



**Department  
of Health**

Office of  
Health Insurance  
Programs

# **Provider Enrollment Guidance for Health Home Program Care Management Agencies (CMAs)**

Updated January 2020

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## Obtaining a National Provider Identifier (NPI)

- The National Provider Identifier (NPI) number is a unique 10 digit identification number issued to health care providers in the U.S. by the Centers for Medicare and Medicaid Services (CMS).
- If your organization currently has an NPI number that has already been used for another Medicaid Category of Service (COS) you will need a new one.
- The application for an NPI number can be found on the National Plan and Provider Enumeration (NPPES) website: <https://nppes.cms.hhs.gov/#/>
- The NPI number is generally issued within 5 days.
- An NPI number is required to complete an eMedNY application for a new MMIS Provider ID.

## The Provider Enrollment (eMedNY) Application

Once your organization has received the new NPI number, visit the eMedNY website at the following to complete the application:

<https://www.emedny.org/info/ProviderEnrollment/index.aspx>



Provider Enrollment & Maintenance

## Provider Enrollment – Health Homes Application for Health Home CMAs

On the right side of the webpage, scroll down until the application for “Health Homes” appears.

Click on the link for the Health Homes application.

Click on the “Institution Enrollment Form” (shown on next slide).

- Eye Prosthesis Supplier / Occularist
- Freestanding Clinic (D&TC)
- Harm Reduction Services
- Health Homes
- Hearing Aid Supplier (HAID)
- Hemodialysis Center (freestanding)
- Home Health Agency (HHA)

# Category of Service 0265 for Case Management

## Provider Enrollment & Maintenance



**Harm Reduction Services:** Provides individual and group supportive counseling, care plan development, medication management and psycho education support groups.

**Health Homes:** A Health Home is a care management service model whereby all of an individual's caregivers communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

Complete this Enrollment Form if you are:

1. Applying for initial ENROLLMENT or ALREADY ENROLLED and enrolling another NPI, *or*
2. Responding to a letter instructing you to [REVALIDATE](#) your enrollment, *or*
3. Seeking REINSTATEMENT or REACTIVATION of your previous enrollment, *or*
4. Reporting an OWNERSHIP CHANGE, *or*
5. Reporting a RECEIVERSHIP

 [INSTITUTION Enrollment Form](#)



 [ENROLLMENT FORM](#)

**Category(s) of Service: 0265**

If you are ALREADY ENROLLED and need to change your corporate or correspondence address,  [click here](#)

**Application Fee is REQUIRED.** [Click here for more information.](#)

## Health Home CMAs will check “Billing Provider”

<b>NY MEDICAID PROVIDER ENROLLMENT FORM</b> <b>for</b> <b><u>INSTITUTIONS &amp; RATE-BASED PROVIDERS</u></b>		<u>Mail to:</u> eMedNY PO Box 4603 Rensselaer, NY 12144-4603
<input checked="" type="checkbox"/> <b>Billing Provider</b> <input type="checkbox"/> <b>Managed Care Only (Non Billing)</b>		
<b>Category(s) of Service:</b> Enter 4-digit code(s) given in the instructions: <b>0265</b>		
<input checked="" type="checkbox"/> <b>New Enrollment</b> (not currently enrolled)	<input type="checkbox"/> <b>Revalidation</b> (enrolled; required to revalidate)	<input type="checkbox"/> <b>Change of Ownership</b> (enrolled, complying with 42CFR Part 455.104)
<input type="checkbox"/> <b>Reinstatement/Reactivation</b> (not currently enrolled)	<input type="checkbox"/> <b>Receivership</b> (enrolled with appointed Receiver)	
Enrollment Effective Date (≤ 90 days ago) (MM/DD/YYYY)	FEIN	NPI (unless exempt)
Applicant / Business Name (exactly as it appears on your license/registration)		NY Medicaid ID (if currently or prev. enrolled)
Doing Business As (DBA) Name		

- Billing Provider must be checked, even though you do not bill Medicaid directly for HH services. **Do not check** “Managed Care Only (Non Billing)”
- Check the box for “New Enrollment”
- Enter the new NPI for your organization
- Leave the NY Medicaid ID field blank, as you will be issued a new ID for the Health Home Program
- *EFT Authorization Form and Certification Statement for Providers Billing Medicaid*, must also be completed.



## eMedNY Application – “Additional Instructions” section

### Additional Instructions for the Enrollment Form

Choose only ONE of the following options & check the corresponding box on the top of the Enrollment Form

- Check Billing Provider - If the applicant/provider intends on Billing NYS Medicaid
- Check Managed Care Only (Non Billing) - If the applicant/provider is contracted with a Managed Care and is required to enroll with NYS Medicaid per the 21st Century Cures Act.

**Category(s) of Service:** Enter the applicable 4-digit code(s) on the Enrollment Form **0265**

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 Change of Ownership to comply with 42 CFR, Part 455.104
- 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.
- Check Receivership if the provider is enrolled and a Receiver has been appointed

**Effective Date:** If your authorization was issued within the past 90 days AND has an effective date of more than 90 days ago, you may use the effective date of the authorization. Otherwise, the effective date must be less than or equal to 90 days ago.

**FEIN:** Federal Employer Identification Number is required

**NPI:** REQUIRED except for OPWDD sponsored Case Management programs

Information on the Provider Enrollment application fee, can be found here:

<https://www.emedny.org/info/ProviderEnrollment/ffs.aspx>



## eMedNY Application: Requirements and Additional Forms



- *“Authorization Issued by the Appropriate NYS Agency”* (listed under Requirements & Additional Forms)
  - Provider Enrollment will accept a copy of the completed Business Associate Agreement (BAA) between the Health Home and the Health Home CMA as the “Authorization”.
  - Completed BAAs will need to first be submitted **by the Health Home** to the DOH Privacy and Security Team for review to the following email address: [doh.sm.Medicaid.Data.Exchange@health.ny.gov](mailto:doh.sm.Medicaid.Data.Exchange@health.ny.gov)
  - A copy of the completed BAA should be included with the eMedNY application to facilitate verification.
  - Verification is conducted to assure a contractual relationship exists between the CMA and the lead Medicaid Health Home.
  - The application will not be processed without providing this additional information.

Note: The eMedNY application process may take 90 days or more.

## Next steps for Health Commerce System (HCS) Access

- Once Provider Enrollment issues your new MMIS Provider ID, they send the DOH Health Home team a notification.
- When this notification is received, the DOH Health Home Team will reach out to your organization with detailed instructions regarding the next steps for Health Home Program system access.
- Your organization will also be sent the HCS Account Creation forms to complete and return.
- Once you complete and return these HCS Account Creation forms back to the Health Home team, we will reach out to your organization again once the forms are processed, with additional instructions to finalize your new accounts.
- When the HCS Accounts are approved by the Commerce Account Management Unit (CAMU) they will notify the DOH Health Home Team.
- MAPP HHTS access will be granted by the DOH Health Home Team once the HCS Accounts are approved by the Commerce Account Management Unit (CAMU). See next slide for details.

## Next Steps for Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) Access

- Upon HCS account approval, your organization's new MMIS ID will be added to MAPP HHTS and connected in the system to the Health Home(s) that you are working with.
- To assign your Organization's MAPP Gatekeeper, complete the MAPP Gatekeeper form found here: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/mapp/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm). Click to expand "*Health Home Tracking System*" and then click on the link titled, "*MAPP Gatekeeper Add or Remove Form*". This completed form should be sent to MAPP CCC for processing at [mapp-customercenter@cma.com](mailto:mapp-customercenter@cma.com).
- Once the form is received, the MAPP Gatekeeper user roles will be added to MAPP HHTS.
- MAPP Customer Care Center (CCC) will send out Web Based Training (WBT) information for MAPP roles via email.
- Once the MAPP Gatekeepers have completed the WBT and Assessment, MAPP CCC will turn on access to these users. (May take 1-2 business days).
- The Gatekeepers will then be able to access MAPP HHTS and assign the appropriate roles to other users at your organization.

## Contact Information

### **For questions regarding the eMedNY application process:**

Contact the eMedNY Call Center: 1-800-343-9000

### **For all other Health Home Program specific enrollment questions:**

Contact Health Home Program Provider Line: 518-473-5569

Or submit an email to our Health Home Mailbox at:

[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/mailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/mailHealthHome.action) Select “Organizational Changes” from the drop down box

### **For questions or updates involving MAPP HHTS:**

Contact MAPP Customer Care Center (CCC) at: [mapp-customercenter@cma.com](mailto:mapp-customercenter@cma.com) or call 518-649-4335.