



Medicaid Enrollment National Diabetes Prevention Program (NDPP)

... welcome to



NDPP Enrollment

Instructions for enrolling as a provider in the New York State (NYS) Medicaid National Diabetes Prevention Program (NDPP):

- The NDPP is an evidence-based, educational and support program, taught by trained Lifestyle Coaches that is designed to prevent or delay the onset of type 2 diabetes. The Centers for Disease Control and Prevention (CDC) established the National DPP, and the national standards and guidelines, known as the National Diabetes Prevention Recognition Program (DPRP) for the effective delivery of the NDPP lifestyle change program.

The March 2018 DPRP Standards and Operating Procedures can be found here: <https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures-2018>

- For more information about the NYS Medicaid NDPP please visit: https://health.ny.gov/health_care/medicaid/redesign/ndpp/policy-billing_guide.htm

NDPP Enrollment Checklist

Community Based Organizations (CBOs), clinics (hospital outpatient departments (OPDs), freestanding diagnostic and treatment centers (D&TCs), and federally qualified health centers (FQHCs)), group practices, and individual practitioners (Physicians, Nurse Practitioners, Midwives) will have to perform the following to be able to enroll, and bill Medicaid FFS as an NDPP provider.

- Obtain CDC-DPRP recognition.
- Obtain a National Provider Identifier (NPI) number (if needed).
 - New CBOs
 - All group practices
 - All clinics
 - All Individual Lifestyle Coaches. These NPIs are for reporting purposes only on the Medicaid FFS claims
- Provide a signed and dated NYS Medicaid NDPP Recognition Attestation ([eMedNY-434901](#)).
- Provide a copy of all of the organization's CDC-DPRP recognition documents received by the CDC.
- Complete all required NYS Medicaid NDPP provider enrollment forms.
- Pay the Medicaid enrollment fee (\$595)
 - NYS was awarded a grant by the CDC to support the establishment of new NDPP delivery organizations and increase participation among high-burden populations. A portion of this grant has been set aside to pay the initial cost of the Medicaid provider enrollment application fee for newly enrolling Medicaid NDPP service providers (for a limited time based on the award).

Providers will complete and submit all of the required NYS Medicaid NDPP provider enrollment application or maintenance forms, along with all of the above documentation to eMedNY provider enrollment for review and processing.

CDC Recognition

- Organizations or Individual practitioners looking to enroll and bill Medicaid as an NDPP service provider must first become recognized by the CDC prior to engaging in their Medicaid NDPP provider enrollment application process.
- NYS Medicaid recognizes, enrolls, and reimburses for NDPP services rendered by Organizations or individual practitioners that have been recognized by the CDC for any of the three CDC-DPRP recognition levels: Pending, Preliminary, or Full recognition.
- Enrollment in NYS Medicaid as an NDPP service provider is contingent upon Organization's or individual practitioner's CDC-DPRP recognition status. If an Organization or individual practitioners fails to maintain a current, active CDC-DPRP recognition, it will lose its ability to seek reimbursement from Medicaid for NDPP services.

Note: When a new recognition level is attained or the recognition is renewed, the Bureau of Provider Enrollment must be notified.

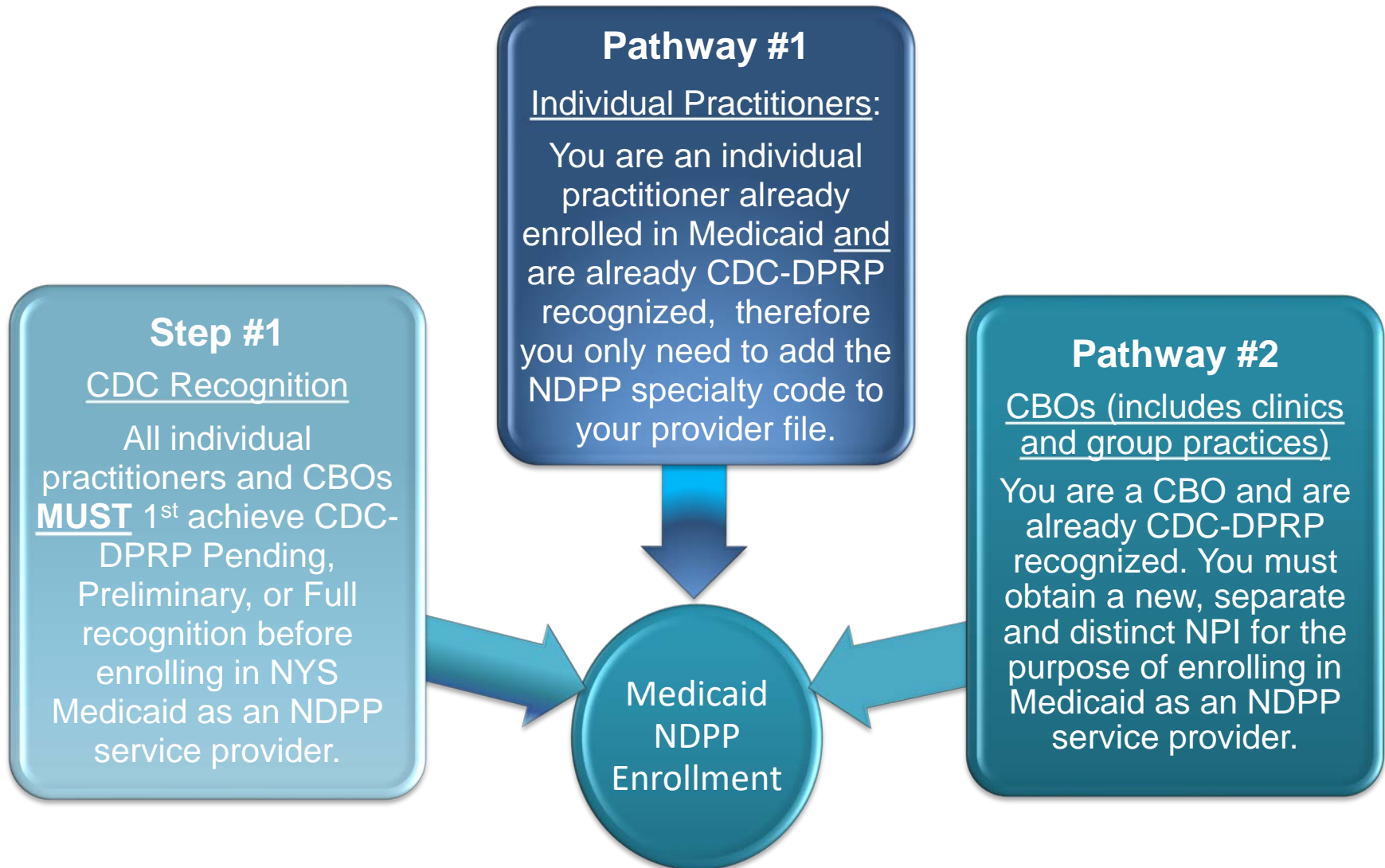
Obtain a National Provider ID (NPI)

- Individual practitioners that are already enrolled in Medicaid under an existing NPI **may utilize the same NPI** for NDPP enrollment purposes.
- Group practices, clinics, and CBOs that are currently enrolled in NYS Medicaid under an existing NPI, Category of Service (COS), and/or specialty code are **required to obtain and enroll a new**, separate, and distinct NPI to be used solely for the purpose of enrolling in Medicaid as an NDPP service provider.

Note: The new NDPP NPI MUST be in the name of the CDC-recognized Organization or individual practitioner.

- Providers that are required to obtain a new NPI as part of this process may do so at any time through the National Plan and Provider Enumeration System (NPPES) website located at <https://nppes.cms.hhs.gov/#/>.

NYS Medicaid NDPP Pathways



NYS Medicaid Step #1 – CDC Recognition

If you are a clinic, group practice, or individual practitioner and:

- Would like to participate in the NYS Medicaid program as an NDPP service provider, but have not been recognized by the CDC-DPRP to deliver NDPP services you must first:
 - Achieve CDC-DPRP Pending, Preliminary, or Full recognition before enrolling in NYS Medicaid as an NDPP service provider.
- Organizations and individual practitioners should review the CDC-DPRP Standards and Operating Procedures for additional information about becoming a CDC-DPRP recognized NDPP provider located at:
<https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.
- To apply for CDC-DPRP recognition complete the online application at:
https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html.

Looking to enroll in
NYS Medicaid as an
NDPP Service Provider



Not CDC-DPRP
Recognized



NYS Medicaid Pathway #1 – Individual Practitioners

If an individual practitioner (Physician, Nurse Practitioner, Midwife) has:

- Already achieved CDC-DPRP recognition to deliver NDPP services, and;
- Is already enrolled as a NYS Medicaid provider; then
- All that needs to be done is to have the NDPP-specific Specialty code (105) added to the provider's Medicaid provider enrollment file via a simple provider enrollment maintenance transaction.
 - Individual practitioners that are already enrolled in Medicaid under an existing NPI, COS, and/or specialty code and are looking to add the NDPP specialty code should complete and submit the following NYS Medicaid maintenance forms along with the documentation received from the CDC stating that they have achieved CDC-DPRP recognition:
 - NDPP Recognition Attestation ([eMedNY-434901](https://www.emedny.org/info/providerenrollment/ndpp/index.aspx)); and
 - NYS Medicaid Practitioners or Physicians Disclosure Form ([EMEDNY-380104](https://www.emedny.org/info/providerenrollment/ndpp/index.aspx)).

Navigate to the “Individual Practitioners (Physicians, Nurse Practitioners, Midwives)” section of the NYS Medicaid eMedNY NDPP provider enrollment page located at <https://www.emedny.org/info/providerenrollment/ndpp/index.aspx> for additional information about participating in the NYS Medicaid program as an NDPP service provider.

Medicaid Enrolled
Physician, Nurse Practitioner, or
Midwife looking to add NDPP
Specialty Code



CDC-DPRP
Recognized



NYS Medicaid Pathway #2 – CBOs, Clinics, & Group Practices

If a CBO, clinic, or group practice has:

- Already achieved CDC-DPRP recognition to deliver NDPP services, and;
- Is looking to newly enroll in NYS Medicaid as an NDPP service provider, or is currently enrolled in NYS Medicaid under an existing NPI, COS, and/or specialty code; then
 - They must first obtain a new, separate, and distinct NPI to be used solely for the purpose of enrolling in Medicaid as an NDPP service provider.
 - The CBO, clinic, or group practice will be enrolled in Medicaid as an NDPP service provider under its new NPI and will be identified as a CBO under COS 0572 . This identification does not affect any other aspect of its Medicaid provider enrollment file.

Newly enrolling CBOs should complete and submit the following NYS Medicaid enrollment forms, along with the documentation received from the CDC stating that they have achieved CDC-DPRP recognition:

- NDPP Recognition Attestation ([eMedNY-434901](#)); and
- NYS Medicaid Business Enrollment Form ([EMEDNY-436701](#)).

Navigate to the “CBO Enrollment Forms and Instructions” section of the NYS Medicaid eMedNY NDPP provider enrollment page located at <https://www.emedny.org/info/providerenrollment/ndpp/index.aspx> for additional information about participating in the NYS Medicaid program as an NDPP service provider.

CBO, Clinic, or Group Practice
looking to enroll as a Medicaid
NDPP Service Provider



CDC-DPRP
Recognized



Application Review by NYS Department of Health's Bureau of Provider Enrollment

Complete applications will be reviewed by NYS Department of Health's Bureau of Provider Enrollment. If more information is necessary to process the application, the provider will be notified.

- Providers should be sure that the e-mail address listed on the application is correct as this will be the primary method of contact if outreach or corrections are needed.

Upon review and approval, providers are notified by mail that they have been enrolled in NYS Medicaid program as an NDPP service provider, and that the new NDPP Specialty Code and/or COS has been added to their provider file.

- NDPP COS of 0572 will be added for the new CBO provider types.
- NDPP Specialty Code 105 will be assigned to CBOs, clinics, and individual practitioners, which is required for payment for NDPP services.

COS 0572 was established to identify the newly created CBO provider type within the Medicaid program. COS 0572 cannot be added to an existing NYS Medicaid provider enrollment file. An organization's enrollment in Medicaid under COS 0572 is a separate and distinct Medicaid enrollment and will not affect any aspect of an organizations other Medicaid enrollment file(s). CBO's enrolled in Medicaid under COS 0572 may only be assigned specialty codes to render specific services as designated by the Department of Health (DOH). At this time, NDPP services under specialty code 105 is the only specialty code/service that has been approved by DOH to be rendered under COS 0572.

Where Do I Go To Enroll in NY Medicaid?

- Go to **www.emedny.org**
- Choose the Provider Enrollment Tab on eMedNY home page
- Select **NDPP** from the drop-down list on the Provider Enrollment Tab

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with the eMedNY logo and a search bar. Below the navigation bar, there are several tabs: What's New, Information, Provider Enrollment, Provider Manuals, Provider Outreach and Training, Contacts, eMedNY HIPAA Support, eMedNY Tools Center, and PTAR. The Provider Enrollment tab is selected, and a drop-down menu is open, showing options: Medicaid Managed Care Network Providers, National Diabetes Prevention Program (NDPP), Doula (Pilot Project), Provider Index, Provider Maintenance Forms, Provider Enrollment Guide, Application Fee, How Do I?, OPRA FAQs, Change of Address, and Revalidation Information. A red arrow points to the NDPP option. Below the drop-down menu, there are two main sections: 'New Enrollment' and 'Already Enrolled'. The 'New Enrollment' section has a text overlay: 'IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT' with a blue arrow pointing to the right. The 'Already Enrolled' section has a text overlay: 'IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT' with a blue arrow pointing to the right. To the right of the main content, there is a 'Provider List Filter' section. It asks the user to 'Select a radio button to filter the list of providers below'. There are two columns of radio buttons with icons: Practitioner (a person in a white coat), Institution (a building), Business (a briefcase), Group (a group of people), OMH (a logo with a person and a tree), CPWDD (a logo with a person and a tree), OASAS (a logo with a person and a tree), and All Providers (a group of people). Below the filter, there is a list of provider types with radio buttons: Adult Day Health Care (ADHC) Program, Ambulatory Surgery Centers (ASC), Assisted Living Program (ALP), and Audiologist.

Provider Enrollment & Maintenance



NATIONAL DIABETES PREVENTION PROGRAM (NDPP)



The Department of Health announces the launch of the New York State Medicaid program's coverage of the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (NDPP) for Medicaid Fee-For-Service (FFS), and Medicaid Managed Care (MMC) members. The NDPP is an evidence-based, educational and support program designed to assist at-risk individuals from developing Type 2 diabetes.

CDC Resources:

1. [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures Handbook](#)
2. [CDC NDPP Recognition Application](#)
3. [CDC NDPP Registry of All Recognized Organizations](#)



Provider Training Videos

eMedNY provides an "Introduction to Provider Enrollment" that walks providers through the steps of how to enroll as a provider of services for the NYS Medicaid program at: <https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx>

IMPORTANT: The [NDPP Recognition Attestation \(Form #434901\)](#) found at the link below is a requirement for all of the NDPP service provider types referenced below. NDPP providers seeking enrollment in NYS Medicaid must review and attest to all of the rules, obligations, and responsibilities contained therein to be able to enroll, and participate in the NYS Medicaid Program as an NDPP billing provider.

Providers should be sure to submit the completed, signed, and dated [NDPP Recognition Attestation \(Form #434901\)](#) along with copies of the Organization's Pending recognition e-mail, or the Preliminary/Full recognition correspondence letter that was received from the CDC when NDPP recognition was achieved. Any Organizations which received Full recognition should also include a copy of the NDPP Certificate of Recognition.

✓ [CDC-NDPP Recognition is the 1st Step](#)

🏢 [Community Based Organizations \(CBOs\)](#)

👤 [Individual Practitioners \(Physicians, Nurse Practitioners, Midwives\)](#)

👥 [Practitioner Groups](#)

🏥 [Hospital Clinic \(OPD\) or Freestanding Clinic \(D&TC\)](#)

📄 [Additional Resources](#)

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

Provider Enrollment Forms
for the
NYS Medicaid NDPP:
A Provider Overview

NDPP Recognition Attestation (eMedNY-434901)

Provider Enrollment & Maintenance



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IMPORTANT: The [NDPP Recognition Attestation \(Form #434901\)](#) found at the link below is a requirement for all of the NDPP service provider types referenced below. NDPP providers seeking enrollment in NYS Medicaid must review and attest to all of the rules, obligations, and responsibilities contained therein to be able to enroll, and participate in the NYS Medicaid Program as an NDPP billing provider.

Providers should be sure to submit the completed, signed, and dated [NDPP Recognition Attestation \(Form #434901\)](#) along with copies of the Organization's Pending recognition e-mail, or the Preliminary/Full recognition correspondence letter that was received from the CDC when NDPP recognition was achieved. Any Organizations which received Full recognition should also include a copy of the NDPP Certificate of Recognition.

✓ CDC-NDPP Recognition is the 1st Step

Clinics, groups, individuals, and organizations looking to enroll in Medicaid as an NDPP Service provider must first comply with the standards and guidelines set forth by the Centers for Disease Control and Prevention (CDC) as outlined in the a National [Diabetes Prevention Recognition Program \(DPRP\)](#), and obtain a valid, current CDC Pending, Preliminary, or Full NDPP recognition.

The NYS NDPP consists only of in-person, group training sessions. The "Delivery Mode" referenced on the CDC-NDPP recognition letter awarding Pending, Preliminary, or Full recognition must reference a "Delivery Mode" of "In-Person." If the CDC-recognition states a delivery mode of "Combination," additional documentation will have to be provided showing that an "In-Person" delivery modality is part of their "Combination" CDC-recognition. NDPP Delivery modes of "Online," and "Distance Learning" are not acceptable NYS Medicaid NDPP "Delivery Modes." NDPP provider enrollment applications will be withdrawn from consideration if they lack the required "In-Person" "Delivery Mode" requirement.

Clinics, groups, individuals, and organizations looking to enroll in Medicaid as an NDPP provider must first become recognized by the CDC prior to engaging in their Medicaid NDPP provider enrollment application process. However, providers that are required to obtain a new National Provider Identifier (NPI) may do so at any time through National Plan and Provider Enumeration Service (NPPES). You can obtain an NPI online at any time through the NPPES website: <https://nppes.cms.hhs.gov/#/>.

NDPP Recognition Attestation (Cont.)

NEW YORK STATE MEDICAID PROGRAM

Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (NDPP) - Recognition Attestation

This attestation pertains to CDC-recognized clinics, groups, individuals, and organizations (hereinafter “Organization”) that intend to provide and bill Medicaid for National Diabetes Prevention Program (NDPP) services. These organizations must have achieved pending, preliminary, or full recognition through the CDC’s National Diabetes Prevention Recognition Program (DPRP) and are seeking enrollment into New York State (NYS) Medicaid as an NDPP service provider.

The Department of Health (DOH) hereby establishes the Medicaid provider enrollment requirements for the NYS Medicaid Program NDPP category of service. To be eligible to be enrolled as a Medicaid NDPP service provider, the applicant-organization must satisfy the Medicaid provider enrollment requirements and federal and State regulatory standards set forth in this Attestation.

- The Organization attests that it has achieved either pending, preliminary, or full recognition through the CDC’s DPRP and is seeking enrollment into the NYS Medicaid Program as an NDPP service provider.
- The Organization attests that it has thoroughly reviewed the NYS Medicaid Program’s policy and billing guidelines, and fully understands and agrees that the organization shall be subject to, and bound by, all of the rules, regulations, policies, standards, fee codes and procedures of the DOH

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/434901_NDPP_Attestation_Form.pdf

NDPP Recognition Attestation (Cont.)

This attestation form must be completed by the Organization applying for enrollment in the NYS Medicaid Program as an NDPP provider.

I, _____, hereby attest that _____
(Print Name of the Provider, Authorized Agent or Managing Employee) (Print name of CDC-recognized organization)

has achieved CDC-DPRP (Pending/Preliminary/Full) recognition and is therefore eligible to enroll in the NYS Medicaid program as an NDPP service provider. Organizations are required to update their DPRP recognition with the NYS DOH Bureau of Provider Enrollment whenever a new DPRP recognition standard has been achieved. Medicaid NDPP enrollment is contingent upon a current, valid CDC-DPRP recognition. CDC-NDPP recognized organizations are required to obtain and maintain their CDC-DPRP recognition at all times in order to maintain their Medicaid NDPP provider enrollment. If the organization fails to maintain a current CDC-DPRP recognition, it will be terminated from Medicaid NDPP provider enrollment, and pursuant to Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act, will also be removed from all Medicaid Managed Care (MMC) networks in which it participates.

Current CDC recognition level awarded (Pending/Preliminary/Full): _____

Date CDC recognition awarded: _____

Date CDC recognition Valid through date: _____

I certify that all statements made herein are true, accurate and complete to the best of my knowledge.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS ATTESTATION MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Print Name Authorized Agent

Signature of Authorized Agent

Date

NPI of Enrolling Organization

Enrolling Organization Type
(i.e., CBO, Article 28, Practitioner)

Community Based Organizations Enrollment

✓ CDC-NDPP Recognition is the 1st Step

🏢 Community Based Organizations (CBOs)

If you are already recognized by the CDC, but not enrolled in Medicaid

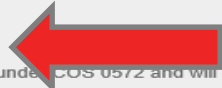
All CBOs are required to obtain and enroll a new NPI for the purposes of enrolling in Medicaid as an NDPP service provider. This policy applies even if the CBO is currently enrolled in Medicaid under an already existing NPI, Category of Service (COS), and/or specialty code. They are still required to obtain a new, unique NPI for the purposes of enrolling in Medicaid as an NDPP service provider.

Once the CBO has obtained their new NDPP NPI, and has also achieved either Pending, Preliminary or Full recognition from the CDC, they may move forward with applying to enroll in NYS Medicaid as an NDPP service provider.

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Newly enrolling CBOs should complete, and submit the following NYS Medicaid enrollment forms along with the documentation received from the CDC stating that they have achieved National Diabetes Prevention Recognition Program (DPRP) recognition:

- NDPP Recognition Attestation ([EMEDNY-434901](#)); and
- NYS Medicaid Business Enrollment Form ([EMEDNY-436701](#)).



The newly acquired NDPP NPI will be enrolled in the Medicaid program under COS 0572 and will be identified as a CBO solely for purposes of NDPP provider enrollment and claims payment.

CBOs must also complete the following "NYS Medicaid Business Disclosure Form" any time they recertify their Medicaid enrollment, or anytime a new Lifestyle Coach is added to their Organization.

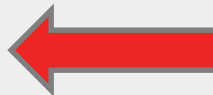
- The NYS Medicaid Business Disclosure Form ([EMEDNY-380101](#)).

All of the above referenced documents are also available on the "CBO Enrollment Forms & Instructions" link referenced below. Providers should also be sure to thoroughly review the "Requirements & Additional Forms" section of the eMedNY NDPP CBO provider enrollment page to ensure that they have reviewed, completed, and submitted all of the required Medicaid enrollment or maintenance transaction forms. Failure to provide the requested information will result in the application being deemed incomplete and returned to the provider unprocessed.

Clinics, group practices, and organizations that are required to obtain a new National Provider Identifier (NPI) in order to enroll in Medicaid as an NDPP service provider may do so at any time through National Plan and Provider Enumeration Service (NPPES). An NPI can be obtained online at any time through the NPPES website: <https://nppes.cms.hhs.gov/#/>.

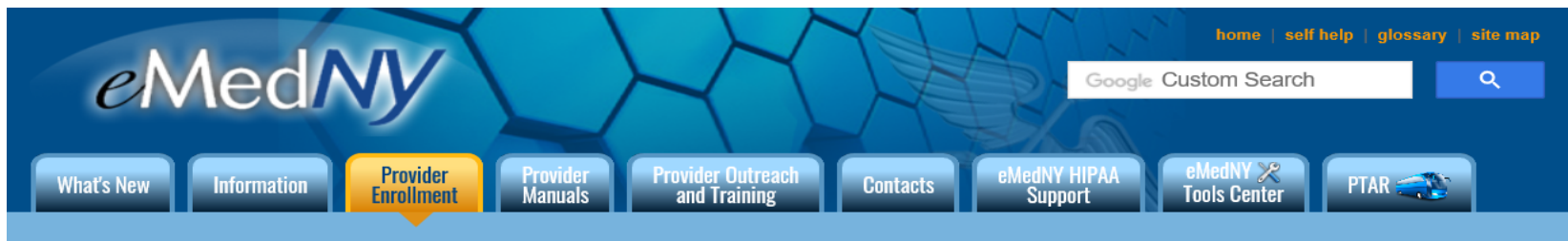
The 0572 COS was established to identify the newly created CBO provider type within the Medicaid program. COS 0572 cannot be added to an existing NYS Medicaid provider enrollment file. An organization's enrollment in Medicaid under COS 0572 is a separate and distinct Medicaid enrollment, and will not affect any aspect of an organizations other Medicaid enrollment file(s). CBO's enrolled in Medicaid under COS 0572 may only be assigned specialty codes to render specific services as designated by the Department of Health (DOH). At this time, NDPP services under specialty code 105 is the only specialty code/service that has been approved by DOH to be rendered under COS 0572.

[CBO Enrollment Forms & Instructions](#)



👤 Individual Practitioners (Physicians, Nurse Practitioners, Midwives)

Community Based Organizations Enrollment (Cont.)



[Provider Index](#) > Community Based Organizations (CBO)

Provider Enrollment & Maintenance



COMMUNITY BASED ORGANIZATIONS (CBOs)

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



[BUSINESS Enrollment Form](#)



ENROLLMENT FORM

Category(s) of Service: 0572

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

Application Fee is WAIVED

For a limited time, New York State (NYS) Medicaid will waive the initial Medicaid enrollment application fee for all newly enrolling National Diabetes Prevention Program (NDPP) service provider applications. This application fee waiver is made available via a grant that was awarded to NYS by the Centers for Disease Control and Prevention (CDC) to support the establishment of new Diabetes Prevention Program delivery organizations, and increased participation among high-burden populations.



? **General Instructions** *for the Enrollment Form*

- Complete **ALL** items on the form unless otherwise instructed below. Failure to complete all required fields will result in your enrollment form being returned to you which may have an impact on the enrollment effective date.

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

<p>NY MEDICAID PROVIDER ENROLLMENT FORM for <u>BUSINESSES</u></p>		<p style="text-align: center;"><u>Mail to:</u></p> <p style="text-align: center;">eMedNY PO Box 4603 Rensselaer, NY 12144-4603</p>
<p>Only Choose One:</p> <p> <input type="checkbox"/> Billing Provider <input type="checkbox"/> Managed Care Only (Non Billing) </p>		
<p>Category(s) of Service – Enter the 4-digit code(s) given in the instructions: </p>		
<p><input type="checkbox"/> <u>New Enrollment</u> (not currently enrolled)</p>	<p><input type="checkbox"/> <u>Revalidation</u> (enrolled; required to revalidate)</p>	<p><input type="checkbox"/> <u>Change of Ownership</u> (enrolled, complying with 42CFR Part 455.104)</p> <p>NY Provider ID # </p>
<p><input type="checkbox"/> <u>Reinstatement/Reactivation</u> – if Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form.</p>		

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

Applicant / Business Name (exactly as it appears on your license/registration; if none use name from IRS assignment letter)		
NPI (unless exempt)		FEIN
License #	State of Licensure if not New York	License Begin Date (MM/DD/YYYY)
Doing Business as (DBA) Name		
DEA Number (Pharmacy Only)	DEA Effective Date (MM/DD/YYYY)	DEA Expiration Date (MM/DD/YYYY)
Are you enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant's e-Mail Address - REQUIRED	
Ownership Code: <input type="checkbox"/> 69-Federal <input type="checkbox"/> 70-County <input type="checkbox"/> 71-Municipal <input type="checkbox"/> 72-State <input type="checkbox"/> 73-Voluntary / Not-for-Profit <input type="checkbox"/> 74-For Profit Corp. <input type="checkbox"/> 75-For Profit Partnership <input type="checkbox"/> 76-For Profit-Individual <input type="checkbox"/> 19-Other		

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

CORRESPONDENCE: (indicate where letters and claims forms, if any, should be sent) – PO Box not acceptable		
Attention:	Street Address	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	Telephone Number (w/ extension)	Fax Number
PAY TO ADDRESS: (indicate where checks & remittance statements should be sent until EFT and e-Remits are in place):		
Attention:	Street Address <u>or</u> PO Box	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	Telephone Number (w/ extension)	Fax Number
CORPORATE ADDRESS: (indicate where Annual Tax Documents (Form 1099) should be sent)		
Attention:	Street Address <u>or</u> PO Box	Suite / Department/ Floor
City	State	Zip Code (9 digit)
County (if in New York)	Telephone Number (w/ extension)	e-Mail Address - <u>REQUIRED</u>

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

PLEASE NOTE:

Services rendered to Medicaid patients at your service address may not be billed through any other provider number. If you provide services at your service location that are subsequently billed through another provider number (including a provider number issued to another location under the same ownership) your application will be denied and action will be taken against the billing provider.

SERVICE ADDRESS: (where service is provided) – DO NOT LIST A PATIENT’S ADDRESS (see instructions) *Valid Telephone numbers are required for each service address.		
Attention:	Street Address (PO Box is not acceptable)	
Suite / Department / Floor		
City	State	Zip Code (9 digit)
County (if in New York)	*Telephone Number (w/ extension)	Fax Number

If the Applicant is a Pharmacy, Laboratory or a Portable X-Ray provider, please provide the Name and NPI of the Supervising Pharmacist, Laboratory Director or Supervising Physician, respectively.

PLEASE NOTE: If this individual is not actively enrolled in the NY Medicaid Program, s/he must complete the appropriate enrollment form found at www.eMedNY.org.

Name:	NPI:
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Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

DISCLOSURE OF OWNERSHIP AND CONTROL

Completion is required by 42 CFR Part 455.104. *Failure to provide the information requested will cause the application to be returned.* [Click here](#) to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form. {If additional space is needed, copy form; all entries must be on the form}.

SECTION 1:

Disclosing Entity / Applicant (Entity named on page 2 of this application)

Entity Name	
FEIN	NPI (if exempt, leave blank)

Ownership in Applicant (per 42 CFR, Part 455.104(b)(1)(i) – (Entities and/or Individuals) Copy this page to report additional owners.

Name of Individual or Entity		Title (if individual)	Date of Birth (if individual) (MM/DD/YYYY)									
Address (Home Address if Individual; Primary Address if Corporation) – Street			City, State & Zip Code (9 digit)									
SSN (for individual)	FEIN (for entity)	% of Ownership (if none, put 0%)	NPI or NY Medicaid ID (if none, write None)									
<p>For Individuals Only: If you are related* to another person with an ownership or control interest in the Applicant, complete the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none; vertical-align: top;">Name of other Owner:</td> <td style="width: 65%; border: none; vertical-align: top;">Relationship to other Owner (parent, child, sibling, spouse):</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> </table>				Name of other Owner:	Relationship to other Owner (parent, child, sibling, spouse):	_____	_____	_____	_____	_____	_____	
Name of other Owner:	Relationship to other Owner (parent, child, sibling, spouse):											
_____	_____											
_____	_____											
_____	_____											
<p>For Corporations & Optical Establishments Only: Use the space below to report other business addresses (per 42CFR, Part 455.104(b)(1)(i)):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;">1) _____</td> <td style="width: 33%; border: none; vertical-align: top;">2) _____</td> <td style="width: 33%; border: none; vertical-align: top;">3) _____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> </table>				1) _____	2) _____	3) _____	_____	_____	_____	_____	_____	_____
1) _____	2) _____	3) _____										
_____	_____	_____										
_____	_____	_____										

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

SECTION 2:

Ownership in Other Disclosing Entities (ODE) (per 42 CFR, Part 455.104(a)(3)) - (Complete if any identified in Section 1 has an ownership or control interest in ODE)

Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE
Name (from Section 1)	Name of ODE	NPI or Medicaid ID of ODE

SECTION 3:

Ownership in Subcontractors If the Applicant has an ownership or control interest of 5% or more in a subcontractor and an Owner of the Applicant also has an ownership or control interest in the subcontractor, complete the boxes below. If those identified in this Section have a familial relationship with a person with ownership or control interest in one of these subcontractors, complete Section 4).

Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number
Owner's Name (from Section 1)	Subcontractor Name	Tax Identification Number

SECTION 4:

Familial Relationship in Subcontractors (Complete if those identified in Section 3 have a *familial relationship with a person with ownership or control interest in one of the subcontractors identified in Section 3). *parent, child, sibling, spouse

Owner's Name	Subcontractor's Name	Name & Familial Relationship
Owner's Name	Subcontractor's Name	Name & Familial Relationship

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

SECTION 5:

Agents, Managing Employees & Those with a Control Interest – Including, but not necessarily limited to, the following: Facility Administrator, all ~~Members of the Board of Directors~~, Managing Employees, Compliance Officer, Laboratory Director, Supervising Pharmacist, Employee/Lifestyle Coach (although unusual, if None, indicate **NONE** in the first "Name" field below). Include familial relationship to the Applicant (spouse, parent, child, sibling), if any.

Completion of all fields is required by 42 CFR Part 455.104. **Failure to provide the information requested will cause the application to be returned.** [Click here](#) to review definitions and policy found at 18NYCRR, Section 504.1. If additional space is needed, copy form; all entries must be on the form.

Name		Association type (see instructions)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth (MM/DD/YYYY)	Familial Relationship	
Name		Association type (see instructions)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth (MM/DD/YYYY)	Familial Relationship	
Name		Association type (see instructions)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth (MM/DD/YYYY)	Familial Relationship	

Note: All CBOs must utilize Section five of the Medicaid Business Enrollment form to disclosure any managing employees and any NDPP Lifestyle Coaches that are employed by or rendering NDPP services on their behalf.

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

SECTION 6:

Respond to these questions on behalf of:

1. the Applicant
2. all individuals and entities identified in Sections 1 & 5
3. any entity in which the Applicant has a 5% or more ownership

1. Have any of the individuals/entities (1, 2 and 3) been terminated, denied enrollment, suspended, restricted by Agreement or otherwise sanctioned by the Medicaid Program in New York or in any other State, Medicare, or any other governmental or private medical insurance program?

Yes No

2. Have any of the individuals/entities (1, 2 and 3) ever been convicted of a crime related to the furnishing of, or billing for, medical care or supplies or which is considered an offense involving theft or fraud or an offense against public administration or against public health and morals in any State?

Yes No

3. Have any of the individuals/entities (1, 2 and 3) ever had their business or professional license or certification, or the license of an entity in which they had an ownership interest over 5% ever been revoked, suspended, surrendered, or in any way restricted by probation or agreement by any licensing authority in any State?

Yes No

4. Is there currently pending any proceedings that could result in the above stated sanctions for the individuals/entities (1, 2 and 3)?

Yes No

NOTE: All questions must be answered. If you answered "Yes" to any of the questions above, you must complete and submit the "Prior Conduct Questionnaire" available at www.emedny.org.
Please continue and Answer Questions 5 through 7.

Community Based Organizations
NYS Medicaid Business Enrollment Form (EMEDNY-436701)

5. Has there been a change of ownership or control within the last 12 months to any of the entities (1, 2 and 3)?

Yes No

If "Yes", provide:

NY Medicaid ID or NPI _____

Date of Ownership Change _____ (MM/DD/YYYY)

6. Do you anticipate a change of ownership within the next 12 months to any of the above entities (1, 2 and 3)?

Yes No

If "Yes", when do you anticipate the ownership change will occur: _____ (MM/DD/YYYY)

7. Does the Applicant/Provider have any unpaid balances owed to the NY Medicaid Program related to this Business or another entity owned by the Applicant? Yes No

• If yes, indicate amount \$ _____

• If yes, has payment been arranged? Yes No If yes, attach verification of arrangement.
If no, this enrollment will be reviewed by the OMIG

Community Based Organizations NYS Medicaid Business Enrollment Form (EMEDNY-436701)

SIGNATURE AND AFFIRMATION

By signing this enrollment form for participation in the New York State Medicaid Program, the Applicant/Provider understands and agrees to the following:

- ▶ 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 which can be found at the Department of Health's website, www.health.ny.gov
- ▶ In addition, pursuant to 42 CFR, Part 455.105, by enrolling in the Medicaid Program you agree to disclose the following regarding business transactions within the next 35 days upon request of the Department or the Secretary of Health and Human Services.
 - (1) Information about the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request, and
 - (2) Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor during the 5-year period ending on the date of the request.
- ▶ As a Medicaid Provider you agree to abide by all applicable Federal and State laws as well as the rules and regulations of other New York State agencies particular to the type of program covered by this enrollment application.
- ▶ For those providers for whom the Mandatory Compliance Law applies (see www.OMIG.ny.gov), the Provider has certified via the Office of the Medicaid Inspector General's web site referenced above that the provider and its affiliates have adopted, implemented and maintains an effective compliance program that meets the requirements of Social Service Law Section 363-d & 18NYCRR, Part 521. A copy of the certification confirmation is included with this enrollment.
- ▶ Unannounced site visits by Medicaid, CMS or their agents/designated contractors may be a condition of initial and continued enrollment. In addition, the provider and/or owners (defined as at least a 5 % interest) may be required to consent to criminal background checks including fingerprinting.
- ▶ As a Medicaid Provider you agree to notify this Department immediately of any changes supplied in this enrollment agreement, including impending ownership changes.
- ▶ The Department may deny or terminate enrollment as a provider in the Medicaid program if it is determined that executive compensation, bonuses, incentives and costs of administration exceed reasonable levels.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Applicant / Provider's Signature (original; no stamps)

Date (MM/DD/YYYY)

Name & Telephone Number of Person who Prepared Application

Individual Practitioner Enrollment

 **Community Based Organizations (CBOs)**

 **Individual Practitioners (Physicians, Nurse Practitioners, Midwives)**

Individual practitioners are required to obtain an NPI for the purpose of enrolling in Medicaid as an NDPP service provider. If the practitioner is already enrolled in NYS Medicaid under an existing NPI, COS, and/or specialty code, then that same NPI may be utilized for NDPP enrollment purposes. In that situation, the new NDPP specialty code (105) will just be assigned to the practitioner's existing provider enrollment file.

Once the practitioner has their NPI, and has also achieved either Pending, Preliminary or Full recognition from the CDC, they may move forward with applying to enroll in NYS Medicaid as an NDPP service provider.

The practitioner would go to the Individual Practitioners (Physicians, Nurse Practitioners, Midwives) section of the eMedNY NDPP provider enrollment page located at <https://www.emedny.org/info/ProviderEnrollment/NDPP/index.aspx>, and click on the link for the applicable Medicaid provider type for additional enrollment instructions, requirements, and other important information about participating in the NYS Medicaid program as an NDPP service provider.

Newly enrolling Individual Practitioners should complete, and submit the following NYS Medicaid enrollment forms along with the documentation received from the CDC stating that they have achieved DPRP recognition:

- NDPP Recognition Attestation ([EMEDNY-434901](#)); and
- NYS Medicaid Practitioner enrollment form ([EMEDNY-436801](#)); or
- NYS Medicaid Ordering, Referring, Attending, Prescribing (OPRA) enrollment form ([EMEDNY-436901](#)) if the practitioner is looking to only enroll, and participate in Medicaid as a Managed Care provider.

Individual practitioners that are already enrolled in Medicaid under an existing NPI, COS, and/or specialty code, and are looking to add the NDPP specialty code (105) should complete, and submit the following NYS Medicaid maintenance forms along with the documentation received from the CDC stating that they have achieved DPRP recognition:

- NDPP Recognition Attestation ([EMEDNY-434901](#)); and
- NYS Medicaid Practitioners or Physicians Disclosure Form ([EMEDNY-380104](#)).

Individual practitioners must complete and submit the above "NYS Medicaid Practitioners or Physicians Disclosure Form" any time they recertify their Medicaid enrollment, or anytime a new Lifestyle Coach is added to their Organization.

All of the above referenced documents are also available on the applicable Medicaid provider type link located on the eMedNY NDPP provider enrollment page referenced below. Practitioners should be also sure to thoroughly review the "Requirements & Additional Forms" section of the eMedNY NDPP provider enrollment page to ensure that they have reviewed, completed, and submitted all required Medicaid enrollment or maintenance transaction forms. Failure to provide the requested information will result in the application being deemed incomplete and returned to the provider unprocessed.

Upon review and if approved you will be eligible to provide and be reimbursed for NDPP services. Upon approval you will be notified (via US Mail) by the Medicaid Program that the NDPP specialty code (105) has been added to your provider record in addition to any other professional specialty codes and/or professional COS codes (i.e., 0460 for physician, 0469 Nurse Practitioner, or 0525 Midwife, etc.) that may be applicable to the practitioner at the time of enrollment. If the practitioner is already enrolled in NYS Medicaid under an existing NPI, COS, and/or specialty code, the NDPP specialty code (105) will just be assigned to the practitioner's existing provider enrollment file.

Physician Enrollment Forms & Instructions

Nurse Practitioner Enrollment Forms & Instructions

Midwife Enrollment Forms & Instructions

 **Practitioner Groups**

Individual Practitioner Enrollment (Cont.)

New Enrollment:

Newly enrolling Individual Practitioners should complete, and submit the following NYS Medicaid enrollment forms along with the documentation received from the CDC stating that they have achieved DPRP recognition:

- NDPP Recognition Attestation ([EMEDNY-434901](#)); and
- NYS Medicaid Practitioner enrollment form ([EMEDNY-436801](#)); or
- NYS Medicaid Ordering, Referring, Attending, Prescribing (OPRA) enrollment form ([EMEDNY-436901](#)) if the practitioner is looking to only enroll, and participate in Medicaid as a Managed Care provider.

Physician Enrollment Forms & Instructions

Nurse Practitioner Enrollment Forms & Instructions

Midwife Enrollment Forms & Instructions

Already Enrolled:

Individual practitioners that are already enrolled in Medicaid under an existing NPI, COS, and/or specialty code, and are looking to add the NDPP specialty code (105) should complete, and submit the following NYS Medicaid maintenance forms along with the documentation received from the CDC stating that they have achieved DPRP recognition:

- NDPP Recognition Attestation ([EMEDNY-434901](#)); and
- NYS Medicaid Practitioners or Physicians Disclosure Form ([EMEDNY-380104](#)).

Individual practitioners must complete and submit the above "NYS Medicaid Practitioners or Physicians Disclosure Form" any time they recertify their Medicaid enrollment, or anytime a new Lifestyle Coach is added to their Organization.

NYS Medicaid Practitioner Enrollment Form ([EMEDNY-436801](#))

NY MEDICAID PROVIDER ENROLLMENT FORM for <u>PRACTITIONERS</u>		<u>Mail to:</u> eMedNY PO Box 4603 Rensselaer, NY 12144-4603
Category(s) of Service: Enter the 4-digit code(s) given in the instructions: <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>		
<input type="checkbox"/> <u>New Enrollment</u> (not currently enrolled)	<input type="checkbox"/> <u>Revalidation</u> (enrolled; required to revalidate)	<input type="checkbox"/> <u>Reinstatement/Reactivation</u> If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form
Applicant Name (exactly as it appears on your license/registration) Last, First, MI		
NPI (Individual) – if incorporated, completion of a Group application is also necessary.		SSN
License #	State of Licensure if not New York	Limited License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's e-Mail Address - REQUIRED :		Are you enrolled in Medicare?

NYS Medicaid Ordering, Prescribing, Referring, Attending, (OPRA) Enrollment Form (EMEDNY-436901)

This provider enrollment form is used if the practitioner is looking to only enroll and participate in NYS Medicaid as a Managed Care provider.

NY MEDICAID PROVIDER ENROLLMENT FORM for those who ONLY <u>ORDER-REFER-ATTENDING-PRESCRIBE</u> or are in a Managed Care Network (non-billers)		Mail to: eMedNY PO Box 4603 Rensselaer, NY 12144-4603
Category(s) of Service: Enter the 4-digit code(s) given in the instructions: 		
<input type="checkbox"/> <u>New Enrollment</u> (not currently enrolled)	<input type="checkbox"/> <u>Revalidation</u> (enrolled; required to revalidate)	<input type="checkbox"/> <u>Reinstatement/ Reactivation</u> If Applicant was previously excluded/terminated from the Medicaid Program, complete the Prior Conduct Questionnaire found at www.eMedNY.org and include it with this Enrollment Form
Applicant Name (exactly as it appears on your license/registration) Last, First, MI		
Date of Birth (MM/DD/YY)	SSN	Applicant's e-mail address - REQUIRED
NPI (Individual)	Specialty	
License #	State of Licensure if not New York	Limited License? <input type="checkbox"/> Yes <input type="checkbox"/> No

NYS Medicaid Practitioners or Physicians Disclosure Form (EMEDNY-380104)

NY MEDICAID DISCLOSURE FORM for <u>PRACTITIONERS or PHYSICIANS</u> (Groups Must Use Form EMEDNY-380102)		Mail to: eMedNY PO Box 4610 Rensselaer, NY 12144
Effective Date of Change:	SSN:	NPI:
Provider Name		NY Medicaid ID (if known):

Completion is required by 18NYCRR, Section 502.5(b) *Failure to provide the information requested may impact your enrollment. Visit www.health.ny.gov to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form.*

Managing Employees, Agents & Those with a Control Interest – Including, but not necessarily limited to, the following: Compliance Officer, all Managing Employees (includes Employee/Life style Coach(s)), general, business and office managers; all persons who exercise operational or managerial control of a provider; all persons who directly or indirectly conduct the day-to-day operations of a provider). Include familial relationship to the Provider (spouse, parent, child, sibling), if any.

Name		Association Type (see page 1)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth	Familial Relationship	
Name		Association Type (see page 1)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth	Familial Relationship	

Note: All individual practitioners must utilize the Medicaid Practitioner Disclosure form to disclosure any managing employees and any NDPP Lifestyle Coaches that are employed by or rendering NDPP services on their behalf.

Group Practices

✓ CDC-NDPP Recognition is the 1st Step

🏢 Community Based Organizations (CBOs)

👤 Individual Practitioners (Physicians, Nurse Practitioners, Midwives)

👥 Practitioner Groups

Practitioner group practices are required to obtain and enroll a new NPI for the purposes of enrolling in Medicaid as an NDPP service provider. This policy applies even if the group practice is currently enrolled in Medicaid under an already existing NPI, Category of Service (COS), and/or specialty code. They are still required to obtain a new, unique NPI for the purposes of enrolling in Medicaid as an NDPP service provider.

Once the group practice has acquired their new NDPP NPI, they will follow the same process referenced above under the "Community Based Organizations (CBOs)" section for the purpose of enrolling in Medicaid as an NDPP service provider.

The newly acquired NDPP NPI will be enrolled in the Medicaid program under the COS 0572 and will be identified as a CBO solely for purposes of NDPP provider enrollment and claims payment. This identification does not affect or impact any other aspects of their Medicaid provider enrollment file. Once enrolled in Medicaid as an NDPP service provider, claims may be submitted to Medicaid for NDPP services rendered to Medicaid members.

🏥 Hospital Clinic (OPD) or Freestanding Clinic (D&TC)

📄 Additional Resources

1. Obtain a new NPI for NDPP in the name of the CDC-recognized Organization or individual practitioner.
2. Follow CBO's directions.

Clinics (Hospital OPDs, D&TCs or FQHCs)

✔ CDC-NDPP Recognition is the 1st Step

🏢 Community Based Organizations (CBOs)

👤 Individual Practitioners (Physicians, Nurse Practitioners, Midwives)

👥 Practitioner Groups

🚑 Hospital Clinic (OPD) or Freestanding Clinic (D&TC)

Hospital clinics (OPDs), freestanding clinics (D&TCs), and Federally Qualified Health Centers (FQHCs) are required to obtain and enroll a new NPI for the purposes of enrolling in Medicaid as an NDPP service provider. This policy applies even if the OPD, D&TC, or FQHC is currently enrolled in Medicaid under an already existing NPI, COS, and/or specialty code. They are still required to obtain a new, unique NPI for the purposes of enrolling in Medicaid as an NDPP service provider.

Once the OPD, D&TC, or FQHC has acquired their new NDPP NPI, they will follow the same process referenced above under the "Community Based Organizations (CBOs)" section for the purpose of enrolling in Medicaid as an NDPP service provider.

The newly acquired NDPP NPI will be enrolled in the Medicaid program under the COS 0572 and will be identified as a CBO solely for purposes of NDPP provider enrollment and claims payment. This identification does not affect or impact any other aspects of their Medicaid provider enrollment file. Once enrolled in Medicaid as an NDPP service provider, claims may be submitted to Medicaid for NDPP services rendered to Medicaid members.

📄 Additional Resources

1. Obtain a new NPI for NDPP in the name of the CDC-recognized Organization or individual practitioner.
2. Follow CBO's directions.

Additional eMedNY Provider Enrollment Resources

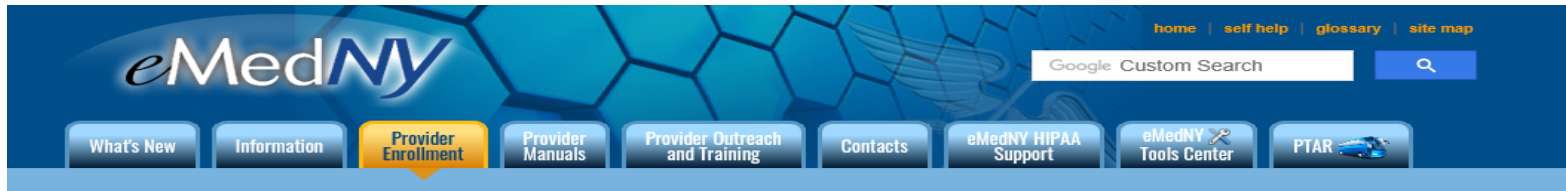
Practitioner Groups

Hospital Clinic (OPD) or Freestanding Clinic (D&TC)

Additional Resources

- eMedNY regional provider services representatives are available for in-person provider training and assistance throughout the State upon request. To request in-person training please contact the eMedNY Call Center at the phone number at 800-343-9000.
- Provider training videos on various topics including ePaces, information for new providers/new billers, provider enrollment, and the Medicaid Eligibility Verification System (MEVS) are available to assist at providers at: <https://www.emedny.org/training/videos.aspx>
- eMedNY provides an "Introduction to Provider Enrollment" that walks providers through the steps of how to enroll as a provider of services for the NYS Medicaid program at: <https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx>
- eMedNY provides a step-by-step process on how to submit and be paid for services rendered to eligible Medicaid clients at the same link referenced in the bullet directly above.
- For questions please e-mail ndpp@health.ny.gov.
- Please [click here](#) to sign up for the NYS Medicaid NDPP Listserv in order to receive a variety of important NDPP program updates and notifications pertaining to any program policy or billing requirements, scheduled webinars or trainings, and/or any other changes that may impact the provider community.
- Additional information pertaining to the Medicaid's coverage of the CDC's evidence-based, educational and support NDPP program can be found on the State's Medicaid Redesign page located at https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm

Introduction to Provider Enrollment



[Provider Enrollment](#) > Introduction to Provider Enrollment

Introduction to Provider Enrollment

How to Enroll as a Provider of Services for the NYS Medicaid Program

Step 1

Step 2

Step 3

Step 4

Step 1 (Required Unless Exempt) **Obtain an National Provider ID (NPI)**



Most providers must receive an NPI from the National Plan and Provider Enumeration System (NPPES).

- Determine your provider type: A list of provider types that do not need an NPI are found on [HIPAA FAQs page: PR05](#)
- If you are required to receive an NPI, go to the NPPES website <https://nppes.cms.hhs.gov>

[Click here to print all steps](#)

How to Submit and be Paid for Services Rendered to Eligible Medicaid clients

Step 1

Step 2

Step 3

Step 4


Step 5

Step 6

Step 1 (Required) **Receive an ETIN**



As a result of filling out the ETIN Certification Statement for New Providers, you will receive notice in the mail of the ETIN that has been generated for you.

If you wish to affiliate with an already existing ETIN, you may submit a Certification Statement for Currently Existing ETINs  [here](#). Wait for confirmation of set up with the second ETIN before submitting claims with it.

<https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx#web=step1&webtab=tabstep1>

Certification Statement for Provider Billing Medicaid

eMedNY/MEDICAID MANAGEMENT INFORMATION SYSTEM
CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID

As of date signed below, all claims submitted electronically or on paper to the State's Medicaid fiscal agent, for services or supplies furnished.

(1) by (provider name) _____ (2) (10-digit National Provider ID (NPI) – REQUIRED unless exempted from NPI) _____

(3) (Tax ID if NPI exempt) _____

will be subject to the following certification.

I am (or the business entity named in this form of which I am a partner, officer, or director is) a qualified provider enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialties, if any, required in connection with this claim; the persons providing services, care and supplies have the necessary licensing, certification, training and experience to perform the claimed services; I have reviewed these claims; I (or the entity) have furnished or caused to be furnished the care, services, and supplies itemized and done so in accordance with applicable federal and state laws and regulations; I have read the eMedNY Provider Manual and all revisions thereto; all claims are made in full compliance with the pertinent provisions of the Manual and revisions; all claims for care, services and supplies provided at the order of another professional have to the best of my knowledge been ordered by that professional in bona fide compliance with the procedures set forth in the manual and revisions. All care, services and supplies for which claim is made are medically necessary for the treatment of the named recipient, the amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than the Medical Assistance Program; payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid; ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE; NO MATERIAL FACT HAS BEEN OMITTED; I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THIS CLAIM WILL BE FROM FEDERAL, STATE AND LOCAL PUBLIC FUNDS AND THAT I MAY BE FINED AND/OR PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY VIOLATION OF THE TERMS OF THIS CERTIFICATION, INCLUDING BUT NOT LIMITED TO FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; taxes from which the State is exempt are excluded; all records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medical Assistance Program will be kept for a period of six years from the date of payment, and such records and information regarding these claims and payment therefor shall be promptly furnished upon request to the local Department of Social Services, the State Department of Health, the Office of the Medicaid Inspector General, the State Medicaid Fraud Control Unit or the Secretary of the Department of Health and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion; I agree (or the entity agrees) to comply with the requirement of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to (1) make administrative corrections to claims submitted under this agreement to enable its automated processing, subject to reversal by the provider, and (2) accept the claim under this agreement as original evidence of care, services and supplies furnished.

In submitting claims under this agreement I understand and agree that I (or the entity) shall be subject to and bound by all rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Health and the Office of the Medicaid Inspector General as set forth in statute or title 18 of the Official Compilation of Codes, Rules and Regulation of New York State and other publications of the Department, including eMedNY Provider Manuals and other official bulletins of the Department. I understand and agree that I (or the entity) shall be subject to and shall accept, subject to due process of the law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or my entity's) past, present or future status in the Medicaid program and/or imposing any duly considered sanction or penalty.

I UNDERSTAND THAT MY SIGNATURE HEREON THE ABOVE CERTIFICATION WILL APPLY TO ALL CLAIMS SUBMITTED ELECTRONICALLY OR ON PAPER, USING MY (OR THE ENTITY'S) NPI OR MEDICAID PROVIDER IDENTIFICATION NUMBER. THIS CERTIFICATION REMAINS IN EFFECT AND APPLIES TO ALL CLAIMS UNTIL SUPERSEDED BY ANOTHER PROPERLY EXECUTED CERTIFICATION STATEMENT.

(4) (Signature) _____ (5) (Date) _____

(6) (Print Name and Title) _____

(7) (Telephone #) _____ (8) (eMail, if available) _____

STATE OF _____

COUNTY OF _____ (9)

On this _____ day of _____, 20____, before me personally came _____, to me know and known to me to the individual described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

(SEAL)

NOTARY PUBLIC

A Certification Statement must be completed:

- When applying for an Electronic/Paper Transmitter Identification Number (ETIN) for the electronic or paper submission of New York Medicaid data
- When adding a Provider ID number to an existing ETIN

NOTE: Certification Statements are updated on an **annual basis**

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/490501_ETIN_CERT_CertificationStatement_Cert_Instructions_for_Existing_ETINs.pdf

Electronic Funds Transfer Authorization Form

eMedNY ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM
INSTRUCTIONS FOR COMPLETING THIS FORM FOLLOW ON PAGES 3-5

Provider Information

Provider Name _____
 Provider Address _____
 Street _____
 City _____ State/Province _____ ZIP Code/Postal Code _____

Provider Identifiers Information

Provider Identifiers
 Provider Federal Tax Identification Number (TIN) or Employer Identification Number: TIN EIN _____
 National Provider Identifier (NPI) (Required, unless exempt): _____
 Other Identifiers – Assigning Authority – New York Medicaid
 Trading Partner ID: MMIS Provider ID # (Required, if NPI exempt): _____

Provider Contact Information

Provider Contact Name _____
 Contact _____ Telephone Number _____ Extension _____
 Email Address _____ Fax Number _____

Financial Institution Information

Financial Institution Name _____
 Financial Institution Address _____
 Street _____
 City _____ State/Province _____ ZIP Code/Postal Code _____

Financial Institution Routing Number	
Type of Account at Financial Institution (Check one)	<input type="checkbox"/> CHECKING OR <input type="checkbox"/> SAVINGS
Provider's Account Number with Financial Institution	
Account Number Linkage to Provider Identifier	LEAVE THIS SECTION BLANK
Provider Tax Identification Number (TIN) OR National Provider Identifier (NPI)	

Submission Information

Reason for Submission New Enrollment OR Change Enrollment
 Include with Enrollment Submission Original Voided Check OR Original Bank Letter

Authorized Signature: If submitting the form for a practitioner, the practitioner must sign below.
 If submitting this form for a group, business or institution, the authorized representative must sign below.

Written Signature of Person Submitting Enrollment _____ Submission Date _____
 Printed Name of Person Submitting _____ Printed Title of Person Submitting Enrollment _____

The eMedNY Fiscal Agent contractor for the New York State Department of Health will have the right to recover any amount that has been credited to your account incorrectly.

FOR EMEDNY USE ONLY – DO NOT WRITE

Date Received: _____
 Pick Up Indicator: No: Yes: Facility Location: _____
 Processed by: _____ Date: _____
 Authorized by: _____ Date: _____
 Effective Start Date: _____ Cycle #: _____

- NYS Medicaid **REQUIRES** all **billing** providers to register for Electronic Funds Transfer (EFT)
- eMedNY Form 701101 authorizes the use of EFT for depositing New York Medicaid funds
- Attach one of the following banking documents to the EFT Authorization Form packet:
 - an **original** blank check with the word “VOID” must be written across the face of the check or,
 - an **original** letter from a bank officer on bank letterhead, signed by a bank officer, notarized.

https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/701101_EFT_FO RM_EFT_Enrollment_Form.pdf

NDPP Listserv

Practitioner Groups

Hospital Clinic (OPD) or Freestanding Clinic (D&TC)

Additional Resources

- eMedNY regional provider services representatives are available for in-person provider training and assistance throughout the State upon request. To request in-person training please contact the eMedNY Call Center at the phone number at 800-343-9000.
- Provider training videos on various topics including ePaces, information for new providers/new billers, provider enrollment, and the Medicaid Eligibility Verification System (MEVS) are available to assist at providers at: <https://www.emedny.org/training/videos.aspx>
- eMedNY provides an "Introduction to Provider Enrollment" that walks providers through the steps of how to enroll as a provider of services for the NYS Medicaid program at: <https://www.emedny.org/info/ProviderEnrollment/enrollguide.aspx>
- eMedNY provides a step-by-step process on how to submit and be paid for services rendered to eligible Medicaid clients at the same link referenced in the bullet directly above.
- For questions please e-mail ndpp@health.ny.gov.
- Please [click here](#) to sign up for the NYS Medicaid NDPP Listserv in order to receive a variety of important NDPP program updates and notifications pertaining to any program policy or billing requirements, scheduled webinars or trainings, and/or any other changes that may impact the provider community.
- Additional information pertaining to the Medicaid's coverage of the CDC's evidence-based, educational and support NDPP program can be found on the State's Medicaid Redesign page located at https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm

eMedNY Website - eMedNY ListServ®

[eMedNY Tools Center](#) > 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.](#))

The eMedNY LISTSERV® is to be viewed as a supplement to the "Medicaid Update" which is the official newsletter of the NYS Medicaid program. Please note that the "Medicaid Update" is a free monthly publication; you may subscribe by sending your request to medicaidupdate@health.ny.gov.


** eMedNY LISTSERV® email content and attachments will not contain Protected Health Information (PHI)**

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	
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
National Diabetes Prevention Program (NDPP)	<input type="checkbox"/>	<input type="checkbox"/>	Archives



Enter email address:

Confirm email address:

I'm not a robot 

[Privacy - Terms](#)

Link to the NYS Medicaid Redesign (MRT) page

 **Practitioner Groups** 

 **Hospital Clinic (OPD) or Freestanding Clinic (D&TC)** 

 **Additional Resources** 

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<https://www.emedny.org/training/videos.aspx>
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NYS DOH MRT

Website That is Dedicated to the Medicaid NDPP



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Department of Health

Individuals/Families

Providers/Professionals

Health Facilities

Search

Medicaid Redesign Team

You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > New York State Diabetes Prevention Program (NDPP)

New York State Diabetes Prevention Program (NDPP)

DSRIP

MRT Waiver Amendment

The Department of Health announces the launch of the New York State Medicaid program's coverage of the Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (NDPP) for Medicaid members that meet established criteria for participation. The NDPP is an evidence-based, educational and support program designed to assist at-risk individuals from developing Type 2 diabetes.

1115 Waivers

NYS Medicaid State Plan

To be eligible for enrollment in NYS Medicaid as an NDPP provider, Community Based Organizations (CBOs), Clinics, Practitioner Group Practices, or Sole Practitioner Group Practices must first achieve CDC-National Diabetes Prevention Recognition Program (DPRP) Pending, Preliminary, or Full recognition.

NYS MRT Budget

CBOs, Clinics, Practitioner Group Practices, or Sole Practitioner Group Practices that would like to offer, and be reimbursed by Medicaid for the NDPP lifestyle change program must first achieve NDPP-recognition from the CDC, based on the 2018 DPRP standards. To apply for CDC-recognition complete the online application at [here](#).

2% ATB Reduction

Global Cap Update

Before applying for CDC-recognition, the applying organization or provider should review the DPRP Standards and Operating Procedures that describe the process of achieving, and maintaining CDC-NDPP recognition. The DPRP standards are [here](#).

MRT Progress Updates

The DPRP Standards also contains a capacity assessment. This is a list of questions designed to help an organization determine its readiness to deliver the CDC-recognized lifestyle change program. All organizations are strongly encouraged to complete this assessment, found [here](#).

Behavioral Health Transition

Vital Access Provider Program

To view a registry of all of the CDC NDPP recognized organizations go [here](#).

Managed Care

Expand All **Collapse All**

Managed Long Term Care

+ Medicaid NDPP Program Structure

Follow Us



+ NDPP in the News

Search

Search Medicaid Redesign:

+ Resources for NDPP Providers

+ NYS Medicaid NDPP Provider Enrollment

https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm

NYS DOH Medicaid Policy and Billing Guidelines for NDPP



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Providers/Professionals

Health Facilities

Search

Medicaid Redesign Team

You are Here: [Home Page](#) > [NDPP](#) > NDPP Policy and Billing Guidelines

DSRIP

NDPP Policy and Billing Guidelines

MRT Waiver Amendment

- [Guidelines](#) also available in Portable Document Format

1115 Waivers

Medicaid National Diabetes Prevention Program

NYS Medicaid State Plan

This article is to notify Medicaid Fee-for-Service (FFS) providers and Medicaid Managed Care (MMC) Plans that federal approval has been granted to cover diabetes prevention services as outlined in the Centers for Disease Control and Prevention (CDC)-recognized National Diabetes Prevention Program (NDPP). The following program information pertains only to those CDC-recognized Hospital Outpatient Departments (OPDs), freestanding Diagnostic and Treatment Centers (D&TCs), Federally Qualified Health Centers (FQHCs), provider group practices, individual practitioners, community-based organizations (CBOs), and any out-of-state practitioners (hereinafter "Organization") that intend to enroll, provide, and bill Medicaid for NDPP educational and support services. Reimbursement for NDPP services will be available for both Medicaid FFS and MMC claims submitted for dates of service on or after **February 1, 2020**.

NYS MRT Budget

2% ATB Reduction

Global Cap Update

Lines of Business Eligible to Offer NDPP

MRT Progress Updates

Providers with members in the following lines of business are eligible to receive reimbursement for Medicaid NDPP services: Medicaid FFS, Mainstream MMC, HIV Special Needs Plans (HIV SNP), and Health and Recovery Plans (HARP).

Behavioral Health Transition

Medicaid FFS NDPP Overview

Vital Access Provider Program

The NDPP is an evidence-based, lifestyle change program designed to assist individuals diagnosed with prediabetes to prevent or delay the onset of type 2 diabetes. NDPP services are provided by trained Lifestyle Coaches who use a curriculum approved by the CDC. The NDPP focuses on providing members with a practical understanding of the positive impacts of healthier, sustained dietary habits; increased physical activity; and behavior change strategies for weight control.

Managed Care

Managed Long Term Care

CDC-Recognition Requirement

Follow Us

Organizations that would like to offer and be reimbursed by Medicaid for the NDPP lifestyle change program must first achieve recognition from the CDC based on its current National Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures. There are three stages to CDC recognition: pending recognition, preliminary recognition, and full recognition. New York State (NYS) Medicaid recognizes all three CDC-recognition levels and will enroll any Organization that has achieved any of these recognition levels as a Medicaid NDPP service provider.



Search

Search Medicaid Redesign:

- Before applying for CDC-DPRP recognition, the applying organization or provider should review the current DPRP Standards and Operating Procedures that describe the process of achieving and maintaining CDC-DPRP recognition. The current March 2018 DPRP Standards and Operating Procedures are located [here](#).
- The DPRP Standards and Operating Procedures also contain a capacity assessment. This is a list of questions designed to help an organization determine its capability and readiness to deliver the CDC-recognized lifestyle change program. All Organizations are strongly encouraged to complete the assessment located [here](#).

https://health.ny.gov/health_care/medicaid/redesign/ndpp/policy-billing_guide.htm

Complete All Required Forms

- Obtain new NPI if needed (NPPES website)
- Complete enrollment form for provider type – (if applicable)
- Copy of NDPP Recognition Attestation – eMedNY-434901
- Copy of Recognition Letter /e-mail from CDC
- NYS Medicaid Practitioners or Physicians Disclosure – eMedNY-380104 (if applicable)
- NYS Medicaid Business Disclosure Form – eMedNY-380101 (if applicable)
- Electronic Funds Transfer (EFT) Authorization – eMedNY-701101
- ETIN Certification Statement for New Enrollments – eMedNY-490602

Mailing Instructions

Submit the completed, signed, and dated attestation form along with copies of the Organization's Pending recognition e-mail, or the Preliminary/Full recognition correspondence letter that the Organization received from the CDC when it achieved NDPP recognition.

Any Organizations which received Full recognition should also include a copy of the NDPP Certificate of Recognition.

Submit these documents along with your completed New York State Medicaid provider enrollment application or maintenance forms to:

Newly Enrolling NDPP Provider Applications	Existing NDPP Providers/ Maintenance Transactions
<p style="text-align: center;">eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603</p>	<p style="text-align: center;">eMedNY P.O. Box 4610 Rensselaer, NY 12144-4610</p>

Final Notes

- Respond to requests for additional information when received.
- Omissions will delay the Medicaid provider enrollment process.
- Self-help documentation is available on the eMedNY website to help you through the enrollment process.
- Carefully review the enrollment form found on the eMedNY website, including instructions, prior to completing and submitting the enrollment form.
- Be sure to keep a copy of everything.

NYS Medicaid Managed Care (MMC)

- An NDPP service provider must first become enrolled in NYS Medicaid as a Fee-For-Service (FFS) provider prior to becoming eligible to participate NYS MMC Plans, and render NDPP services to MMC members.
- Once enrolled as a NYS Medicaid FFS provider, a provider can then reach out to the NYS Medicaid Managed Care Organizations (MCOs) to apply to become a participating provider within the MCOs' NDPP provider network.
- MMC Plans must cover the NYS Medicaid NDPP lifestyle change program benefit. They are allowed to create a different payment structure, however; it is expected that Plans and providers will negotiate contracts with reasonable payment terms and conditions. If a MMC plan and provider cannot reach agreement on payment terms, the MMC plan will offer a rate equivalent to the Medicaid FFS payment.
- Any questions regarding specific MMC contracting, rates, reimbursement, etc. should be directed to the individual Plan(s) in which the provider contracts. A MMC directory by plan can be found on the Department's website here: https://www.health.ny.gov/health_care/managed_care/plans/docs/mcp_dir_by_plan.pdf.

Upcoming Training Opportunities

- eMedNY Provider Services Regional Representatives are available to conduct group and individual training and assist with a variety of eMedNY related topics
- Training webinars and individual training sessions will be made available in the next few months
- Continue to refer to the Provider Outreach & Training page at www.emedny.org for seminar and webinar offerings as they are made available
- To request individual training or assistance from your Regional Representative contact the eMedNY Call Center at 800-343-9000

Reference and Contact Information

- eMedNY Website: www.emedny.org
- eMedNY Provider Enrollment for NDPP:
www.emedny.org/info/ProviderEnrollment/NDPP/index.aspx
- Bureau of Provider Enrollment: providerenrollment@health.ny.gov
- NYS Department of Health – NDPP MRT:
https://health.ny.gov/health_care/medicaid/redesign/ndpp/index.htm
- NYS Department of Health – NDPP: NDPP@health.ny.gov
- CDC–NDPP Customer Service Center: <https://nationaldppcsc.cdc.gov/s/>
- eMedNY Call Center: 800-343-9000

QUESTIONS

... welcome to

