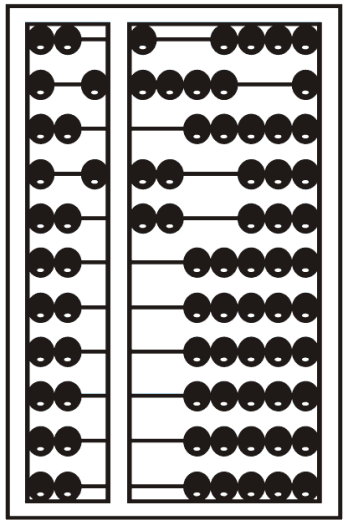
JAMES McGUINNESS & ASSOCIATES INC.
Consultants



O P R A

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

PRESENTATION

(2024)

INTRODUCTIONS

- ***Deborah Frank, McGuinness Medicaid Specialist***
  - Kelly Knowles, McGuinness Medicaid Team
  - Danielle Croskey, McGuinness Medicaid Team
  - Ellen Farney, McGuinness Medicaid Team

TOPICS COVERED

- ***Purpose of Webinar***
- ***How Does Non-OPRA Enrollment Affect Medicaid?***
- ***How to Increase OPRA Enrollments***
  - *New Hires*
  - *Newly Licensed*
  - *New Conditional Approval Process*
  - *OPRA Tracking*
- **eMedNY OPRA Application Process**
- **OPRA Initial Enrollment Date**
- **eMedNY Revalidation Process**
- **How to be Medicaid Compliant with a Non-Enrolled OPRA Provider**

PURPOSE OF THIS WEBINAR

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 FSM Counties *require* SLPs to be OPRA enrolled so the resulting services are Medicaid reimbursable.

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

HOW DOES NON-ENROLLMENT AFFECT MEDICAID?
(Timeframe to Complete the Application Process)

- 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 - 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. Only after receiving the completed application, the 90-120 day cycle begins.

HOW TO INCREASE OPRA ENROLLMENT
(for the Agency)

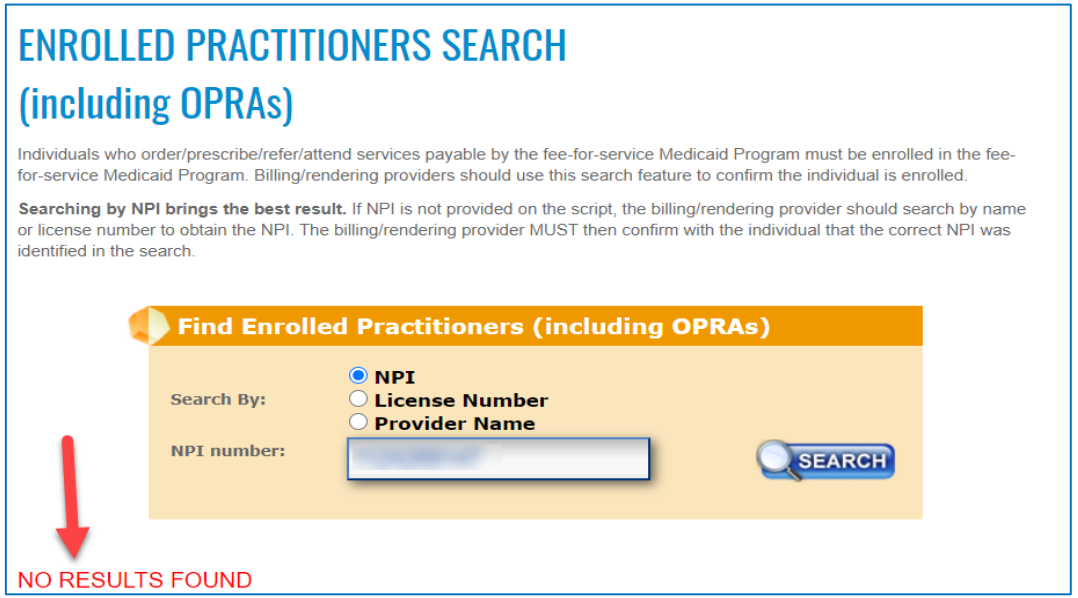
- It would be a benefit to the agency as well as the county if the ***agency*** took more of a role in monitoring the OPRA process.

- The next several slides will delineate how agencies can improve the OPRA process for ***New Hires*** and ***Newly-Licensed Providers.***

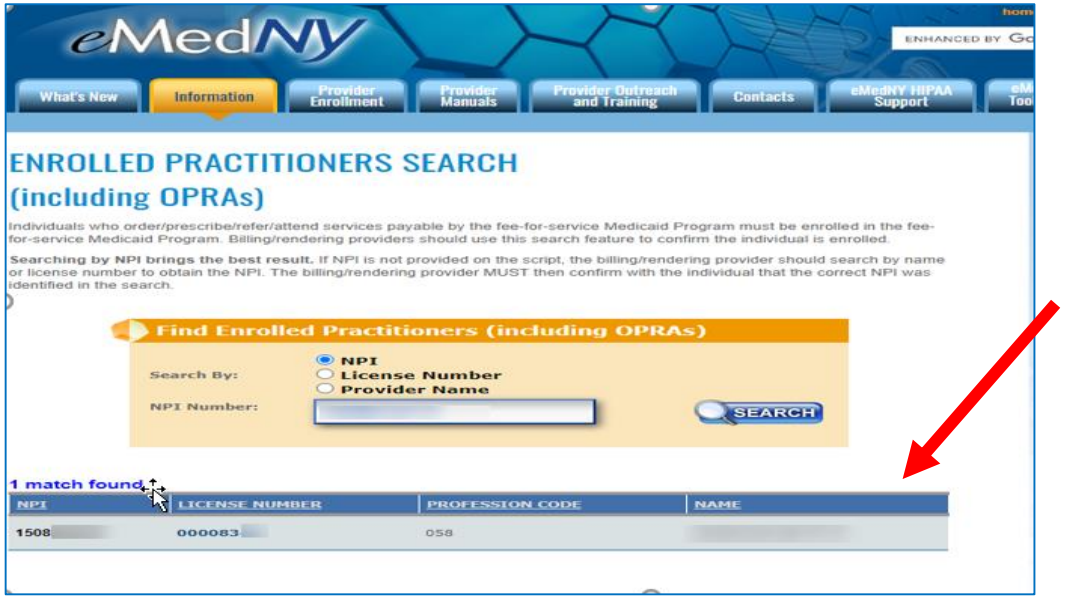
HOW TO INCREASE OPRA ENROLLMENT
(New Hires)

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

NOT ENROLLED



ENROLLED



MEDICAID PENDING PROVIDER LISTING

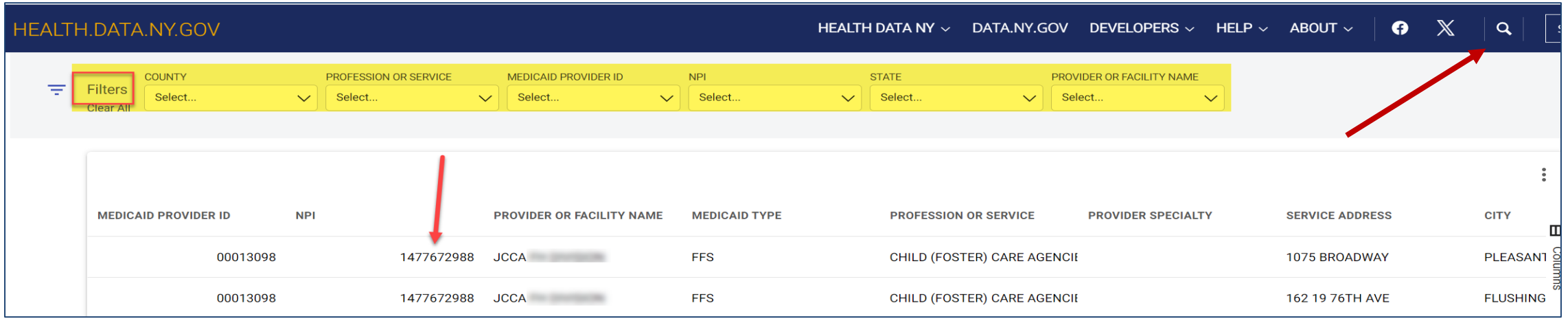
- The status of a ***pending application***, can be reviewed if you click this link. Pending_Provider_File.xlsx (live.com)

- (Use CTRL F to bring up a search field and search the list by the provider's NPI #.)

	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

MEDICAID ENROLLED PROVIDER LISTING

- If you would like to check on the status of a ***Medicaid Enrolled Provider***, you can click this link. [Medicaid Enrolled Provider Lookup | State of New York (ny.gov)]
- Click the Search Icon (upper right-hand corner) and enter the provider's NPI # or you can use the filters at the top of the screen.



HOW TO INCREASE OPRA ENROLLMENT
(New Hires)

- 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 OPRA enrollment with the SLP's ***orientation*** to the agency. (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.

- If the SLP provides their Medicaid Provider #, it should be confirmed using the ***Medicaid Provider Service Listing***.

HOW TO INCREASE OPRA ENROLLMENT
(Newly Licensed)

- ***For CFYs and speech teachers that obtain their license***, the Agency should assist the newly-licensed SLP in locating the *OPRA Enrollment Form* on the Portal Knowledge Base or the Agency may want to keep blank applications on hand (Provider Enrollment - Therapist (eMedNY.org – Option #2)

- The agency should ensure that the newly-licensed 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. CFY's and speech teachers cannot apply for OPRA until they are licensed.)*

CONDITIONAL APPROVALS
(Conditional Approval Process has Changed)

- 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 has changed. We are moving forward with the process shown on the next few slides.

CONDITIONAL APPROVALS
(Conditional Approval Process has Changed)

- Instead of assigning a 180-day conditional approval period for non-OPRA providers to become enrolled, we 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.*

CONDITIONAL APPROVALS
(Conditional Approval Process has Changed)

- 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 for the application. ***The SLP or agency will email McGuinness with the tracking information.***

- After McGuinness receives the SLP's application tracking information, 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 approval period runs out, ***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-OPRA enrolled) SLP's caseload.

CONDITIONAL APPROVALS
(Conditional Approval Process – Important Notes)

Important Notes:

- If the SLP's application is ***returned due to missing information***, the agency should ensure that the SLP fills in the missing information ***as soon as possible*** and mails the amended application to eMedNY (***before the 30-day conditional approval period expires).***
- The eMedNY tracking information should be emailed to ***Medicaid@CPSEPortal.com.***
- ***As soon as McGuinness receives the tracking information for the application, the SLP's conditional approval period will be extended to 180 days.***
- ***Name Changes*** should be done within 30 days of the name change. Providers will need to contact the Office of Professions for their license and the NPI Registry. The NPI Registry will not change the NPI # until the Security Number matches the name change.

CONDITIONAL APPROVALS
(OPRA Tracking)

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

- Listed on the next few slides are suggestions for tracking the OPRA Process.

CONDITIONAL APPROVALS
(OPRA Tracking)

1) **7-10 days** after mailing the application to eMedNY the SLP or the agency should call eMedNY (**800-343-9000**) to obtain a ***Tracking Number*** and a ***Day Number*** for the application. The SLP's NPI # will be needed for this inquiry.

2) If the agency or SLP would like to ***email*** eMedNY regarding the application process, this link will bring you to the *eMedNY Contacts Screen* (Contact (emedny.org)) The SLP's NPI # will need to be included in the email.

3) Application processing for OPRA takes ***90 – 120 days***. The *Application Day #* will give an idea of where the SLP is in the process.

CONDITIONAL APPROVALS
(OPRA Tracking)

4) ***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.*

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

MEDICAID PENDING PROVIDER LISTING

- If you would like to check on the status of a ***pending application***, you can click this link. Pending_Provider_File.xlsx (live.com)

- (Use CTRL F to bring up a search field and search the list by the provider's NPI #.)

	A	B	C	D	E	F
1	ETN	NPI	NAME	COS_DESC	STATUS	DATE
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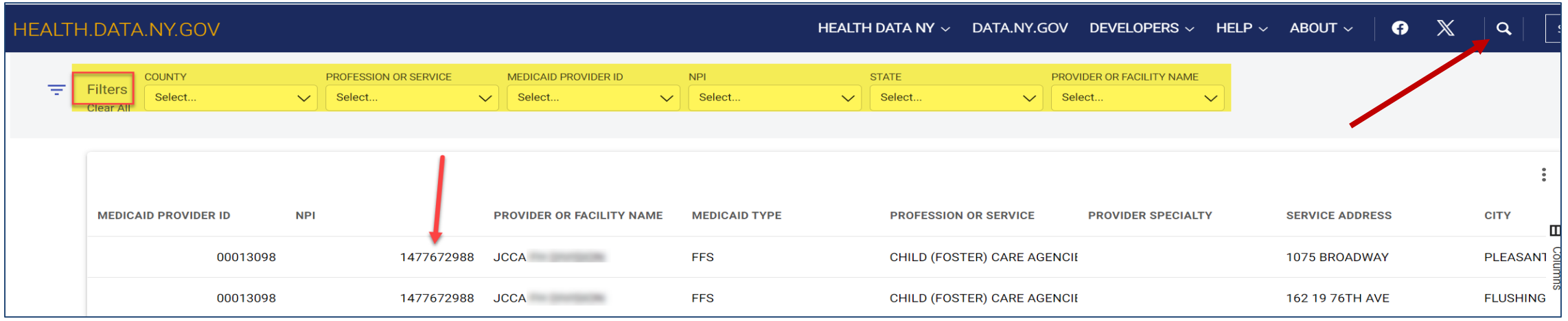
7	241690072	1053088567	137 MOTT PHARMACY INC	MEDICAL EQUIPMENT SUPPLIERS & DEALEI	ADD'L INFO REQ'D: AWAITING PROV RESPONSE	08/26/2024

MEDICAID ENROLLED PROVIDER LISTING

- If you would like to check on the status of a ***Medicaid Enrolled Provider***, you can click this link. [Medicaid Enrolled Provider Lookup | State of New York (ny.gov)]
- Click the Search Icon *(upper right-hand corner)* and enter the provider's NPI #.



QUESTIONS

OPRA APPLICATION PROCESS

Provider Enrollment - Therapist (eMedNY.org)

INSTRUCTIONS FOR COMPLETING A NEW YORK STATE ENROLLMENT FORM FOR (emedny.org)

OPRA APPLICATION PROCESS

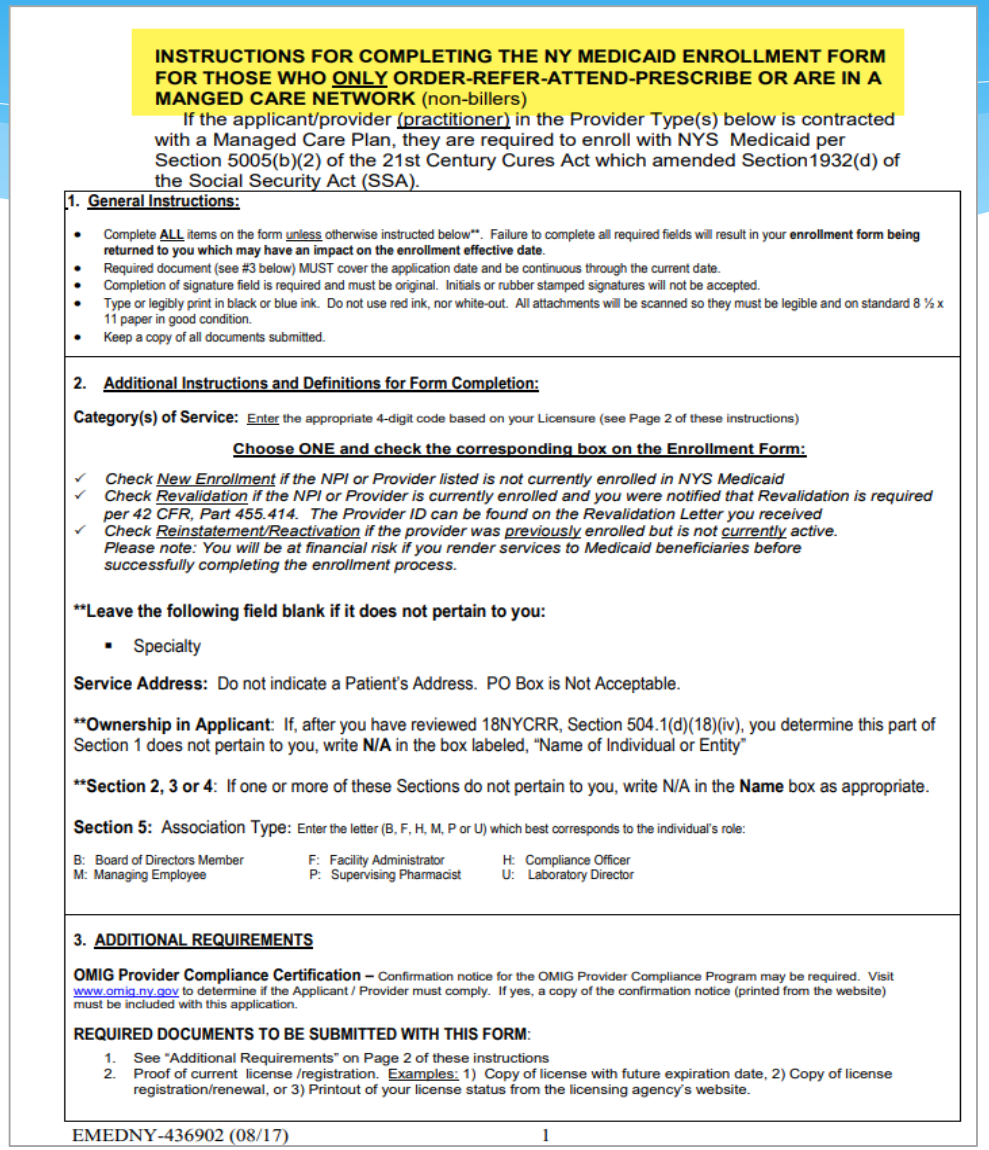
The non-enrolled OPRA Provider should complete the ***OPRA Provider Enrollment Application – Option #2*** (for Service Providers)

Provider Enrollment - Therapist (emedny.org)

INSTRUCTIONS FOR COMPLETED THE ENROLLMENT FORM

The link (below) will bring you to instructions for completing the 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.

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OPRA APPLICATION PROCESS

(What type of application are you completing?)

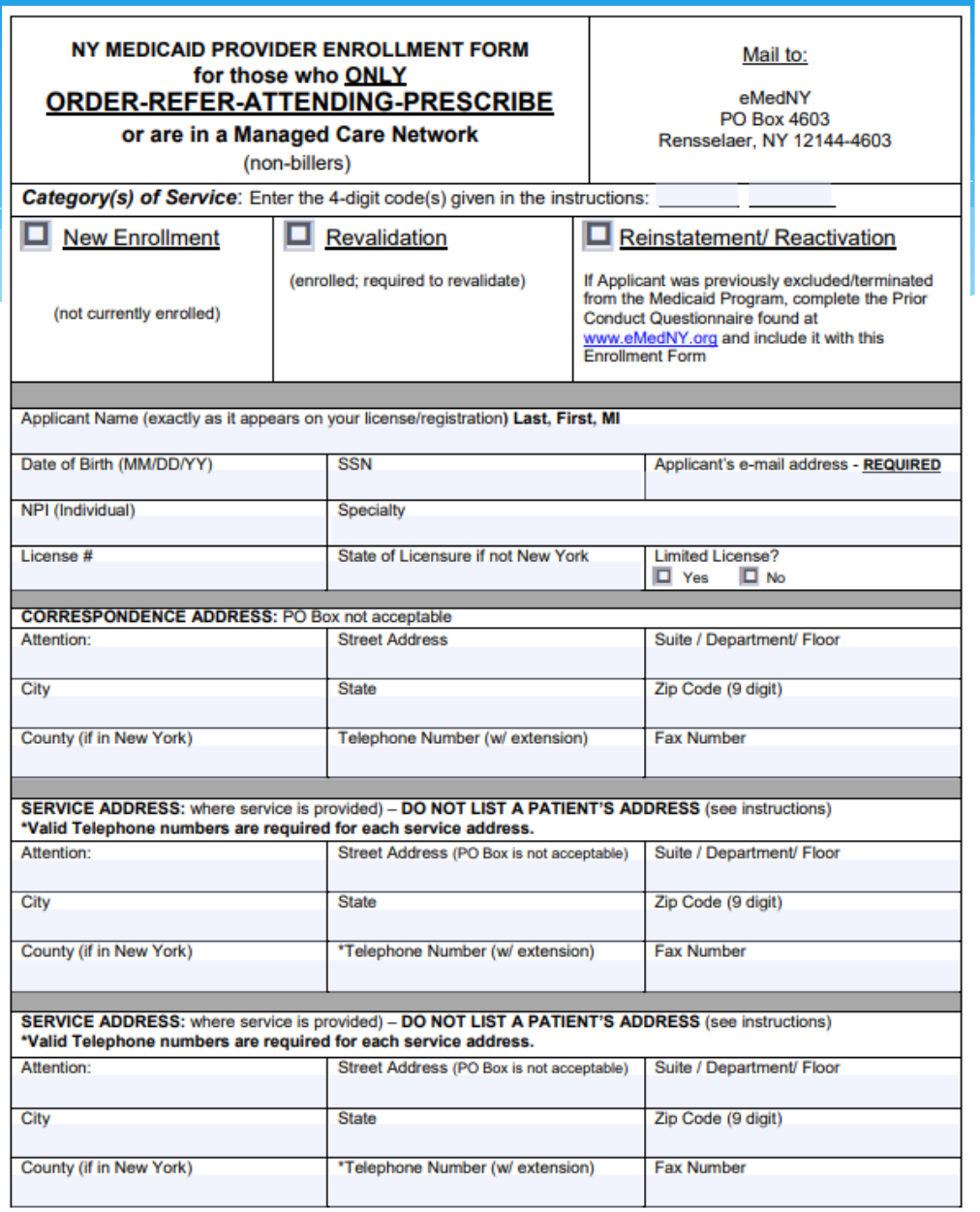
When you complete the enrollment application, you will need to check one of the three options shown below. You will also need to add a category code.

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	

OPRA APPLICATION PROCESS
(Page 2 – Demographic Info)

Enrollment Form – Page 2

- ***Applicant Name*** - Fill in the applicant's demographic information.
- ***Correspondence Address*** – Fill in the address where the applicant will receive mail regarding the eMedNY application.
- ***Service Address*** – Fill in the address(es) where the applicant is employed.



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

OPRA APPLICATION PROCESS
(Sections 1 – 5)

SECTIONS 1 - 4 - Enrollment Form – Page 3

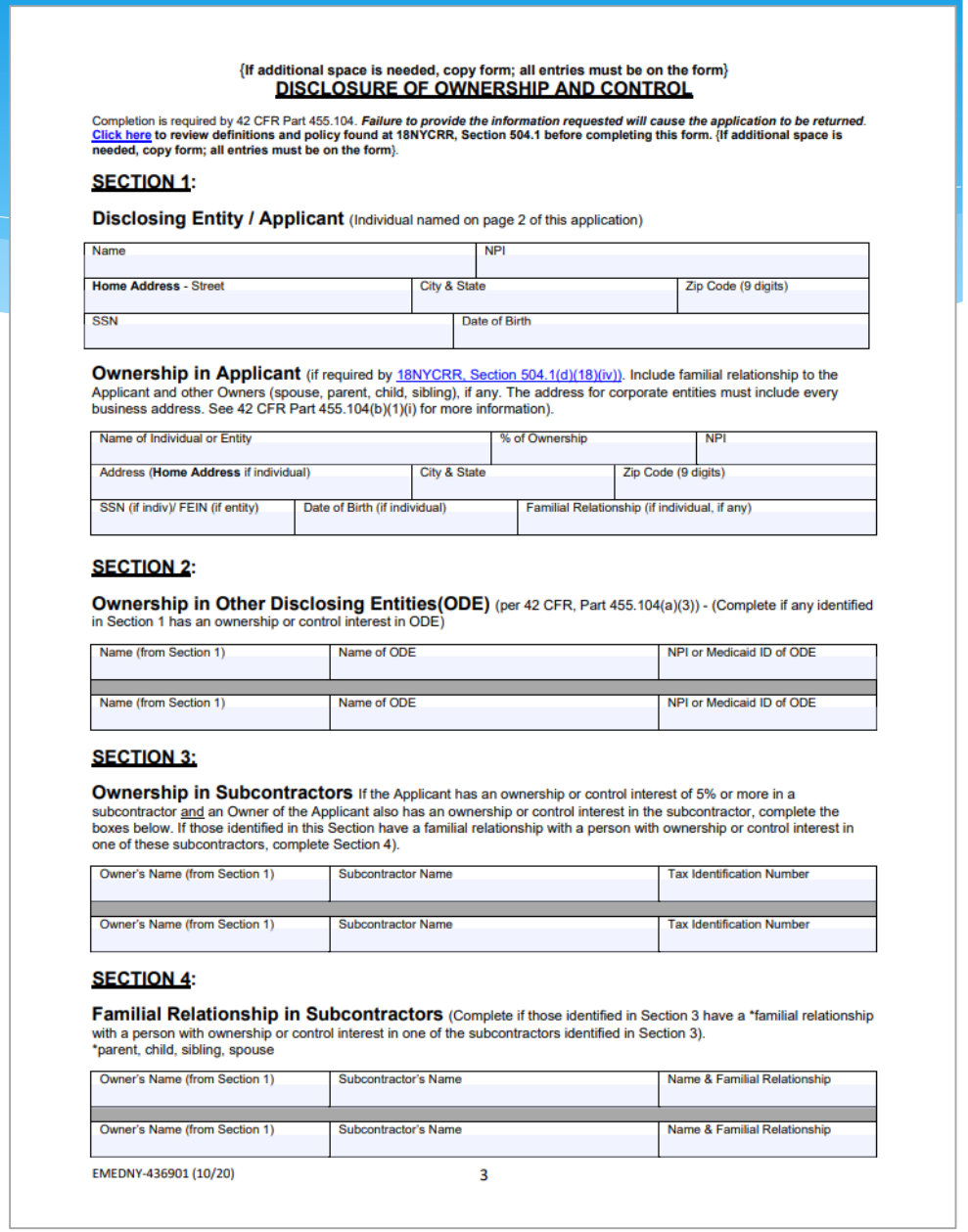
1) ***Applicant*** - Fill in the applicant's information.

   18NYCRR Section 504.1(d)(18)(iv) *will help you to determine if Part of Section 1, Ownership in Applicant, pertains to you.*

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 apply to you.*



{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

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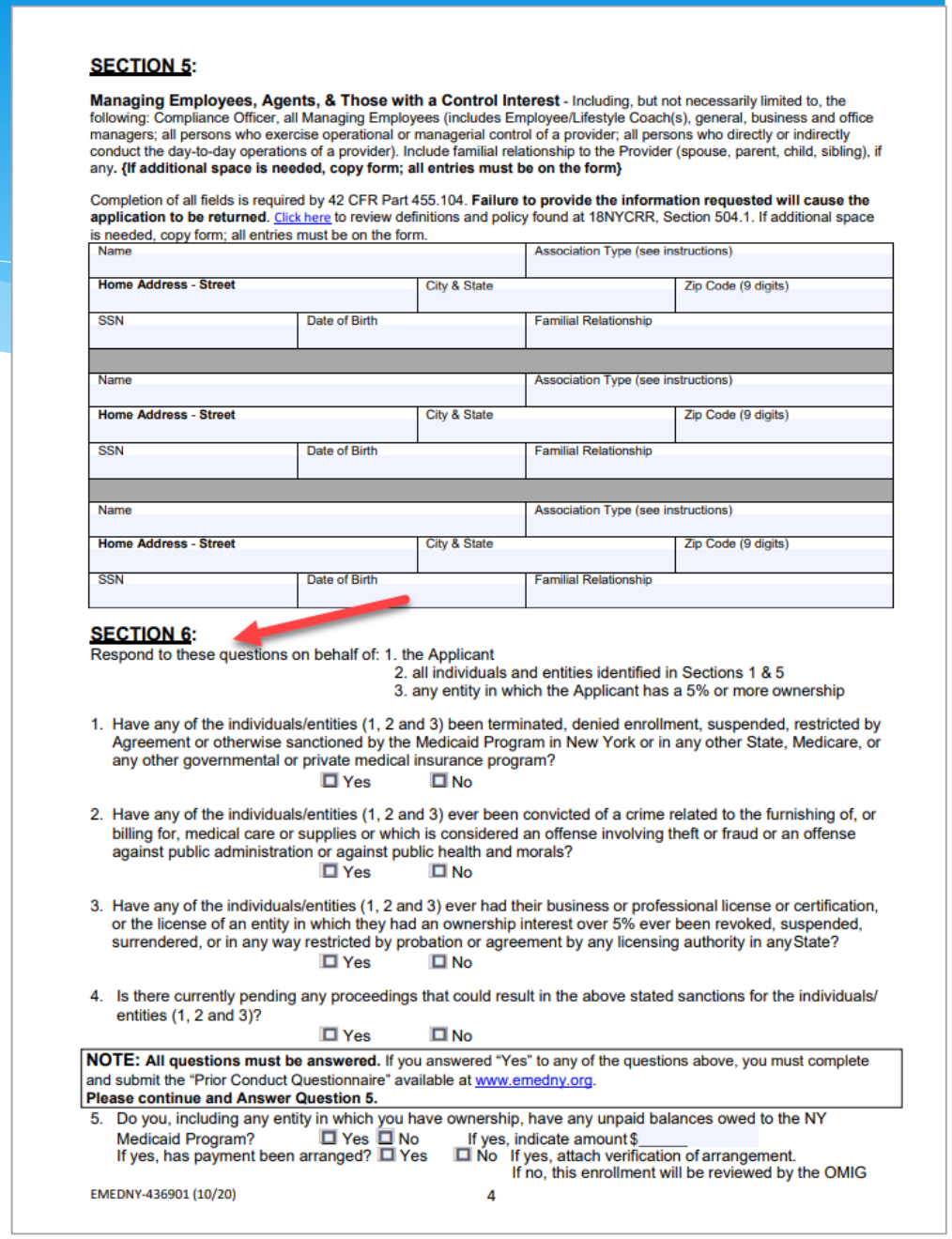
OPRA APPLICATION PROCESS
(Sections 1 – 5)

SECTIONS 5 & 6 – Enrollment Form (Page 4)

5) ***Managing Employees & Those with Control Interest*** – If you do not do not own a business, this will not apply to you. If you are a business owner, you will need to answer all of the questions that apply in Sections 1 – 5.

6) Make sure you answer all of the questions in Section 6. If you answer "Yes" to any of these questions, you will need to also submit a ***Prior Conduct Questionnaire*** (Email Template (emedny.org)) along with the Enrollment Form.



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 any State?
   ☐ 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

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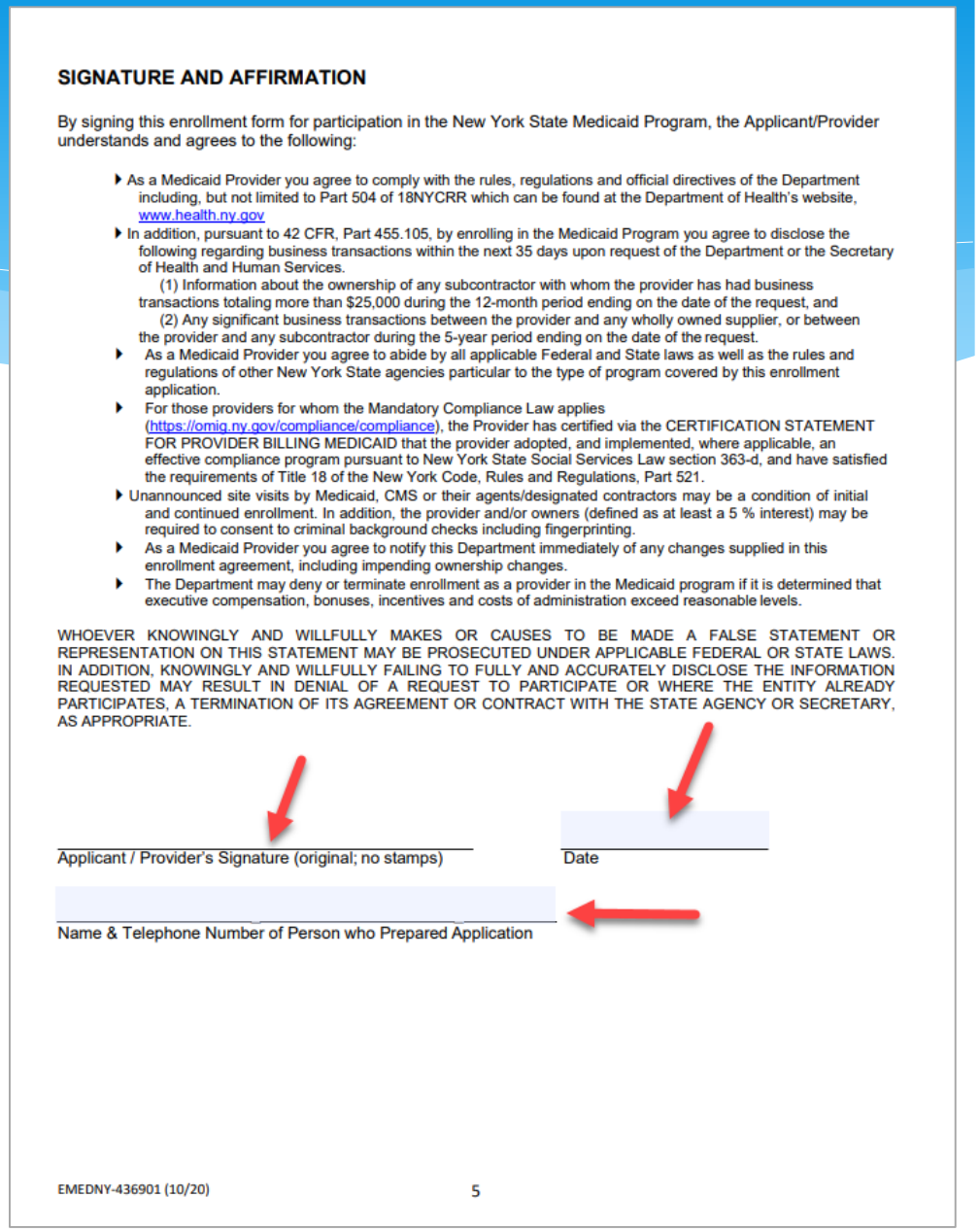
OPRA APPLICATION PROCESS
(Sections 1 – 5)

SIGNATURE & AFFIRMATION

- The applicant must ***sign*** the Enrollment Form with an original signature in ***blue or black ink.***
- The form must be ***dated.***
- The ***name and telephone number*** of the person who prepared the enrollment form must be completed.



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

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Ownership in Applicant – Section 1

Section 504.1 (d)(18)(iv)

- *18NYCRR Section 504.1(d)(18)(iv) will help you to determine if Part of Section 1 or Sections 2-5 pertains to you.*

Section 504.1 (d)(18)(iv) – Policy & Scope

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.*

Ownership in Other Disclosing Entities – Section 2

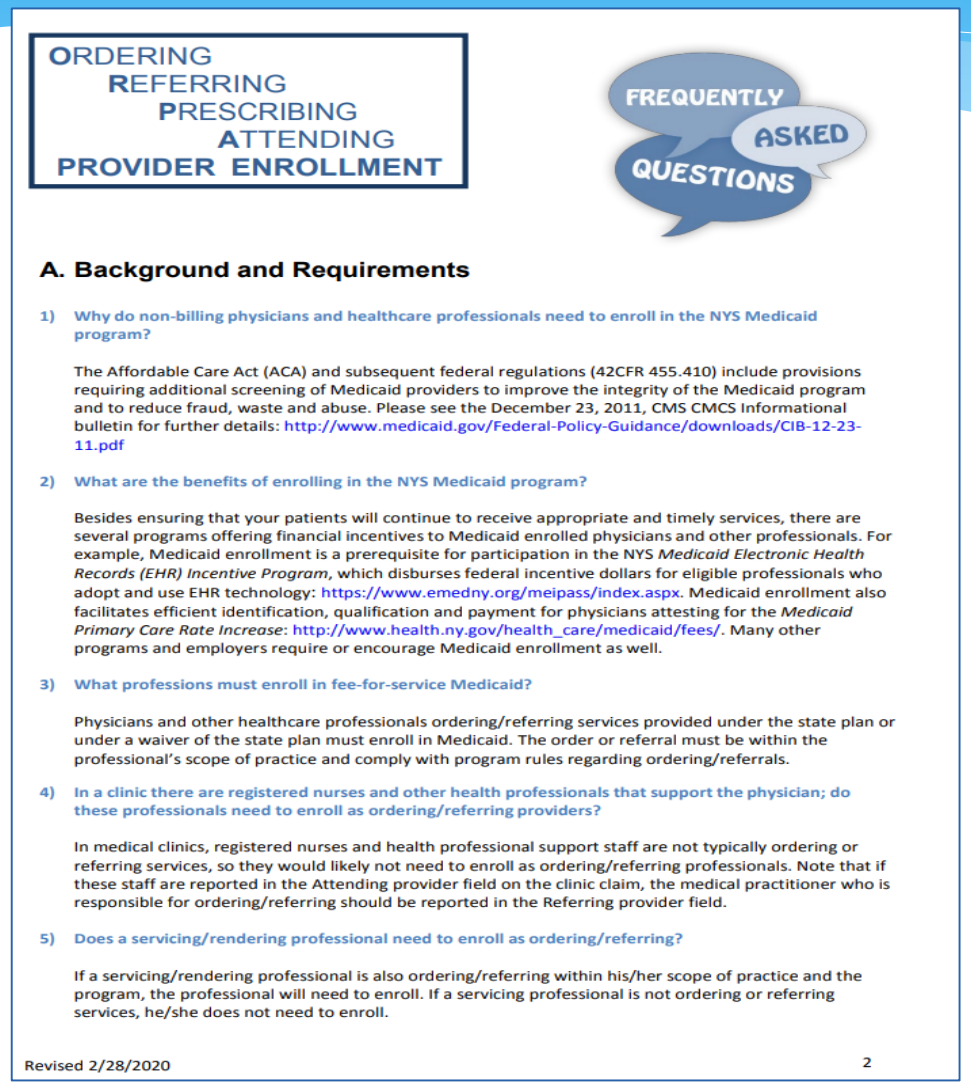
42 CFR, Part 455.104(a)(3)

- *42 CFR, Part 455.104(a)(3) Information on Ownership and Control will help you to determine if you have to disclose ownership or control interest in a business/agency.*

  https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B/section-455.104

OPRA APPLICATION FREQUENTLY ASKED QUESTIONS

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

If you cannot determine whether a question should be answered on the enrollment form or whether N/A should be entered, reviewing the OPRA FAQs may help you with answering questions on the enrollment form.

Core_OPRA_FAQs.pdf (emedny.org)

OPRA APPLICATION PROCESS

(General Instructions for the OPRA Enrollment Form)

- ***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 ability to submit 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 ***NYS License*** must be included with the *Enrollment Form.*

- Keep a copy of all documents submitted – requests for copies will not be honored.

OPRA APPLICATION PROCESS

(Additional Instructions for the Application Form)

Provider Enrollment - Therapist (emedny.org)

Additional Instructions *for the Enrollment Form*

Category(s) of Service: Enter the applicable 4-digit code(s) on the Enrollment Form

0621 - Occupational Therapy, *OR*
0622 - Physical Therapy, *OR*
0623 - Speech Pathology

Choose ONE Application Type 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.

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

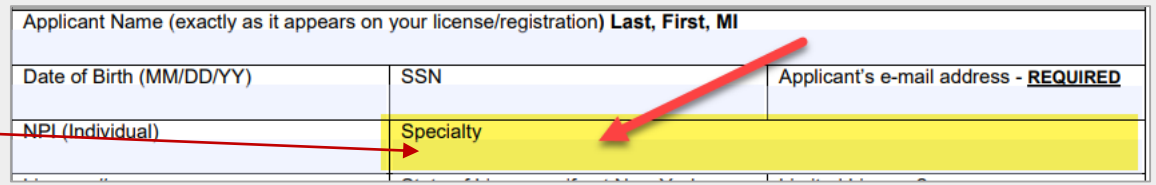
OPRA APPLICATION PROCESS

(Additional Instructions for the Application Form)

Provider Enrollment - Therapist (emedny.org)

****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" https://regs.health.ny.gov/content/section-5041-policy-and-scope

****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.

Association Types: Enter the letter (B, F, H, I, M, P, or U) which best corresponds to the individual's role. *Note: ALL lifestyle coaches providing NDPP services for your organization must be listed in Section 5 of the application as a I-Employee/Lifestyle Coach*

B: Board of Directors Member F: Facility Administrator H: Compliance Officer I: Employee/Lifestyle Coach

M: Managing Employee P: Supervising Pharmacist U: Laboratory Director

OPRA APPLICATION PROCESS
(Additional Forms & Requirements)

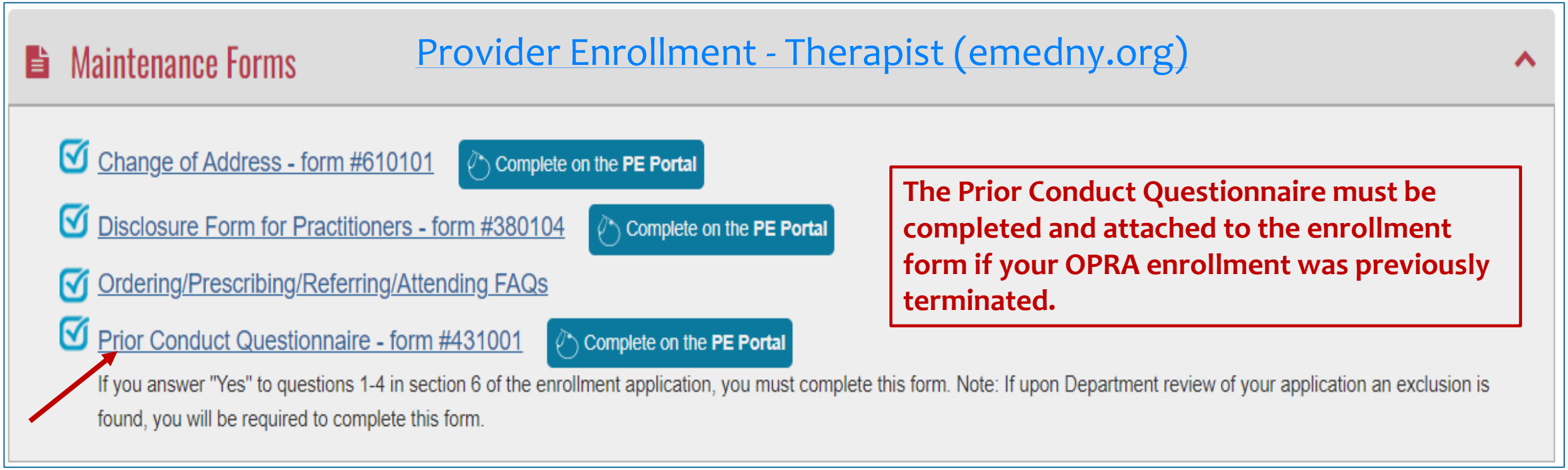
Requirements & Additional Forms — Provider Enrollment - Therapist (emedny.org)

PLEASE NOTE: Only complete applications containing all requirements and additional forms will be accepted for processing. Applications with missing or incomplete information will be rejected and returned

- **Medicare Enrollment is Required** for Physicial Therapists Only
- Prior Conduct Questionnaire - form #431001 If you answer "Yes" to questions 1-4 in section 6 of the enrollment application, you must complete this form. Note: If upon Department review of your application an exclusion is found, you will be required to complete this form.
- **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.

Provider Compliance Certification - Certification of a Provider Compliance Program may be required. By signing the **CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID,** you (or the entity) certify that, where required, you (or the entity) have adopted and implemented 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. For more information on the Provider Compliance Program, please go to the program website at https://omig.ny.gov/compliance/compliance.

OPRA APPLICATION PROCESS
(Maintenance Forms)



The Prior Conduct Questionnaire must be completed and attached to the enrollment form if your OPRA enrollment was previously terminated.

OPRA APPLICATION PROCESS

(Mailing Instructions)

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

QUESTIONS

OPRA INITIAL ENROLLMENT DATE

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 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 #,*
  - *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 enrollment is not terminated.

REVALIDATION

Revalidation (eMedNY.org)

REVALIDATION

- 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 SLPs keep their address current with eMedNY so the SLP will 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)

REVALIDATION
(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 by eMedNY, 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 to the applicant 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 of the letter.

REVALIDATION
(Stages of Revalidation)

Stages of Revalidation: Revalidation (emedny.org)

Initial Letter Sent	When the Initial Revalidation Letter is Sent to the Provider's Correspondence Address. The revalidation should be submitted within **90 Days** of the date of this letter.
Final Letter Sent	The Final Revalidation letter is sent to the provider's Correspondence Address. The provider's enrollment will be terminated within **45 days** of the date of this letter, unless a revalidation is received.
Revalidation Received	When a revalidation is received by eMedNY for the Provider. 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 by the Bureau.
Completed	When the submitted revalidation was approved by the Bureau of Provider Enrollment. A "Successful Revalidation" letter is sent. The next revalidation is due 5 years from the date of the letter.
Terminated	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 may be required.

REVALIDATION
(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…**

- ***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-submitted 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.

REVALIDATION

(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 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 R*evalidation 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.

- If the SLP's OPRA enrollment is terminated, the SLP will need to submit an ***OPRA Reinstatement/Reactivation 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 for the Agency).*

REVALIDATION

Enrollment Terminated – How do you become active again?

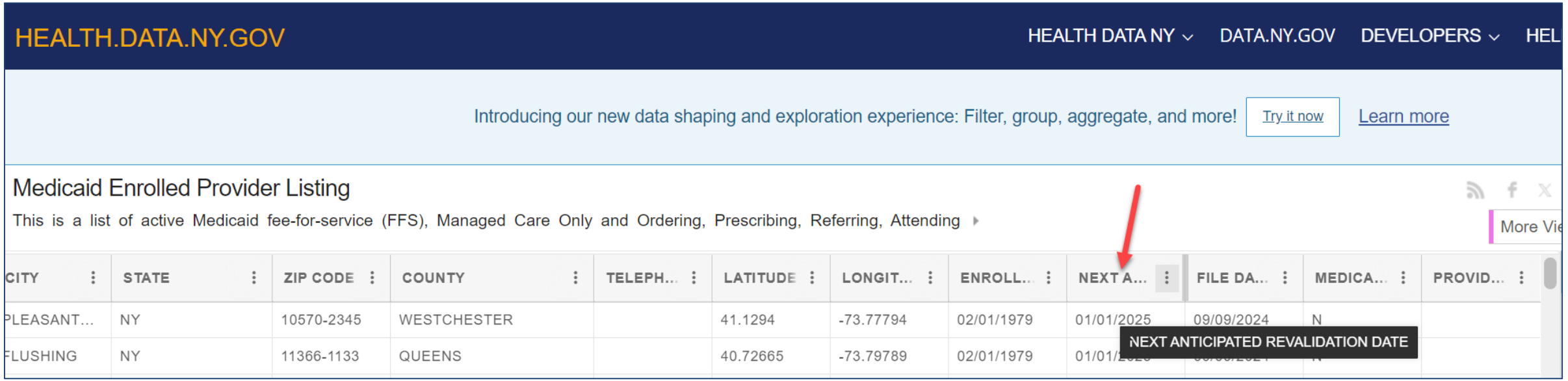
I recently received a notice that my enrollment has been terminated because I did not revalidate. How do I become an active Medicaid provider again?

1. Complete the revalidation form for your provider type now and mail to eMedNY address.
2. Call **800-343-9000** 7 to 10 days later to confirm receipt of your revalidation form.
3. Ask for 9 digit Enrollment Tracking Number (ETN).
4. 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.
5. Only with a confirmed ETN # will we reactivate your enrollment.

REVALIDATION

(Check a Provider's Next Revalidation Date)

- 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

Revalidation - Frequently Asked Questions (emedny.org)

Frequently Asked Questions (FAQs) for Revalidation

Select any of the following options to filter the list of FAQs. (Selecting no options is the same as selecting all options.)

Display FAQs By Any Method Below

Category:

- ☐ General
- ☐ Fee
- ☐ Other
- ☐ Communications
- ☐ Form Completion
- ☐ Terminations

Get FAQs

Search: Go

FAQ ID: GO

Q. My practice/business/institution is currently enrolled in Medicare. Do I need still need to pay an application fee to NY Medicaid?

Category: Fee | Published: 7/18/2016 | Updated: 7/18/2016 | QID: R1

A. **No.** If you are already enrolled in Medicare you must complete the Application Fee Exemption Form (EMEDNY-520101) and mail it in with your Application.

MAILING ADDRESS
(for Revalidation)

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

QUESTIONS

HOW TO BE OPRA COMPLIANT WITH A NON-OPRA ENROLLED PROVIDER

HOW TO BE OPRA COMPLIANT WITH A NON-ENROLLED 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 was written by an OPRA-enrolled SLP, the non-enrolled provider can now service the child while meeting the county's Medicaid requirements.

QUESTIONS

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 Speech referral
- Q&A #204 – OPRA
- Q&A #206 – OPRA
- Q&A #219 – OPRA

McGuinness Medicaid-in-Education Contact Information

James McGuinness and Associates, Inc.
1482 Erie Boulevard
Schenectady, NY 12305
Phone: (518) 393-3635
Fax: (518) 393-9938

Deborah Frank, McGuinness Medicaid Specialist – dfrank@jmcguinness.com – Extension #**41**
Kelly Knowles, McGuinness Medicaid Team – kknowles@jmcguinness.com – Extension #**28**
Danielle Croskey, McGuinness Medicaid Team – dcroskey@jmcguinness.com – Extension #**47**
Ellen Farney, McGuinness Medicaid Team **–** efarney@jmcguinness.com – Extension **#50**

Follow-up

- This presentation will be recorded and the PowerPoint presentation will be uploaded to the Portal Knowledge Base for future reference.
  - Search for help in our Knowledge Base: http://support.cpseportal.com/Main/Default.aspx
  - Portal Support Email: Support@cpseportal.com
  - Medicaid Support Email: Medicaid@CPSEPortal.com
  - Questions/Guidance regarding Medicaid compliance:

    Contact Deborah Frank dfrank@jmcguinness.com, 518-393-3635, Ext. #41

- **HELPFUL LINKS**

  CPSE Portal Knowledge Base Links for OPRA

  https://support.cpseportal.com/kb/a255/opra-enrollment-information-website.aspx?KBSearchID=32092

THANK YOU!

I want to thank everyone for taking the time to attend this presentation.

I hope you found the content helpful.

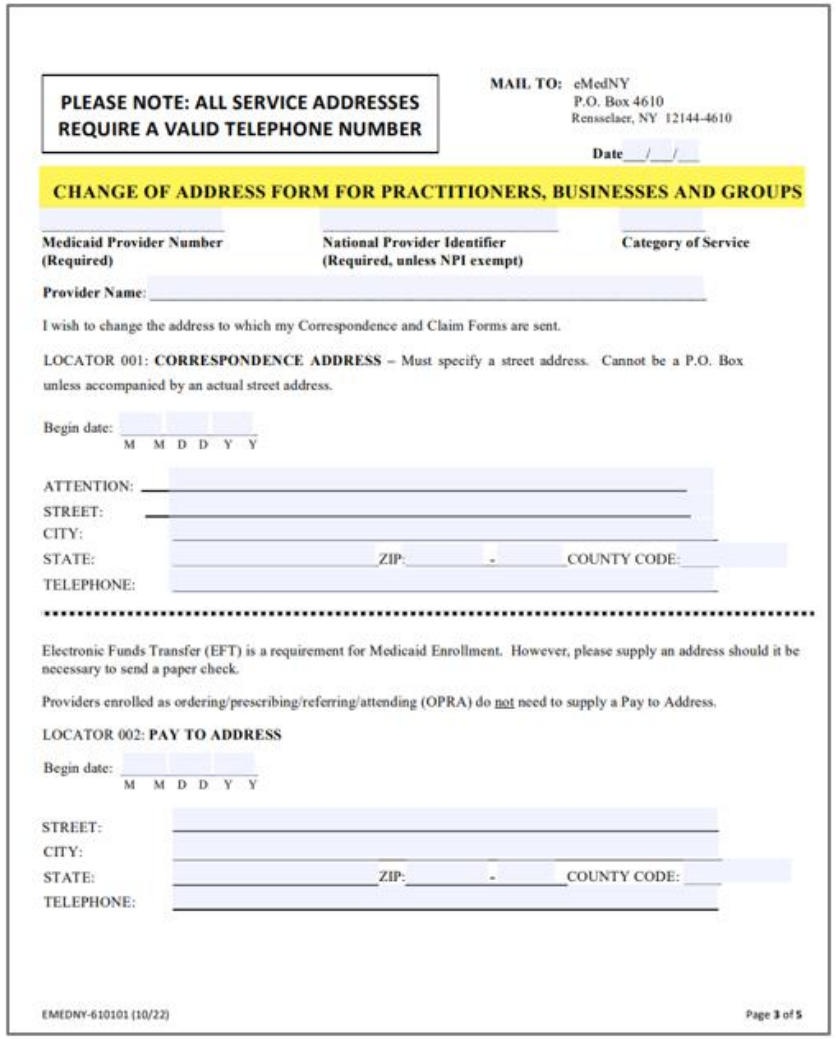
Deborah Frank

(An Appendix follows this slide.)

APPENDIX

eMedNY Change of Address Form

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610101_BPGCOA_FRM_Address_Change_Form.pdf



PLEASE NOTE: ALL SERVICE ADDRESSES REQUIRE A VALID TELEPHONE NUMBER

MAIL TO: eMedNY
P.O. Box 4610
Rensselaer, NY 12144-4610

Date__/__/__

CHANGE OF ADDRESS FORM FOR PRACTITIONERS, BUSINESSES AND GROUPS

Medicaid Provider Number (Required) | **National Provider Identifier (Required, unless NPI exempt)** | **Category of Service**

Provider Name:

I wish to change the address to which my Correspondence and Claim Forms are sent.

LOCATOR 001: **CORRESPONDENCE ADDRESS** – Must specify a street address. Cannot be a P.O. Box unless accompanied by an actual street address.

Begin date: M M D D Y Y

ATTENTION:
STREET:
CITY:
STATE: ZIP: - COUNTY CODE:
TELEPHONE:

Electronic Funds Transfer (EFT) is a requirement for Medicaid Enrollment. However, please supply an address should it be necessary to send a paper check.

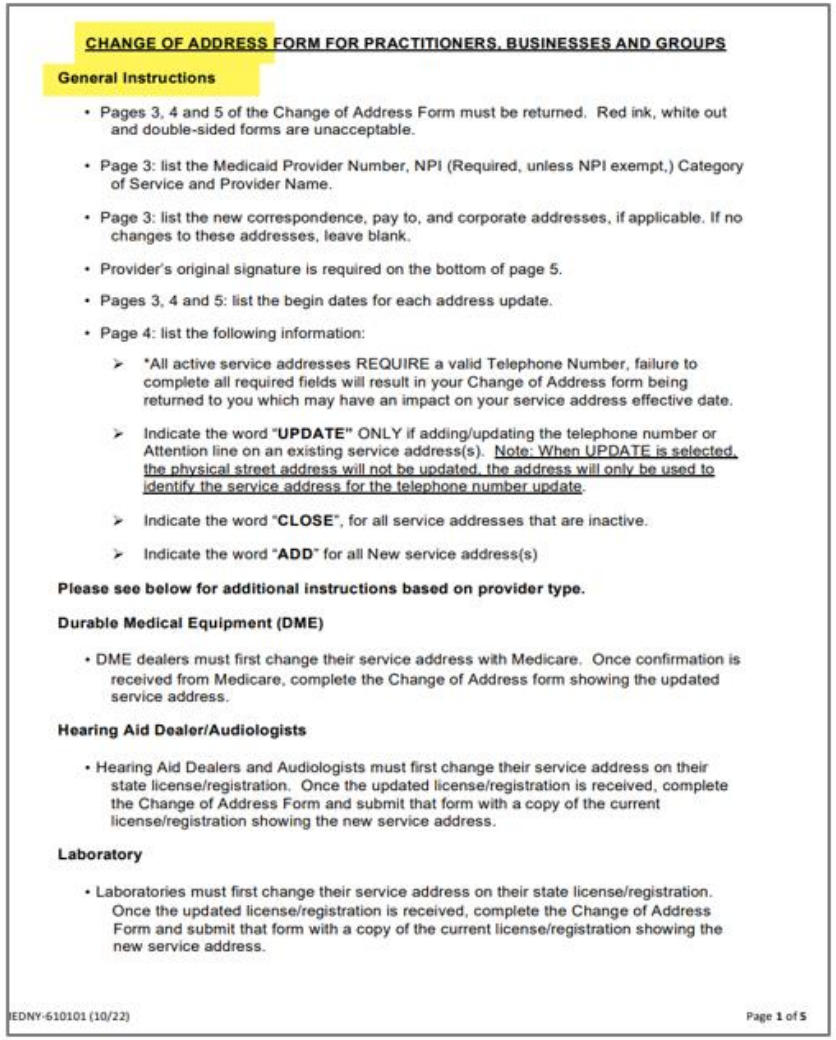
Providers enrolled as ordering/prescribing/referring/attending (OPRA) do not need to supply a Pay to Address.

LOCATOR 002: **PAY TO ADDRESS**

Begin date: M M D D Y Y

STREET:
CITY:
STATE: ZIP: - COUNTY CODE:
TELEPHONE:

EMEDNY-610101 (10/22) Page 3 of 5



CHANGE OF ADDRESS FORM FOR PRACTITIONERS, BUSINESSES AND GROUPS

General Instructions

- Pages 3, 4 and 5 of the Change of Address Form must be returned. Red ink, white out and double-sided forms are unacceptable.
- Page 3: list the Medicaid Provider Number, NPI (Required, unless NPI exempt,) Category of Service and Provider Name.
- Page 3: list the new correspondence, pay to, and corporate addresses, if applicable. If no changes to these addresses, leave blank.
- Provider's original signature is required on the bottom of page 5.
- Pages 3, 4 and 5: list the begin dates for each address update.
- Page 4: list the following information:
  - *All active service addresses REQUIRE a valid Telephone Number, failure to complete all required fields will result in your Change of Address form being returned to you which may have an impact on your service address effective date.
  - Indicate the word "**UPDATE**" ONLY if adding/updating the telephone number or Attention line on an existing service address(s). Note: When UPDATE is selected, the physical street address will not be updated, the address will only be used to identify the service address for the telephone number update.
  - Indicate the word "**CLOSE**", for all service addresses that are inactive.
  - Indicate the word "**ADD**" for all New service address(s)

Please see below for additional instructions based on provider type.

Durable Medical Equipment (DME)

- DME dealers must first change their service address with Medicare. Once confirmation is received from Medicare, complete the Change of Address form showing the updated service address.

Hearing Aid Dealer/Audiologists

- Hearing Aid Dealers and Audiologists must first change their service address on their state license/registration. Once the updated license/registration is received, complete the Change of Address Form and submit that form with a copy of the current license/registration showing the new service address.

Laboratory

- Laboratories must first change their service address on their state license/registration. Once the updated license/registration is received, complete the Change of Address Form and submit that form with a copy of the current license/registration showing the new service address.

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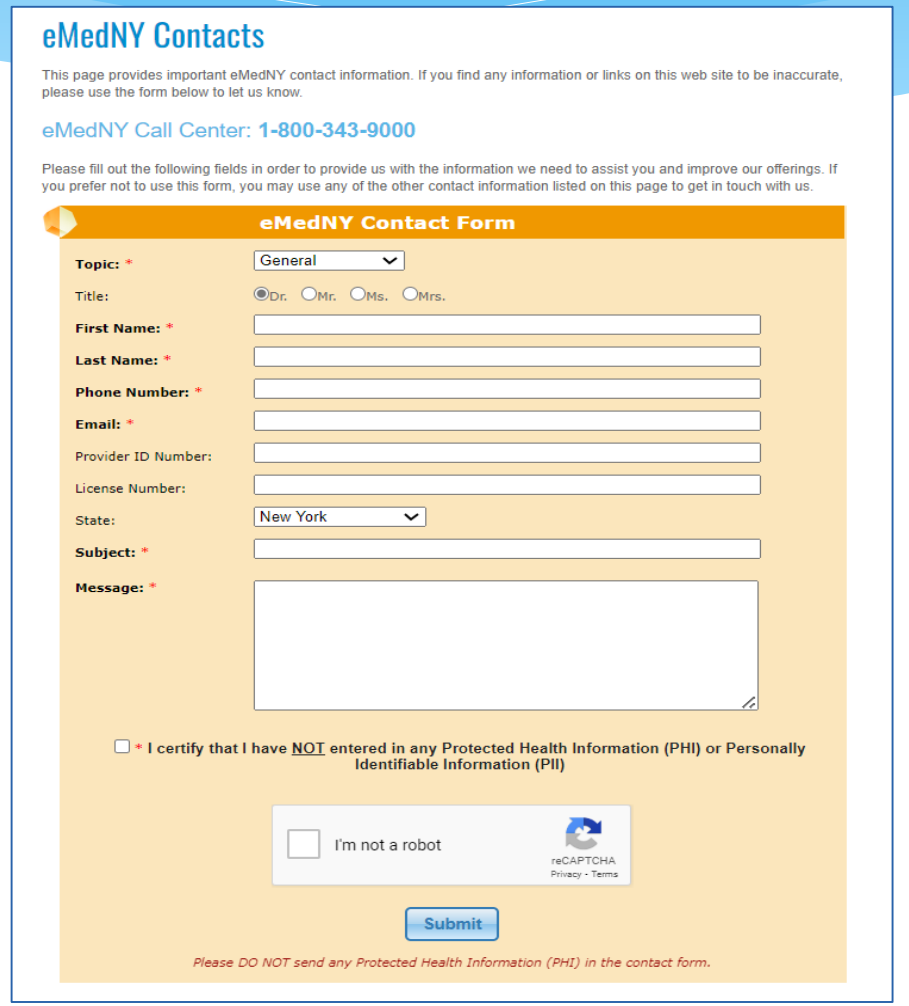
eMedNY Contact Information

- eMedNY Call Center

  800-343-9000

- eMedNY Email Contact

  Contact (emedny.org)



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 NOT entered in any Protected Health Information (PHI) or Personally Identifiable Information (PII)

I'm not a robot

reCAPTCHA
Privacy - Terms

Submit

Please DO NOT send any Protected Health Information (PHI) in the contact form.

Link to Instructions for the 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:

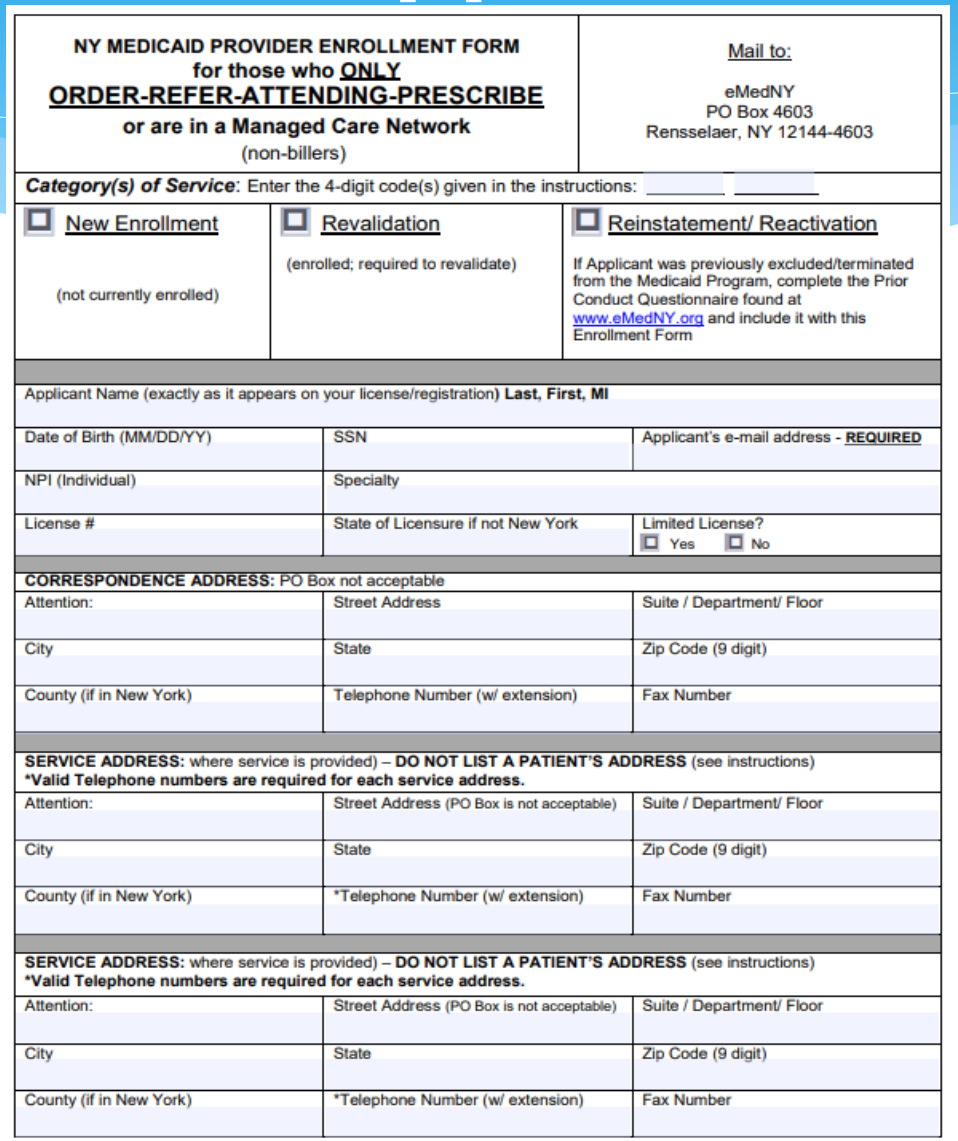
1. See "Additional Requirements" on Page 2 of these instructions
2. Proof of current license /registration. Examples: 1) Copy of license with future expiration date, 2) Copy of license registration/renewal, or 3) Printout of your license status from the licensing agency's website.

eMedNY Service Provider OPRA Application

- There are three options to select for this application:

1) *New Enrollment*
2) *Revalidation*
3) *Reinstatement/Reactivation*

One of these options must be selected.



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

Ownership in Applicant – Section 1
Section 504.1 (d)(18)(iv)

- ***Section 504.1 – Policy & Scope***
  - ***(d)(18)(iv)*** *– 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.*

  - *Link: https://regs.health.ny.gov/content/section-5041-policy-and-scope*

Ownership in Other Disclosing Entities – Section 2

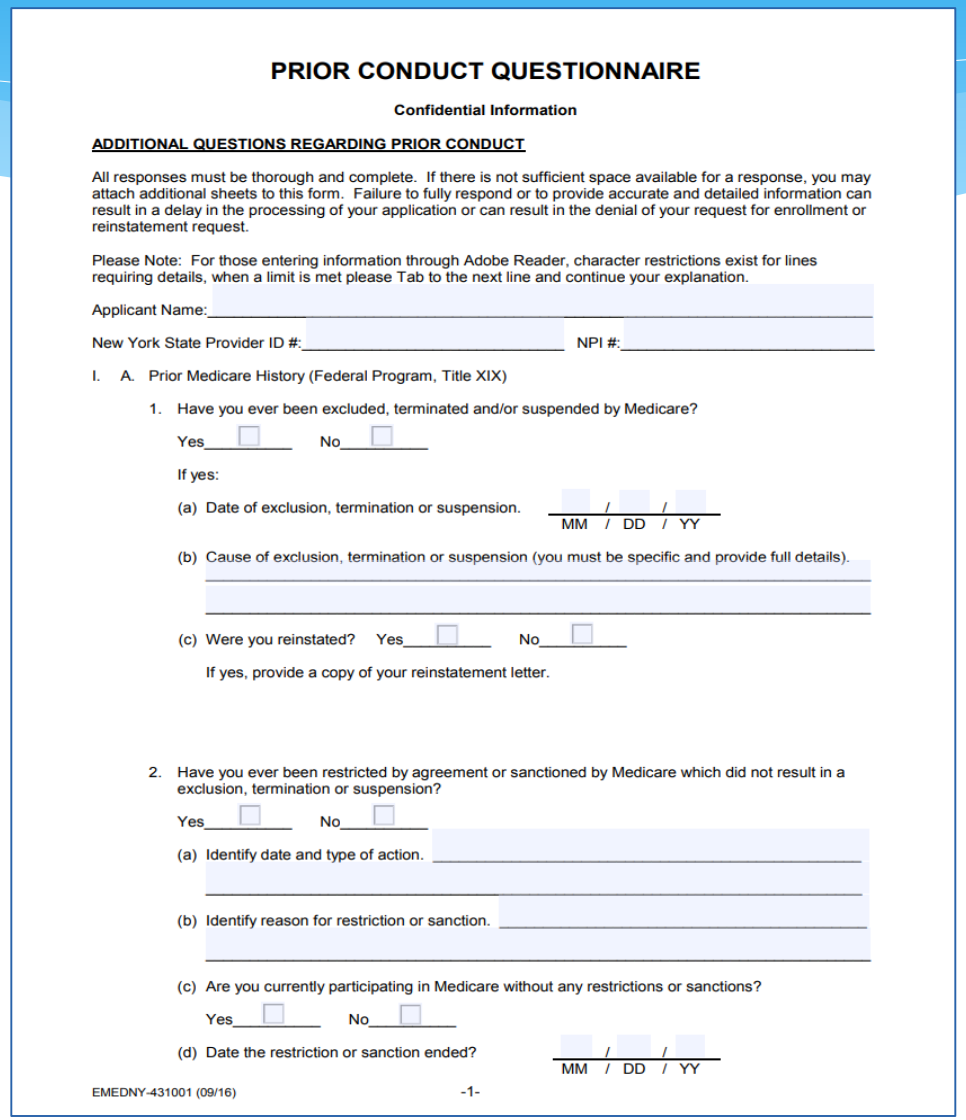
42 CFR, Part 455.104(a)(3)

- *42 CFR, Part 455.104(a)(3) will help you to determine if you have to disclose ownership or controlling interest in a business/agency.*

  https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B/section-455.104

Prior Conduct Questionnaire

If enrollment was terminated, the Prior Conduct Questionnaire must accompany the Enrollment Application.



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-

Sample Revalidation Letter
(Initial 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, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Sample Revalidation Letter
(Final 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 Zeleznick, 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

Sample Revalidation Letter
(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,

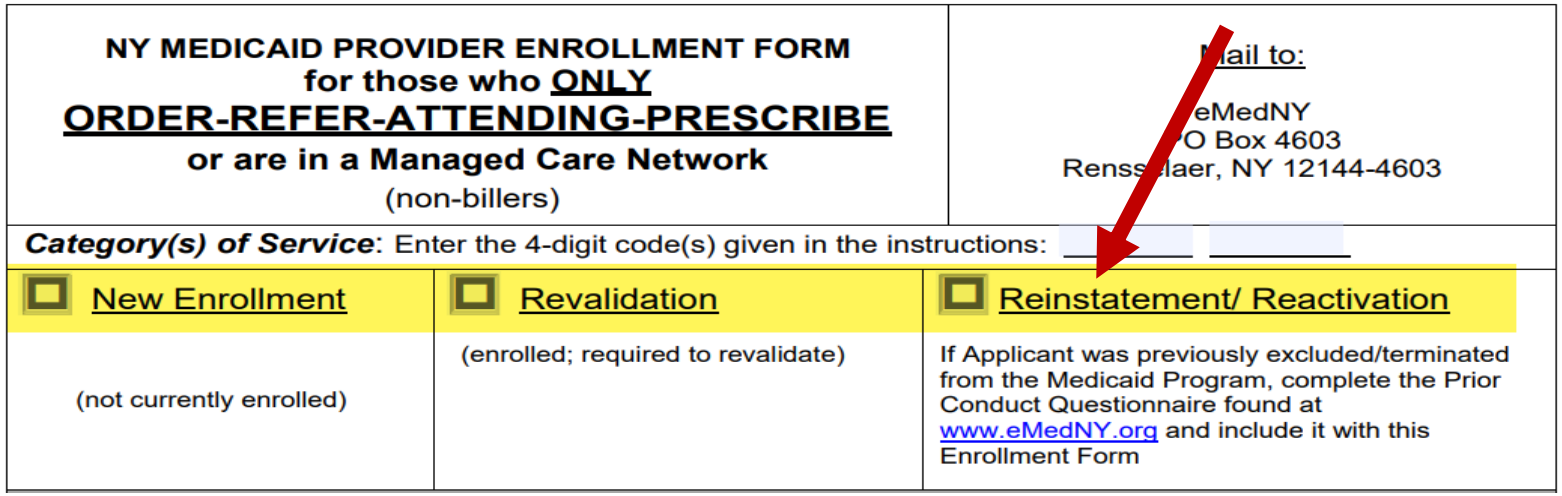
Susan Zelezniak, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs

Enrollment Terminated

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

Provider Enrollment - Therapist (emedny.org)

Email Template (emedny.org)



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

Speech Prescriptions

94. Q. Can a NYS licensed and currently registered speech-language pathologist (SLP) who has not seen the student write a referral for speech therapy?

A. No. The SLP cannot write a referral if they have not seen the student. 18 NYCRR 505.11 states that a written order must contain a diagnostic statement and purpose of treatment. It is not acceptable under the Medicaid program for the ordering or referring professional never to have met with the child as it is incompatible with the obligations of the ordering practitioner to assure that the ordered care, services, or supplies will meet the recipient's needs and restore him or her to the best possible functional level. [December 13, 2010]

OPRA Frequently Asked Questions

There is a link for a larger list of FAQs, but I included a few FAQs that may be pertinent to SSHSP.

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

OPRA Frequently Asked Questions

5) **Is Medicare enrollment required prior to Medicaid enrollment?**

Medicare enrollment is a requirement for Medicaid enrollment as an OPRA provider for Physical Therapists. Medicare enrollment is not a requirement for other professionals enrolling in Medicaid as OPRA providers

OPRA Frequently Asked Questions

9) **To ensure my enrollment form can be processed expeditiously, what should I be aware of when completing the form?**

Please be sure to follow the directions which accompany the enrollment form. Many applicants fail to complete all required fields which results in their enrollment form being returned. **ALL** fields must be completed UNLESS otherwise instructed. Although rare, if your situation is such that there are no managing employees to report in Section 5 on page 4, indicate "None" in the "Name" field in the first block. When reporting managing employees, you MUST provide their home address, SSN, date of birth and their Association type (see instructions).

OPRA Frequently Asked Questions

10) **In a school/agency setting for Section 5, Managing Employees, please clarify: are supervisors and administrators of school districts, or immediate supervisors of the applying therapist considered to be Managing Employees?**

Administrators, supervisors, and office managers may be considered managing employees. It is recommended that applicants refer to and read the regulatory references included on the Ordering, Prescribing, Referring and Attending Practitioner application form. If the office manager or administrator, or a supervisor of the applying therapist within the school or county exercises operational or managerial control over the day to day operations of the provider (service provision) then that individual(s) should be reported in Section 5 of the application.

OPRA Frequently Asked Questions

16) **Can the enrollment form be completed by someone other than the practitioner? Can the enrollment form be submitted without the practitioner's approval?**

The enrollment form can be completed by a person other than the applicant. However, the applicant must sign the enrollment form and is responsible for the accuracy of its content. An enrollment form, therefore, cannot be submitted without the applicant's approval.

OPRA Frequently Asked Questions

11. **According to the March 2013 Medicaid Update, Physical Therapists (PTs), Occupational Therapists (OTs) and Speech-Language Pathologists (SLPs) (among others) must enroll in the state Medicaid program if they are going to order or refer services that will be reimbursed by the fee-for-service Medicaid program. Is it correct to assume that this requirement also applies to PTs, OTs, SLPs who are employed by a school district or county and provide these services to children where the county or school district bills?**

    The March 2013 Medicaid Update article titled "Expedited Enrollment for Ordering, Prescribing, Referring & Attending Practitioners" is specific to practitioners who are ordering services. In the SSHSP, SLPs can order services, as can physicians, physician assistants and nurse practitioners. PTs and OTs cannot order services; therefore they do not have to enroll as ordering providers for the SSHSP. However, if PTs and OTs are working for other provider types (e.g., hospital, clinic, other), they may be required to enroll.

Revalidation Frequently Asked Questions

11. **According to the March 2013 Medicaid Update, Physical Therapists (PTs), Occupational Therapists (OTs) and Speech-Language Pathologists (SLPs) (among others) must enroll in the state Medicaid program if they are going to order or refer services that will be reimbursed by the fee-for-service Medicaid program. Is it correct to assume that this requirement also applies to PTs, OTs, SLPs who are employed by a school district or county and provide these services to children where the county or school district bills?**

    The March 2013 Medicaid Update article titled "Expedited Enrollment for Ordering, Prescribing, Referring & Attending Practitioners" is specific to practitioners who are ordering services. In the SSHSP, SLPs can order services, as can physicians, physician assistants and nurse practitioners. PTs and OTs cannot order services; therefore they do not have to enroll as ordering providers for the SSHSP. However, if PTs and OTs are working for other provider types (e.g., hospital, clinic, other), they may be required to enroll.

Revalidation Frequently Asked Questions

Q. I am currently actively enrolled in NYS Medicaid. Do I still need to revalidate?

Category: General | Published: 2/17/2016 | Updated: 9/11/2024 | QID: R3

A. **YES.** All provider types must revalidate their enrollment **when notified to do so.** This generally occurs every five years but, at the Department's discretion, may also be requested at any time.

Revalidation Frequently Asked Questions

Q. If my enrollment has been voluntarily or involuntarily terminated, can I still revalidate?

Category: General | Published: 2/17/2016 | Updated: 9/11/2024 | QID: R7

A. **NO.** Revalidation is for actively enrolled providers. If a provider wishes to reactivate an enrollment that has been terminated, they must submit an application marked for reinstatement.

Revalidation Frequently Asked Questions

Q. What professions must revalidate?

Category: General | Published: 2/17/2016 | Updated: 2/17/2016 | QID: R11

A. All professions must revalidate.

Revalidation Frequently Asked Questions

Q. What happens if I don't revalidate with NY Medicaid?

Category: General | Published: 2/17/2016 | Updated: 9/11/2024 | QID: R12

A. Federal regulations require that your Medicaid enrollment be terminated if you fail to revalidate. This means you will no longer be paid for services rendered to, and/or you will no longer be eligible to order, refer, or prescribe for New York State Medicaid recipients.

Revalidation Frequently Asked Questions

Q. I submitted my enrollment form for revalidation and want to verify it was received. How do I do that?

Category: Form Completion | Published: 2/17/2016 | Updated: 9/11/2024 | QID: R15

A. Providers can call eMedNY at (800) 343-9000 to confirm their enrollment form for revalidation was received. Please wait at least two weeks before calling to allow time for the postal and intake processes. Please have your NPI number, if applicable, and Social Security or FEIN number available when you call.

Revalidation Frequently Asked Questions

Q. When and how will I know the revalidation process is complete?

Category: Communications | Published: 2/17/2016 | Updated: 9/11/2024 | QID: R17

A. Providers will receive a letter via U.S. mail when their enrollment form for revalidation has been successfully processed. Providers will not be terminated for failing to revalidate between the time the revalidation is submitted and the time it is processed unless they fail to respond to a subsequent request for additional information.

OPRA Enrollment (Psychological Counseling)

Psychological Counseling Services

To be Medicaid reimbursable, these providers must have credentials which would allow them to provide the same service in the community. Refer to Q&A #21-23, which establish that Medicaid reimbursement is unavailable for school-based personnel. Services require a referral from a NYS Medicaid enrolled physician, physician assistant or nurse practitioner, or an appropriate school official[1], such as a school administrator or the chairperson of the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE). The need for psychological counseling must also be documented in the IEP.

[1] Please note that referrals for psychological evaluations and counseling services may be made by an appropriate school official or other voluntary health or social agency. School officials are not allowed nor required to enroll as NYS Medicaid providers.

OPRA Enrollment (Psychological Counseling)

207. Q. Are new orders/referrals necessary for psychological evaluations and psychological counseling services that were ordered by licensed psychologists and Licensed Clinical Social Workers for the upcoming school year?

A. SSHSP billing providers must ensure that all required documentation is in place prior to the submission of a Medicaid claim. If the psychological evaluation or psychological counseling services are ordered by an enrollable ordering provider (a licensed physician, psychiatrist, physician assistant, nurse practitioner or a licensed psychologist for purposes of the SSHSP), that provider's NPI number must be included on the Medicaid 837I claim form in the referring provider field.

If the psychological evaluation or psychological counseling services are referred by an individual who is not eligible to enroll as an ordering/referring provider in the SSHSP (e.g., a school official, classroom teacher, or other licensed provider such as an LCSW or LMSW), the Medicaid 837I (institutional) claim form must include the NPI of the billing provider in both the billing and referring provider fields. [September 5, 2013]