

# School Supportive Health Services Program (SSHSP)

## Directions for Speech-Language Pathologists (who Refer School Supportive Health Services) to become Enrolled in the NYS Medicaid Program as Non-Medicaid Billing Providers

These instructions apply to Speech-Language Pathologists who refer speech services for the SSHSP, but who do not wish to become independent Medicaid billing providers.

Note: There is no fee involved in this non-Medicaid billing enrollment process.

1. Go to <https://www.emedny.org> or <https://www.emedny.org/info/ProviderEnrollment/index.aspx#select>
2. Click on “Provider Enrollment” (top center)
3. At the “Provider Enrollment” screen, click on “Click here for enrollment.”
4. This will take you to the bottom of the same screen where the practitioner must click on “I’m a Therapist (PT\*, OT\*, Speech).”

**IMPORTANT: The practitioner must not click on “School Supportive Health Service Provider (SSHSP).” This option is used for school districts and counties that are applying to become SSHSP billing providers.**

**Note:** If the practitioner is a Physician, Physician Assistant, or Nurse Practitioner, and they do not intend to become a Medicaid billing provider, they would select “Physician,” Physician Assistant (Registered), or Nurse Practitioner, as appropriate. These options will direct the practitioner to the enrollment application designated for those who order services and do not wish to be independent Medicaid billers.

5. The Speech-Language Pathologist will now be at the “Provider Enrollment - Therapist (PT\*, OT\*, Speech)” screen.
6. SLP should navigate to “OPTION 2, - Therapist (PT\*, OT\*, Speech) – Order/Prescribe/Refer/Attend ONLY” and click on “Click here” for the Enrollment Form and Instructions.
7. This will take the SLP to another “Provider Enrollment” screen.
8. Click on the PDF icon titled, “Instructions for those who ONLY Order/Prescribe/Refer/Attend” and print out the 2-page instructions.
9. Please read these instructions carefully and follow them when completing the enrollment form.

10. The SLP should then go back to the previous screen and click on the PDF titled, “Orderer-Prescribers-Referrers-Attending ENROLLMENT FORM” and print out the 5-page enrollment form.

\* Note that Physical Therapists (PT) and Occupational Therapists (OT) **DO NOT** have to enroll in the NYS Medicaid Program for SSHSP purposes. In the SSHSP, PTs and OTs are not Medicaid-qualified ordering/referring practitioners.

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## **Completing the NY Medicaid Enrollment Form for those Who Order/Refer/Attend/Prescribe and Do Not Want to be Independent Medicaid Billing Providers**

### **1. General Instructions:**

- a. Complete all items on the form
- b. Type or print legibly in black or blue ink
- c. Keep a copy of the completed enrollment form for your records

### **2. When the SLP is completing the New York State Enrollment Form, they should note the following:**

- Page 2: Category of Service = 0623
- Page 2: Check the box labeled “New Enrollment”
- Page 2: LEAVE BLANK the “Group NPI” and “Specialty” fields
- Page 2: The box labeled “Correspondence Address” is for the address where the SLP would like to receive any Medicaid correspondence
- Page 2: The box labeled “Service Address” is for the address of the SLP’s employer(s)
- Page 3: Section 1, “Ownership in Applicant” – “Name of Individual or entity” SLP can enter N/A (unless it applies).
- Page 3: Sections 2, 3 and 4 – SLP can enter N/A, unless it applies
- Page 4: Section 5 – SLP can enter N/A, unless it applies
- Page 4: Section 6 – SLP should answer questions #1 - #4. Answering ‘yes’ to any of them necessitates the answering of question #5 and submit a “Prior Conduct Questionnaire” available at [www.eMedNY.org](http://www.eMedNY.org).
- Page 5: Sign and date application, and mail **original** to:

**Computer Sciences Corporation  
PO Box 4603  
Rensselaer, NY 12144-4603**

### **3. Additional Requirements:**

The SLP will also need to submit a copy of their current SLP license/registration with the completed enrollment form.

Questions can be directed to NYS Department of Health (DOH), Office of Health Insurance Policy (OHIP) at 1-800-342-3005, #4-Enrollment.