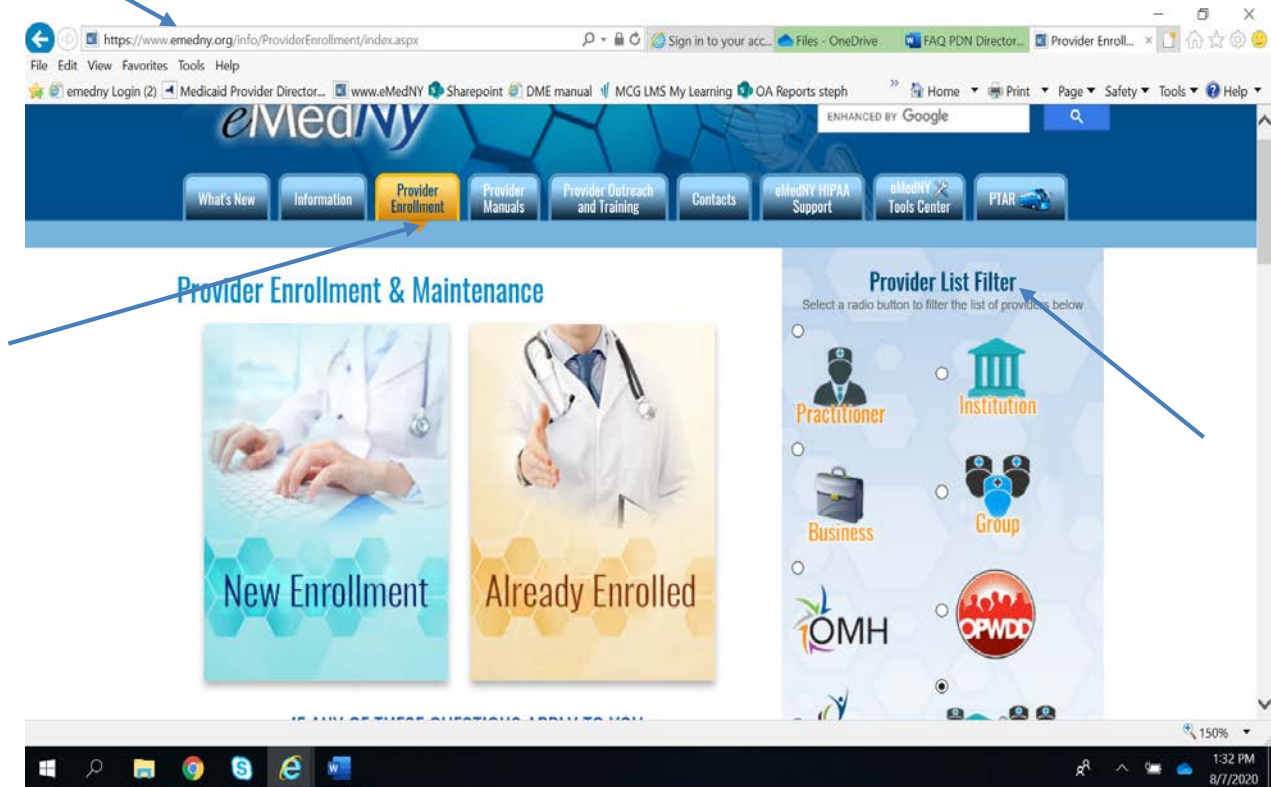
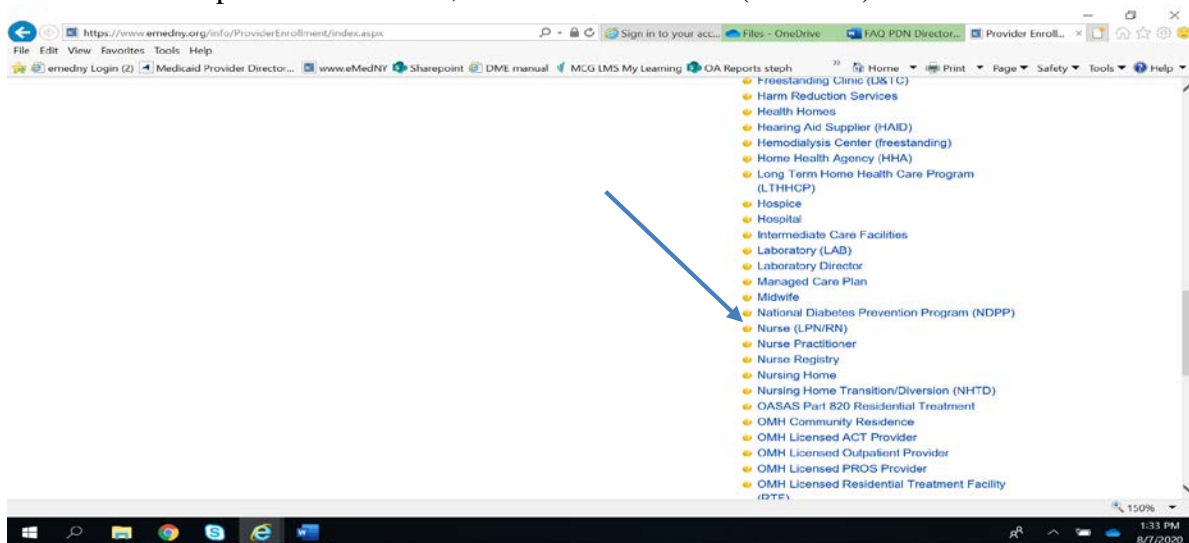


## Enrollment Instructions for the Medically Fragile Children's Private Duty Nursing Directory for an Independent RN/LPN

1. Go to the eMedNY website at: [www.emedny.org](http://www.emedny.org)
2. Go to the 3<sup>rd</sup> tab over "Provider Enrollment"
3. Go to the Blue Box labeled "Provider List Filter"



4. For Independent Providers, click into the "Nurse (LPN/RN)" link



5. Go to “Option 1” and the “click here” link to get to the Enrollment Form and Instructions.

Provider Enrollment > Nurse (LPN/RN)

## Provider Enrollment

**NURSE (LPN/RN)**

**OPTION 1**

Nurse (LPN/RN) - Individual Billing Medicaid

If you Do/Will Provide Medical Services and Bill Medicaid [Click here](#) for the Enrollment Form and Instructions.

*Please Note: If you only will Order/Prescribe/Refer/Attend see [Option 2 Below](#)*

6. Click into the 3<sup>rd</sup> bar down labeled “Requirements and Additional Forms”

**NURSE (LPN/RN)**

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

[PRACTITIONER Enrollment Form](#)

**Category(s) of Service:**  
0521 - Licensed Practical Nurse, OR  
0522 - Registered Nurse

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

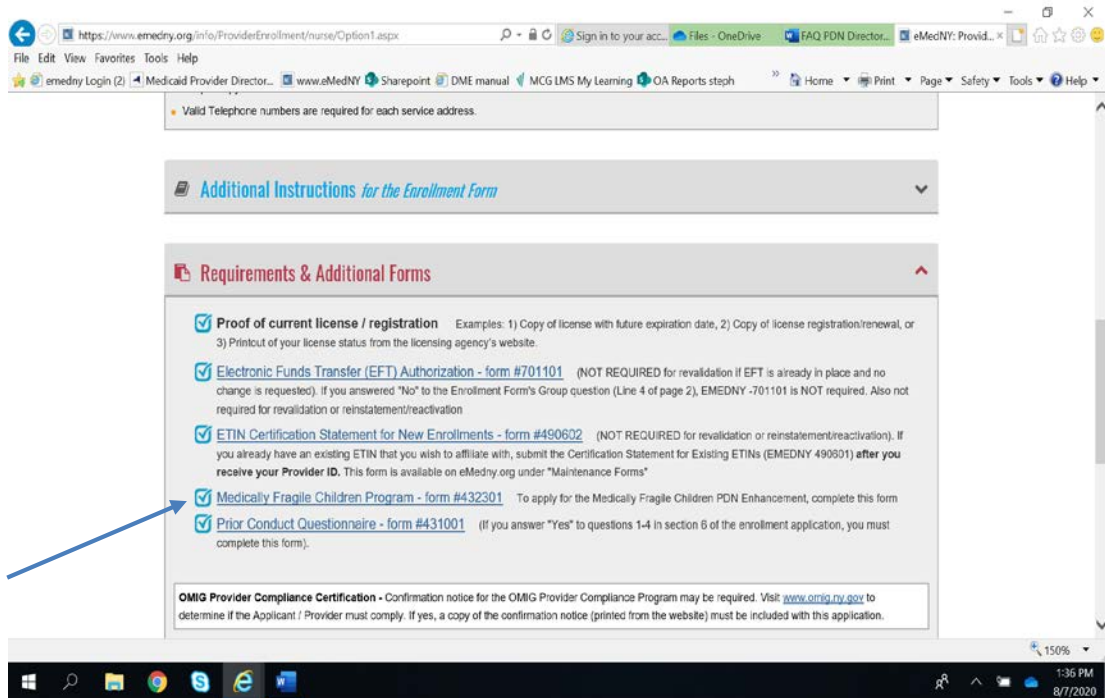
**Application Fee is NOT Required**

? [General Instructions for the Enrollment Form](#)

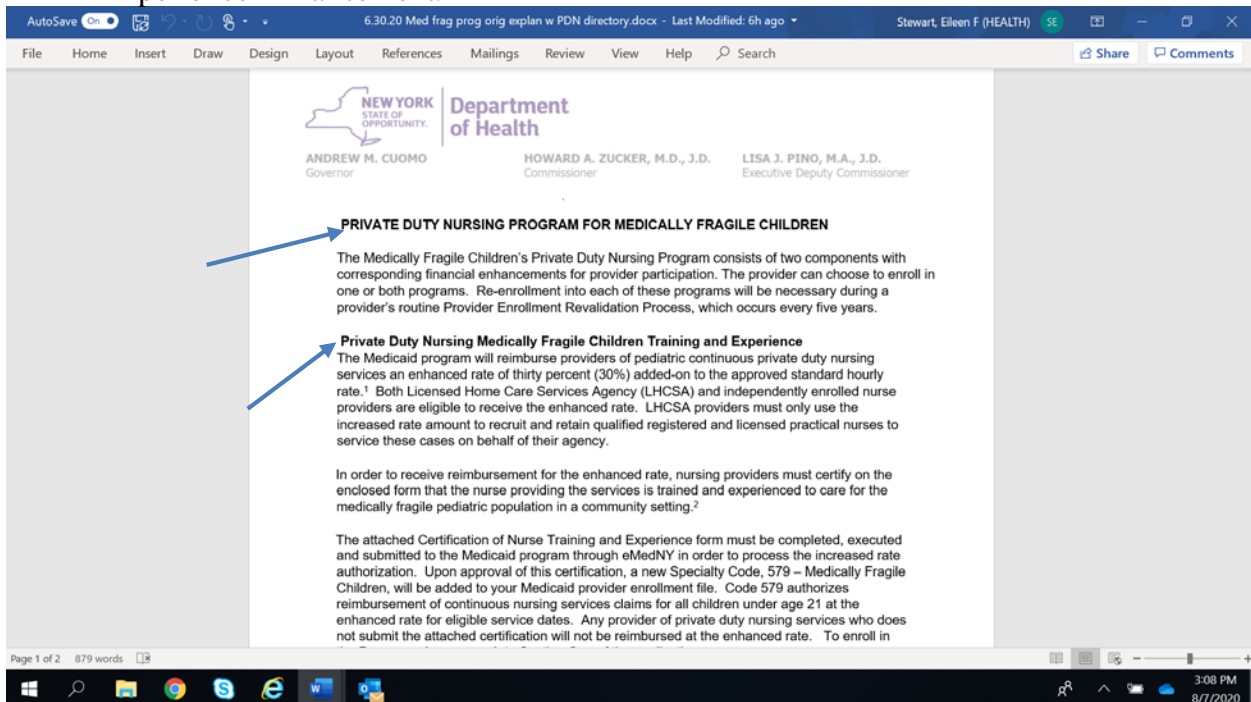
[Additional Instructions for the Enrollment Form](#)

[Requirements & Additional Forms](#)

- Go to the 4<sup>th</sup> check box down labeled “Medically Fragile Children Program- Form # \_\_\_\_”. This link will go to the Explanation of the Medically Fragile Children’s Program and the corresponding forms.



- Explanation of the Private Duty Nursing Program for Medically Fragile Children
- Explanation of the Private Duty Nursing Medically Fragile Children Training and Experience Enhancement.



## 10. Explanation of the Private Duty Nursing (PDN) Medically Fragile Children's (MFC) Provider Directory

NEW YORK STATE OF OPPORTUNITY  
Department of Health

ANDREW M. CUOMO Governor  
HOWARD A. ZUCKER, M.D., J.D. Commissioner  
LISA J. PINO, M.A., J.D. Executive Deputy Commissioner

### Private Duty Nursing (PDN) Medically Fragile Children's (MFC) Provider Directory

The Fee-for-Service Medicaid program will pay providers of private duty nursing services who service Medically Fragile Children, an enhanced fee for enrollment in the MFC PDN Provider Directory. The purpose of the directory is to ensure adequate access to PDN services by promoting the availability and ensuring delivery of PDN Services for medically fragile members.<sup>3</sup> The enhanced fee will be implemented over a period of three years effective October 1, 2020. Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the increased fee for participation in the Directory. The PDN MFC Provider Directory will be available to the public and will be updated on a weekly basis. The attached form must be accurately completed, signed, and submitted to the Medicaid program through eMedNY in order to process the increased fee authorization.

Approval for participation in the Directory will authorize enhanced reimbursement for continuous nursing services provided to members up to the age of 23. Providers of private duty nursing services who do not submit the attached certification will not be reimbursed at the enhanced fee. Participation in the directory indicates the willingness to accept inquiries for providing care to medically fragile children. These inquiries will be received from family members or representatives, discharge planners and case managers that are managing the member's care. Directory participants are expected to respond to all inquiries received. To enroll in this Program, please complete Section Two of the application.

If you have any questions regarding this notice, please contact the eMedNY Call Center at 1-800-343-9000. Thank you for your continued support of our efforts to ensure delivery of high-quality nursing services for pediatric Medicaid enrollees living in the community.

<sup>3</sup> Section 367-r(1-a) of the New York Social Services Law (SSL) authorizes the Medicaid program to reimburse

## 11. Complete Section One for the Certification of Training and Experience for Medically Fragile Children. Fill in ALL sections, sign and date form. Mail to eMedNY.

https://myemail-my.sharepoint.com/:wct/personal/erin\_finigan\_health\_ny\_gov/\_layouts/15/f... Sign L... Share... FAQ P... forms... 6.30.2... PD... eMed... emed...

File Edit View Favorites Tools Help

emedny Login (2) Medicaid Provider Director... www.eMedNY Sharepoint DME manual MCG LMS My Learning OA Reports step Home Print Page Safety Tools Help

Word PDN Directory Programs RN\_LPN\_legal approved - Saved Stewart, Eileen F (HEALTH)

Please complete the section(s) applicable to your request for participation: Certification of Nurse Training and Experience for Medically Fragile Children and/or PDN Provider Directory. If you are already enrolled in the Certification of Training and Experience and would like to enroll in the PDN Provider Directory, it is only necessary to complete Section Two. Submit the form to:

eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610

**SECTION ONE: Certification of Nurse Training and Experience for Medically Fragile Children**

**AN INDEPENDENT NURSE (RN/LPN) ENROLLING OR REVALIDATING IN NY MEDICAID**

Nurse's Name: \_\_\_\_\_

Nurse's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I certify as an Independent RN/LPN provider, I have satisfactorily completed the training and experience to provide nursing services to medically fragile children and maintain on file, documentation of my training and experience in the care of pediatric medically fragile patients. I understand that this training is required in order to bill for the enhanced Medicaid reimbursement rate.

Independent RN/LPN's Signature \_\_\_\_\_ Date \_\_\_\_\_



12. To participate in the PDN Provider Directory, Complete Section 2, sign, date and mail to eMedNY per the instructions.

**SECTION TWO: Private Duty Nursing Provider Directory:**

**AN INDEPENDENT NURSE (RN/LPN) ENROLLING OR REVALIDATING IN NY MEDICAID**

Nurse's Name: \_\_\_\_\_

NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

I agree to participate in the Private Duty Nursing (PDN) Provider Directory for the purpose of promoting the availability and ensuring delivery of fee for service nursing services to medically fragile children and individuals, up to the age of 23. This directory is available to the public and will be updated weekly. I acknowledge that the information provided above is accurate and I will immediately notify the NY Medicaid program if there are changes to my address, phone number or email address. Approval for participation in the Directory will authorize enhanced reimbursement of continuous nursing services provided to medically fragile members up to the age of 23 receiving continuous nursing services. Participation in the directory indicates the willingness to accept inquiries to provide care to medically fragile children and subject to availability, provide services. These requests will be received from a family member or a representative designated by the family, a discharge planner, and/or case manager. Directory participants are expected to respond to all inquiries.

\_\_\_\_\_  
Independent RN/LPN, Nurse's Signature (required)      Date