

# Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP)  
New York State Education Department (NYSED)  
Preschool/School Supportive Health Services Program (SSHSP)  
Medicaid in Education

Issue #15-03

TO: All SSHSP Medicaid Providers

FROM: NYS DOH OHIP SSHSP &  
NYSED Medicaid in Education Unit

DATE: March 23, 2015

SUBJECT: NYS DOH Medicaid Provider Revalidation Process

The NYS Department of Health has started to mail notices to NYS Medicaid providers that their enrollment information must be revalidated. The federal Affordable Care Act requires that all state Medicaid providers, including SSHSP enrolled Medicaid billing providers, revalidate their Medicaid enrollment information.

Your school district or county is **required to complete this Medicaid enrollment revalidation process** within 90 days of the date of the NYSDOH letter or **by no later than May 22, 2015**. Please note that the SSHS program is not exempt from this process and failure to respond will result in the termination of your enrollment in the SSHS program and your school district or county will be unable to submit claims for Medicaid reimbursement.

The NYS DOH provider enrollment application form instructions were revised this month and are available online at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>. Select the "School Supportive Health Service Provider (SSHSP)" link on the bottom right to access and print the correct application ([EMEDNY-436601, 11/14](#)) and instructions ([EMEDNY-470101, 3/15](#)). The SSHSP Statement of Assurances has been made available online at: <https://www.emedny.org/info/ProviderEnrollment/sshsp/index.aspx>. This form must be printed out, completed, and submitted with the provider enrollment application form.

New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section

367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and federal regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of OHIP Operations, Bureau of Provider Enrollment, 150 Broadway, Albany, NY 12204

Please carefully read and follow the application instructions, and be sure to enter **Category of Service 0164** and check the box for **Revalidation**. The provider enrollment application form instructions, revised 03/15, now state that public school districts are not required to provide ANY information about school board members in section 5, page 5 of the provider enrollment application form. School Officials managing employees or having a control interest (e.g., Superintendent) must be identified (include social security number) in section 5 of the application form.

Please be sure to follow the instructions which accompany the enrollment forms. ALL fields must be completed UNLESS otherwise instructed. To avoid possible confusion, applicants may write "N/A" in the sections of the application form that they do not need to complete.

### **Additional information**

Required documents to be submitted with the provider enrollment application form include:

- your IRS assignment letter
- your NPI assignment letter (If you cannot locate this letter, you will need to call 1-800-465-3203 between 9 - 5 or send an e-mail to [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com) to request a copy of your original NPI assignment letter. Your current e-mail address would need to match the e-mail contact NPI# information so please include other possible contact information and your NPI#.)
- OMIG Compliance confirmation notice (This document is only required if your school district or county bills more than \$500,000 in a 12 month period and you are required to submit an official compliance plan to OMIG on a yearly basis.)
- [SSHSP Statement of Assurances \(EMEDNY -70112, 3/15\)](#)

The Institutional Enrollment Form (EMEDNY-436601, 11/14) is used by many provider types. SSHSP providers **do not need** to return the following documents that may have been referenced on the Institutional Enrollment Form Instructions (EMEDNY -470101):

- Electronic Funds Transfer (EFT) Authorization – form #701101
- ETIN Certification Statement
- Authorization from the NYS Department of Health

The application fee of \$553, payable to the NYS Department of Health, and the additional requested documentation will need to be submitted with the completed revalidation application to the address listed at the top of the revalidation application.

If you have any questions concerning the NYS DOH provider enrollment application form, you will need to contact Computer Sciences Corporation (CSC) directly at 1-800-343-9000, #2 (Enrollment) for assistance. If you have any questions or comments regarding this Alert, please contact the NYS Department of Health at (518) 473-2160.