NEW YORK STATE | **Department of Health**

NYS Medicaid Doula Services Benefit Billing Informational Session Part 1: Introduction to Billing June 5, 2024

Office of Health Insurance Programs (NYS Medicaid)
Bureau of Maternal and Child Health Policy

June 2024

Billing Informational Session

Please note that by participating in today's online event, you acknowledge and consent that your personal information (such as name, image) may be visible to others in the live online meeting as well as captured in the recording, which will be posted on our website.

The feedback in the context of this meeting will not be considered formal public comment on the proposed State Plan Amendment.

June 2024

Guidelines for Sharing

- All are invited to speak at designated times

- Please use the "Raise your hand" function to note the desire to speak

- Individuals will be unmuted in order of request, unless they have already spoken, in which case individuals who have not yet spoken will be given priority

- Please keep comments to three minutes or less

Goals and Roadmap for Today

10:30-10:35am: Opening

10:35-11:15am: Medicaid Info
- eMedNY and Provider Manual
- Billing Guidance
- Fee Schedule

11:15am-12:00 pm: Billing Info
- Eligibility
- Claim Submission
- Timely Billing

12:00-12:25pm: Questions

12:25-12:30pm: Closing

June 2024

NEW YORK STATE | Department of Health

Doula Services Provider Manual

- The provider manual provides an overview of the doula services benefit (https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf) including:
  - Provider guidelines and resources,
  - Enrollment and revalidation requirements,
  - Description of covered services,
  - Billing codes and fee schedule, and
  - Documentation guidance.
- All Medicaid-enrolled doulas are to follow updated guidelines, including those doulas who participated in the doula services pilot.

June 2024

*Please note that the information in this presentation is current as of June 2024.

Providers should reference the published provider manual on eMedNY for the most updated billing guidance.

June 2024

Provider Manual: Review Before You Begin Billing

June 2024

Links and eMedNY Contacts

- Important links and guidance for Medicaid-enrolled doula providers.

- Includes information for enrollment, providers and billing and regulation.

- Multiple pages of information.

Description of Covered Services

Covered doula services may include:

- Intermittent support that aligns with personal and cultural preferences during the prenatal, childbirth, postpartum and newborn periods, inclusive of all pregnancy outcomes.

- Education, guidance, health navigation, and connections to community-based resources related to childbirth and parenting.

- Development of a birth plan and continuous labor support.
Patient-centered advocacy, and physical, emotional and nonmedical support.

- Facilitation of communication between the Medicaid member and medical providers; and

- Discussion of the importance of perinatal and pediatric health services provided by a licensed health provider during pregnancy and labor and delivery, and after pregnancy and the infant's birth.

- Doula services may be provided in the hospital, clinic, or community settings.

- Doula services may be provided during pregnancy, labor and delivery, and after pregnancy, regardless of pregnancy outcome.

June 2024

NEW YORK STATE | Department of Health

Description of Covered Services

The following services are NOT eligible for Medicaid reimbursement under the doula services benefit:

- Medical and healthcare-related services, including case management, that require a license.
- Services outside the level of training and certification the doula has attained.
- Services that duplicate another covered Medicaid service or that are otherwise billed.
- Advocacy for issues not directly related to the Medicaid member's health or social care needs.
- Services that do not include direct engagement with the Medicaid member.
- Group doula services or group classes.
- Childcare.
- Shopping.
- Placenta encapsulation.
- Vaginal steams.
- Still and video photography; and
- Birthing ceremonies.

NEW YORK STATE | Department of Health

Provision of Doula Services & Telehealth

Provision of Doula Services

- Doula services are provided on an individual basis with the Medicaid member.

- To qualify for Medicaid reimbursement for <u>perinatal doula services</u>, the service:

    - Must involve a direct interaction with the Medicaid member.

    - Must meet the minimum time frame for the doula service; and

    - Can be administered in-person or via telehealth according to current Medicaid telehealth policy.

- To qualify for Medicaid reimbursement for <u>labor and delivery doula services</u>, the service:

    - Must involve a direct interaction with the Medicaid member; and

    - Must be provided to the Medicaid member in-person except in extenuating

    - circumstances, such as illness, emergency or precipitous birth, in which

    - case the current telehealth policy will apply.

NYS Medicaid Telehealth Policy:

- https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm

June 2024

Documentation of the Service

- In addition to the "Record Keeping Requirements" found in the "Information to All Providers General Policy," guidelines are available on the eMedNY website under information for providers.

- Services must be documented in the record maintained by the doula services provider for the Medicaid member. The Department conducts audits of persons who submit claims for payment under the Medicaid Program, and the Department may seek recovery or restitution if payments were improperly claimed, regardless of whether unacceptable practices have occurred.

- Documentation of doula services provided should include, but may not be limited to:
  - Date, time, and duration/time of service provided to Medicaid members; and
  - Information on the nature of the service provided and that supports the length of time spent with the individual on the date of service.

General Billing Guidance

The Medicaid-enrolled doula services provider may be reimbursed for up to eight perinatal visits and one labor and delivery encounter per pregnancy.

Billing Providers

- The doula is the billing provider and will directly enroll as a Medicaid provider.
- The doula does not require supervision.

Perinatal Visits

- Up to eight perinatal visits per pregnancy are reimbursable.
- Each perinatal visit must be at least 30 minutes of direct interaction with the Medicaid member to be reimbursed.
- Perinatal visits can occur in-person or via telehealth.
- Reimbursement is not available for doula service visits/appointments that are not kept.
- Current NYS Medicaid Telehealth policy will apply to reimbursable perinatal services.

June 2024

NEW YORK STATE | Department of Health

Labor and Delivery

- One Labor & Delivery encounter per pregnancy is reimbursable.

- The Labor & Delivery encounter must involve direct interaction with the Medicaid member.

- A licensed perinatal services provider must be in attendance for the doula to be reimbursed.

- Labor & Delivery doula services are to be provided in-person except in extenuating circumstances such as illness or precipitous birth, in which case the current NYS Medicaid Telehealth policy will apply.

NEW YORK STATE | Department of Health

General Guidance: Multiple Visits & Balance Billing

Multiple Visits

- Multiple visits are not allowed in the same day except for the following instances:
    - A perinatal doula visit occurs early in the day, and a Labor & Delivery doula visit occurs later in the day, or
    - A Labor & Delivery doula encounter occurs early in the day, and a perinatal doula visit occurs later in the day.

Balance Billing

- Medicaid providers are not allowed to balance bill Medicaid members; payment received is considered payment in full for services rendered.

June 2024

Language Interpretation Services

- Reimbursement is available for language interpretation services, when necessary, which are provided by a third party.

- The Medicaid billing provider will bill Medicaid for the interpreter services and would be responsible for paying the interpreter for services rendered.

- The doula **cannot** bill for interpretation services provided by her/himself.

- To be reimbursed for interpretation services, the service must be provided by an independent third-party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing.

- It is recommended that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI).

- The need for this service must also be documented in the medical record.

NEW YORK STATE | Department of Health

Language Interpretation Services, Continued

When billing the NYS Medicaid program for interpretation services, the following code should be used:

HCPCS Procedure Code	Billable Units
T1013	**One Unit:** Includes a minimum of eight up to 22 minutes of medical language interpreter services.
	Two Units: Includes 23 or more minutes of medical language interpreter services.

For additional information on interpretation services, please visit the following link: https://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-10.htm#cov

June 2024

Update: Recommendation for Doula Services

- Until a standing recommendation for doula services has been published, NYS Medicaid Members must obtain a written recommendation from a licensed provider for doula services
- Doulas must keep a copy of the recommendation in their records.
- This form is **not required** for submission as part of a claim but may be asked for in an audit.
- This recommendation must be dated prior to the initiation of doula services.
- This recommendation can be completed using the form provided by the NYSDOH.

June 2024

Fee-for-Service Fee Schedule

Doula Services Healthcare Common Procedure Coding System (HCPCS) Procedure Codes and ICD-10 Diagnosis Codes

HCPCS Code	Diagnosis Code	Code Description	Service Description	Per Pregnancy Allowance
T1032	Z32.2 (prenatal/ pregnancy) or Z32.3 (postpartum)	"Services provided by a doula birth worker"	Perinatal Service: Prenatal or postpartum doula support (minimum of 30 minutes)	Up to and including 8 times
T1033	Z32.2	"Services provided by a doula birth worker, per diem"	Labor and Delivery: In-person doula support during labor and birth (no time minimum, must be present for the birth)	Up to and including 1 time

To see current Fee Schedule, click on fee schedule:
https://www.emedny.org/ProviderManuals/Doula/

MMC Plans are encouraged to match or exceed the FFS rate

June 2024

Medicaid Managed Care Carve Out & Contracting Information

- Doula services will be carved out of the Medicaid Managed Care (MMC) plan benefit packages between March 1, 2024 and September 30, 2024.

- **All Medicaid Members who are enrolled in FFS or MMC plans are eligible for Medicaid coverage of doula services during and after the MMC carve out.**

- Doulas must first enroll in Medicaid as FFS providers before they can contract with MMC Plans
  - To enroll with FFS: https://www.emedny.org/info/ProviderEnrollment/doula/

- Each MMC Plan will have their own contracting process for doulas.

- More guidance about the Carve-Out can be found in the Provider Manual:
  - https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf

- **The Medicaid Office has compiled a list of points of contact at each MMC plan for doulas. This list is available on the Doula Services website:**
  - https://www.health.ny.gov/health_care/medicaid/program/doula/index.htm

June 2024

Billing Guidance for all Providers

Medicaid Partners

- ➢ New York State Department of Health (NYSDOH)
- ➢ Office of the Medicaid Inspector General (OMIG)
- ➢ GDIT - eMedNY
- ➢ County Department of Social Services (DSS) NYC Human Resources Administration (HRA)
- ➢ New York State of Health
- ➢ Managed Care Plans
- ➢ Providers

New York State Department of Health

➤ **Responsibilities**

- Medicaid policy

- Procedure codes

- Required claim documentation

- Fees and Rates

- Prior Approvals

- Fraud and Abuse

- Over two year claims procedures

- Provider enrollment

➤ **Website**
www.health.ny.gov

Office of the Medicaid Inspector General (OMIG)

- ➤ Responsibilities
  - Surveillance and monitoring of fraud and abuse

- ➤ Website and Phone Contact :
  - **Website**: **www.omig.ny.gov**
  - **Telephone**: (877) 87-FRAUD

GDIT - eMedNY

➢ Responsibilities

- Processing Medicaid claims
- Provider Manuals
- Remittance statements and checks
- Electronic Fund Transfer
- Billing inquiries & guidelines
- Provider training

- Electronic Transmitter Identification Numbers (ETIN)
- ePACES (Electronic Provider Assisted Claim Entry System)
- Provider Enrollment Maintenance (Fee-for-Service)
- Medicaid Eligibility Verification System (MEVS)

➢ Contact

eMedNY Provider Services – (800) 343-9000

Website – www.emedny.org

County Department of Social Services (DSS) NYC Human Resources Administration (HRA)

➢ Responsibilities

- Recipient enrollment and eligibility
- Excess recipient income (participation spend-down)
- Temporary ID cards
- Some prior approvals/authorizations
- Medicaid managed care plan concerns

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-Inquiry.pdf

New York State of Health (NYSoH)

➤ NYS Health Benefit Exchange

- Health Plan Marketplace

- Created by the Affordable Care Act

- Medicaid recipient enrollment and eligibility for select populations

- County/Office code "H78" identifies clients that have been enrolled through NYSoH

- Phone inquiries pertaining to eligibility from the NYS Health Benefit Exchange contact 855-355-5777

https://nystateofhealth.ny.gov

Managed Care Plans

➢ **Responsibilities**

- Contract with providers
- Covered services
- Plan procedures
- Referral process
- Recipient education
- Maintenance of records

➢ **Website and Phone Contact:**

- Refer to: 'Information for All Providers', Managed Care Information Section of the Provider Manual for plan codes and telephone numbers.

https://www.emedny.org/ProviderManuals/AllProviders/index.aspx#mcparty

Providers

➢ Responsibilities

- Verify eligibility via Medicaid Eligibility Verification System (MEVS)

- Timely submission of claims

- Retain appropriate medical record data

- Be compliant with HIPAA guidelines

- Obtain and Register NPI

- Follow NYS Medicaid rules and regulations

- Review the monthly NYSDOH *Medicaid Update*

- Refer frequently to eMedNY website for updated info

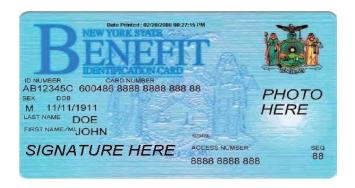- Refer frequently to the DOH Doula website for updated info

Medicaid Benefit Identification: CARDS/FORMS

Medicaid Benefit Identification Cards and Forms with which you will need to become familiar are:

➢ Permanent plastic photo card

➢ Permanent plastic non-photo card

➢ Replacement paper card

➢ Temporary Medicaid Authorization Form, DSS-2831A

Medicaid Eligibility Verification System - MEVS

➢ ## Methods for checking eligibility

- **ePACES**: Free Internet based application

- **A**udio **R**esponse **U**nit:(touch-tone telephone method)
  1 800-997-1111

- Alternate access: Batch and Real-time 270/271 Eligibility Inquiry & Response

Eligibility verification is necessary to avoid risk of receiving no payment

Determining Enrollee Status

➤ Eligibility verification is critical for payer Identification
- Medicaid Fee-for-Service   -or-
- Managed Care Organization (MCO)

➤ MEVS communicates Medicaid and MCO eligibility and plan information including:

- Recipient eligibility status
- Plan Information
- Plan Name
- Plan Address
- Plan Phone Number
- Plan Code

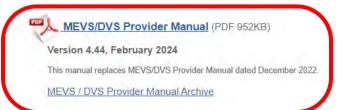➤ MEVS communicates recipient demographic information including address

MEVS Provider Manual

MEVS Provider Manual

TABLE OF CONTENTS

Section 4 describes eligibility messages

ePACES – Eligibility Request

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	4/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

Not MA Eligible

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	4/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

MA Eligible

Co-pay Remaining: $50.00

Covered Services

Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab
50	Hospital - Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office

Standard Co-pay

Service Type	Co-pay
Clinic	$3.00
X-Ray	$1.00
Lab	$0.50
Inpatient	$25.00
OTC	$0.50
Brand Drug	$3.00
Generic	$1.00

eMedNY

NEW YORK STATE | Department of Health

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	4/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

ELIGIBLE PCP

Co-pay Remaining: $0.00

Covered Services

Code	Description
82	Family Planning
88	Pharmacy

Medicaid Managed Care:

Plan name: UNITED HEALTHCARE OF NY INC
Address: 77 WATER STREET 14TH
NEW YORK, NY 100054407
Phone: (212) 898-8400
Plan Code: MO

Claim Submission

➢ Claim Adjudication Cycle

- Weekly cycle processing
  - Monday 6:00 PM cut-off time
  - Check & Remit prepared the following Monday
  - Checks & Paper remits are mailed 2 weeks and 2 days from check date
  - Electronic Funds Transfer (EFT) - funds are available 2 weeks and 2 days from check date

Claim Submission Methods

➢ Paper – eMedNY-150003 Form

- Claim forms may be requested at:

    eMedNY Call Center – 800-343-9000

➢ Electronically

- ePACES (electronic Provider Assisted Claim Entry System)

- HIPAA Compliant Software (837 Professional)

Claim Submission Methods

➢ Paper Claim Form:

eMedNY-150003

Instructions are available in the provider manual

Claim Submission Methods

➢ Electronically

- ePACES

- Free web-based application
- Verify member eligibility
- Submit claims
- Check claim status

Claim Submission Methods

➢ Electronically

- ePACES enrollment

  - Contact the eMedNY Call Center at 800-343-9000

  - Select Option 2 for ePACES Enrollment

  - An email containing a Token number will be sent to you

  - Reply to the email as instructed

  - Another email will instruct you to activate your account by going to https://www.emedny.org/enroll

Claim Submission Methods

➢ Electronically

- ePACES enrollment (continued)

  - Enter your NPI and Token

  - Check the box indicating you have read and agree to the Medicaid confidentiality regulations

  - Click – Agree/Login

https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enrollment_Overview.pdf

Claim Submission Methods

➢ To send or receive electronic claim information providers need the following:

- ETIN (Electronic Transmitter Identification Number)

- Certification Statement – updated annually

- Trading Partner Agreement

- User ID and Password

- Electronic Remittance/PDF Remittance Request Form (to receive 835 or PDF remittance)

Forms are available at - https://www.emedny.org/info/ProviderEnrollment

Electronic Payment/Responses

➢ **EFT** – Electronic Funds Transfer

- Funds deposited directly to checking or savings account

➢ **PDF Remittance Advice**

- PDF version of the paper remittance delivered electronically to eXchange

➢ **Electronic Remittance Advice**

- HIPAA compliant 835 formats that require software to interpret

 Note: Medicaid requires all billing providers to register for EFT and ERA or PDF remittances.

Sample Paper/PDF Remittance Advice

PAGE 03
DATE 08/06/07
CYCLE 1563

MEDICAID
MANAGEMENT
INFORMATION SYSTEM

MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

TO: ABC PRACTITIONER
123 MAIN STREET
ANYTOWN, NEW YORK 11111

ETIN:
PRACTITIONER
PROV ID: ########/#########
REMITTANCE NO: #########

LN. NO	OFFICE ACCOUNT NUMBER	CLIENT NAME	CLIENT ID NUMBER	TCN	DATE OF SERVICE	PROC. CODE	UNITS	CHARGED	PAID	STATUS	ERRORS
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	91105	1.000	14.30	14.30	PAID	
02	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	90846	1.000	14.30	14.30	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99221	1.000	52.80	52.80	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99111	1.000	66.00	66.00	PAID	
01						99285	1.000	17.60		ADJT	ORIGINAL CLAIM PAID MM/DD/YY
	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY				17.60-		
01	CPXXXXXX	LASTNAME	LL#####L	####-#########-#-#	MM/DD/YY	99281	1.000	14.30	14.00	ADJT	

*=PREVIOUSLY PENDED CLAIM
**=NEW PEND

TOTAL AMOUNT ORIGINAL CLAIMS	PAID	147.40		NUMBER OF CLAIMS	4
NET AMOUNT ADJUSTMENTS	PAID	3.60	-	NUMBER OF CLAIMS	1
NET AMOUNT VOIDS	PAID	0.00		NUMBER OF CLAIMS	0
NET AMOUNT VOIDS – ADJUSTS		3.60	-	NUMBER OF CLAIMS	1

eMedNY

NEW YORK STATE | Department of Health

Timely Claim Submission

- Initially submit claims within 90 days of the date of service to be valid and enforceable, unless the claim is delayed due to circumstances outside the control of the provider.

- Claims submitted after 90 days must be submitted within 30 days from the time submission came within the control of the provider.

- If a claim is returned to a provider due to data insufficiency or claiming errors (rejected or denied), it must be corrected and resubmitted within 60 days of the date of notification to the provider.

Timely Claim Submission

- In addition, paid claims requiring correction or resubmission must be submitted as adjustments to the paid claim within 60 days of the date of notification.

- In most cases adjustments, rather than voids, must be billed to correct a paid claim.

- Claims not correctly resubmitted within 60 days, or those continuing to not be payable after the second resubmission, are neither valid nor enforceable.

Timely Claim Submission (Continued)

- ➢ Delay Reason Code Form – submit with claims containing dates of service over 90-days old

- ➢ Submit one Delay Reason Code Form with each late claim form

- ➢ Refer to the Timely Billing Guidelines in the Information for All Providers section of Provider Manual or in the Information Tab of www.emedny.org

eMedNY Delay Reason Code Form

eMedNY
PO Box 4601
Rensselaer, NY 12144-4601

Expedited / Priority Shipping:
eMedNY
327 Columbia Turnpike
ATTN: Box 4601
Rensselaer, NY 12144

Client Identification Number: _____
Date(s) of Service: _____

The attached claim is for services for which the timely filing limit has expired. The reason for late submission is (Enter 'X' in box where appropriate):

☐ 1 Proof of eligibility unknown or unavailable

☐ 2 Litigation (include supporting documentation)

☐ 3 Authorization Delays (include supporting documentation)

☐ 4 Delay in Certifying Provider

☐ 5 Delay in Supplying Billing Forms (applies to paper claims only)

⊘ 6 Delay in Supplying Custom-made Appliances ** NYS Medicaid does not accept this reason for delay and will deny a code value of "6". **

☐ 7 Third Party Processing Delay (include EOMB)

☐ 8 Delay in Eligibility Determination

☐ 9 Original Claim Rejected or Denied due to a reason unrelated to the billing limitation rules
  - fill in Transaction Control Number (TCN) of original claim:_____

☐ 10 Administrative Delay in the Prior Approval Process
  - fill in prior approval number:_____

☐ 11 Other (select one)
  ○ (A) Adjustment of Paid Claim
    - fill in original TCN:_____
  ○ (B) Audit Directed Replacement of Voided Claim
    - fill in voided claim TCN:_____
  ○ (C) Provider Initiated Replacement of Voided Claim
    - fill in voided claim TCN:_____
  ○ (D) Interrupted Maternity Care - delayed prenatal care claims because delivery performed by a different practitioner
  ○ (E) IPRO Denial/Reversal - Island Peer Review Organization previously denied claim but denial was reversed on appeal - fill in original TCN: _____

☐ 15 Natural Disaster (include supporting documentation)

Sincerely,
Name: _____
Title: _____

Refer to your Provider Manual, General Billing section for more information on the timely submission of claims.

Timely Claim Submission (Continued)

➤ **90-Day Indicator for Electronic Claims (HIPAA Compliant)**

     1 = Proof of eligibility unknown or unavailable

     2 = Litigation

     3 = Authorized delays

     4 = Delay in certifying provider

     6 = Delay in supplying custom made appliances *

     7 = Third party processing delay

     8 = Delay in eligibility determination

     9 = Original claim rejected or denied due to a reason unrelated to the billing limitation rules

     10 = Administration delay in the prior authorization process

     11 = Other (IPRO denial reversal, interrupted maternity care & adjustments of paid claims)

     15 = Natural Disaster

     * eMedNY will deny code 6

eMedNY ListServ

https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx

NYS Medicaid Update Newsletter

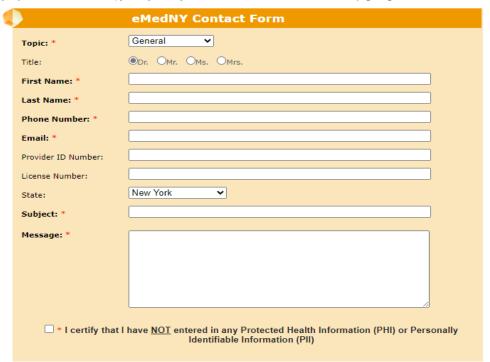https://www.health.ny.gov/health_care/medicaid/program/update/main.htm

For Billing Questions

eMedNY Contacts

This page provides important eMedNY contact information. If you find any information or links on this web site to be inaccurate, please use the form below to let us know.

eMedNY Call Center: **1-800-343-9000**

Please fill out the following fields in order to provide us with the information we need to assist you and improve our offerings. If you prefer not to use this form, you may use any of the other contact information listed on this page to get in touch with us.

eMedNY Contact Form

Topic: * `General`

Title: ◉Dr. ○Mr. ○Ms. ○Mrs.

First Name: *

Last Name: *

Phone Number: *

Email: *

Provider ID Number:

License Number:

State: `New York`

Subject: *

Message: *

☐ * I certify that I have <u>NOT</u> entered in any Protected Health Information (PHI) or Personally Identifiable Information (PII)

Website:
- https://www.emedny.org/contacts/emedny.aspx
- Call number and contact form available

NEW YORK STATE | Department of Health

Upcoming Doula Services Meetings

Remaining 2024 Town Hall Meeting Dates	
June 11	• Town Halls are scheduled for the second Tuesday of every month from 10am-12pm. • Town Hall engagements may be reduced based on need for discussion. • Additional Meetings to Support Provider Enrollment will continue to be added.
July 9	
August 13	
September 10	
October 8	
November 12	
December 10	

June Town Hall Registration Link

• https://meetny.webex.com/weblink/register/r929c7719c8992d4d265e16139ccd81b3

Part 2 Billing Session:

• Monday, June 17, 2024 1:30-3:30pm

• https://www.zoomgov.com/meeting/register/vJIsduqsqTkuEk4O0WUOVYuxAUbBpTTBVdE#/registration

June 2024

New York State Department of Health

Closing Remarks and Next Steps

To be added to the listserv: doulapilot@health.ny.gov.

For more information on the Doula Services benefit, visit

https://health.ny.gov/health_care/medicaid/program/doula/

To enroll as a NYS Medicaid Doula Services Provider, visit
https://www.emedny.org/info/ProviderEnrollment/doula/

Thank you for participating.

June 2024

End Presentation

June 2024