollment/>.

Thank you for your continued participation in the New York State Medicaid Program.

Sincerely,

Sarah J. Atkinson
Director, Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs