



**Department
of Health**

NYS Medicaid Doula Services Benefit Billing Informational Session Part 1: Introduction to Billing September 18, 2024

**Office of Health Insurance Programs (NYS Medicaid)
Bureau of Maternal and Child Health Policy**

September 2024

Billing Informational Session

Please note that by participating in today's online event, you acknowledge and consent that your personal information (such as name, image) may be visible to others in the live online meeting as well as captured in the recording, which will be posted on our website.

Guidelines for Sharing

- All are invited to speak at designated times
- Please use the "Raise your hand" function to note the desire to speak
- Individuals will be unmuted in order of request, unless they have already spoken, in which case individuals who have not yet spoken will be given priority
- Please keep comments to three minutes or less

Goals and Roadmap for Today

10:00-10:05am: Opening

10:05-10:50am: Medicaid Info

- eMedNY and Provider Manual
- Billing Guidance
- Fee Schedule

10:50am-11:35am: Billing Info

- Eligibility
- Claim Submission
- Timely Billing

11:35-11:55am: Questions

11:55-12:00pm: Closing

September 2024

Doula Services Provider Manual

- The provider manual provides an overview of the doula services benefit (https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf) including:
 - Provider guidelines and resources,
 - Enrollment and revalidation requirements,
 - Description of covered services,
 - Billing codes and fee schedule, and
 - Documentation guidance.
- All Medicaid-enrolled doulas are to follow updated guidelines, including those doulas who participated in the doula services pilot.

[Provider Manuals](#) > Doula




Note to the provider community: Enrollment in the doula pilot program closed as of 2/28/23. NYS Medicaid has been approved for statewide expansion of the doula services benefit in 2024. For more information on the statewide benefit, please visit the doula services website at [New York State Medicaid Doula Services Benefit \(ny.gov\)](https://www.health.ny.gov/medicaid/doula-services/) or email the doula services team at doulapilot@health.ny.gov.

MANUAL CONTENTS

[Information for All Providers](#)

 [Policy Guidelines](#)

 [Fee Schedule](#)

 [Billing Guidelines](#)

 [General Professional Billing Guidelines](#)

 [General Remittance Guidelines](#)

 [All Provider Training Videos](#)

Please note that the information in this presentation is current as of September 2024.

Providers should always reference the published provider manual on eMedNY for the most up-to-date policy guidance.

September 2024

Provider Manual: Review Before You Begin Billing

• Links and eMedNY Contacts	4-5
• Description of Covered Services	11
• Covered Services	11
• Services Not Eligible for Reimbursement	12
• Provision of Doula Services & Telehealth	13
• Documentation of Service	14
• General Billing Guidance	15
• Perinatal Visits	15
• Labor and Delivery	15
• General Guidance: Multiple Visits & Balance Billing	16
• Language Interpretation Services	17
• Language Interpretation Billing Guidance	18

September 2024

Links and eMedNY Contacts

- Important links and guidance for Medicaid-enrolled doula providers.
- Includes information for enrollment, providers and billing and regulation.
- Multiple pages of information.

1 Links and eMedNY Contacts

NYS Medicaid Updates

NYS Medicaid Updates are published monthly. Updates to the Doula Services policy may be made periodically and posted on the NYS Medicaid program's Medicaid Update website. NYS Medicaid Updates are available at: health.ny.gov/health_care/medicaid/program/update/main.htm

Provider Communications

Provider communications may periodically be posted on eMedNY's Doula Services Provider Manual website. Please follow the link provided and click on the *Doula Services Provider Communications* icon under "Featured Links" for further information visit: [Provider Manuals - Doula \(emedny.org\)](https://www.emedny.org)

NYS Medicaid FFS Doula Services Fee Schedule

The NYS Medicaid FFS Doula Services Fee Schedules can be found on each of the approved billing provider's Fee Schedules. Fee Schedules can be found in the eMedNY Provider Manuals: [Provider Manuals - Doula \(emedny.org\)](https://www.emedny.org)

NYS Medicaid General Policy Manual – Information for All Providers

General Medicaid Policy information and billing guidance is available at: [eMedNY : Provider Manuals : Information For All Providers](https://www.emedny.org)

New York Codes, Rules and Regulations, Title 18 (Social Services)

[New York Codes, Rules and Regulations, Title 18 - New York State Department of Health \(ny.gov\)](https://www.health.ny.gov)

New York Codes, Rules and Regulations, Title 10

[New York Codes, Rules and Regulations, Title 10 - New York State Department of Health \(ny.gov\)](https://www.health.ny.gov)

eMedNY

Doula Services Provider Enrollment:

Provider <https://www.emedny.org/info/ProviderEnrollment/doula/>

General eMedNY website: <https://www.emedny.org/>

eMedNY Phone Number: (800) 343-9000

Provider Enrollment Forms: [Provider Enrollment \(emedny.org\)](https://www.emedny.org)

Change of Address for Enrolled Providers:

[Provider Enrollment - Change of Address \(emedny.org\)](https://www.emedny.org)

Contact eMedNY for the following: Billing Questions, Remittance Clarification, Request

Description of Covered Services

Covered doula services may include:

- Intermittent support that aligns with personal and cultural preferences during the prenatal, childbirth, postpartum and newborn periods, inclusive of all pregnancy outcomes.
- Education, guidance, health navigation, and connections to community-based resources related to childbirth and parenting.
- Development of a birth plan and continuous labor support.
Patient-centered advocacy, and physical, emotional and nonmedical support.
- Facilitation of communication between the Medicaid member and medical providers; and
- Discussion of the importance of perinatal and pediatric health services provided by a licensed health provider during pregnancy and labor and delivery, and after pregnancy and the infant's birth.
- Doula services may be provided in the hospital, clinic, or community settings.
- Doula services may be provided during pregnancy, labor and delivery, and after pregnancy, regardless of pregnancy outcome.

Description of Covered Services

The following services are NOT eligible for Medicaid reimbursement under the doula services benefit:

- Medical and healthcare-related services, including case management, that require a license.
- Services outside the level of training and certification the doula has attained.
- Services that duplicate another covered Medicaid service or that are otherwise billed.
- Advocacy for issues not directly related to the Medicaid member's health or social care needs.
- Services that do not include direct engagement with the Medicaid member.
- Group doula services or group classes.
- Childcare.
- Shopping.
- Placenta encapsulation.
- Vaginal steams.
- Still and video photography; and
- Birthing ceremonies.

Provision of Doula Services & Telehealth

Provision of Doula Services

- Doula services are provided on an individual basis with the Medicaid member.
- To qualify for Medicaid reimbursement for perinatal doula services, the service:
 - Must involve a direct interaction with the Medicaid member.
 - Must meet the minimum time frame for the doula service; and
 - Can be administered in-person or via telehealth according to current Medicaid telehealth policy.
- To qualify for Medicaid reimbursement for labor and delivery doula services, the service:
 - Must involve a direct interaction with the Medicaid member; and
 - Must be provided to the Medicaid member in-person except in extenuating circumstances, such as illness, emergency or precipitous birth, in which case the current telehealth policy will apply.

NYS Medicaid Telehealth Policy:

- https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm

Documentation of the Service

- In addition to the “Record Keeping Requirements” found in the “Information to All Providers General Policy,” guidelines are available on the eMedNY website under ‘Information for all Providers’.
- Services must be documented in the record maintained by the doula services provider for the Medicaid member. The Department conducts audits of persons who submit claims for payment under the Medicaid Program, and the Department may seek recovery or restitution if payments were improperly claimed, regardless of whether unacceptable practices have occurred.
- Documentation of doula services provided should include, but may not be limited to:
 - Date, time, and duration/time of service provided to Medicaid members; and
 - Information on the nature of the service provided and that supports the length of time spent with the individual on the date of service.

Update: Recommendation for Doula Services

- Doula services are a preventative health service, and as such, must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under State law to be eligible for Medicaid reimbursement.
- The doula must obtain a written record of the NYS licensed practitioner's recommendation for the Medicaid member prior to the initiation of doula services.
- The doula must maintain this recommendation in their documentation records for the Medicaid member in compliance with HIPAA standards. (The doula does not need to submit this recommendation as part of their claim.)
- The State Health Commissioner issued a statewide standing order that all New Yorkers who are pregnant, birthing, or postpartum would benefit from receiving doula services.
- **With the standing order, Medicaid members no longer need an individual recommendation/order from a healthcare provider for doula services to be covered by Medicaid and doulas do not need to keep a copy of an individual recommendation/order for services rendered on or after June 10, 2024.**
- The doula may continue to obtain a written record of the NYS licensed practitioner's recommendation for the Medicaid member prior to the initiation of doula services or use the standing order in place of the individual licensed practitioner recommendation requirement.
- The standing order was authorized for one year and would need to be reissued with each successive Commissioner of Health.
 - Standing order:
 - https://www.health.ny.gov/health_care/medicaid/program/doula/2024-06_doula_standing_order.htm
 - Individual recommendation form can be found in the Appendix of the provider manual:
 - https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf

September 2024

General Billing Guidance

The Medicaid-enrolled doula services provider may be reimbursed for up to eight perinatal visits and one labor and delivery encounter per pregnancy.

Billing Providers

- The doula is the billing provider and will directly enroll as a Medicaid provider.
- The doula does not require supervision.

Perinatal Visits

- Up to eight perinatal visits per pregnancy are reimbursable.
- Each perinatal visit must be at least 30 minutes of direct interaction with the Medicaid member to be reimbursed.
- Perinatal visits can occur in-person or via telehealth.
- Reimbursement is not available for doula service visits/appointments that are not kept.
- Current NYS Medicaid Telehealth policy will apply to reimbursable perinatal services.

Labor and Delivery

- One Labor & Delivery encounter per pregnancy is reimbursable.
- The Labor & Delivery encounter must involve direct interaction with the Medicaid member.
- A licensed perinatal services provider must be in attendance for the doula to be reimbursed.
- Labor & Delivery doula services are to be provided in-person except in extenuating circumstances such as illness or precipitous birth, in which case the current NYS Medicaid Telehealth policy will apply.

General Guidance: Multiple Visits & Balance Billing

Multiple Visits

- Multiple visits are not allowed in the same day except for the following instances:
 - A perinatal doula visit occurs early in the day, and a Labor & Delivery doula visit occurs later in the day, or
 - A Labor & Delivery doula encounter occurs early in the day, and a perinatal doula visit occurs later in the day.

Balance Billing

- Medicaid providers are not allowed to balance bill Medicaid members; reimbursement received through Medicaid is considered payment in full for services rendered. By enrolling in the Medicaid program, a provider agrees to accept payment under the Medicaid program as payment in full for services rendered.
- A provider may not make a private pay agreement with a beneficiary to accept a Medicaid fee for a particular covered service and then provide a different upgraded service (usually a service that is beyond the scope of the Medicaid program) and agree to charge the beneficiary only the difference in fee between two services, in addition to billing Medicaid for the covered service.
- It is an unacceptable practice to knowingly demand or collect any reimbursement in addition to claims made under the Medicaid program, except where permitted by law.

Language Interpretation Services

- Reimbursement is available for language interpretation services, when necessary, which are provided by a third party.
- The Medicaid billing provider will bill Medicaid for the interpreter services and would be responsible for paying the interpreter for services rendered.
- The doula **cannot** bill for interpretation services provided by her/himself.
- To be reimbursed for interpretation services, the service must be provided by an independent third-party vendor (e.g., telephonic interpretation service) whose sole function is to provide interpretation services for individuals with limited English proficiency and communication services for people who are deaf and hard of hearing.
- It is recommended that such individuals be recognized by the National Board of Certification for Medical Interpreters (NBCMI).
- The need for this service must also be documented in the medical record.

Language Interpretation Services, Continued

When billing the NYS Medicaid program for interpretation services, the following code should be used:

HCPCS Procedure Code	Billable Units
T1013	One Unit: Includes a minimum of eight up to 22 minutes of medical language interpreter services.
	Two Units: Includes 23 or more minutes of medical language interpreter services.

For additional information on interpretation services, please visit the following link:
https://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-10.htm#cov

Fee-for-Service Fee Schedule

Doula Services Healthcare Common Procedure Coding System (HCPCS) Procedure Codes and ICD-10 Diagnosis Codes

HCPCS Code	Diagnosis Code	Code Description	Service Description	Per Pregnancy Allowance
T1032	Z32.2 (prenatal/ pregnancy) or Z32.3 (postpartum)	"Services provided by a doula birth worker"	Perinatal Service: Prenatal or postpartum doula support (minimum of 30 minutes)	Up to and including 8 times
T1033	Z32.2	"Services provided by a doula birth worker, per diem"	Labor and Delivery: In-person doula support during labor and birth (no time minimum, must be present for the birth)	Up to and including 1 time

To see current Fee Schedule, click on fee schedule:
<https://www.emedny.org/ProviderManuals/Doula/>

MMC Plans are encouraged to match or exceed the FFS rate

Medicaid Managed Care (MMC) Information

- Doula services will be “carved out” of, or not included in, the MMC plan benefit packages between March 1, 2024 and **December 31, 2024**.
- Effective January 1, 2025, doula services will be added to the MMC benefit package.
- **All Medicaid Members who are enrolled in Medicaid FFS or MMC plans are eligible for Medicaid coverage of doula services as of March 1, 2024. Medicaid FFS will cover the services through Decembers 31, 2024 for Medicaid FFS and MMC members.**

Reminders:

- Doulas must first enroll as Medicaid FFS providers before they can contract with MMC Plan. To enroll: <https://www.emedny.org/info/ProviderEnrollment/doula/>
- Each MMC Plan will have their own contracting process for doulas.
- Medicaid Doula Services Provider Manual:
 - https://www.emedny.org/ProviderManuals/Doula/PDFS/Doula_Policy_Guidelines.pdf

Medicaid Managed Care Contracting, Continued

- To see which Medicaid Managed Care Plans operate in each NYS county, visit this website and view the report for the current year and month:
 - https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/
- The Medicaid Office has compiled a list of points of contact at each MMC plan for doulas on the Doula Services website:
 - https://www.health.ny.gov/health_care/medicaid/program/doula/directory/directory.htm

Medicaid Managed Care

- Doula services will be carved out of the MMC plan benefit packages from March 1, 2024, through December 31, 2024.
 - All Medicaid Members who are enrolled in FFS or MMC plans are eligible for Medicaid coverage of doula services during and after the MMC carve out.
 - Doulas must first enroll with FFS in Medicaid before they can contract with MMC Plans
 - Each MMC Plan will have their own contracting process for doulas.
 - More guidance about the Carve-Out can be found in the Provider Manual (external link)
 - To see which Medicaid Managed Care Plans operate in each NYS county, visit the Medicaid Managed Care Enrollment Reports webpage and view the report for the current year and month.
- The Medicaid Office has compiled a list of points of contact at each MMC plan for doulas. Please see the table in the dropdown tab below.

Point of Contact List

September 2024

What happens after the carve-in if a doula is already working with a MMC member prior to Jan. 1, 2025?

From the Doula Services Provider Manual:

Effective January 1, 2025, covered doula services will be added to the MMC benefit package, and reimbursable by MMC plans. When the carve out period has ended (January 1, 2025, and after):

- If a MMC member is receiving services prior to January 1, 2025, MMC plans are required to cover the doula services and continue the Medicaid FFS equivalent until 12 months after the end of the pregnancy, regardless of pregnancy outcome.
 - The doula is required to begin billing the MMC member's plan for dates of service on or after January 1, 2025.
 - The MMC plan is required to ensure continuity of care for these services for their members, even if the doula is not contracted with the MMC plan as of January 1, 2025. Note: This only applies if the MMC member was receiving services from the billing doula prior to January 1, 2025.
 - The plan will reimburse no less than the FFS equivalent until 12 months after the end of the pregnancy, regardless of pregnancy outcome.
- If a MMC member has not received services prior to January 1, 2025, doula services will be reimbursed by the MMC plan only if:
 - The doula is enrolled as an FFS provider,
 - The doula has contracted with the individual MMC plan in which the MMC member is enrolled, and
 - The doula is billing the MMC plan.

Billing Guidance for all Providers

Medicaid Partners

- New York State Department of Health (NYSDOH)
- Office of the Medicaid Inspector General (OMIG)
- GDIT - eMedNY
- County Department of Social Services (DSS)
NYC Human Resources Administration (HRA)
- New York State of Health
- Managed Care Plans
- Providers

New York State Department of Health

➤ Responsibilities

- Medicaid policy
- Procedure codes
- Required claim documentation
- Fees and Rates
- Prior Approvals
- Fraud and Abuse
- Over two year claims procedures
- Provider enrollment

➤ Website

www.health.ny.gov

Office of the Medicaid Inspector General (OMIG)

➤ Responsibilities

- Surveillance and monitoring of fraud and abuse

➤ Website and Phone Contact :

- **Website:** www.omig.ny.gov
- **Telephone:** (877) 87-FRAUD

GDIT - eMedNY

➤ Responsibilities

- Processing Medicaid claims
- Provider Manuals
- Remittance statements and checks
- Electronic Fund Transfer
- Billing inquiries & guidelines
- Provider training
- Electronic Transmitter Identification Numbers (ETIN)
- ePACES (Electronic Provider Assisted Claim Entry System)
- Provider Enrollment Maintenance (Fee-for-Service)
- Medicaid Eligibility Verification System (MEVS)

➤ Contact

eMedNY Provider Services – (800) 343-9000

Website – www.emedny.org

County Department of Social Services (DSS) NYC Human Resources Administration (HRA)

➤ Responsibilities

- Recipient enrollment and eligibility
- Excess recipient income (participation spend-down)
- Temporary ID cards
- Some prior approvals/authorizations
- Medicaid managed care plan concerns

[https://www.emedny.org/ProviderManuals/AllProviders/PDFS/
Information_for_All_Providers-Inquiry.pdf](https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers-Inquiry.pdf)

New York State of Health (NYSoH)

- NYS Health Benefit Exchange
 - Health Plan Marketplace
 - Created by the Affordable Care Act
 - Medicaid recipient enrollment and eligibility for select populations
 - County/Office code “H78” identifies clients that have been enrolled through NYSoH
 - Phone inquiries pertaining to eligibility from the NYS Health Benefit Exchange contact 855-355-5777

<https://nystateofhealth.ny.gov>

Managed Care Plans

- Responsibilities
 - Contract with providers
 - Covered services
 - Plan procedures
 - Referral process
 - Recipient education
 - Maintenance of records
- Website and Phone Contact:
 - Refer to: 'Information for All Providers', Managed Care Information Section of the Provider Manual for plan codes and telephone numbers.

<https://www.emedny.org/ProviderManuals/AllProviders/index.aspx#mcparty>

Providers

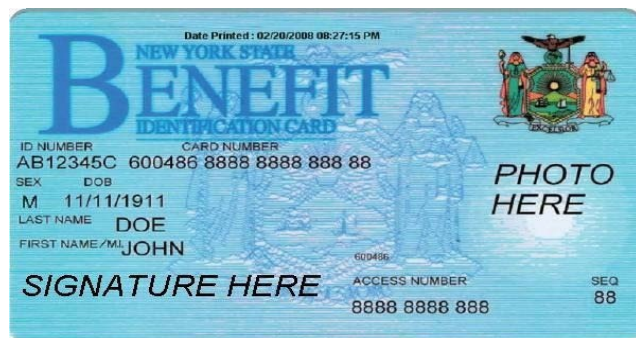
➤ Responsibilities

- Verify eligibility via Medicaid Eligibility Verification System (MEVS)
- Timely submission of claims
- Retain appropriate medical record data
- Be compliant with HIPAA guidelines
- Obtain and Register NPI
- Follow NYS Medicaid rules and regulations
- Review the monthly NYSDOH *Medicaid Update*
- Refer frequently to eMedNY website for updated info
- Refer frequently to the DOH Doula website for updated info

Medicaid Benefit Identification: CARDS/FORMS

Medicaid Benefit Identification Cards and Forms with which you will need to become familiar are:

- Permanent plastic photo card
- Permanent plastic non-photo card
- Replacement paper card
- Temporary Medicaid Authorization Form, DSS-2831A



Medicaid Eligibility Verification System - MEVS

- Methods for checking eligibility
 - **ePACES**: Free Internet based application
 - **Audio Response Unit**:(touch-tone telephone method)
1 800-997-1111
 - Alternate access: Batch and Real-time 270/271 Eligibility Inquiry & Response

Eligibility verification is necessary to avoid risk of receiving no payment

Determining Enrollee Status

- Eligibility verification is critical for payer Identification
 - Medicaid Fee-for-Service -or-
 - Managed Care Organization (MCO)

- MEVS communicates Medicaid and MCO eligibility and plan information including:
 - Recipient eligibility status
 - Plan Information
 - Plan Name
 - Plan Address
 - Plan Phone Number
 - Plan Code

- MEVS communicates recipient demographic information including address

MEVS Provider Manual

The screenshot shows the eMedNY website header with the logo and navigation links: home, self help, glossary, site map. Below the header is a search bar with the text "ENHANCED BY Google" and a search icon. The main navigation menu includes: What's New, Information, Provider Enrollment, Provider Manuals (highlighted), Provider Outreach and Training, Contacts, eMedNY HIPAA Support, eMedNY Tools Center, and PTAR. A dropdown menu for "Provider Manuals" is open, showing options: Provider Manuals, Information for all Providers, and MEVS and Supplemental Documentation (highlighted). Below the navigation is a breadcrumb trail: [Provider Manuals](#) > [MEVS and Supplemental Documentation](#). The main heading is "MEVS and Supplemental Documentation" with an icon of a filing cabinet. Below the heading is a paragraph: "The following information *is not part of your provider manual*. However, it may be useful information, and is placed here for your convenience. (When changes are made to this document, the former version will be archived and can be retrieved by clicking on the archive link.)"

MEVS Documentation

 [MEVS/DVS Provider Manual](#) (PDF 952KB)

Version 4.44, February 2024

This manual replaces MEVS/DVS Provider Manual dated December 2022.

[MEVS / DVS Provider Manual Archive](#)

Supplemental Documentation

 [FTP Batch Procedure Instructions](#) (PDF 149KB)

This document contains information pertaining to access methods, obtaining access, file preparation procedures, and links to file format specifications in eMedNY's Companion Guides.

MEVS Provider Manual

TABLE OF CONTENTS

1.0 INTRODUCTION TO THE NEW YORK STATE MEDICAID ELIGIBILITY VERIFICATION AND DISPENSING VALIDATION SYSTEM (REV. 01/19)	1.1
1.1 OTHER ACCESS METHODS TO eMEDNY (REV. 12/23)	1.1.1
2.0 COMMON BENEFIT IDENTIFICATION CARDS (CBIC)/FORMS (REV. 05/11)	2.1
2.1 PERMANENT COMMON BENEFIT IDENTIFICATION PHOTO CARD (REV. 01/19)	2.1.1
2.2 PERMANENT COMMON BENEFIT IDENTIFICATION NON-PHOTO CARD (REV. 05/11).....	2.2.1
2.3 REPLACEMENT COMMON BENEFIT IDENTIFICATION CARD (REV. 01/19).....	2.3.1
2.4 TEMPORARY MEDICAID AUTHORIZATION FORM (REV. 05/11)	2.4.1
3.0 INTRODUCTION TO TELEPHONE (AUDIO RESPONSE UNIT) VERIFICATION (REV. 01/16)	3.1
3.1 TELEPHONE VERIFICATION USING THE ACCESS NUMBER OR MEDICAID NUMBER (REV. 05/11)	3.1.1
3.2 TELEPHONE VERIFICATION INPUT SECTION (REV. 06/13)	3.2.1
3.2.1 INSTRUCTIONS FOR COMPLETING A TELEPHONE TRANSACTION	3.2.1
3.3 TELEPHONE VERIFICATION RESPONSE SECTION (REV. 12/23)	3.3.1
3.4 TELEPHONE VERIFICATION ERROR AND DENIAL RESPONSES (REV. 09/13)	3.4.1
4.0 REFERENCE TABLES (REV. 02/19)	4.1
4.1 ELIGIBILITY BENEFIT DESCRIPTIONS (REV. 12/23).....	4.1.1
4.2 REJECT REASON CODES (REV. 11/21)	4.2.1
4.3 DECISION REASON CODES (REV. 03/14)	4.3.1
4.4 EXCEPTION CODES (REV. 12/22).....	4.4.1
4.5 COUNTY/DISTRICT CODES (REV. 09/11).....	4.5.1
4.6 NEW YORK CITY OFFICE CODES (REV. 01/15)	4.6.1
4.6.1 PUBLIC ASSISTANCE.....	4.6.1
4.6.2 MEDICAL ASSISTANCE.....	4.6.2
4.6.3 SPECIAL SERVICES FOR CHILDREN (SSC).....	4.6.2
4.6.4 FIELD OFFICES	4.6.2
4.6.5 OFFICE OF DIRECT CHILD CARE SERVICES	4.6.2
5.0 APPENDIX (REV. 10/14)	5.1
5.1 ATTESTATION OF RESOURCES NON-COVERED SERVICES (REV. 10/14)	5.1
COMMUNITY COVERAGE NO LONG TERM CARE	5.1
COMMUNITY COVERAGE WITH COMMUNITY BASED LONG TERM CARE	5.2
OUTPATIENT COVERAGE WITH COMMUNITY BASED LONG TERM CARE.....	5.3
OUTPATIENT COVERAGE WITHOUT LONG TERM CARE	5.4
OUTPATIENT COVERAGE WITH NO NURSING FACILITY SERVICES	5.6
6.0 MODIFICATION TRACKING (REV. 12/23)	6.1

Section 4
describes
eligibility
messages

ePACES – Eligibility Request

Claims

- [New Claim](#)
- [Find Claims](#)
- [Real Time Responses](#)
- [Build Claim Batch](#)
- [Submit Claim Batches](#)
- [Status Inquiry](#)
- [Status Responses](#)

Eligibility

- [Request](#)
- [Responses](#)

PA/DVS

- [Initial Request](#)
- [Revise/Cancel Request](#)
- [Responses](#)
- [Image Upload](#)
- [PA Roster](#)
- [PA Roster Downloads](#)

Support Files

- [Provider](#)
- [Other Payer](#)
- [Submitter](#)

User Admin

- [Add/Edit Users](#)



New Eligibility Request

* Indicates required field(s)

Client ID

* Enter Client ID:

OR

Client Information

* First Name: * Last Name:

* Date Of Birth:

* SSN:

OR

County Code:

* Gender:

Ordering/Referring Provider NPI:

* Date of Service:

***Service Types**

Available for submission:

Selected for submission:

1 - Medical Care	<input type="button" value="→"/>	30 - Health Benefit Plan Coverage
2 - Surgical	<input type="button" value="←"/>	
3 - Consultation	<input type="button" value="→"/>	
4 - Diagnostic X-Ray	<input type="button" value="←"/>	
5 - Diagnostic Lab	<input type="button" value="→"/>	
6 - Radiation Therapy	<input type="button" value="←"/>	
7 - Anesthesia		
8 - Surgical Assistance		
9 - Other Medical		

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	9/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

Not MA Eligible

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	9/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

MA Eligible

Co-pay Remaining: \$50.00

Covered Services

Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab
50	Hospital - Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office

Standard Co-pay

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00

ePACES – Eligibility Response Examples

Client Information:

Client ID:	LL11111X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	4/26/1987	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/01/2024	Address 2:	
Recertification:	December	City, State Zip:	CITY, STATE ZIP
County:	Nassau	Office:	
Date of Service:	9/04/2024	Plan Date:	1/01/2024

Medicaid Eligibility Information:

ELIGIBLE PCP

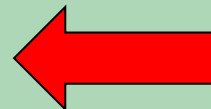
Co-pay Remaining: \$0.00

Covered Services

Code	Description
82	Family Planning
88	Pharmacy

Medicaid Managed Care:

Plan name: UNITED HEALTHCARE OF NY INC
 Address: 77 WATER STREET 14TH
 NEW YORK, NY 100054407
 Phone: (212) 898-8400
 Plan Code: MO



Claim Submission

➤ Claim Adjudication Cycle

- Weekly cycle processing
 - Monday 6:00 PM cut-off time
 - Check & Remit prepared the following Monday
 - Checks & Paper remits are mailed 2 weeks and 2 days from check date
 - Electronic Funds Transfer (EFT) - funds are available 2 weeks and 2 days from check date

Claim Submission Methods

- Paper – eMedNY-150003 Form
 - Claim forms may be requested at:
eMedNY Call Center – 800-343-9000

- Electronically
 - ePACES (electronic Provider Assisted Claim Entry System)
 - HIPAA Compliant Software (837 Professional)

Claim Submission Methods

➤ Paper Claim Form:
eMedNY-150003

Instructions are available in
the provider manual

MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM TITLE XIX PROGRAM
PATIENT AND INSURED (SUBSCRIBER) INFORMATION

ONLY TO BE USED TO ADJUST/VOID PAID CLAIM

A CODE V

ORIGINAL TRANSACTION CONTROL NUMBER

1. PATIENT'S NAME (First, middle, last) Jane Smith
 2. DATE OF BIRTH 0 5 | 2 0 | 1 9 | 9 0
 3. INSURER'S NAME (First name, middle initial, last name)
 4. PATIENT'S ADDRESS (Street, City, State, Zip Code)
 5. INSURED'S SEX MALE FEMALE X
 5A. PATIENT'S SEX MALE FEMALE X
 6. MEDICARE NUMBER
 6A. MEDICAID NUMBER A B | 1 | 2 | 3 | 4 | 5 | C
 7. PATIENT'S TELEPHONE NUMBER
 8. PRIVATE INSURANCE NUMBER GROUP NO. RECIPROCALITY NO.
 9. PATIENT'S EMPLOYER, OCCUPATION OR SCHOOL
 10. PATIENT'S RELATIONSHIP TO INSURED SELF SPOUSE CHILD OTHER
 11. INSURED'S EMPLOYER OR OCCUPATION
 12. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number
 13. WAS CONDITION RELATED TO PATIENT'S EMPLOYMENT CRIME VICTIM AUTO ACCIDENT OTHER LIABILITY
 14. INSURED'S ADDRESS (Street, City, State, Zip Code)
 15. PATIENT'S OR AUTHORIZED SIGNATURE
 16. INSURED'S SIGNATURE

PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)

17. DATE OF ONSET FOR CONDITION
 18. FIRST CONSULTED FOR CONDITION
 19. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES NO
 20. EMERGENCY RELATED YES NO
 21. DATE PATIENT MAY RETURN TO WORK
 22. DATES OF DISABILITY FROM TO
 23. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
 24. ADDRESS (OR SIGNATURE SHIP ONLY)
 25. PROF. CD. 190. IDENTIFICATION NUMBER
 26. NATIONAL DRUG CODE 27. UNIT 28. QUANTITY 29. COST
 30. NAME OF FACILITY WHERE SERVICES RENDERED (if other than home or office) 31. ADDRESS OF FACILITY
 32. SERVICE PROVIDER NAME 33. PROF. CD. 34. IDENTIFICATION NUMBER 35. STERILIZATION ABORTION CODE 36. STATUS CODE
 37. DIAGNOSIS OR NATURE OF ILLNESS, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN 34H BY REFERENCE TO NUMBERS 1, 2, 3, ETC. OR ICD-9 CODE
 38. POSSIBLE LIABILITY YES NO
 39. EPSON OTHER
 40. FAMILY PLANNING
 41. PRIOR APPROVAL NUMBER
 42. PAYMT SOURCE CD

34A	34B	34C	34D	34E	34F	34G	34H	34I	34J	34K	34L
DATE OF SERVICE	PLACE	PROCEDURE CD	MOD	MOD	MOD	MOD	DIAGNOSIS CODE	DAYS OR UNITS	CHARGES		
M M D D Y Y											
0 9 0 9 1 0	1 1	9 9 2 0 5					7 8 6 . 2		3 0 . 0 0		
0 9 0 9 1 0	1 1	9 3 0 0 0					7 8 6 . 2		1 5 . 0 0		
0 9 0 1 1 0	1 1	9 9 2 1 3					7 8 6 . 2		3 0 . 0 0		

23. CERTIFICATION (I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF)
 SIGNATURE OF PHYSICIAN OR SUPPLIER SAMUEL SAMPLE
 24. PROVIDER IDENTIFICATION NUMBER 1 1 | 1 2 | 3 4 | 5 6 | 7 8 | 9
 25. MEDICARE GROUP IDENTIFICATION NUMBER
 26. ACCEPT ASSIGNMENT YES NO
 27. EMPLOYER IDENTIFICATION NUMBER SOCIAL SECURITY NUMBER
 28. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE Samuel Sample 312 Main Street Anytown, New York 11111
 29. MY FEE HAS BEEN PAID YES NO
 30. COUNTY OF SUBMITTAL 31. DATE SIGNED 0 9 | 1 0 | 1 0 32. PATIENT'S ACCOUNT NUMBER A B | C | 1 | 2 | 3 | 4 | 5
 33. OTHER REFERRING ORDERING PROVIDER (LICENSE NO.) 34. PROF. CD. 35. CASE MANAGER ID

TELEPHONE NUMBER () EXT (9/10) EMEDNY-150003



Claim Submission Methods

- Electronically
 - ePACES

The screenshot displays the eMedNY ePACES web application interface. At the top, the header includes the eMedNY ePACES logo and links for Help and Log Out. Below the header, the provider name is displayed as "PROVIDER NAME - 0123456789". A "Change Provider:" dropdown menu is visible, followed by a "Go" button. The main content area features a "welcome to ePACES" message, the New York State seal, and a paragraph of text: "The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator." Below this, another paragraph states: "Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the 'Change Provider' drop-down box at the top of the page, please contact the eMedNY HelpDesk at 800-343-9000." At the bottom, there is a link for "For further information, please visit these sites: eMedNY DOH". The left sidebar contains a navigation menu with the following categories and links:

- Claims**
 - *** [New Claim](#)
 - *** [Find Claims](#)
 - *** [Real Time Responses](#)
 - *** [Build Claim Batch](#)
 - *** [Submit Claim Batches](#)
 - *** [Status Inquiry](#)
 - *** [Status Responses](#)
- Eligibility**
 - *** [Request](#)
 - *** [Responses](#)
- PA/DVS**
 - *** [Initial Request](#)
 - *** [Revise/Cancel Request](#)
 - *** [Responses](#)
 - *** [Image Upload](#)
 - *** [PA Roster](#)
 - *** [PA Roster Downloads](#)
- Support Files**
 - *** [Provider](#)
 - *** [Other Payer](#)
 - *** [Submitter](#)
- User Admin**
 - *** [Add/Edit Users](#)

- Free web-based application
- Verify member eligibility
- Submit claims
- Check claim status

Claim Submission Methods

- Electronically
 - ePACES enrollment
 - Contact the eMedNY Call Center at 800-343-9000
 - Select Option 2 for ePACES Enrollment
 - An email containing a Token number will be sent to you
 - Reply to the email as instructed
 - Another email will instruct you to activate your account by going to <https://www.emedny.org/enroll>

Claim Submission Methods

➤ Electronically

- ePACES enrollment (continued)
- Enter your NPI and Token
- Check the box indicating you have read and agree to the Medicaid confidentiality regulations
- Click – Agree/Login

•• ePACES Activation

Welcome to the ePACES Activation website. First time users please enter your provider number and token. After you receive your user ID and password, please use these to access this system.

If any of this information is unavailable please contact Provider Services at 1-800-343-9000.

*Provider Number: **OR** User ID:
Token: Password:

I have read and I agree to the Medicaid Confidentiality Regulations.
[View Medicaid Confidentiality Regulations.](#)

*Enter either your NPI or MMIS ID

https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enrollment_Overview.pdf

Claim Submission Methods

- To send or receive electronic claim information providers need the following:
 - ETIN (Electronic Transmitter Identification Number)
 - Certification Statement – updated annually
 - Trading Partner Agreement
 - User ID and Password
 - Electronic Remittance/PDF Remittance Request Form (to receive 835 or PDF remittance)

Forms are available at - <https://www.emedny.org/info/ProviderEnrollment>

Electronic Payment/Responses

- **EFT** – Electronic Funds Transfer
 - Funds deposited directly to checking or savings account
- **PDF Remittance Advice**
 - PDF version of the paper remittance delivered electronically to eXchange
- **Electronic Remittance Advice**
 - HIPAA compliant 835 formats that require software to interpret

Note: Medicaid requires all billing providers to register for EFT and ERA or PDF remittances.

Sample Paper/PDF Remittance Advice

PAGE 03
DATE 08/06/07
CYCLE 1563

MEDICAID
MANAGEMENT
INFORMATION SYSTEM
MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

TO: ABC PRACTITIONER
123 MAIN STREET
ANYTOWN, NEW YORK 11111

ETIN:
PRACTITIONER
PROV ID: #####
REMITTANCE NO: #####

LN. NO	OFFICE ACCOUNT NUMBER	CLIENT NAME	CLIENT ID NUMBER	TCN	DATE OF PROC. SERVICE CODE	UNITS	CHARGED	PAID	STATUS	ERRORS
01	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 91105	1.000	14.30	14.30	PAID	
02	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 90846	1.000	14.30	14.30	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 99221	1.000	52.80	52.80	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 99111	1.000	66.00	66.00	PAID	
01	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 99285	1.000	17.60	17.60	ADJT	ORIGINAL CLAIM PAID MM/DD/YY
01	CPXXXXXX	LASTNAME	LL#####L	#### #	MM/DD/YY 99281	1.000	14.30	14.00	ADJT	

*=PREVIOUSLY PENDED CLAIM
**=NEW PEND

TOTAL AMOUNT ORIGINAL CLAIMS	PAID	147.40	NUMBER OF CLAIMS	4
NET AMOUNT ADJUSTMENTS	PAID	3.60	- NUMBER OF CLAIMS	1
NET AMOUNT VOIDS	PAID	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS – ADJUSTS		3.60	- NUMBER OF CLAIMS	1

Timely Claim Submission


- Initially submit claims within 90 days of the date of service to be valid and enforceable, unless the claim is delayed due to circumstances outside the control of the provider.
- Claims submitted after 90 days must be submitted within 30 days from the time submission came within the control of the provider.
- If a claim is returned to a provider due to data insufficiency or claiming errors (rejected or denied), it must be corrected and resubmitted within 60 days of the date of notification to the provider.

Timely Claim Submission

- In addition, paid claims requiring correction or resubmission must be submitted as adjustments to the paid claim within 60 days of the date of notification.
- In most cases adjustments, rather than voids, must be billed to correct a paid claim.
- Claims not correctly resubmitted within 60 days, or those continuing to not be payable after the second resubmission, are neither valid nor enforceable.

Timely Claim Submission (Continued)

- Delay Reason Code Form – submit with claims containing dates of service over 90-days old
- Submit one Delay Reason Code Form with each late claim form
- Refer to the Timely Billing Guidelines in the Information for All Providers section of Provider Manual or in the Information Tab of www.emedny.org

eMedNY Delay Reason Code Form 

eMedNY PO Box 4601 Rensselaer, NY 12144-4601	<u>Expedited / Priority Shipping:</u> eMedNY 327 Columbia Turnpike ATTN: Box 4601 Rensselaer, NY 12144	Client Identification Number: _____ Date(s) of Service: _____
--	--	--

The attached claim is for services for which the timely filing limit has expired. The reason for late submission is (Enter 'X' in box where appropriate):

- 1 Proof of eligibility unknown or unavailable
- 2 Litigation (Include supporting documentation)
- 3 Authorization Delays (include supporting documentation)
- 4 Delay in Certifying Provider
- 5 Delay in Supplying Billing Forms (applies to paper claims only)
- 6 Delay in Supplying Custom-made Appliances ** NYS Medicaid does not accept this reason for delay and will deny a code value of "6", **
- 7 Third Party Processing Delay (include EOMB)
- 8 Delay in Eligibility Determination
- 9 Original Claim Rejected or Denied due to a reason unrelated to the billing limitation rules
- fill in Transaction Control Number (TCN) of original claim: _____
- 10 Administrative Delay in the Prior Approval Process
- fill in prior approval number: _____
- 11 Other (select one)
 - (A) Adjustment of Paid Claim
- fill in original TCN: _____
 - (B) Audit Directed Replacement of Voided Claim
- fill in voided claim TCN: _____
 - (C) Provider Initiated Replacement of Voided Claim
- fill in voided claim TCN: _____
 - (D) Interrupted Maternity Care - delayed prenatal care claims because delivery performed by a different practitioner
 - (E) IPRO Denial/Reversal - Island Peer Review Organization previously denied claim but denial was reversed on appeal - fill in original TCN: _____
- 15 Natural Disaster (include supporting documentation)

Sincerely,
 Name: _____
 Title: _____

Refer to your Provider Manual, General Billing section for more information on the timely submission of claims.

Timely Claim Submission (Continued)

➤ 90-Day Indicator for Electronic Claims (HIPAA Compliant)

1 = Proof of eligibility unknown or unavailable

2 = Litigation

3 = Authorized delays

4 = Delay in certifying provider

6 = Delay in supplying custom made appliances *

7 = Third party processing delay

8 = Delay in eligibility determination

9 = Original claim rejected or denied due to a reason unrelated to the billing limitation rules

10 = Administration delay in the prior authorization process

11 = Other (IPRO denial reversal, interrupted maternity care & adjustments of paid claims)

15 = Natural Disaster

* eMedNY will deny code 6

eMedNY ListServ

eMedNY LISTSERV®

Welcome to the eMedNY LISTSERV®. The eMedNY LISTSERV® is a new Medicaid mailing system that offers providers, vendors and other subscribers the opportunity to receive a variety of notifications from eMedNY. The email notifications are provided as a free service to subscribers and may include information on provider manual updates, fee schedules, edit status changes, billing requirements and many other helpful notices. Notifications will be sent as necessary to keep subscribers informed and up to date about eMedNY/Medicaid initiatives and changes that may impact the provider community.

To subscribe or unsubscribe, please choose the list(s) you want, enter and confirm your email address below (scroll down), and then click the "SUBMIT" button.
 You may subscribe to as many lists as you would like.
 (After clicking Submit, your request will be processed and you will be presented a page listing all of the lists you have requested to subscribe and/or unsubscribe to. Please only click Submit once or this will generate multiple request emails. If you are not presented the page that displays the listing of all mailing lists, please [contact us](#).)

Overview Category	✓Subscribe	✗Unsubscribe	
eMedNY General Updates	<input type="checkbox"/>	<input type="checkbox"/>	Archives
ePACES	<input type="checkbox"/>	<input type="checkbox"/>	Archives
PTAR	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Provider Type	✓Subscribe	✗Unsubscribe	
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Applied Behavior Analysis (ABA)	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Assisted Living (ALP)	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Bridges to Health	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Care at Home Waiver	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Child (Foster) Care Agency	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Chiropractor and Portable X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Clinical Psychology	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Clinical Social Worker	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Comprehensive Medical Case Management	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Day Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Dental	<input type="checkbox"/>	<input type="checkbox"/>	Archives
Doula	<input type="checkbox"/>	<input type="checkbox"/>	Archives



NYS Medicaid Update Newsletter



Services News Government

Department of Health

Individuals/Families

Providers/Professionals

Health Facilities

You are Here: [Home Page](#) > [DOH Medicaid Update Main Page](#) > DOH Medicaid Update

DOH Medicaid Update

Search All Medicaid Update Issues

[Hint: Use all variations of whole words (alone or in phrases), separated by commas, for best results (e.g., 72 hour, 72 hours).]

Special Edition COVID-19 Issues

- [COVID-19 Special Edition Publications](#)

Current Issue: February 2024

- [Web version](#)
- [Interactive PDF version](#)
- [Printer-Ready PDF version](#)

Archived Issues

[2024](#), [2023](#), [2022](#), [2021](#), [2020](#), [2019](#), [2018](#), [2017](#), [2016](#), [2015](#), [2014](#), [2013](#), [2012](#), [2011](#), [2010](#), [2009](#), [2008](#), [2007](#), [2006](#), [2005](#), [2004](#), [2003](#), [2002](#), [2001](#), [2000](#) or [1999](#)

Provider Directory

- [Current Provider Directory](#)
- For historical Provider Directory listings, please find the section in most archived PDF file version issues.




Editor's Office

- **Comments and Suggestions Regarding this publication or website?**
Readers can contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.
- **Each new issue of the Medicaid Update Newsletter is announced via email using the Medicaid Update LISTSERV.** If readers want to sign up for the *Medicaid Update* LISTSERV, please email the request to: medicaidupdate@health.ny.gov.

Search Functions

1. *Recommended:* The "**Search All Medicaid Update Issues**" box at the top of this page performs a search of **any** words used within **only** *Medicaid Update* articles. Search results are a combination of closeness-of-match and recency of posting.
2. The categories in "**Medicaid Update Topics A to Z**" present articles that have been grouped over time through renaming or expansion.
3. For a quick search of article titles, readers can open the entire article list by selecting the "[DOH Medicaid Update Index - A to Z](#)" [web page](#) (to which the topics are linked) and then performing a Windows "Find" by striking Ctrl-F on the keyboard or by menu in the browser of their choice.

eMedNY Provider Training Calendar

■ = SEMINARS ■ = WEBINARS Hide Closed Sessions Views:   

September 2024				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2	3	4	5	6
9	10	11	12	13
16 ePACES for Physician 1:30 PM - 3:30 PM REGISTER	17 New Provider / New Biller 1:30 PM - 3:30 PM REGISTER	18	19 Medicaid Eligibility Verification System (MEVS) 10:30 AM - 12:00 PM REGISTER	20
23 ePACES for Doula 10:30 AM - 12:00 PM REGISTER	24 ePACES for Dental 1:30 PM - 3:30 PM REGISTER	25 ePACES for Private Duty Nursing 10:30 AM - 12:30 PM REGISTER	26	27

<https://www.emedny.org/training>

For Billing Questions

eMedNY Contacts

This page provides important eMedNY contact information. If you find any information or links on this web site to be inaccurate, please use the form below to let us know.

eMedNY Call Center: 1-800-343-9000

Please fill out the following fields in order to provide us with the information we need to assist you and improve our offerings. If you prefer not to use this form, you may use any of the other contact information listed on this page to get in touch with us.

eMedNY Contact Form

Topic: *

Title: Dr. Mr. Ms. Mrs.

First Name: *

Last Name: *

Phone Number: *

Email: *

Provider ID Number:

License Number:

State:

Subject: *

Message: *

* I certify that I have NOT entered in any Protected Health Information (PHI) or Personally Identifiable Information (PII)

Website:

- <https://www.emedny.org/contacts/emedny.aspx>
- Call number and contact form available

Upcoming Town Hall Dates

Town Hall Meeting Dates	
October 8, 2024	<ul style="list-style-type: none"> Town Halls are scheduled for the second Tuesday of every month from 10am-12pm. Town Hall engagements may be reduced based on need for discussion. Additional meetings to support provider enrollment and billing will continue to be added.
November 12, 2024	
December 10, 2024	
January 14, 2025	
February 11, 2025	
March 11, 2025	

REGISTER FOR SESSIONS HERE:
<https://www.health.ny.gov/doula>

*Attendance at all support sessions is voluntary.

September 2024

Closing Remarks and Next Steps

You may continue to share input after today's event via email and request to be added to the listserv doulapilot@health.ny.gov.

Note: The general email address for Maternal and Child Health policy is MaternalAndChild.HealthPolicy@health.ny.gov.

For more information on the Doula Services benefit, visit <https://health.ny.gov/doula>

To enroll as a NYS Medicaid Doula Services Provider, visit <https://www.emedny.org/info/ProviderEnrollment/doula/>

Thank you for participating.

September 2024

End Presentation

September 2024