



FFS Medicaid Enrollment for OMH Behavioral Health Providers in Medicaid Managed Care Networks

Frequently Asked Questions

On November 8, 2017, the NYS Office of Mental Health partnered with the Department of Health and the [Managed Care Technical Assistance Center](#) to provide a webinar for OMH-Licensed providers in Medicaid Managed Care networks regarding Medicaid Enrollment requirements of the 21st Century Cures Act. Please see the below Frequently Asked Questions as a follow-up to that webinar. Please also see the [eMedNY Medicaid Managed Care Enrollment FAQs](#), [eMedNY Provider Enrollment FAQs](#), and the [eMedNY Provider Enrollment website](#) for further information.

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Enrollment Requirements for General OMH-Licensed Providers

Q1. Historically, staff of OMH-licensed programs do not have to register individually to bill within a program. Has the requirement changed due to the 21st Century Cures Act?

A: Yes. Certain individual practitioners will now need to enroll as fee-for-service Medicaid providers to remain in Medicaid Managed Care Networks. If the agency is an enrollable type, it must enroll. As indicated on [eMedNY Provider Index](#), OMH provider types that need to enroll include:

- OMH Community Residence*
- OMH Licensed ACT Provider*
- OMH Licensed Outpatient Provider*
- OMH Licensed PROS Provider*
- OMH Licensed Residential Treatment Facility.*

Enrolling and Billing are separate activities and processes. Not everyone who enrolls bills for services. Reiterating, if you are an enrollable type, you must enroll in Medicaid fee for service.



Q2: Is enrollment mandatory for all providers who are enrollable, regardless of whether or not they bill Medicaid fee-for-service?

A: If a provider is enrollable in Medicaid, see [eMedNY Provider Index](#) , the provider must enroll in FFS Medicaid to bill Medicaid FFS or Medicaid Managed Care. If the provider is not enrollable in Medicaid and participates in a Plan’s Managed Care Network, the provider is not required to enroll in FFS Medicaid.

Q3. Which is considered an enrollable provider: the agency providing the service, or the individual practitioner working with the client?

A. Either and/or both. If the agency type is enrollable, the agency must enroll. If the practitioner type is enrollable, the practitioner must enroll. Please refer to the [eMedNY Provider Index](#) to see which provider and agency types are enrollable.

Below is a partial list:

<i>Provider type</i>	<i>Enrollment Requirement</i>
<i>Licensed Mental Health Counselor</i>	<i>Not Required to Enroll</i>
<i>Licensed Marriage Family Therapist</i>	<i>Not Required to Enroll</i>
<i>LCSW (Licensed Clinical Social Worker)</i>	<i>Required to Enroll*</i>
<i>Applied Behavioral Analyst</i>	<i>Not Required to Enroll</i>
<i>LMSW (Licensed Master Social Worker)</i>	<i>Not Required to Enroll</i>
<i>Adult home and Community Based Services</i>	<i>Not Required to Enroll</i>
<i>Children’s Home and Community Based Serv.</i>	<i>Required to Enroll.</i>

**Required to enroll in Medicare prior to Medicaid. Medicare enrollment is a requirement for Medicaid enrollment as an OPRA provider for Clinical Social Workers and Podiatrists. Medicare enrollment is not a requirement for other professionals enrolling in Medicaid as OPRA providers. See question B5 on [Frequently Asked Questions](#) link*

Q4. What type of OMH-licensed outpatient providers are required to enroll?

A: The eMedNY Provider Enrollment Index defines an [OMH-Licensed Outpatient Provider](#) as “clinic services which provide an array of treatment services for assessment and/or symptom reduction or management. Services include, but are not limited to, individual and group therapies. The purpose is to enhance a person’s continuing functioning in the community.”

OMH provider types that need to enroll include:

- OMH Community Residence*
- OMH Licensed ACT Provider*
- OMH Licensed Outpatient Provider*
- OMH Licensed PROS Provider*
- OMH Licensed Residential Treatment Facility.*



If the agency is an enrollable type, it must enroll. See [eMedNY Provider Index](#) for more information.

Q5. Do [Article 31 Inpatient Services](#) need to apply?

A: Article 31 Inpatient Services are not an enrollable type.

OMH enrollable types include:

OMH Community Residence

OMH Licensed ACT Provider

OMH Licensed Outpatient Provider

OMH Licensed PROS Provider

OMH Licensed Residential Treatment Facility.

If the agency is an enrollable type, it must enroll. See [eMedNY Provider Index](#) for more information.

Q6. Our agency bills under the clinic not the individual. Does the agency need to enroll?

A. If the agency is an enrollable type, it must enroll. See [eMedNY Provider Index](#)

Enrollment Requirements for Nurses

Q7: Are Licensed Practical Nurses (LPNs), Registered Nurses (RNs), required to enroll?

A: Yes, LPNs and RNs are required to enroll. They can enroll as OPRA non-billing if in a facility. They will be listed as an Attending provider on the claim. If the nurse is a billing provider on a private duty nursing case, the nurse must enroll as a fee-for-service billable provider.

Q8. Are LPNs and RNs required to enroll in Medicare before enrolling in Medicaid?

A: No, LPNs and RNs are NOT required to enroll in Medicare before enrolling in Medicaid.

Q9. Should Medical Doctors, Nurse Practitioners, and psychologists enroll in fee-for-service Medicaid?

A: Yes, if these are enrollable types, they need to enroll. Note: Psychiatric Nurse Practitioners are required to enroll. For more detailed list of enrollable types, see [eMedNY Provider Index](#).

Enrollment Requirements for Licensed Social Workers

Q10. Do Social Workers working in an OMH-licensed mental health outpatient clinic need to enroll as providers?



A: Enrollment is only required for Licensed Clinical Social Workers (LCSWs). Licensed Masters in Social Work (LMSW) are not enrollable. See [eMedNY Provider Index](#).

Q11. If an agency has enrolled all its LCSWs, what happens to those that are Licensed Master Social Workers (LMSWs) or Licensed Mental Health Counselors (LMHCs)?

A: LMSWs and LMHCs are not enrollable provider types. As such, they do not need to enroll. Please refer to the [eMedNY Provider Index](#) for more information.

Q12. Would an LCSW need to apply for Medicare or would the agency need to? Or are both these true?

A: For Medicare Enrollment see Slide 7 in [MMC Providers presentation](#) on eMedNY website. The following network provider types, if previously opted out of Medicare, must include documentation they received from Medicare stating that they cannot apply for two years.

- Clinical Social Workers (LCSW)
- Podiatrists
- Chiropractors
- Physical Therapists

Enrollment Requirements for Adult BH HCBS and Children's SPA/HCBS Providers

Q13. If we are already designated to provide Adult BH HCBS services, do we have to enroll again for Children's SPA/HCBS?

A: If you are a Children's SPA/ HCBS provider, as designated by OMH, you need to enroll. Adult BH HCBS service providers, however, are NOT required to enroll. See [eMedNY Provider Index](#).*

***Please Note:** Enrolling as a Medicaid FFS provider is **not** the same thing as being designated as an HCBS provider. Adult BH HCBS and Children's new State Plan Amendment (SPA) services and HCBS providers need to be designated by the State Review Teams, as appropriate. For further information on **designation**, please see the "[Children's SPA and HCBS Provider Designation Review](#)" webinar.

For Children's new SPA services and HCBS, once designated, providers need to enroll in Medicaid to provide services. Please see the [eMedNY Provider Index](#).

Children's SPA/HCBS designated providers must enroll as Medicaid FFS providers. Designated Adult BH HCBS providers are not currently enrollable. Please see the webinar on "[Medicaid Provider Enrollment for New Children's SPA and HCBS Providers](#)" for more information on designation.



Q14. Do we need to receive **designation** to provide Children's SPA/HCBS before we enroll for a provider number such as the Medicaid Management Information System (MMIS)?

A: Yes, you need to receive designation to provide Children's SPA/HCBS before you enroll for a provider number such as the Medicaid Management Information System (MMIS).

For information on designation process, please see the [webinar on Children's SPA and HCBS Provider Designation Review](#). For more information on enrollment please see the webinar on "[Medicaid Provider Enrollment for New Children's SPA and HCBS Providers](#)".

Q15. Do individual practitioners who will be working under an agency National Provider Identifier (NPI) providing services under the Other Licensed Practitioner (OLP) benefit need to enroll?

A: Individual's practitioners providing Other Licensed Practitioner benefit under a designated agency do not need to enroll but the designated provider agency needs to enroll. See [eMedNY Provider Index](#).

Q16. Our agency offers Adult BH HCBS waiver services. Are we eligible to enroll?

A: Adult BH HCBS is not an enrollable practitioner or agency type. See [eMedNY Provider Index](#).

Q17. If an existing Medicaid enrolled agency is newly designated to provide Adult BH HCBS, is a new NPI/MMIS ID required?

A: Adult BH HCBS is not an enrollable type. See [eMedNY Provider Index](#).

Enrollment Requirements for OASAS-Licensed BH HCBS Providers

Q18. Is any of this information applicable to OASAS-licensed designated Adult BH HCBS providers?

A: Adult BH HCBS is not an enrollable type. See [eMedNY Provider Index](#).

Q19. Are all OASAS Part 820 providers, whether billing or non-billing, required to enroll in Medicaid, even if claims will be submitted under a Medical Director?

A: OASAS Part 820 Residential Treatment Program provider agencies are an enrollable type. They need to enroll. See the [eMedNY Provider Index](#).



Q20. Our Agency is already enrolled in Medicaid as a Mental Health Community Residence Provider. Do I need to enroll again?

A: OMH enrollable types include:

- OMH Community Residence*
- OMH Licensed ACT Provider*
- OMH Licensed Outpatient Provider*
- OMH Licensed PROS Provider*
- OMH Licensed Residential Treatment Facility*

OASAS enrollable types include:

- Chemical Dependency Program (CDP)*
- OASAS Part 820 Residential Treatment Program*

If you are already enrolled, you may not need to enroll again.

If the agency is an enrollable type, it must enroll. See [eMedNY Provider Index](#) for more information.

Enrollment Process

Q21. Is electronic enrollment possible?

A: Electronic enrollment is not possible. You can access the forms electronically. See [eMedNY Provider Index](#). When you download these forms, you need to fill these out and sign with original signature. After these forms are downloaded, printed and signed, the next step is to mail these to the State to complete enrollment process.

If you have any questions during the NYS Medicaid Enrollment process, please contact CSRA's eMedNY Call Center at (800)343-9000.

Q22. Where can I find the forms for enrollment?

A: You can find the forms on the website. Provider Maintenance Forms can be found in the Provider maintenance form section. See the [eMedNY Provider Index](#).

Q23. What form is necessary to reinstate a provider MMIS under a different Category of Service (COS) code?

A: To be reinstated under a different Category of Service, use the same user Id on the provider enrollment form and check box to be reinstated.

Q24. What form is necessary to reinstate a provider MMIS under an additional Category of Service (COS) code?



A: To be reinstated a provider MMIS under an additional Category of Service, you can use the enrollment form and be sure to check Reinstatement/ Reactivation, see the [eMedNY Provider Index](#) on to your provider type from the Index and you should see instructions for enrollment, revalidation or reinstatement, etc. If you have any questions during the NYS Medicaid Enrollment process, please contact CSRA's eMedNY Call Center at (800)343-9000.

Q25. Will there be a webinar specific to how to complete the provider enrollment form?

A: The [Medicaid Provider Enrollment For New Children's SPA and HCBS Providers' webinar](#) provides an overview of how to enroll.

Q26. We have an NPI number but it is not considered valid without NYS Medicaid enrollment. If we cannot enroll, is there a way to state our status to MCOs?

A: Depending on the type of provider, you should be able to use your Provider designation letter to state your status to the MCO. Please see the [eMedNY Provider Index](#).

Q27. Does an Article 16 clinic for the adult developmentally disabled population need to be enrolled?

A: Article 16 Adult Developmentally Disabled provider agency type is called OPWDD Community Residence on Provider index. This is an enrollable type. Please see the [eMedNY Provider Index](#).

Q28. Are MCOs going to receive a listing from DOH to cross-reference against at a certain "enforcement" date?

A: Yes. MCOs are being directed to be more specific and send appropriately targeted notices to enrollable providers. Further, MCOs will receive a list of pending enrollees, active and enrolled providers regularly, beginning in November 2017.

Q29. How will MCOs address rostered providers at facilities that need to enroll but don't?

A: MCOs will receive updated monthly lists from the DOH Office of Health Insurance Programs for providers that need to enroll. It is up to the Managed Care Organization (MCO) to contact these providers to enroll. The public can access this list on Health Data website, www.healthdata.ny.gov

Q30. What supporting documentation is required to reinstate a facility provider?

A: You need an enrollment application, using your former user ID and listing your category of service.



Q31. What documentation is required to reinstate an Article 31 Clinic from Article 28 Clinic?

A: You need a provider enrollment application. Using your former user ID and listing your category of service, you can fill out provider enrollment form to reinstate an Article 31 Clinic from Article 28 Clinic. For further information, please review [eMedNY Frequently Asked Questions](#).



Further Resources

Provider enrollment information [Frequently Asked Questions](#) can be found on the [Medicaid Managed Care Network provider enrollment](#) tab of the eMedNY website. Also, please see the “Useful Links” section at bottom of page for links to DOH monthly presentations to Medicaid Managed Care Plans.

Please also see [Frequently Asked Questions for OPRA](#), posted as of December, 2017. These are updated regularly.

If you have any questions during the NYS Medicaid Enrollment process, please contact CSRA’s eMedNY Call Center at **(800)343-9000**.