JAMES McGUINNESS
& ASSOCIATES INC.
Consultants
1482 Erie Blvd. • Schenectady, New York 12305 • 518 393-3635

O P R A

*(**O**rdering – **P**rescribing – **R**eferring – **A**ttending)*

REFERENCE

GUIDE

(Updated September 2024)

Table of Contents

PURPOSE OF THIS GUIDE

In order for Medicaid to pay on a Medicaid claim, the ordering provider must be enrolled as an **O**rdering, **R**eferring, **P**rescribing or **A**ttending (OPRA) provider.

All Full-Service Medicaid Counties *require* SLPs to be OPRA enrolled so the resulting services are Medicaid reimbursable.

The purpose of this guide is to help providers understand why OPRA enrollment is important as well as how to navigate the process.

HOW DOES NON-OPRA ENROLLMENT AFFECT MEDICAID?

When the SLP is not OPRA enrolled and creates the Speech referral, the county loses Medicaid revenue for every Medicaid-eligible child on the SLP's caseload for as long as it takes to become enrolled, which can be months – *negatively impacting Medicaid billing for the County*.

Currently, when a *complete* application packet is received by eMedNY, the timeframe for becoming OPRA enrolled is 90 to 120 days.

If the application is returned to the provider due to missing information, the process is delayed *(even further)* until eMedNY receives a *complete* application packet. After receiving the *complete* application packet, the 90 to 120-day cycle to become enrolled begins.

HOW TO INCREASE OPRA ENROLLMENTS

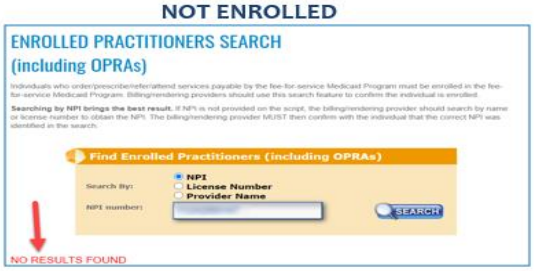
FOR THE AGENCY

- It would be a benefit to the agency as well as the county if the *agency* took more of a role in monitoring the OPRA process. This can be accomplished by using the recommendations noted below for ***New Hires*** and ***Newly Licensed*** providers.

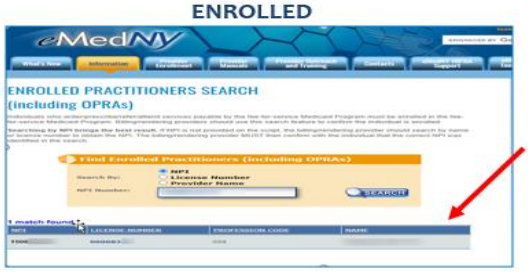
NEW HIRES

- The agency should be checking a new hire's OPRA status using the eMedNY Search Screen.
  Search Screen Link: https://www.emedny.org/info/opra.aspx

NOT ENROLLED



ENROLLED

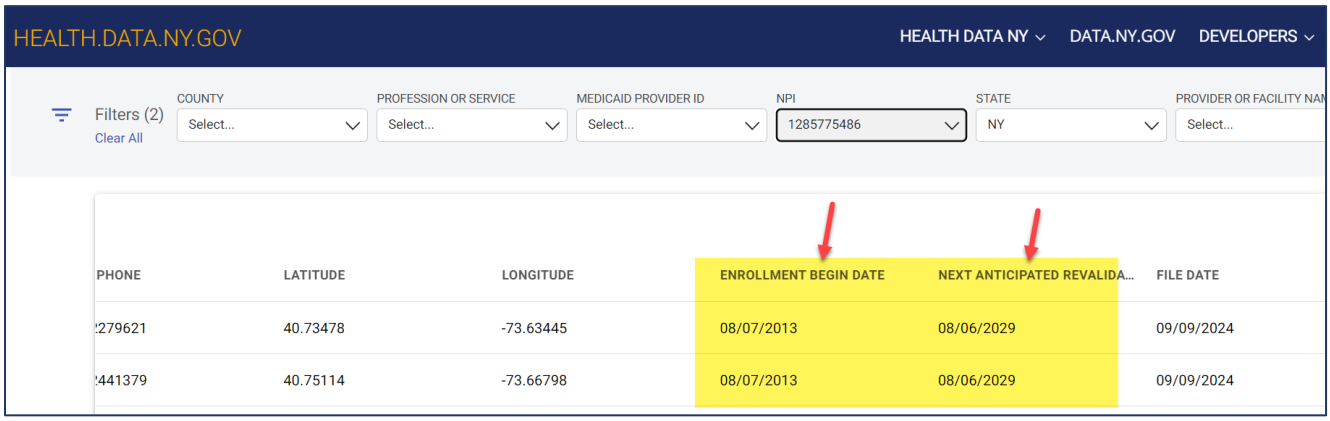


- The agency can also check the following *listings* for current and/or pending OPRA providers.

    1) The ***Medicaid Pending Provider Listing*** (Pending_Provider_File.xlsx (live.com))
    This listing is for providers that have applied for OPRA enrollment that are in "***pending***" status. This listing will give you the date that eMedNY received the application and the Electronic Tracking Number (ETN) for the application.

	A	B	C	D	E	F
1	ETN	NPI	NAME	COS_DESC	STATUS	DATE
2	241450046	1063063998		REGISTERED NURSE	RECEIVED: NYS PROVIDER ENROLLMENT	08/26/2024
3	242140015	1326889395		REGISTERED NURSE	RECEIVED: NYS PROVIDER ENROLLMENT	08/26/2024
4	242190024	1942089891		PHYSICIAN GROUP PRACTICE	RECEIVED: NYS PROVIDER ENROLLMENT	08/26/2024
5	241800093	1679260855	102 CENTER CARE PHARMACY INC	MEDICAL EQUIPMENT SUPPLIERS & DEALEI	ADD'L INFO REQ'D: AWAITING PROV RESPONSE	08/26/2024
6	241800093	1679260855	102 CENTER CARE PHARMACY INC	PHARMACY	ADD'L INFO REQ'D: AWAITING PROV RESPONSE	08/26/2024
7	241690072	1053088567	137 MOTT PHARMACY INC	MEDICAL EQUIPMENT SUPPLIERS & DEALEI	ADD'L INFO REQ'D: AWAITING PROV RESPONSE	08/26/2024

    2) The ***Medicaid Enrolled Provider Listing*** (Medicaid Enrolled Provider Lookup | State of New York (ny.gov)) This listing is for providers that are ***currently*** enrolled. This listing will give you the provider's ***Medicaid Provider Number***, ***initial enrollment date*** and ***the date of the next anticipated Revalidation***.



- If the newly-hired SLP is ***not*** OPRA enrolled, the agency may want to include the OPRA application as part of the ***onboarding documentation*** and address this with the SLP's orientation to the agency.

  Link to the OPRA Enrollment Application – Select Option #2: Provider Enrollment - Therapist (emedny.org)

- For new hires that ***are*** OPRA enrolled, the agency should request a copy of the SLP's ***eMedNY Welcome Letter*** and/or request the SLP's ***Medicaid Provider #*** for the agency's records.

NEWLY LICENSED

- ***For CFYs and speech teachers that obtain their license***, the Agency should assist the newly-licensed SLP in locating the online *OPRA Enrollment Form* or the Agency may want to keep blank applications on hand.

  Link to OPRA Enrollment Application (Option #2): Provider Enrollment - Therapist (emedny.org)

  Link to OPRA Information in the Portal Knowledge Base: https://support.cpseportal.com/kb/a255/opra-enrollment-information-website.aspx

- The agency should ensure that the OPRA application is *completed* and *submitted* to eMedNY as soon as the SLP receives their NYS license.*

  **A copy of the SLP's license will need to be submitted with the application form. CFY's and speech teachers cannot apply for OPRA until they are licensed.*

NEW CONDITIONAL APPROVAL PROCESS

After issuing *many* conditional approvals for non-enrolled OPRA providers, McGuinness has noticed that as long as billing can be submitted to the County, there is no urgency in becoming OPRA enrolled.

As a result, the *Conditional Approval Process* for non-enrolled OPRA providers is changing *(effective September 2024)*. Instead of assigning a 180-day conditional approval period for non-OPRA providers to become enrolled, the county will be moving forward as follows:

- McGuinness receives Medicaid denials for a non-OPRA enrolled provider.
- Based upon the Medicaid denials, the SLP and the agency will be notified that the SLP needs to enroll in OPRA *(to prevent future denials).*
- The SLP will be assigned a ***30-day conditional approval period*** to submit their OPRA application to eMedNY. (*The agency will be able to bill during this 30-day period.)*
- 7-10 days after the OPRA application has been submitted, the SLP or the agency can obtain a ***tracking number and day number*** from eMedNY (**800-343-9000)** for the application. ***The SLP or agency will email McGuinness (Medicaid@cpseportal.com) with the tracking and day numbers.***
- After McGuinness receives the SLP's application tracking information (above), the SLP will be given a ***180-day conditional approval extension period*** while the SLP awaits their OPRA approval and Medicaid number (from eMedNY).
- If the SLP or agency does not report the tracking information to McGuinness and the 30-day conditional approval period expires, ***the conditional approval period will not be extended*** until McGuinness receives the eMedNY tracking information. ***This will impact the agency's ability to submit billing for the children on the non-enrolled SLP's caseload.***
- **Important Note:**
  - If the SLP's OPRA application is ***returned due to missing information***, the agency should ensure that the SLP fills in the missing information as soon as possible and re-submits the *completed* application to eMedNY (***before the 30-day conditional approval period expires***).
  - ***As soon as McGuinness receives the tracking information for the application, the SLP's conditional approval period will be extended to 180 days.***

CONDITIONAL APPROVAL TRACKING

Considering that ***the agency will now experience billing issues*** due to non-compliance, it would be a benefit if the agency takes more of role in monitoring the OPRA Process.

Listed below are suggestions for tracking the OPRA Process.

1) **7-10 days** after mailing the application to eMedNY the SLP or the agency should call (**800-343-9000**) or email (Contact (emedny.org)) eMedNY to obtain a ***Tracking Number*** and a ***Day Number*** for the application. (The SLP's NPI # is required for this inquiry.)
2) Application processing for OPRA takes ***90 to 120 days***. The *Application Day #* will give an idea of where the SLP is in the process.
3) ***The agency may want to maintain a spreadsheet that includes…***
    - *The **date** that the application was **mailed***
    - *The **date** that eMedNY received the application and assigned the **tracking information***
    - *The **Medicaid #***
    - *The **Initial Enrollment Date***
    - *The **Next Revalidation Date***
    - ***Comments** – To keep track of the date mailed, day #, tracking #, etc.*

Example Spreadsheet

Name of SLP	NPI #	License #	Application Mailed	eMedNY Received	Medicaid #	Initial Enrollment Date	Next Revalidation Date	Comments
Mary Brown	1234567890	123456	1/2/2023	1/5/2023	1451298	4/1/2023	3/31/2028	eMedNY Tracking #121356, called on 3/1/23, Mary is on Day #60

eMedNY OPRA APPLICATION PROCESS

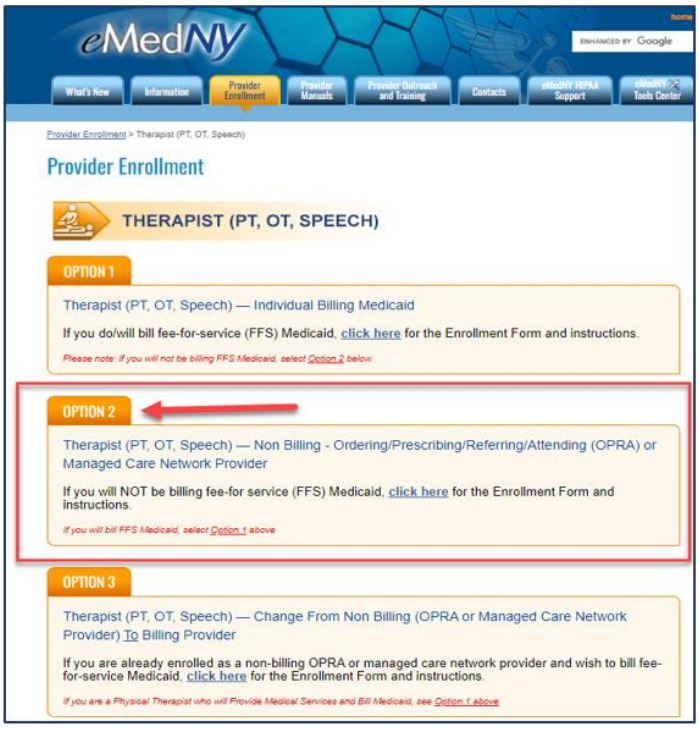
The non-enrolled OPRA provider should complete the **OPRA Provider Enrollment Application** – **Option #2** *(for Service Providers)*. There is no cost to apply for Service Providers.

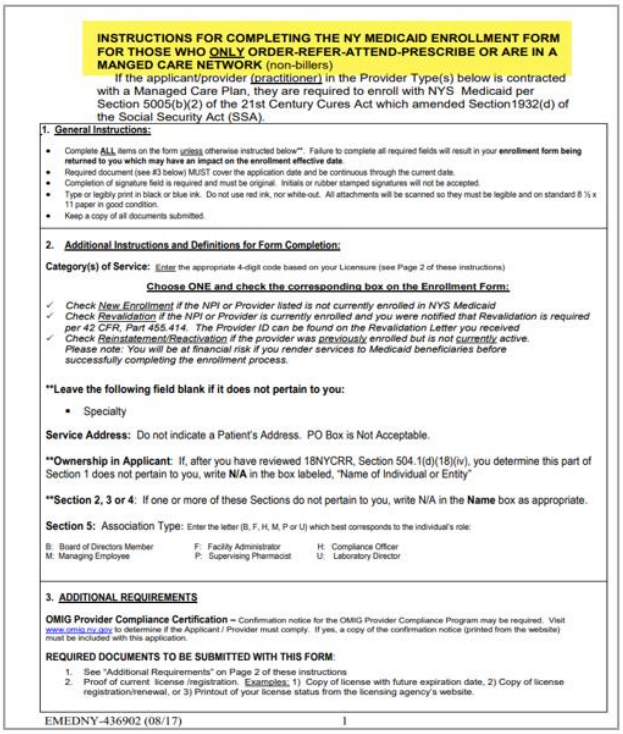
There are instructions for completing the OPRA Provider Enrollment Application (link to instructions below).

See screenshots of application and instructions on the next page.

Link to Application:
Provider Enrollment - Therapist (emedny.org)

Link to Instructions for Completing the Provider Enrollment Form:
INSTRUCTIONS FOR COMPLETING A NEW YORK STATE ENROLLMENT FORM FOR (emedny.org)





INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR THOSE WHO ONLY ORDER-REFER-ATTEND-PRESCRIBE OR ARE IN A MANGED CARE NETWORK (non-billers)

If the applicant/provider (practitioner) in the Provider Type(s) below is contracted with a Managed Care Plan, they are required to enroll with NYS Medicaid per Section 5005(b)(2) of the 21st Century Cures Act which amended Section1932(d) of the Social Security Act (SSA).

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:

Category(s) of Service: Enter the appropriate 4-digit code based on your Licensure (see Page 2 of these instructions)

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 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.*

****Leave the following field blank if it does not pertain to you:**

- Specialty

Service Address: Do not indicate a Patient's Address. PO Box is Not Acceptable.

****Ownership in Applicant**: If, after you have reviewed 18NYCRR, Section 504.1(d)(18)(iv), you determine this part of Section 1 does not pertain to you, write **N/A** in the box labeled, "Name of Individual or Entity"

****Section 2, 3 or 4**: If one or more of these Sections do not pertain to you, write N/A in the **Name** box as appropriate.

Section 5: Association Type: 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.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:

1. See "Additional Requirements" on Page 2 of these instructions
2. Proof of current license /registration. Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of your license status from the licensing agency's website.

EMEDNY-436902 (08/17) 1

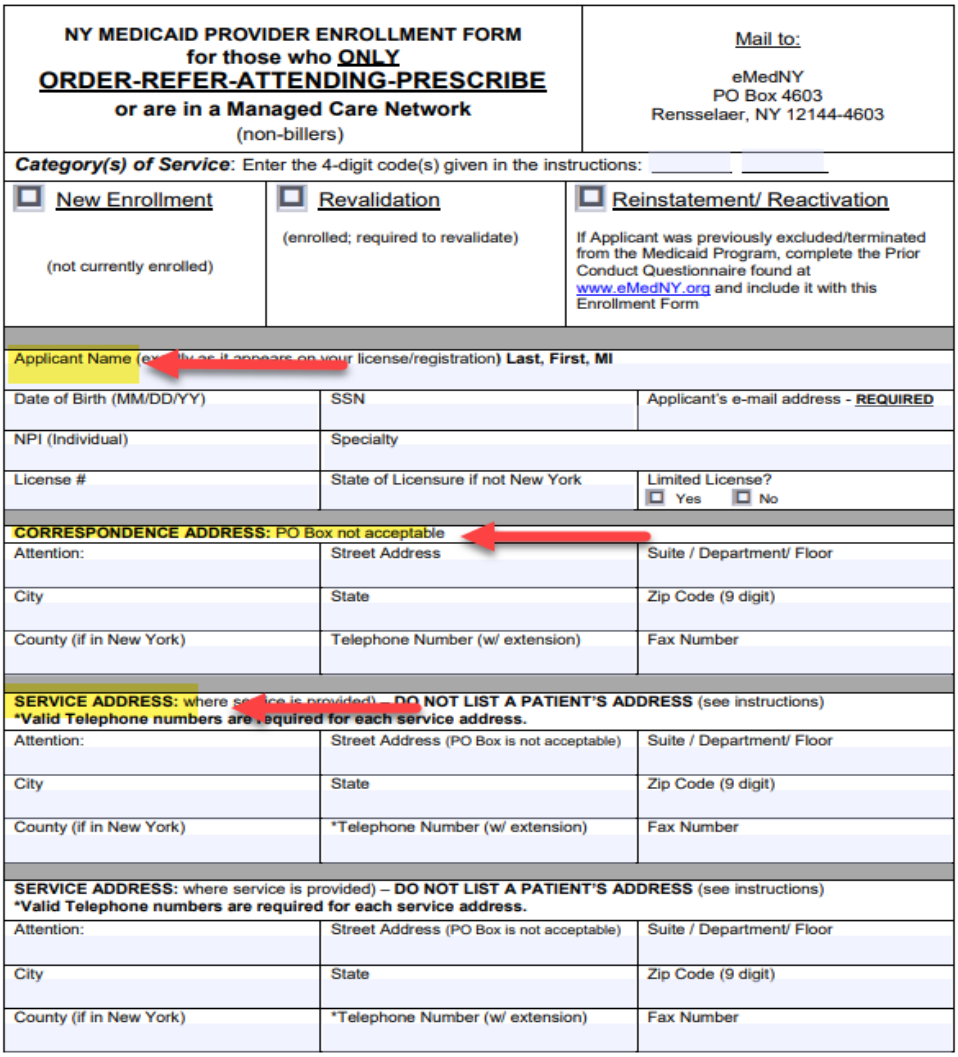
When you complete the enrollment application, you will need to check one of the three options shown below:

New Enrollment – Revalidation – Reinstatement/Reactivation

NY MEDICAID PROVIDER ENROLLMENT FORM for those who ONLY ORDER-REFER-ATTENDING-PRESCRIBE or are in a Managed Care Network (non-billers)	Mail to: eMedNY PO Box 4603 Rensselaer, NY 12144-4603
Category(s) of Service: Enter the 4-digit code(s) given in the instructions: _____ _____	
☐ New Enrollment	☐ Revalidation
(not currently enrolled)	(enrolled; required to revalidate)
☐ Reinstatement/ Reactivation	
If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form	

ENROLLMENT FORM – PAGE 2 (See screenshot of the OPRA Application on next page)

- ***Applicant Name*** - Fill in the applicant's information.
- ***Correspondence Address*** – Fill in the address where the applicant will receive mail regarding the eMedNY application and all future eMedNY correspondence.
- ***Service Address*** – Fill in the address(es) where the applicant is employed. If the provider works in more than one agency, another agency can be listed on the Enrollment Form.



NY MEDICAID PROVIDER ENROLLMENT FORM
for those who ONLY
ORDER-REFER-ATTENDING-PRESCRIBE
or are in a Managed Care Network
(non-billers)

Mail to:
eMedNY
PO Box 4603
Rensselaer, NY 12144-4603

Category(s) of Service: Enter the 4-digit code(s) given in the instructions: _____ _____

☐ New Enrollment (not currently enrolled)

☐ Revalidation (enrolled; required to revalidate)

☐ Reinstatement/ Reactivation
If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form

Applicant Name (exactly as it appears on your license/registration) **Last, First, MI**

Date of Birth (MM/DD/YY)	SSN	Applicant's e-mail address - **REQUIRED**
NPI (Individual)	Specialty	
License #	State of Licensure if not New York	Limited License? ☐ Yes ☐ No

CORRESPONDENCE ADDRESS: PO Box not acceptable

Attention:	Street Address	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	Telephone Number (w/ extension)	Fax Number

SERVICE ADDRESS: where service is provided) – **DO NOT LIST A PATIENT'S ADDRESS** (see instructions)
***Valid Telephone numbers are required for each service address.**

Attention:	Street Address (PO Box is not acceptable)	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	*Telephone Number (w/ extension)	Fax Number

SERVICE ADDRESS: where service is provided) – **DO NOT LIST A PATIENT'S ADDRESS** (see instructions)
***Valid Telephone numbers are required for each service address.**

Attention:	Street Address (PO Box is not acceptable)	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	*Telephone Number (w/ extension)	Fax Number

SECTIONS 1- 6 (Pages 3-4 – *If you do not own a business, enter N/A for items 2 through 5*.)*

1) ***Applicant*** **-** Fill in the applicant's information. ***Ownership in Applicant*** – This section is completed if the applicant has ownership in a business. If it does not apply, enter N/A.

2) ***Ownership in Other Disclosing Entities*** **–** If you do not own a business this will not apply to you.

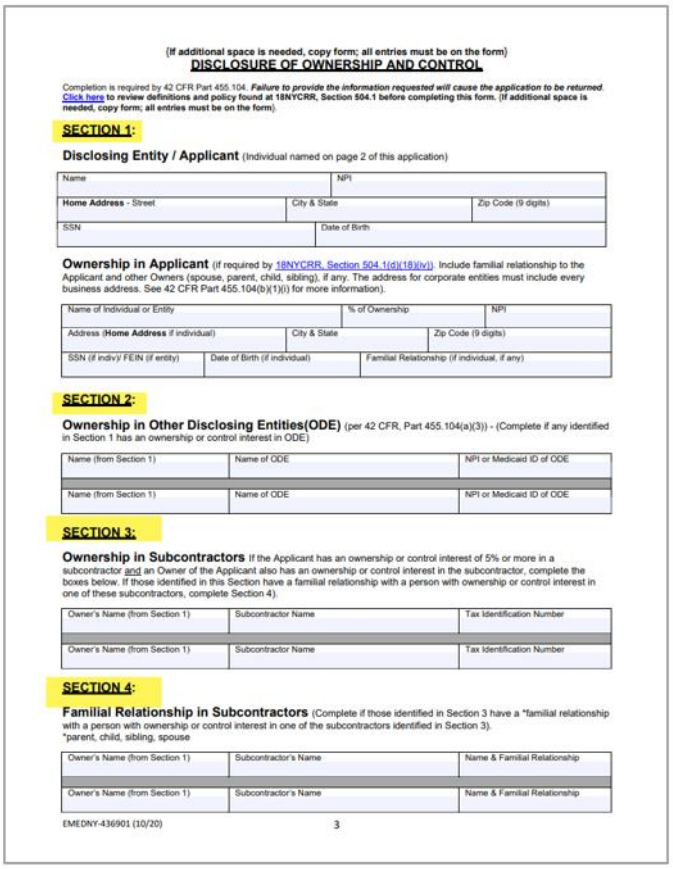
3) ***Ownership in Subcontractors*** **–** If you do not own a business this will not apply to you.

4) ***Familial Relationship in Subcontractors*** **–** If you do not do not own a business this will not you.

5) ***Managing Employees & Those with Control Interest*** **–** If you do not do not own a business this will not apply to you.

6) Make ***sure you answer all the questions in Section 6.*** *(If it does not apply, enter N/A.)*

If you *do* own a business or have controlling interest in a business, you will need to complete Part two of Section 1 and Sections 2 through 5. See screenshots on next page. *(You will find additional information about Sections 2-5 following the screenshots.)* If a question does not apply, write N/A for the question.



(If additional space is needed, copy form; all entries must be on the form)

DISCLOSURE OF OWNERSHIP AND CONTROL

Completion is required by 42 CFR Part 455.104. ***Failure to provide the information requested will cause the application to be returned.*** Click here **to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form. (If additional space is needed, copy form; all entries must be on the form).**

SECTION 1:

Disclosing Entity / Applicant (Individual named on page 2 of this application)

Name		NPI
Home Address - Street	City & State	Zip Code (9 digits)
SSN	Date of Birth	

Ownership in Applicant (if required by 18NYCRR, Section 504.1(d)(18)(iv)) Include familial relationship to the Applicant and other Owners (spouse, parent, child, sibling), if any. The address for corporate entities must include every business address. See 42 CFR Part 455.104(b)(1)(i) for more information).

Name of Individual or Entity	% of Ownership	NPI
Address (**Home Address** if individual)	City & State	Zip Code (9 digits)
SSN (if indiv)/ FEIN (if entity)	Date of Birth (if individual)	Familial Relationship (if individual, if any)

SECTION 2:

Ownership in Other Disclosing Entities(ODE) (per 42 CFR, Part 455.104(a)(3)) - (Complete if any identified in Section 1 has an ownership or control interest in ODE)

Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE
Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE

SECTION 3:

Ownership in Subcontractors If the Applicant has an ownership or control interest of 5% or more in a subcontractor and an Owner of the Applicant also has an ownership or control interest in the subcontractor, complete the boxes below. If those identified in this Section have a familial relationship with a person with ownership or control interest in one of these subcontractors, complete Section 4).

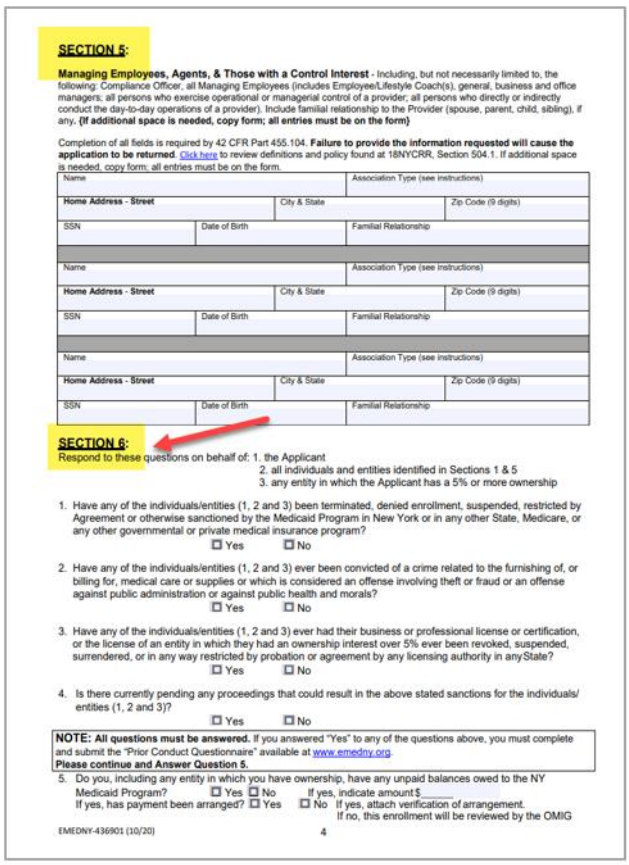
Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number
Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number

SECTION 4:

Familial Relationship in Subcontractors (Complete if those identified in Section 3 have a *familial relationship with a person with ownership or control interest in one of the subcontractors identified in Section 3).
*parent, child, sibling, spouse

Owner's Name (from Section 1)	Subcontractor's Name	Name & Familial Relationship
Owner's Name (from Section 1)	Subcontractor's Name	Name & Familial Relationship

EMEDNY-436901 (10/20) 3



SECTION 5:

Managing Employees, Agents, & Those with a Control Interest - Including, but not necessarily limited to, the following: Compliance Officer, all Managing Employees (includes Employee/Lifestyle Coach(s), general, business and office managers; all persons who exercise operational or managerial control of a provider, all persons who directly or indirectly conduct the day-to-day operations of a provider). Include familial relationship to the Provider (spouse, parent, child, sibling), if any. **(If additional space is needed, copy form; all entries must be on the form)**

Completion of all fields is required by 42 CFR Part 455.104. **Failure to provide the information requested will cause the application to be returned.** Click here to review definitions and policy found at 18NYCRR, Section 504.1. If additional space is needed, copy form; all entries must be on the form.

Name		Association Type (see instructions)
Home Address - Street	City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship
Name		Association Type (see instructions)
Home Address - Street	City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship
Name		Association Type (see instructions)
Home Address - Street	City & State	Zip Code (9 digits)
SSN	Date of Birth	Familial Relationship

SECTION 6:
Respond to these questions on behalf of: 1. the Applicant
2. all individuals and entities identified in Sections 1 & 5
3. any entity in which the Applicant has a 5% or more ownership

1. Have any of the individuals/entities (1, 2 and 3) been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid Program in New York or in any other State, Medicare, or any other governmental or private medical insurance program?
☐ Yes ☐ No
2. Have any of the individuals/entities (1, 2 and 3) ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense involving theft or fraud or an offense against public administration or against public health and morals?
☐ Yes ☐ No
3. Have any of the individuals/entities (1, 2 and 3) ever had their business or professional license or certification, or the license of an entity in which they had an ownership interest over 5% ever been revoked, suspended, surrendered, or in any way restricted by probation or agreement by any licensing authority in anyState?
☐ Yes ☐ No
4. Is there currently pending any proceedings that could result in the above stated sanctions for the individuals/ entities (1, 2 and 3)?
☐ Yes ☐ No

NOTE: All questions must be answered. If you answered "Yes" to any of the questions above, you must complete and submit the "Prior Conduct Questionnaire" available at www.emedny.org.
Please continue and Answer Question 5.

5. Do you, including any entity in which you have ownership, have any unpaid balances owed to the NY Medicaid Program? ☐ Yes ☐ No If yes, indicate amount $_____
If yes, has payment been arranged? ☐ Yes ☐ No If yes, attach verification of arrangement.
If no, this enrollment will be reviewed by the OMIG

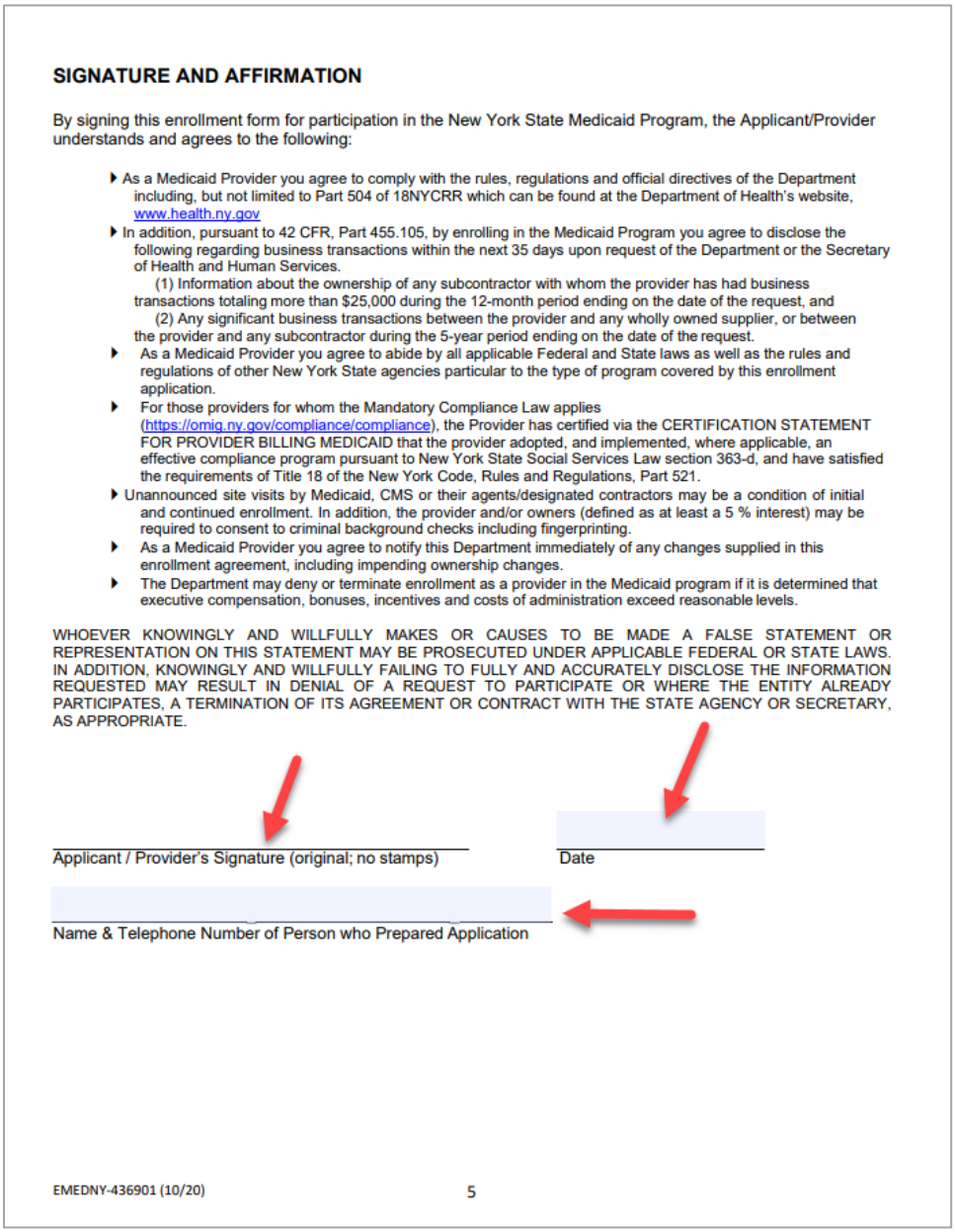
EMEDNY-436901 (10/20) 4

Sections 2 – 5 on the application are for applicants that own a business or have controlling interest in a business. Please see ***Section 504.1(d)(18)(iv)*** for more information (*https://regs.health.ny.gov/content/section-5041-policy-and-scope*).

> *…Person with an ownership or control interest means a person who owns an interest of five percent (5%) or more in any mortgage, deed of trust, note, or other obligation secured by the provider if that interest equals at least five percent (5%) of the value of the property of assets of the provider…*

Signature & Affirmation

- The applicant must sign **the Enrollment Form** with an ***original signature*** in ***blue*** *or* ***black*** *ink.*
- The ***Signature & Affirmation Form*** must be ***dated***.
- The ***name and telephone number*** of the person who prepared the *Enrollment Form* must be completed.
- See screenshot on next page.



SIGNATURE AND AFFIRMATION

By signing this enrollment form for participation in the New York State Medicaid Program, the Applicant/Provider understands and agrees to the following:

- As a Medicaid Provider you agree to comply with the rules, regulations and official directives of the Department including, but not limited to Part 504 of 18NYCRR which can be found at the Department of Health's website, www.health.ny.gov
- In addition, pursuant to 42 CFR, Part 455.105, by enrolling in the Medicaid Program you agree to disclose the following regarding business transactions within the next 35 days upon request of the Department or the Secretary of Health and Human Services.
  (1) Information about the ownership of any subcontractor with whom the provider has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request, and
  (2) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the 5-year period ending on the date of the request.
- As a Medicaid Provider you agree to abide by all applicable Federal and State laws as well as the rules and regulations of other New York State agencies particular to the type of program covered by this enrollment application.
- For those providers for whom the Mandatory Compliance Law applies (https://omig.ny.gov/compliance/compliance), the Provider has certified via the CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID that the provider adopted, and implemented, where applicable, an effective compliance program pursuant to New York State Social Services Law section 363-d, and have satisfied the requirements of Title 18 of the New York Code, Rules and Regulations, Part 521.
- Unannounced site visits by Medicaid, CMS or their agents/designated contractors may be a condition of initial and continued enrollment. In addition, the provider and/or owners (defined as at least a 5 % interest) may be required to consent to criminal background checks including fingerprinting.
- As a Medicaid Provider you agree to notify this Department immediately of any changes supplied in this enrollment agreement, including impending ownership changes.
- The Department may deny or terminate enrollment as a provider in the Medicaid program if it is determined that executive compensation, bonuses, incentives and costs of administration exceed reasonable levels.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Applicant / Provider's Signature (original; no stamps)

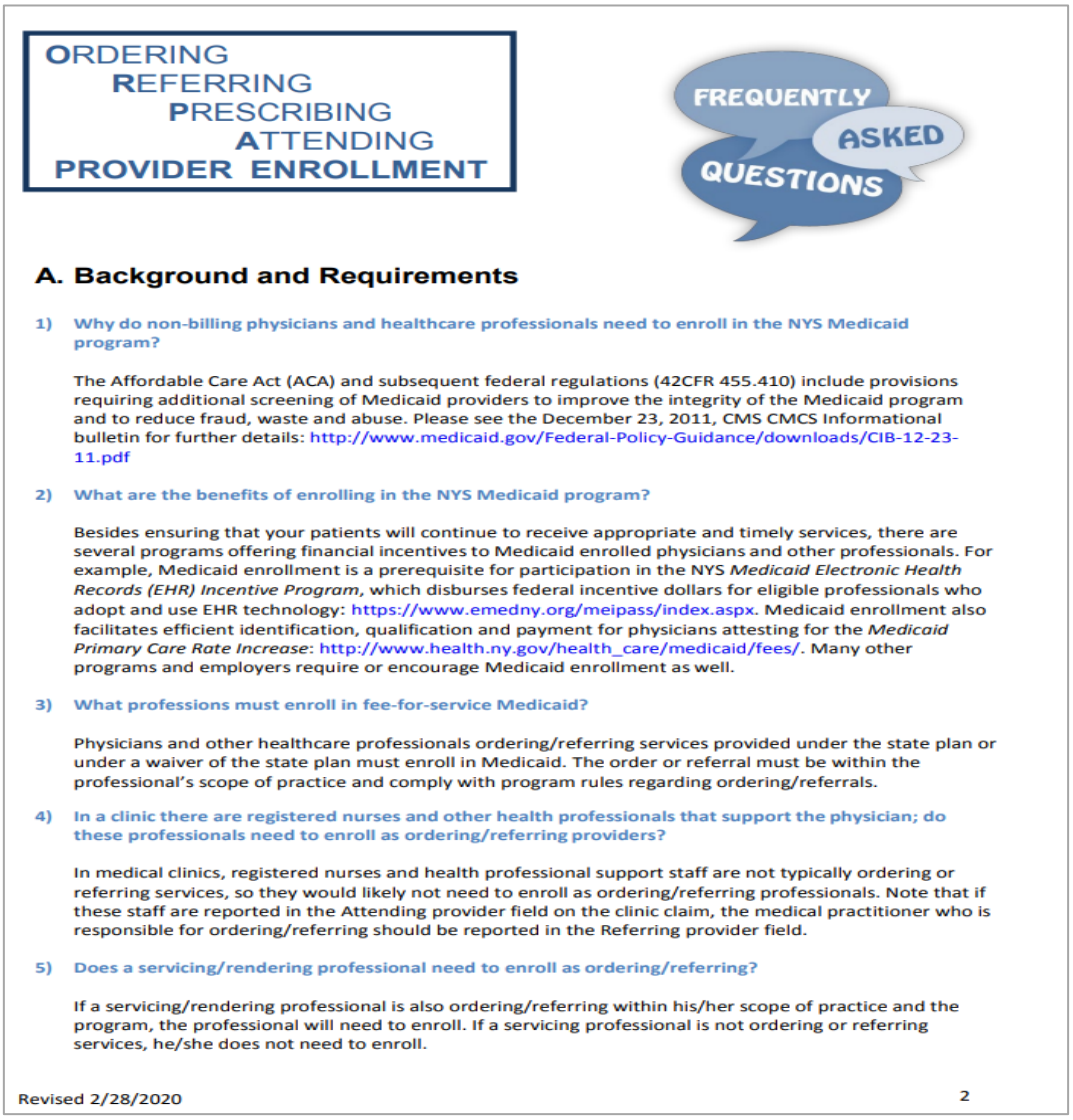
Date

Name & Telephone Number of Person who Prepared Application

EMEDNY-436901 (10/20) 5

If the SLP cannot determine whether a question should be answered on the enrollment form, reviewing the ***Frequently Asked Questions*** (for OPRA Provider Enrollment) may help. (See screenshot on next page.)

Link to FAQs: Core_OPRA_FAQs.pdf (emedny.org)



ORDERING
REFERRING
PRESCRIBING
ATTENDING
PROVIDER ENROLLMENT

FREQUENTLY ASKED QUESTIONS

A. Background and Requirements

1) **Why do non-billing physicians and healthcare professionals need to enroll in the NYS Medicaid program?**

The Affordable Care Act (ACA) and subsequent federal regulations (42CFR 455.410) include provisions requiring additional screening of Medicaid providers to improve the integrity of the Medicaid program and to reduce fraud, waste and abuse. Please see the December 23, 2011, CMS CMCS Informational bulletin for further details: http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-12-23-11.pdf

2) **What are the benefits of enrolling in the NYS Medicaid program?**

Besides ensuring that your patients will continue to receive appropriate and timely services, there are several programs offering financial incentives to Medicaid enrolled physicians and other professionals. For example, Medicaid enrollment is a prerequisite for participation in the NYS *Medicaid Electronic Health Records (EHR) Incentive Program*, which disburses federal incentive dollars for eligible professionals who adopt and use EHR technology: https://www.emedny.org/meipass/index.aspx. Medicaid enrollment also facilitates efficient identification, qualification and payment for physicians attesting for the *Medicaid Primary Care Rate Increase*: http://www.health.ny.gov/health_care/medicaid/fees/. Many other programs and employers require or encourage Medicaid enrollment as well.

3) **What professions must enroll in fee-for-service Medicaid?**

Physicians and other healthcare professionals ordering/referring services provided under the state plan or under a waiver of the state plan must enroll in Medicaid. The order or referral must be within the professional's scope of practice and comply with program rules regarding ordering/referrals.

4) **In a clinic there are registered nurses and other health professionals that support the physician; do these professionals need to enroll as ordering/referring providers?**

In medical clinics, registered nurses and health professional support staff are not typically ordering or referring services, so they would likely not need to enroll as ordering/referring professionals. Note that if these staff are reported in the Attending provider field on the clinic claim, the medical practitioner who is responsible for ordering/referring should be reported in the Referring provider field.

5) **Does a servicing/rendering professional need to enroll as ordering/referring?**

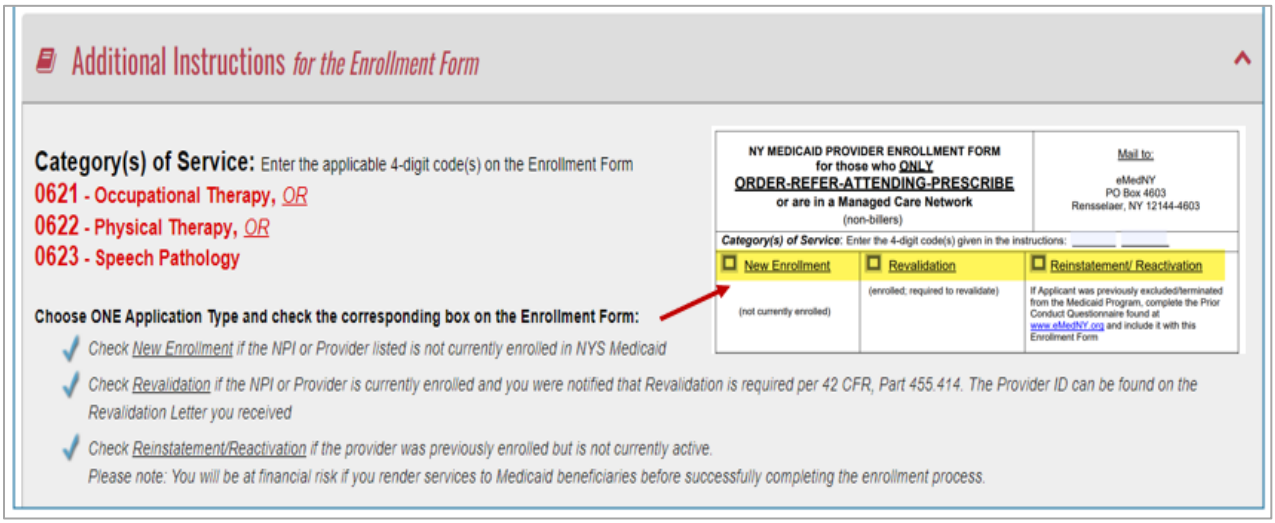
If a servicing/rendering professional is also ordering/referring within his/her scope of practice and the program, the professional will need to enroll. If a servicing professional is not ordering or referring services, he/she does not need to enroll.

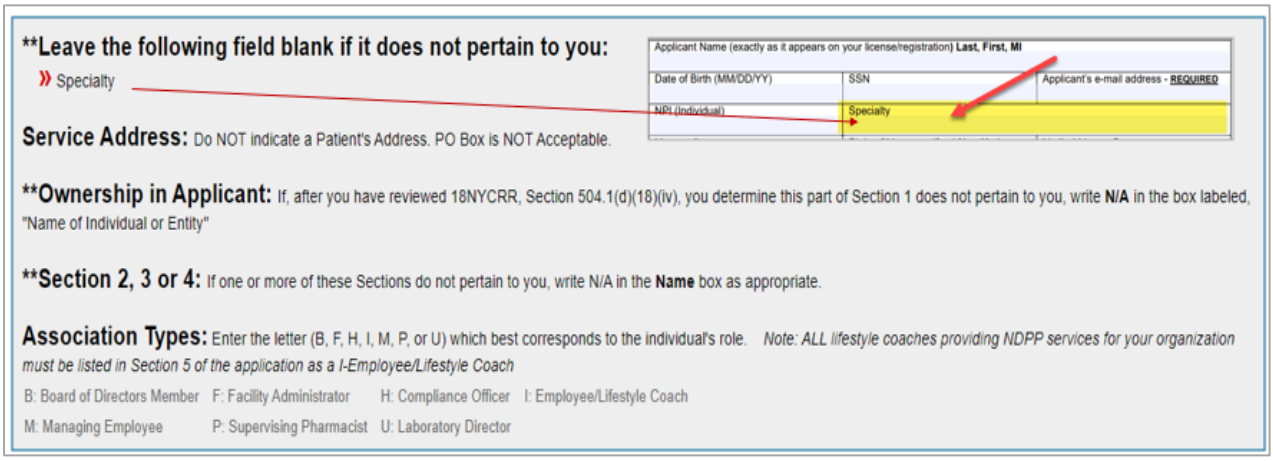
Revised 2/28/2020 2

GENERAL INSTRUCTIONS FOR THE OPRA ENROLLMENT APPLICATION – Provider Enrollment - Therapist (emedny.org)

- ***Complete all items on the form***. Failure to complete the required fields will result in the Enrollment Form being returned, which may have an impact on the enrollment effective date (and the Agency's billing).
- An ***original signature*** is required. Initials or stamped signatures including font substitutions will not be accepted.
- Type or legibly print in ***black*** *or* ***blue*** *ink*. Do not use ***red*** ink, white-out or correction tape. Attachments need to be scanned on standard 8-1/2 x 11 paper.
- A copy of the SLP's most recent ***NYS License must be included*** with the Enrollment Form
- Keep a copy of all documents submitted – requests for copies will not be honored.

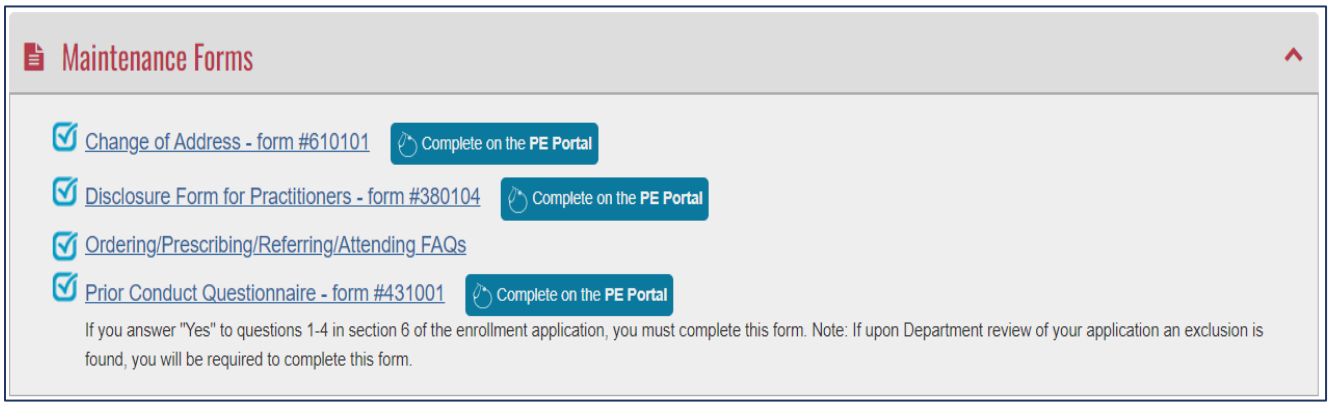
ADDITIONAL INSTRUCTIONS FOR THE OPRA ENROLLMENT APPLICATION FORM (eMedNY Website)





ADDITIONAL FORMS & REQUIREMENTS (eMedNY Website)

MAINTENANCE FORMS (eMedNY Website)



ENROLLMENT APPLICATION MAILING ADDRESS

Mail to:	Expediting/Priority Mail:
eMedNY *PO Box 4603* *Rensselaer, NY 12144-4603*	*eMedNY* *327 Columbia Turnpike* *Attn: Box 4603* *Rensselaer, NY 12144-4603*

OPRA INITIAL ENROLLMENT DATE

- When the SLP receives their ***Welcome Letter*** *(*and *Medicaid Provider #),* the SLP should give a copy of the letter to the agency *(for the agency's records).*
- The SLP or agency should email a copy of the ***Welcome Letter*** to McGuinness (Medicaid@CPSEPortal.com) so Medicaid Denials for non-OPRA enrollment can be rebilled.
- The agency should also keep a spreadsheet that includes…
  - *The SLP's Medicaid Provider #,*
  - *Initial Enrollment Date*
  - *The SLP's Next Revalidation Date*
- The agency will want to follow-up with the SLP regarding ***Revalidation*** so the SLP's OPRA enrollment is not terminated.

eMEDNY PRACTITIONER ENROLLMENT APPLICATION SCREENING CHECKLIST

PRACTITIONER ENROLLMENT APPLICATION SCSREENING CHECKLIST	
Provider Name:	**Correspondence Address:**
SS#	
License #	
COS	
	Phone:

MANDATORY FIELDS TO BE COMPLETED ON THE ENROLLMENT FORM	COMPLETED	
	Yes	**No**
Category of Service		
Application Type		
Applicant Name		
NPI #		
Social Security #		
License Number		
Limited License Question (Yes or No)		
Applicant's Email		
Enrolled in Medicaid (Yes or No)		
DEA Number, Effective Date and Expiration Date		
If affiliated with Group, Private Practice Questions (Yes, No or N/A)		
Correspondence Address		
Pay to Address		
Corporate Address		
Service Address		
Disclosure of Ownership Section		
Signature and Affirmation		

REQUIRED DOCUMENTATION TO BE SUBMITTED	ATTACHED TO APPLICATION		
	N/A	**Yes**	**No**
License			

eMedNY REVALIDATION PROCESS

- It is important to note that OPRA enrollment needs to be ***revalidated every five (5) years*** from either the ***enrollment effective date*** (as specified in the ***Medicaid Welcome Letter***) or the ***last date revalidation*** was completed (as indicated on the ***Successful Completion of Revalidation Letter***).
- It is important that providers keep their address current with eMedNY so the they receive the ***Revalidation Letter***.

  Link to eMedNY Change of Address Form:
  https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610101_BPGCOA_FRM_Address_Change_Form.pdf

STAGES OF REVALIDATION

1) ***Initial Revalidation Letter*** – Revalidation documentation should be sent to eMedNY within 90 days of the date of the *Initial Revalidation Letter*.

2) ***Final Revalidation Letter*** – If the SLP does not respond to the "***Final Revalidation Letter***" within 45 days, the provider's ***OPRA enrollment will be terminated.***

3) ***Revalidation Letter Received*** – When the ***Revalidation Letter*** is received, the revalidation will be reviewed by the ***Bureau of Provider Enrollment***. No further action is required unless contacted by the Bureau. A letter will be sent once the revalidation process is completed.

4) ***Successful Revalidation Letter*** – When the submitted revalidation is approved, a "***Successful Revalidation Letter"*** is sent to the provider. The next revalidation is due (5) five years from the date on this letter. Five years from the date of this letter is when the SLP will need to revalidate. This date should be monitored by the agency to ensure that OPRA enrollment is not terminated.

WHAT HAPPENS NEXT?

After the revalidation submission is received by eMedNY, the applicant will receive a written notice that the *Revalidation Packet* was received. Next Steps Include…

Prescreening by eMedNY

- If there are errors on the application form or the packet is incomplete, the entire revalidation packet will be returned (to the applicant) by mail with a checklist that details what is required. The packet should be completed and re-sent to eMedNY for re-screening.

- If no errors are detected, the revalidation application will be scanned and entered into the eMedNY system. This may take 2-3 weeks from receipt. You may contact eMedNY for an ***Enrollment Tracking Number*** (ETN) for the Revalidation.

- When the submitted ***Revalidation Application*** is approved, a ***"Successful Revalidation Letter"*** will be sent to the address on the application. The next Revalidation will occur (5) five years from the date on this letter.

WHAT SHOULD YOU DO IF YOU DO NOT RECEIVE YOUR REVALIDATION LETTER?

- It is very important that the provider notify eMedNY of an address change so their OPRA enrollment is not terminated.

  Link to eMedNY Change of Address Form:
  https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610101_BPGCOA_FRM_Address_Change_Form.pdf

- If the SLP is within 60 days of their ***revalidation date*** and the SLP has not received the ***Initial Revalidation Letter***, the SLP or the agency should reach out to eMedNY (**800-343-9000**) to find out what is needed to revalidate enrollment.

- If the SLP's OPRA enrollment is terminated, the SLP will need to submit an ***OPRA Re-Instatement/Re-Activation Application*** along with a ***Prior Conduct Questionnaire***, which can take up to four months to process *(along with an additional Conditional Approval Period that may affect billing).*

ENROLLMENT TERMINATED – HOW DO YOU BECOME ACTIVE AGAIN?

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?

1) Complete the ***Revalidation Enrollment Form*** (Provider Enrollment - Therapist (emedny.org)) for your provider type and mail to eMedNY.

2) 7-10 Days after mailing your *Revalidation Enrollment Form* to eMedNY, call the ***eMedNY Call Center Help Desk*** at **800-343-9000** to confirm receipt of your *Revalidation Enrollment Form*. Ask for a ***9-digit Enrollment Tracking Number*** (ETN).

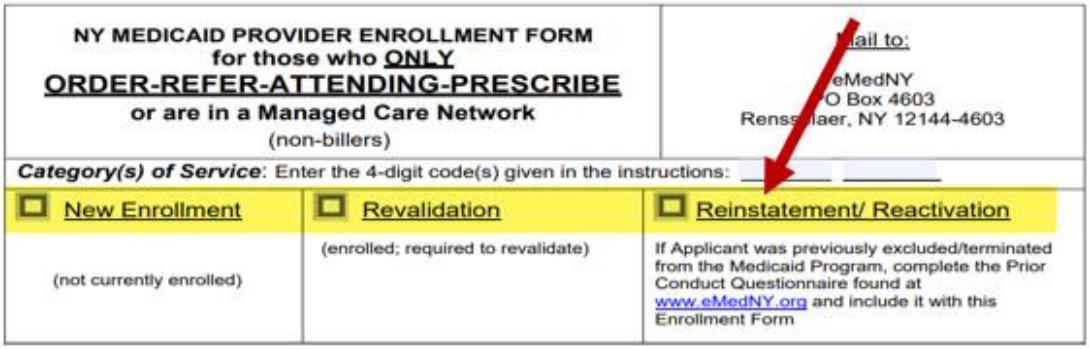
3) Write the provider mailbox at providerenrollment@health.ny.gov and state that you have ***revalidated*** and wish to be ***reactivated***. Provide your ***Enrollment Tracking Number*** *(ETN).*

4) Only with a confirmed tracking number (ETN #) will eMedNY reactivate your enrollment.

When the provider's enrollment in the eMedNY Program is terminated for failure to respond to the ***Initial*** and ***Final Letters***, a ***Reinstatement/Reactivation Enrollment Application*** is required. ***A Prior Conduct Questionnaire*** must also accompany the ***Reinstatement Enrollment Application***.

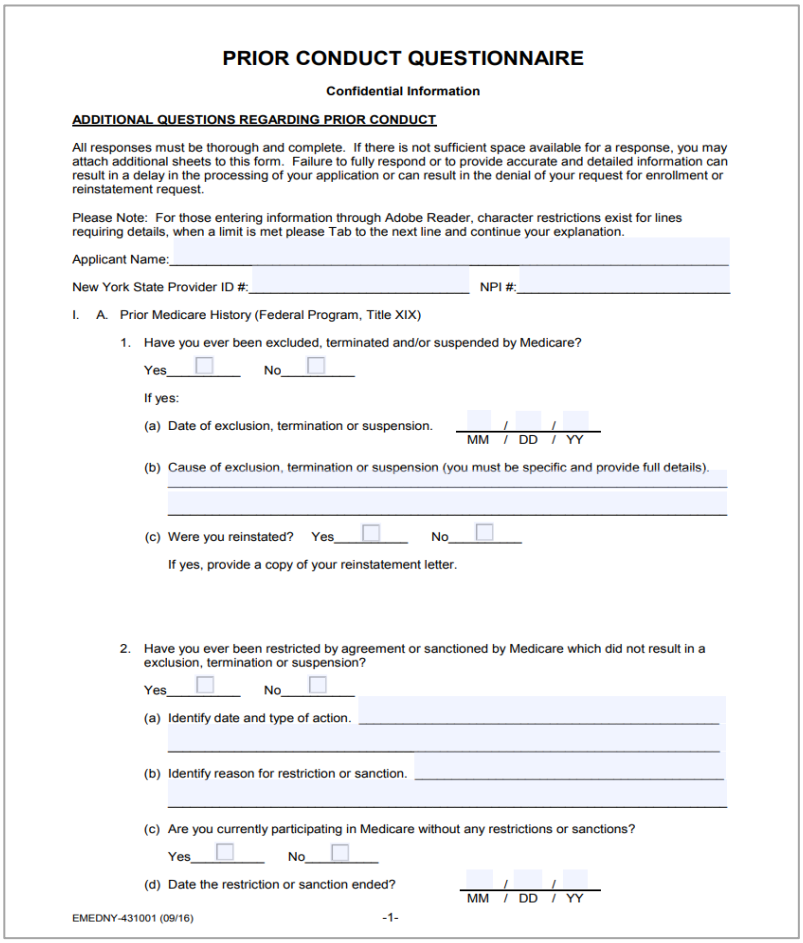
Links:
Reinstatement/Reactivation Enrollment form: Provider Enrollment - Therapist (emedny.org)
Prior Conduct Questionnaire: Email Template (emedny.org)

Make sure you select the ***Reinstatement/Reactivation*** Enrollment Type on the Enrollment Form.



NY MEDICAID PROVIDER ENROLLMENT FORM for those who ONLY ORDER-REFER-ATTENDING-PRESCRIBE or are in a Managed Care Network (non-billers)	Mail to: eMedNY PO Box 4603 Rensselaer, NY 12144-4603	
Category(s) of Service: Enter the 4-digit code(s) given in the instructions:		
☐ New Enrollment	☐ Revalidation	☐ Reinstatement/ Reactivation
(not currently enrolled)	(enrolled; required to revalidate)	If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form

You will also need to complete the *Prior Conduct Questionnaire*.



PRIOR CONDUCT QUESTIONNAIRE

Confidential Information

ADDITIONAL QUESTIONS REGARDING PRIOR CONDUCT

All responses must be thorough and complete. If there is not sufficient space available for a response, you may attach additional sheets to this form. Failure to fully respond or to provide accurate and detailed information can result in a delay in the processing of your application or can result in the denial of your request for enrollment or reinstatement request.

Please Note: For those entering information through Adobe Reader, character restrictions exist for lines requiring details, when a limit is met please Tab to the next line and continue your explanation.

Applicant Name:_____

New York State Provider ID #:_____ NPI #:_____

I. A. Prior Medicare History (Federal Program, Title XIX)

1. Have you ever been excluded, terminated and/or suspended by Medicare?

Yes_____ No_____

If yes:

(a) Date of exclusion, termination or suspension. ____ / ____ / ____ MM / DD / YY

(b) Cause of exclusion, termination or suspension (you must be specific and provide full details).

(c) Were you reinstated? Yes_____ No_____

If yes, provide a copy of your reinstatement letter.

2. Have you ever been restricted by agreement or sanctioned by Medicare which did not result in a exclusion, termination or suspension?

Yes_____ No_____

(a) Identify date and type of action. _____

(b) Identify reason for restriction or sanction. _____

(c) Are you currently participating in Medicare without any restrictions or sanctions?

Yes_____ No_____

(d) Date the restriction or sanction ended? ____ / ____ / ____ MM / DD / YY

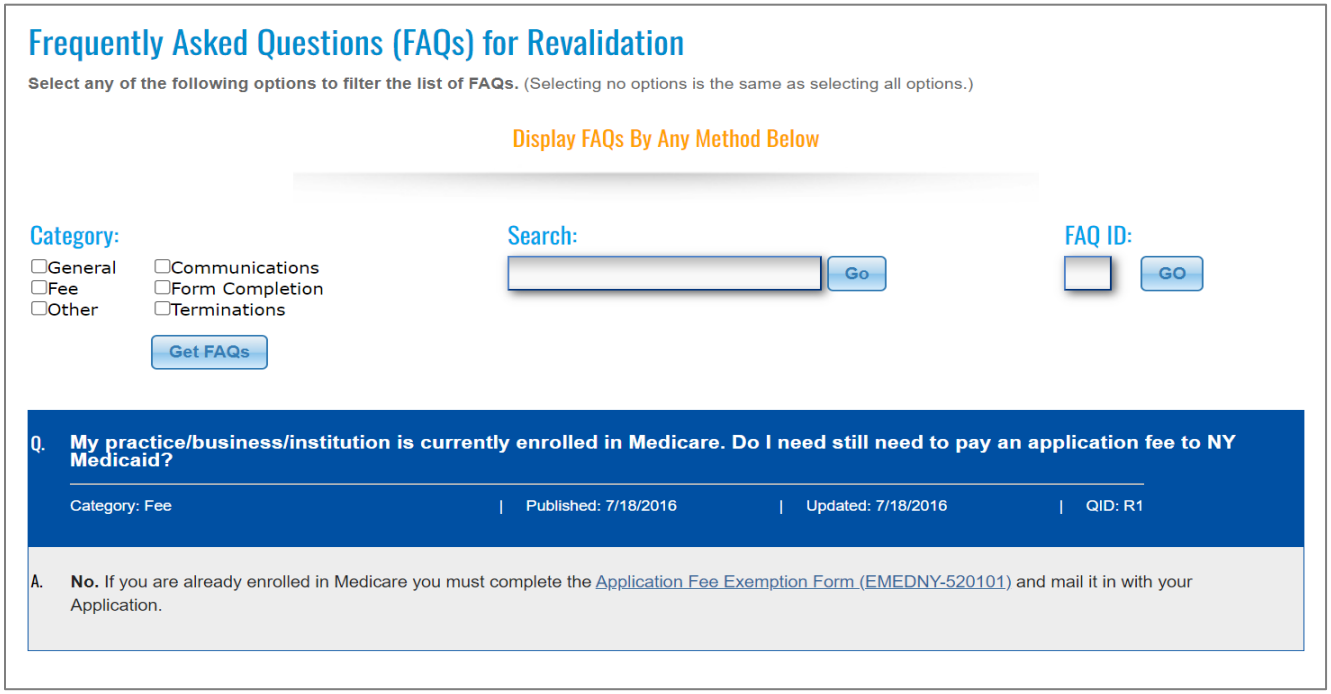
EMEDNY-431001 (09/16) -1-

Check a Provider's Next Revalidation Date

You can check a provider's next anticipated revalidation date using this link. (https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Listing/keti-qx5t/data). Click the ***Search*** Icon (upper right-hand corner) and enter the provider's NPI #.

Revalidation Frequently Asked Questions (FAQs)

You can review a list of *Frequently Asked Questions* (for Revalidation) using this link (Revalidation - Frequently Asked Questions (emedny.org)) You can scroll through all of the questions or you can use the ***Search*** feature to narrow your search.



Revalidation Mailing Address

Mail to:	Expediting/Priority Mail:
eMedNY *PO Box 4603* *Rensselaer, NY 12144-4603*	*eMedNY* *327 Columbia Turnpike* *Attn: Box 4603* *Rensselaer, NY 12144-4603*

SAMPLE REVALIDATION LETTERS

Initial Revalidation Letter

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
Provider ID: 123456

Dear Provider:

Federal regulation 42 CFR Part 455.414 requires State Medicaid agencies to revalidate the enrollment of all providers on a periodic basis. The required form to revalidate your enrollment under the Provider ID listed above is available at https://www.emedny.org/info/ProviderEnrollment/index.aspx. Your completed form must be mailed, with all required documentation and fee (if required), to the address provided on page 2 of the form. We must receive your revalidation form within 90 days of the date of this letter.

Failure to respond will result in termination of the provider ID listed above. You will be ineligible to receive reimbursement for services provided to, or order/refer/prescribe/attend for, all Medicaid fee for service, Medicaid Managed Care (MMC) and Children's Health Insurance Program (CHIP) beneficiaries. You will also be precluded from participating in all MMC and CHIP networks, per Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act.

Enrollment revalidation is different than the annual recertification process for billing. Revalidation of your Medicaid enrollment ensures that all aspects of your enrollment record are up-to-date. Helpful revalidation information is available at https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx.

You are exempt from revalidating at this time if you meet one of the following criteria:

Since September 1, 2013 you:

1. reported to NYS Medicaid an ownership change that was effective on or after September 1, 2013;

   or

2. were reinstated, reactivated or revalidated by NYS Medicaid.

If you believe you meet one of the exemption criteria, send an e-mail to ProviderEnrollment@health.ny.gov. Include your Provider ID (listed above) in your e-mail. We will review our records and respond to you. Failure to notify us, can result in termination of your participation with NYS Medicaid.

If you have questions during the revalidation process, please contact the eMedNY Call Center at (800) 343-9000. We look forward to your continued participation in the NYS Medicaid Program.

Sincerely,

Susan Zelezniak

Susan Zelezniak, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Report ID: PM52800-R0528 Rev. (09/2018)

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

Final Revalidation Letter

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
Provider ID: 123456

Dear Provider:

SECOND AND FINAL NOTICE

Mandatory Medicaid Revalidation

The Affordable Care Act and federal regulation (42 CFR Part 455.414) requires that State Medicaid agencies revalidate the enrollment of all providers on a periodic basis.

Your enrollment under the Medicaid Provider ID listed above must be revalidated. Visit the Provider Enrollment page at www.eMedNY.org, complete and mail the appropriate form(s), with all required documentation, to the address provided. If you do not respond within 45 days of the date of this letter you **will** be terminated. You will be ineligible to receive reimbursement for services provided to, or order/refer/prescribe/attend for, all Medicaid fee for service, Medicaid Managed Care (MMC) and Children's Health Insurance Program (CHIP) beneficiaries. You will also be precluded from participating in all MMC and CHIP networks, per Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act.

For assistance in completing the revalidation requirements, *please go to **www.eMedNY.org** and under **Provider Enrollment** choose **"Revalidation Information"**. This slide presentation provides important information on the revalidation process.* You may also call the eMedNY Call Center at (800) 343-9000 to confirm that your revalidation package has been received. We look forward to assisting you in compliance with your enrollment revalidation and your continued participation in the New York State Medicaid Program.

Sincerely,

Susan Zelezniak, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Report ID: PM52810-R0528 Rev. (03/2018)

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

Successful Revalidation Letter

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
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.

This is an opportunity to remind you to contact the Medicaid Program if any of the information supplied during this process changes (e.g., changes in ownership, taxpayer identification number, managing employee compliance officer, etc.). More information can be found at www.eMedNY.org or contact us by calling CSRA at 1-800-343-9000. Inquiries can also be made by sending an email to Providerenrollment@health.ny.gov.

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

Sincerely,

Susan Zeleźniak, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Report ID: PM52860-R0528 Rev. (09/2018)

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

MEDICAID COMPLIANCE WITH A NON-ENROLLED OPRA PROVIDER

If your agency has a non-OPRA enrolled provider servicing children, you may want to assign an *OPRA-enrolled SLP* to the child so the OPRA enrolled provider can conduct one session with the child *(as required by Medicaid – Medicaid Q&A #94)* to assess and diagnose the child.

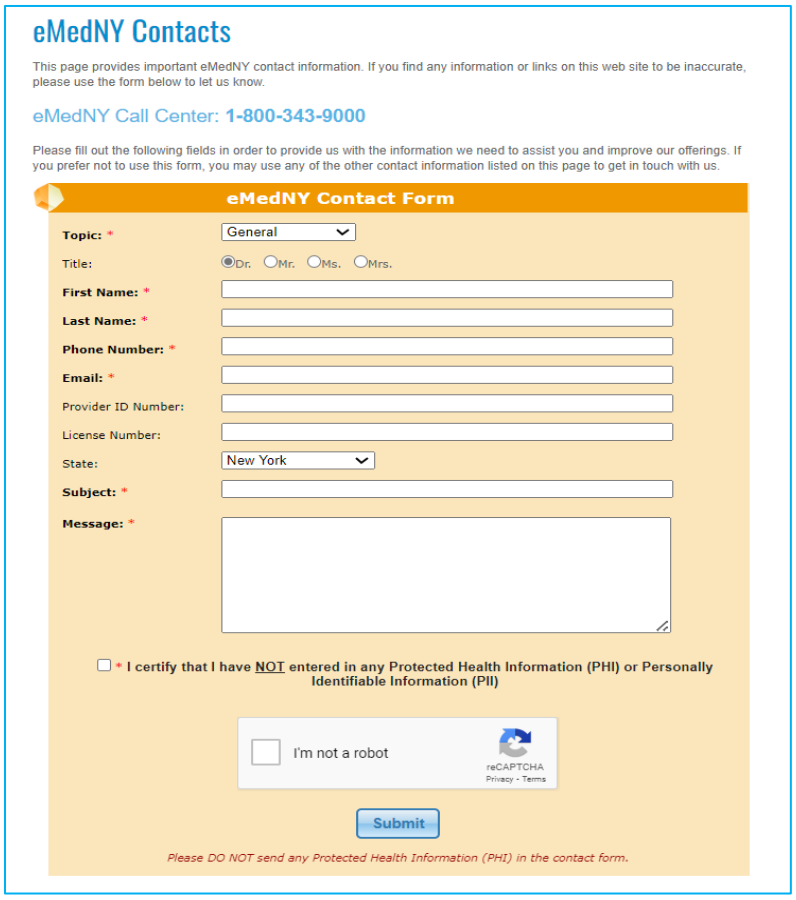
After the one session has been completed, the SLP should create a digital speech recommendation for the child and complete one session note for the initial session.

Since the *referral* will be written by an OPRA-enrolled SLP, the non-enrolled OPRA provider will be able to service the child while meeting the county's Medicaid requirements.

CONTACT INFORMATION

eMedNY Contact Information

- eMedNY Call Center – **800-343-9000** *(You will need the provider's NPI # for the call.)*
- eMedNY – Email Submission Form - Contact (emedny.org)



McGuinness Contact Information

Medicaid Support: Medicaid@CPSEPortal.com

Deborah Frank: dfrank@jmcguinness.com or 518-393-3635, Ext. 41

MEDICAID REFERENCES

Medicaid Questions & Answers
https://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf

- Q&A #94 – Timing for writing a referral for an SLP
- Q&A #204 – OPRA
- Q&A #206 – OPRA
- Q&A #219 – OPRA

IMPORTANT OPRA LINKS

eMedNY Change of Address Form:
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610101_BPGCOA_FRM_Address_Change_Form.pdf

Reference	Link
eMedNY CONTACT INFORMATION	
eMedNY Call Center Phone Number	**800-343-9000**
eMedNY Contact Screen	Contact (emedny.org)
eMedNY SEARCH SCREENS	
eMedNY Search Screen	https://www.emedny.org/info/opra.aspx
Medicaid Enrolled Provider Lookup	Medicaid Enrolled Provider Lookup | State of New York (ny.gov)
Medicaid Pending Provider Listing	Pending_Provider_File.xlsx (live.com)
eMedNY ENROLLMENT INFORMATION	
eMedNY Enrollment Form – **Option #2**	Provider Enrollment - Therapist (eMedNY.org
eMedNY Enrollment Form Instructions	instructions for completing a new york state enrollment form for (emedny.org)
Enrollment Form General Instructions	Provider Enrollment - Therapist (emedny.org)
Prior Conduct Form	Email Template (emedny.org)
OPRA Frequently Asked Questions	Core_OPRA_FAQs.pdf (emedny.org)
EMedNY REVALIDATION	
Revalidation Frequently Asked Questions	Revalidation - Frequently Asked Questions (emedny.org)
Stages of Revalidation Letters	Revalidation (emedny.org)
Prior Conduct Form	Email Template (emedny.org)
Next Anticipated Revalidation Date Listing	https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Listing/keti-qx5t/data
REGULATIONS	
Regulation	**Link**
Ownership in Applicant (Section 1) Section 504.1(d)(18)(iv)	https://regs.health.ny.gov/content/section-5041-policy-and-scope
Disclosure of Ownership & Control (Section 2) 42 CFR Part 455.104(a)(3)	https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B/section-455.104

MCGUINNESS	
Medicaid Email	Medicaid@CPSEPortal.com
OPRA Enrollment Information in Portal Knowledge Base	https://support.cpseportal.com/kb/a255/opra-enrollment-information-website.aspx