

New York State Medicaid Enrollment Form

Thank you for your interest in enrolling with the New York State Medicaid Program. 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 (i.e., Title 18). Title 18 can be found by choosing the Laws and Regulations link of the Department of Health's website, www.health.ny.gov.

You will be at financial risk if you render services to Medicaid beneficiaries before successfully completing the enrollment process. Payment will not be made for any claims submitted for services, care, or supplies furnished before the enrollment date authorized by the Department of Health. If you have any questions, contact the eMedNY Call Center at (800) 343-9000.

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.

Physicians Enrolled in CAQH:

1. Complete this form in its entirety. Type/print legibly. Enrollment is not guaranteed.
2. Mail completed form to
Computer Sciences Corporation
PO Box 4603
Rensselaer, NY 12144-4603

Physicians Not Yet Enrolled in CAQH:

1. Go to www.CAQH.org and complete a CAQH Registration Kit and CAQH Provider ID. This will allow you to complete the on-line application in the Universal Provider Datasource (UPD).
2. To complete the CAQH application you will need:
 - CAQH Provider ID (included in the registration kit sent from CAQH)
 - Previously completed credentialing application (for reference)
 - List of all previous practice locations
 - Copies of:
 - Curriculum vitae (resume) → IRS Form W-9
 - Current Medical License → Malpractice insurance face sheet
 - Current DEA certification (if applicable) → Summary of any pending settled malpractice cases
3. Verify your data entry and Attest.
4. Fax supporting documents to (866) 293-0414
5. For help completing the CAQH application, please contact the CAQH Help Desk at 1-888-599-1771 or by e-mail: caqh.updhelp@acsgs.com.
6. Once your CAQH enrollment is complete, follow the instructions above for "Physicians Enrolled in CAQH".

New York State Medicaid Provider Manual

RD Boyd



New York State Medicaid Provider Manual:

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Table of Contents New York State Medicaid Provider Manual

1. Understanding the eBook New York State Medicaid Provider Manual
 - The Rise of Digital Reading New York State Medicaid Provider Manual
 - Advantages of eBooks Over Traditional Books
2. Identifying New York State Medicaid Provider Manual
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an New York State Medicaid Provider Manual
 - User-Friendly Interface
4. Exploring eBook Recommendations from New York State Medicaid Provider Manual
 - Personalized Recommendations
 - New York State Medicaid Provider Manual User Reviews and Ratings
 - New York State Medicaid Provider Manual and Bestseller Lists
5. Accessing New York State Medicaid Provider Manual Free and Paid eBooks

- New York State Medicaid Provider Manual Public Domain eBooks
- New York State Medicaid Provider Manual eBook Subscription Services
- New York State Medicaid Provider Manual Budget-Friendly Options
- 6. Navigating New York State Medicaid Provider Manual eBook Formats
 - ePub, PDF, MOBI, and More
 - New York State Medicaid Provider Manual Compatibility with Devices
 - New York State Medicaid Provider Manual Enhanced eBook Features
- 7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of New York State Medicaid Provider Manual
 - Highlighting and Note-Taking New York State Medicaid Provider Manual
 - Interactive Elements New York State Medicaid Provider Manual
- 8. Staying Engaged with New York State Medicaid Provider Manual
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers New York State Medicaid Provider Manual
- 9. Balancing eBooks and Physical Books New York State Medicaid Provider Manual
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection New York State Medicaid Provider Manual
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine New York State Medicaid Provider Manual
 - Setting Reading Goals New York State Medicaid Provider Manual
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of New York State Medicaid Provider Manual
 - Fact-Checking eBook Content of New York State Medicaid Provider Manual
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development

- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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