eMedNY

Training Video

For NYS Medicaid Providers

Enrollment

Key Objectives

Electronic (ERA) or PDF Remittance Request
Form Instructions

Background

The New York State Medicaid program requires all billing providers to sign up for either:
- Electronic Remittance Advice (ERA)
- PDF Remittance Advice

New Providers upon enrollment by the Department of Health eMedNY, an ETIN (Electronic Transmitter Identification Number) is assigned

A letter is mailed to the provider with the ETIN information and ERA/PDF request form with 120 days to sign up for the ERA/PDF remittance advice

Who Must Sign Up for Electronic/PDF Remittances?

All billing (pay to) providers- professional, institutional, dental or pharmacy

Practitioners who have a private practice and bill using their own NPI

Individual Practitioners in groups who do not have "Group Only" status

Group NPIs

Who Does Not Have to Sign Up for Electronic/PDF Remittances?

Practitioners who are enrolled as OPRA (Ordering, Prescribing, Referring, Attending) providers. OPRA providers cannot receive payments from Medicaid.

Non-Billing providers such as Physician Assistants and Supervising Pharmacists

Practitioners who are enrolled as "Group Only" Status

Group Only Practitioners

Are exempt from EFT and ERA/PDF Requirements

"Group Only" providers cannot be paid for a claim under their own NPI

To enroll as a "Group Only" provider, submit form #426801, located at emedny.org

Existing enrolled providers can change status to "Group Only"

The "Group Only" form must be processed BEFORE certification statements are returned

New providers can indicate "Group Only" on the enrollment form

A notice will be sent to the provider when the form has been processed by eMedNY

eMedNY.org Website

eMedNY Enrollment Page

ERA or PDF Remittance Advice General Information

Providers must select either ERA or PDF, based on the provider's system capability or business requirements

Providers must enroll in ePACES (eXchange) prior to requesting ERA/PDF

ERA is in HIPAA compliant 835 or 820 computer format and requires translation into a readable format (translation software required)

ERA is delivered to providers either via eXchange or SOAP and is available for retrieval for 28 days

ERA or PDF Remittance Advice General Information

PDF-facsimile of paper remit. Delivered to providers through the eXchange inbox

Access to eXchange is obtained by enrolling in ePACES and logging in once

ePACES User ID= eXchange User ID

While ePACES can have multiple User IDs, only one ID can be designated on the ERA/PDF form to retrieve remittances

PDF remits can be picked up weekly from the eXchange inbox and are available for retrieval for 28 days

Adobe Reader Software (free) is needed in order to read the PDF remit

Provider Information Section

eMedNY

ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

To receive the New York Medicaid remittance advice in PDF format through eMedNY eXchange or electronic HIPAA-compliant 835 or 820 format through eMedNY eXchange, FTP or Core WEB Services, complete **all** sections below.
ALLOW 7 to 14 BUSINESS DAYS FOR PROCESSING.

Provider Information
Provider Name _____

Provider Identifiers Information

Provider Identifiers
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

    ☐ TIN ☐ EIN _____

    National Provider Identifier (NPI) *(Required, unless exempt):* _____

Other Identifiers – Assigning Authority – New York Medicaid
    Trading Partner ID: MMIS Provider ID # *(Required, if NPI exempt):* _____

    Trading Partner ID: ETIN: _____

NOTE: The ETIN listed on this form above will also serve as the **DEFAULT ETIN** for reporting paper claim submissions, state submitted adjustments/voids, and Medicare crossover claims, unless you indicate an alternate ETIN, which is set up for electronic/PDF remittances, in this field: _____

Provider Contact Information Section

Provider Contact Information

Provider Contact Name Contact_____

Telephone Number _____ Extension _____

Email Address _____FAX Number _____

Remittance and Delivery Method Section

Electronic Remittance Advice Information

Method of Retrieval

Remittance Type (**Choose one**): ☐ 835/820 Electronic Remittance   ☐ PDF *(eXchange delivery method only)*

Remittance Delivery Method (**Choose one**): ☐ eXchange   ☐ FTP   ☐ Core WEB Services

eXchange, Core WEB Services **or** FTP User ID: _____

Electronic 835/820 Remittance
- Only for providers who have ability to interpret the 835 format
- Delivery choices via eXchange or Core Web Services
- User ID for eXchange is the same ePACES User ID
- Core Web Services- ID issued upon enrollment in the Core Web portal

Remittance and Delivery Method Section

Electronic Remittance Advice Information

Method of Retrieval

Remittance Type (**Choose one**): ☐ 835/820 Electronic Remittance   ☐ PDF *(eXchange delivery method only)*

Remittance Delivery Method (**Choose one**): ☐ eXchange   ☐ FTP   ☐ Core WEB Services

eXchange, Core WEB Services **or** FTP User ID: _____

PDF (Paper Remit Facsimile)
- Delivery choice is the eXchange only
- Requires ePACES enrollment
- ePACES User ID is the same as the eXchange User ID
- Must log into ePACES once to activate the eXchange User ID

Submission Information Section

Submission Information

Reason for Submission   ☐ New Enrollment ☐ Change Enrollment

Authorized Signature

The person signing this form on behalf of the Provider warrants that s/he has the legal authority to do so.

_____   _____

Written Signature of Person Submitting Enrollment   Submission Date

_____   _____

Printed Name of Person Submitting Enrollment   Printed Title of Person Submitting Enrollment

The ERA/PDF form will be returned or rejected if it is incomplete or contains information that is not legible

Checklist for ERA/PDF Remittance Advice Request Form

If the ERA/PDF form is received in the ETIN recertification package, information cannot be added or altered and no other ETINS or NPIs can be added

Make sure the provider or group is linked to the ETIN on the form

Select one remittance type…
Only one type is allowed per ETIN/Provider ID combination

Select one delivery method-
only one type is allowed per ETIN/Provider ID combination

Enter the User ID that matches the selected delivery method

Rejected forms will be returned to the address and contact name entered on the form

Where to Send Forms?

Mail the completed forms to:

eMedNY
Attn: Provider Enrollment Support
PO Box 4614
Rensselaer, NY 12144-8614

Mail the "Group Only" form #426801 to:

eMedNY
PO Box 4610
Rensselaer, NY 12144-4610

Reference and Contact Information

1) eMedNY Website
   www.emedny.org

2) eMedNY Enrollment forms are located
   www.emedny.org/info/providerenrollment/index.aspx

3) eMedNY Call Center
   800-343-9000

www.emedny.org