

Electronic Remittance Request Form

The Electronic Remittance (835/820) Request Form must be completed in order to receive the New York Medicaid remittance advice in an electronic HIPAA-compliant format. It is important that this form be completed correctly, and in its entirety, in order to guarantee the timely processing of your request. The following are some common reasons for which the Request form is rejected:

- **ETIN is missing** – you must enter your 3 or 4 character Electronic/Paper Transmitter Identification Number in item #1 on the form.
- **NPI/Provider ID missing** - NPI is **required**, unless exempt. If NPI exempt, the word ‘EXEMPT’ must be written next to NPI in item #2 on form, and the Provider Medicaid ID must then be entered.
- **Provider ID(s) is not linked to the ETIN** – a Certification Statement for Provider Billing Medicaid must be completed, notarized, and mailed to CSC for each provider ID that is not linked. The Certification Statement can be found at www.emedny.org.
- **Provider ID(s) is no longer certified under the ETIN** - a Certification Statement for Provider Billing Medicaid must be completed, notarized, and mailed to CSC for each provider ID that has become decertified. The Certification Statement can be found at www.emedny.org.
- **User ID is missing, or invalid, for the chosen remittance delivery method (eMedNY eXchange or FTP)** - You must be enrolled in either eMedNY eXchange or FTP **prior** to requesting the electronic remittance advice. If using eXchange, you **must** log into ePACES to activate your user ID **prior** to requesting the electronic remittance. FTP user IDs begin with an uppercase alpha character followed by 6 numerics. eMedNY eXchange user IDs are generally the first initial of the user’s first name, and part of their last name.
- **Provider signature missing** - If the Electronic Remittance Request is for an individual provider, that provider’s signature **must** be on the form. If the request is for a group or business, then an **authorized** representative must sign. This person must be listed on the Medicaid file of the group or business.

Rejected forms will be returned to the address and contact name entered on the form, so please be sure that the information listed is correct and legible. Please do not resubmit the request without making the required corrections. We also ask that you do not resubmit your request because your remittance method has not yet changed, as it may take up to **four weeks** for the remittance change to occur. Should you have any questions regarding the rejection of your Electronic Remittance Request, or require assistance in the completion of the Request form, please call the eMedNY Call Center at 1-800-343-9000.

HIPAA 5010 ELECTRONIC REMITTANCE 835/820 REQUEST FORM

(For providers receiving paper or PDF remittances, this form is not required)

Version 5010 is the new version of the X12 standards for HIPAA transactions and replaces Version 4010/4010A1. Version D.0 is the new version of the National Council for Prescription Drug Programs (NCPDP) standards for pharmacy transactions and replaces Version 5.1. New York Medicaid is preparing its system to accept and process both Versions 5010 and D.0 in accordance with federal timelines. Providers/submitters receiving electronic remittances in production will need to complete this form between the eMedNY implementation of 7/21/11 and 12/31/11 to have remittances sent in the 5010 version.

Test Remittances

PTE will create test remittances in the same method providers have chosen for their current production option (electronic or paper). Note that PDF remittances will not be supported in PTE. Those providers receiving PDF remittance statements will receive paper remittances from PTE. PTE will send the current 4010 version unless the provider/submitter submits this form to have those test remittances produced in the 5010 version.

Production Remittances

For production remittances, eMedNY will continue to produce electronic remittances in the current 4010 version until the mandated date of 1/1/12 or until the provider/submitter submits this form to change the format to 5010.

You can submit the form to just indicate your remit preference in PTE and submit it again when you are ready to receive production remits in 5010 version.

Please complete all of the following information and send to:

Computer Sciences Corporation, Attn: Provider Enrollment Support, P.O. Box 4614, Rensselaer, New York 12144
FAX: (518) 257-4632
email eMedNYProviderRelations@csc.com (use subject line: 835 remit request)

WARNING: YOUR SYSTEM MUST BE READY TO ACCEPT THIS FORMAT PRIOR TO REQUESTING ELECTRONIC REMITTANCES.

1. ETIN (formerly TSN): _____

2. NPI: _____ (Required, unless NPI exempt)

PROVIDER Medicaid ID: _____ (If NPI exempt)

(For multiple provider numbers, please submit a separate list, TYPE WRITTEN IN ASCENDING ORDER, attached to this form. **You must ensure that you list ONLY those providers who are currently linked (certified) to the ETIN listed above, and who are actively enrolled in NY Medicaid.**) Please note: If you have submitted a Certification Statement to link a provider to your ETIN, this form must also be submitted to request an electronic 835/820 remittance for each newly linked provider. (Otherwise, the default is a paper remittance.)

3. GROUP NPI: _____ (If applicable)

(Only if billing with a Group ID. If this request is for a Group remittance, no individual Provider number should be entered.)

4. ORGANIZATION NAME: _____

5. ADDRESS: _____

6. CONTACT NAME: _____ 7. CONTACT PHONE #: _____

8. eMAIL ADDRESS: _____ 9. FAX #: _____

PRODUCTION REMIT FORMAT: 5010 4010 TEST REMIT FORMAT: 5010 4010

SIGNATURE: _____ DATE SIGNED: _____

SIGNED BY (PRINT NAME): _____ TITLE: _____

Please note: This form will be returned if it contains incomplete or illegible information.