

**From:** [EIP List BML](#)  
**To:** [BEI-L@listserv.health.state.ny.us](mailto:BEI-L@listserv.health.state.ny.us)  
**Subject:** Clarification on EIP Provider Agreement - Section III and Section XIV  
**Date:** Tuesday, March 05, 2013 4:33:44 PM

---

## **New York State Department of Health Bureau of Early Intervention Electronic Mailing List**

### **Clarification on EIP Provider Agreement - Section III and Section XIV**

---

Dear Colleague:

Since issuing the Provider agreement last week, the Bureau of Early Intervention has received numerous inquiries regarding Section III, Provider Responsibilities, and Section XIV, Terms and Termination. We are writing to clarify the intent of provisions that appear to be commonly misunderstood.

1. Section III.D., on payments and claiming: This provision of the agreement describes the mechanisms by which providers will receive payment for early intervention services rendered in accordance with sections 2557 and 2559 of public health law (PHL). PHL § 2557 provides that approved costs, other than those reimbursable by third party payors including commercial insurance and Medicaid, is a charge upon the municipality where the child resides. Under PHL, municipalities have been responsible for payment of providers in the first instance, and the Department has reimbursed municipalities for the State's share of early intervention services rendered. These requirements in statute remain in effect. Therefore, the purpose of this provision is to ensure that providers understand that municipalities continue to be responsible for financing 100% of the payment to providers for services not covered by third party payors, even though municipal contracts with providers are being replaced with the agreement between the provider and the State.

In addition, in accordance with amendments to PHL §2559 enacted with the SFY 2012-13 budget, the county is no longer deemed the provider for purposes of billing third party payors and providers must now seek payment in the first instance from third party payors (commercial insurance and the Medicaid Program) to the extent that a child has private insurance regulated by New York State or is enrolled in the Medicaid Program. With respect to billing third party payors, providers will submit bills for early intervention services rendered to the Department's State Fiscal Agent (SFA) through the New York Early Intervention System (NYEIS) and the Kids Integrated Data System (KIDS) for payment. The Department's SFA will submit claims to third party payors on behalf of EIP providers. Payments will be made by insurers and the Medicaid Program directly to the provider and remittance advices will be submitted by third party payors to the Department's SFA with claims adjudication information. The SFA will inform the provider of denied claims and will work with the provider to address any denials resulting from inaccurate or incomplete information required for payment (for example, missing diagnostic or procedure codes, etc). Any claims which are denied by an insurer for reasons beyond the provider's control (such as lack of medical necessity, service not covered, visit limits or service caps reached, etc) will be paid by municipalities through the SFA at State-established rates for the Early Intervention Program. Current EIP rates can be found on the

Department's website at:

[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

Private insurers are not required to make payments to providers at State-established rates.

However, providers will continue to be reimbursed at the State-established rates for EIP services (e.g., basic home visits, extended home visits, facility-based visits, etc.). When payments made by insurers to providers are less than the State rate for that service, the provider will receive payment from the SFA for the outstanding balance owed to the provider.

The Medicaid program reimburses all EIP services at the State rate. In general, providers should not be denied payment by the Medicaid program for children enrolled in the Medicaid program on the date the service was provided to the child and/or parent. The SFA will work with the provider to address any Medicaid program denials due to inaccurate or incomplete information. The SFA will reimburse EIP providers for any payments denied by the Medicaid program for reasons beyond the provider's control at the State rate for the service.

In addition, bills for EIP services delivered to children who have no private insurance, whose private insurance is not regulated by the State, and who are not enrolled in the Medicaid program, will be paid directly to the provider by municipalities through the SFA at the State rate for services rendered. The SFA will also pay providers directly for non-covered EI services for children with regulated insurance (such as special instruction, or services beyond annual coverage limits).

The SFA will be required to generate payments to providers every other week (i.e., 26 payments per year) for EIP services costs covered by municipalities and the State, based on bills for EIP services that have been submitted and processed either through NYEIS or KIDS and which have been properly adjudicated, if applicable, with third party payers.

2. Section III.E., on evaluation assignments, service authorizations, and fund appropriation: The purpose of this provision of the agreement is to ensure the provider understands that, as would be the case with a contract with municipalities to deliver EIP services, entering into an agreement with the Department does not guarantee the provider EIP business. Entering into an agreement with the Department allows the provider to participate in the EIP. However, in accordance with PHL and regulation, parents will continue to have the right to select an evaluator and as of April 1, 2013, service coordinators will be responsible for assigning EIP providers from among all providers under agreement with the Department to deliver services to a particular child or family in fulfillment of the child's and family's IFSP. Therefore, providers may or may not be selected by parents or assigned by service coordinators to deliver EIP services if they are under agreement with the Department.

This provision of the agreement is also intended to ensure the providers understand that existing provisions in PHL and regulation and program practices with respect to the development, review, annual evaluation, and any amendment to an IFSP may result in changes to service authorizations accepted by the provider. This provision is intended to make clear that the agreement does not supersede these existing program requirements with respect to procedures for service authorizations.

Finally, this provision includes standard language, which would also be included in any contract to deliver services, that payment for evaluations and services under the EIP is subject to funds being appropriated and made available for this purpose. The Early Intervention Program is an entitlement program under the federal Individuals with Disabilities Education Act (IDEA) and State PHL. State and local governments must provide reimbursement for EIP services rendered. This provision of the agreement acknowledges that the EIP is a publically funded program, and an appropriation in the State and local budgets are required to pay for these

services, as has been the case since the EIP was implemented on July 1, 1993.

3. Section XIV.1., on termination for convenience of the Department: This provision of the agreement allows the Department to terminate an agreement with a provider at any time with prior notice and is standard language included in agreements and contracts. It is important to note that Section XIV.2. provides this same right of termination upon notice to a provider who wishes to terminate an agreement with the Department.

We hope this information is helpful in resolving your questions and concerns with respect to these aspects of the provider agreement. The Department recognizes that the EIP reforms enacted last year represent substantial changes in local business practices. We appreciate your continued interest in participating in the EIP and your dedication to children and families.

Bureau of Early Intervention staff are available to respond to your questions and assist you in completing this agreement with the Department, and can be reached by calling (518) 473-7016 or by email at [bei@health.state.ny.us](mailto:bei@health.state.ny.us).

Thank you.

---

## **Subscription Information**

To subscribe to this list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention Electronic Mailing List (BEI-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

---

To unsubscribe from BEI-L, send email to:  
[BEI-L-signoff-request@listserv.health.state.ny.us](mailto:BEI-L-signoff-request@listserv.health.state.ny.us)

**From:** [BEL NYEIS List BML](#)  
**To:** [NYEIS-L@listserv.health.state.ny.us](mailto:NYEIS-L@listserv.health.state.ny.us)  
**Subject:** Additional Clarification on Provider Agreements  
**Date:** Monday, March 11, 2013 3:02:42 PM

---

**New York State Department of Health  
New York Early Intervention System (NYEIS) Electronic Mailing List**

**Additional Clarification on Provider Agreements**

---

Dear Colleague:

We are writing to respond to additional questions submitted to us regarding the provider agreement recently issued by the Department.

1. Why does Section IV.I., personnel, prohibit the assignment of a certified teacher for the provision of speech services authorized in IFSPs?

Response: The Department's guidance letter issued in 2009 clearly states that a speech language pathologist must be assigned to provide services to the child if the service authorized in the IFSP is "speech language therapy". This is consistent with requirements in education law governing the delivery of speech language therapy. Certified teachers, such as teachers of the speech and hearing handicapped and teachers of speech and language disabilities, can continue to be assigned to deliver services to children affected by delays in communication development provided the IFSP team agrees to and the service authorized in a child's IFSP is "special instruction services". The guidance letter discussing these requirements can be found at:

[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda/2009-08\\_dear\\_colleague\\_clarification\\_of\\_existing\\_professional\\_requirements\\_for\\_ei\\_providers.htm](http://www.health.ny.gov/community/infants_children/early_intervention/memoranda/2009-08_dear_colleague_clarification_of_existing_professional_requirements_for_ei_providers.htm)

2. Why does Section XII.(F) EI model specific responsibilities, ABA aides in the delivery of Early Intervention Provider services, omit school psychologists from the list of supervisors of ABA aides?

Response: Amendments were made to Education Law by Chapter 581 of the Laws of 2011, to add a new section 6503-b to provide a waiver for certain special education schools and early intervention agencies from the prohibition on corporate practice of the professions. This chapter amendment also created an explicit exemption from the practice of the profession of psychology to allow school psychologists who are not otherwise licensed and who employed in center-based preschool special education programs under section 4410 of the education law, and perform activities, services, and use of the title of psychologist [See Ed Law § 4410 (6)(d)]. The chapter amendment does not provide such an exemption to school psychologists who are either employed or contracted with approved Early Intervention Program agencies. The Department of Health recently received written clarification from the New York State Education Department (NYSED) stating that given this very clear statutory language, it is NYSED's opinion that there is no

exemption under the Education Law that would permit school psychologists to provide psychology services to students in an EI program without appropriate professional licensure under Title VII of the Education Law.

The Department must adhere to Education law with respect to practice of the professions in delivery of EIP services. The Bureau of Early Intervention has developed a guidance letter on this issue which is in the Department approval process and will soon be issued to stakeholders.

3. What is the purpose of Section III.K., regarding the use of interns and paraprofessionals?

Response: This provision of the agreement is intended to ensure that the child's parent and municipality and service coordinator, as the parties responsible for oversight and implementation of the IFSP, respectively, are fully informed when the authorized provider of Early Intervention Services will be using a student intern, a physical therapy assistant, or an occupational therapy assistant to deliver EI services under the supervision of a licensed practitioner. This provision was included to ensure that families are fully informed when student interns or therapy assistants will be involved in service delivery to their child. The written plan for how the supervising practitioner will assume professional responsibilities for services provided under his or her direction and how the need for continued services will be monitored should ideally be a part of the child's and family's IFSP if use of paraprofessionals is anticipated at the time an IFSP is developed, reviewed, or revised.

Submission of the supervision plan for a student intern or therapy assistant to the municipality, service coordinator, and parent will also meet this requirement. It is not the Department's intent to require development of a separate written plan in addition to the IFSP or existing supervisory plan for a student intern or therapy assistant.

4. Can the March 11, 2013 deadline for submission of provider agreements be extended?

We are extending the deadline for providers' submission of signed agreements to the Bureau of Early Intervention to March 15, 2013. Signed agreements received by this date will be processed by April 1, 2013. If providers require additional time beyond March 15, 2013, to review, sign, and return the agreement, this is permissible. The Department will process agreements in the order in which they are received and will do its best to ensure timely processing of all agreements, but due to the volume of agreements to be processed, we cannot commit to approving agreements received after March 15th by April 1, 2013.

Bureau of Early Intervention staff continue to be available to respond to your questions and assist you in completing this agreement with the Department and can be reached by calling (518) 473-7016 or by email at [bei@health.state.ny.us](mailto:bei@health.state.ny.us).

Thank you.

---

### **Subscription Information**

To subscribe to this list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau**

**of Early Intervention NYEIS Electronic Mailing List (NYEIS-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

**From:** [EIP List BML](#)  
**To:** [BEI-L@listserv.health.state.ny.us](mailto:BEI-L@listserv.health.state.ny.us)  
**Subject:** Responses to Questions on Early Intervention Provider Billing and Claiming Beginning April 1, 2013  
**Date:** Monday, March 25, 2013 4:17:55 PM

---

**New York State Department of Health  
Bureau of Early Intervention Electronic Mailing List**

**Responses to Questions on Early Intervention Provider Billing and Claiming Beginning  
April 1, 2013**

---

Dear Colleague:

The following are responses to several questions submitted regarding submission of provider bills and claims to commercial insurance and the Medicaid Program beginning April 1, 2013. Please share these responses with interested parties.

1. On April 1, 2013, to whom and how shall I bill for services provided in the Early Intervention Program (EIP)? How will those bills be routed to Medicaid or commercial insurance?

The Department will have an interim state fiscal agent (SFA) in place on April 1, 2013. As discussed in previous Department communications, for those children whose records reside in NYEIS, the transition to the interim SFA will be seamless. On April 1, providers will continue to submit bills for early intervention services rendered in NYEIS, either online or through 837 batch file transmissions. Where applicable, provider claims will be routed to commercial insurance and/or Medicaid by the interim SFA on behalf of the provider. Providers will receive payments directly from commercial insurance and/or Medicaid. Remittance advices will be sent to the interim SFA.

For services provided to children whose records reside in KIDS, three billing options will be available to providers. First, the ability for using KIDS "disk billing files" will continue to be available to providers currently using such procedures for bill submission.

Second, an EXCEL template format will be available to providers that can be used to enter and submit billing information to the interim SFA for processing. Finally, the interim SFA will host a secure website for use by EIP providers for on-line submission of bills associated with children whose records reside in KIDS. Where applicable, provider claims will be routed to commercial insurance and/or Medicaid by the interim SFA on behalf of the provider. Providers will receive payments directly from commercial insurance and/or Medicaid. Remittance advices will be sent to the interim SFA.

Providers will receive payments, initially in the form of a check, every other week for EIP services not covered by commercial insurance and/or Medicaid through an escrow account into which municipalities will deposit funds and which will be managed by the State of New York. These payments will be based on bills for non-covered EIP services that have been submitted and processed either through NYEIS or KIDS during the prior two week period.

Providers will eventually have access to billing and claiming status reports for early intervention services rendered to all children, regardless of whether child records are in KIDS or in NYEIS, via the interim SFA's secure website.

2. How is NYEIS impacted? KIDS?

NYEIS and KIDS will continue to be used for all aspects of program management through submission of provider bills, including child referrals, evaluations, IFSP development, service authorizations, insurance information, and entry of provider bills.

3. Since Medicaid will pay me directly, how long will that "normally" take once I submit a claim? Do my subcontractors need to enroll with Medicaid?

Accurate and complete claims submitted by EIP providers will typically be processed and paid by the Medicaid Program within two weeks of the date that it is approved.

Rendering individual EIP providers under contract with an agency are not required to enroll in the Medicaid Program. Only those providers that intend to be the authorized provider of service on children's and families Individualized Family Service Plans and bill for EIP services are required to enroll in the Medicaid Program.

4. How will I get paid when commercial insurance denies a claim? Are there any "time lines" to insure prompt responses from commercial insurers? Do I need to submit claims for similar services to commercial insurers that have been previously denied?

Providers will be informed by the interim SFA of denied claims and the interim SFA will work with the provider to address any denials resulting from inaccurate or incomplete information required for payment (for example, missing diagnostic or procedure codes).

Any claims which are denied by an insurer for reasons beyond the provider's control (e.g., lack of medical necessity, service not covered, visit limits, or service caps reached) will be paid from an escrow account using municipal funds at State established rates for the EIP. This includes claims that are partially reimbursed by an insurer and for which an outstanding amount (i.e., the difference between the insurance payment and the State approved rate) is owed. The State-approved rates are posted on the Department's website at:

[http://www.health.ny.gov/community/infants\\_children/early\\_intervention\\_service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention_service_rates.htm)

.

5. What do I do if I submit a claim to the County before April 1 and they refuse to process and pay the claim after April 1?

Municipalities are required to receive and process claims from EIP providers through March 31, 2013. Providers are required to continue to adhere to local standards for submission of bills, including documentation necessary to support payment and claiming, during this time.

If a municipality refuses to process a claim submitted prior to April 1, 2013, providers should notify the Bureau of Early Intervention. The Bureau will investigate the situation and determine what actions are necessary to resolve the problem.

We hope this information is helpful. Please contact us at (518) 473-7016 or [bei@health.state.ny.us](mailto:bei@health.state.ny.us). Thank you.

---

### **Subscription Information**

To subscribe to this list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention Electronic Mailing List (NYEIS-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

---

To unsubscribe from BEI-L, send email to:  
[BEI-L-signoff-request@listserv.health.state.ny.us](mailto:BEI-L-signoff-request@listserv.health.state.ny.us)

**From:** [BEI NYEIS List BML](#)  
**To:** [NYEIS-L@listserv.health.state.ny.us](mailto:NYEIS-L@listserv.health.state.ny.us)  
**Subject:** NYEIS Version 2.0 Installation  
**Date:** Thursday, March 28, 2013 10:14:18 AM

---

**New York State Department of Health  
New York Early Intervention System (NYEIS) Electronic Mailing List  
NYEIS Version 2.0 Installation**

---

Dear Colleague:

Amendments to Public Health Law (PHL) enacted with the SFY 2012-2013 budget related to the Early Intervention Program require that modifications be made to the New York Early Intervention System (NYEIS). These modifications include the change of municipal contracts with providers to the establishment of provider agreements with the New York State Department of Health (NYSDOH); the use of a State Fiscal Agent (SFA) to process provider and municipal claims for EI services; and role changes in NYEIS which allow the Service Coordinator to implement the IFSP no later than 30 days after the projected dates for initiation of services in the plan.

NYEIS Version 2.0 includes the above modifications and will be released on Wednesday, April 3, 2013.

To ensure that all claims submitted to the municipality are processed, NYEIS will be unavailable to users after Sunday, March 31, 2013 at 11:59 PM. It is anticipated that providers and municipalities will be submitting and processing claims in NYEIS up to that time period, which may result in a higher than usual submission of claims, and a slower system response time. Therefore, it is recommended that providers submit and municipalities process these claims prior to the weekend of March 30-31 to avoid the high volume of claims processing through the system.

NYEIS will remain unavailable to users until Wednesday April 3, 2013 to allow claims to process through the system to the municipal review work queue.

Please do not attempt to enter data into NYEIS during this period. Doing so may result in loss of your data, potential delay of the launch, and potential delay of payments.

It is expected that NYEIS Version 2.0 will be released into Production on Wednesday, April 3, 2013.

The Department will provide sufficient notice that NYEIS has been successfully launched and is operational at that time.

Release Notes for this version will be posted on the NYEIS information web page at

<http://www.cma.com/nyeis/NYEarlyInterventionInformation.html>.

Due to the modifications made to NYEIS Version 2.0, the Department has developed a Frequently Asked Question/Reference Guide, which will be distributed and posted on the NYEIS information web page.

Additionally, because NYEIS will be unavailable on April 1-2, 2013, a spreadsheet will be posted for Service Coordinators to access on the Health Commerce System (HCS). This spreadsheet will assist Service Coordinators to identify providers who are currently under agreement with NYSDOH and help them secure providers to deliver EI services identified in the IFSP. Service Coordinators can readily access this information by using their HCS account.

As a reminder, in addition to the NYEIS Electronic Mailing List, the Department is maintaining a dedicated NYEIS information telephone line that is updated on an as needed basis. NYEIS users may call 518-474-3914 to hear important updates that may impact the immediate use of NYEIS.

If you have questions or need further information regarding NYEIS, please contact the NYEIS help desk at [nyeis@cma.com](mailto:nyeis@cma.com) or 518-640-8390.

Please do not reply to this e-mail announcement.

---

### **Subscription Information**

To subscribe to this list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention NYEIS Electronic Mailing List (NYEIS-L), you are already subscribed.**

**Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

**From:** [EIP List BML](#)  
**To:** [BEI-L@listserv.health.state.ny.us](mailto:BEI-L@listserv.health.state.ny.us)  
**Subject:** Early Intervention Interim Billing and Claiming Process  
**Date:** Friday, March 29, 2013 5:36:53 PM

---

**New York State Department of Health  
Bureau of Early Intervention Electronic Mailing List  
Early Intervention Interim Billing and Claiming Process**

---

The purpose of this communication is to introduce EI Providers to the interim billing and claiming process effective as of April 1, 2013. This is the first in a series of communications bulletins intended to coordinate EI Provider migration to the new process. The planned set of communication bulletins will include:

- How to Submit EI Billing after 4/1/2013
- How to Enter Paper Insurance Remittances/EOB
- How to Resolve Workable Rejections & Denials
- How to View the Status of CLAIMS

**A New Website**

A new website <https://www.EIBilling.com> has been developed. Access to the billing functionality at this website requires proper login credentials.

Those credentials are being emailed to EI providers separately. This website will serve as the focal point for Providers, Counties, DOH, and the interim fiscal process.

**NYEIS Billing**

There is no change to enter billing for children enrolled in NYEIS. If a provider uses the NYEIS data entry screens to enter billing, simply continue to do so. If a provider uses in-house software or 3rd party software to electronically transmit billing to NYEIS, simply continue to do so. The interface from NYEIS to the interim fiscal process is seamless.

**KIDS Billing**

For services provided to children enrolled in KIDS, there are three (3)

options for entering billing. First, the ability to process a KIDS “disk billing” file has been preserved. Those providers who have been using KIDS “disk billing” can continue to do so. Second, the interim fiscal process will offer an EXCEL template that can be used to enter attendance off-line. Third, web based attendance entry is available at the new website.

### **Training**

Details of how to navigate this new website will be depicted in a training webinar. A link to this training webinar will be emailed to providers in the very near future.

In the coming weeks there will be webinars on these interim procedures so that the reimbursement process can continue.

---

### **Subscription Information**

To subscribe to this list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention Electronic Mailing List (NYEIS-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

---

---

To unsubscribe from BEI-L, send email to:  
[BEI-L-signoff-request@listserv.health.state.ny.us](mailto:BEI-L-signoff-request@listserv.health.state.ny.us)

**From:** [Justin R Hausmann](mailto:Justin.R.Hausmann)  
**To:** [BEI-L@listserv.health.state.ny.us](mailto:BEI-L@listserv.health.state.ny.us)  
**Subject:** Responses to Additional Questions on Provider Billing and Claiming Beginning April 1, 2013  
**Date:** Monday, April 01, 2013 6:12:59 PM  
**Attachments:** [CDocuments and Settings\jxh25\Desktop\Disclosure of Ownership & Control.docx](#)  
[CDocuments and Settings\jxh25\Desktop\Letter EI Provider Medicaid enrolled 3.12.pdf](#)  
[CDocuments and Settings\jxh25\Desktop\Letter New EI Provider Never Medicaid enrolled 3.12.pdf](#)

---

**New York State Department of Health  
Bureau of Early Intervention Electronic Mailing List**

**Responses to Additional Questions on Provider Billing and Claiming  
Beginning April 1, 2013**

---

Dear Colleagues:

The following are responses to additional questions received regarding submission of provider bills and claims to commercial insurance and the Medicaid Program beginning April 1, 2013.

1. What billing and payment information will be given to providers for children they serve who have coverage under an insurance policy or Medicaid?"

As a reminder, providers will be paid directly by commercial insurers and the Medicaid Program. The remittance advices will be sent to the interim State Fiscal Agent to allow the SFA to track commercial insurance and Medicaid payments, assist providers in responding to requests for additional or corrected information from third party payors as needed to adjudicate payable claims, and determine amounts owed to providers for partially-paid or denied claims.

As indicated in the March 22, 2013 email regarding responses to questions on provider billing and claiming beginning April 1, 2013, providers will eventually have access to billing and claiming status reports for early intervention services rendered to all children, regardless of whether child records are in KIDS or in NYEIS, via first the interim SFA's secure website and subsequently the final SFA.

2. Question: When will the Department announce the interim and final state fiscal agent contractors?

We will provide more info on the interim State Fiscal Agent and entity awarded the State Fiscal Agent contract shortly.

3. If a provider has not been enrolled in the Medicaid Program as a billing provider by April 1, 2013, can the provider continue to provide services to children enrolled in Medicaid?

Response: Yes. However, it is important to note that providers who are not currently enrolled in the Medicaid Program must submit completed enrollment forms to the Medicaid Program as soon as possible to ensure an effective enrollment date of April 1, 2013, to be able to bill for services provided on and after that date.

If the EIP provider has completed the necessary forms, no further action is needed. The EIP provider will receive a letter from the Medicaid Program with the assigned provider ID in the near future.

If the EIP provider has questions about the provider's status in the Medicaid Program, please send an inquiry to the following email address:

[rbu@health.state.ny.us](mailto:rbu@health.state.ny.us).

=====

**DETERMINE WHETHER YOUR CIRCUMSTANCES FIT #1 OR #2 AND FOLLOW ONLY THOSE DIRECTIONS**

**#1 - Never enrolled in Medicaid as an EIP Provider:**

Attached is information and instructions for enrollment in the Medicaid Program for those EIP providers who are not enrolled in the Medicaid Program for EIP.

Following is a link to the enrollment form and additional instructions mentioned in the information document: Letter New EI Provider\_Never\_Medicaid enrolled 3.12.pdf.

<https://www.emedny.org/info/ProviderEnrollment/cmcm/Option2.aspx>.

**#2 - Enrolled in Medicaid as a non-Billing EIP Provider:**

If an EIP provider is currently enrolled in the Medicaid Program as a non-billing provider, the EIP provider is only required to submit a disclosure form. The Letter EI Provider Medicaid enrolled 3.12.pdf and Disclosure of

Ownership & Control.docx are attached.

---

### **Subscription Information**

To subscribe to this list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list.

To unsubscribe from the list, send an e-mail to [eiplist@health.state.ny.us](mailto:eiplist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

---

To unsubscribe from BEI-L, send email to:  
[BEI-L-signoff-request@listserv.health.state.ny.us](mailto:BEI-L-signoff-request@listserv.health.state.ny.us)

# New York State Medicaid Disclosure Form

Thank you updating your provider records with the Medicaid Program. As a Medicaid provider, you have agreed to comply with the rules, regulations and official directives of the Department including, but not limited to, Part 504 of 18 NYCRR (i.e., Title 18). Title 18 can be found by choosing the Laws and Regulations link of the Department of Health's website, [www.health.ny.gov](http://www.health.ny.gov).

New York State's Personal Privacy Protection Law requires us to inform every person from whom we request personal information why we are requesting information and how we will use it. The information requested will permit proper payments to you as a Medicaid provider, according to the provisions of applicable State and Federal Law and Regulations. Collection of this information is authorized by Section 367-b of the Social Services Law. This information will be used as one element of various reviews before payment is made for the goods or services furnished and/or for any post payment audits required by the State or Federal authorities. This information will also be used to satisfy the reporting requirement imposed upon us by State and Federal Regulations (e.g., by IRS for payment information reporting purposes). Failure to provide us with the information will prevent establishing the records necessary to enroll you as a Medicaid provider. The information will be maintained by the New York State Department of Health, Office of Health Insurance Programs, Division of OHIP Operations, Bureau of Provider Enrollment, 150 Broadway, Albany, NY 12204

NOTE: Refer back to this page when answering Section 5 on Page 4:

**Association Types:** Enter the letter (B, F, H, M, P or U) which best corresponds to the individual's role:

B: Board of Directors Member

F: Facility Administrator

H: Compliance Officer

M: Managing Employee

P: Supervising Pharmacist

U: Laboratory Director

**NY MEDICAID DISCLOSURE FORM  
for  
INSTITUTIONS & RATE-BASED PROVIDERS**

Mail to:

Bureau of Provider Enrollment  
Institutional Enrollment Unit  
Office of Health Insurance Programs  
150 Broadway  
Albany, NY 12204-2736

Effective Date of Change	FEIN	NPI (unless exempt)
Provider Name	NY Medicaid ID	
Doing Business As (DBA) Name (if any)		
License # Assoc. with this enrollment (if any)		
DEA or NYS Cont. Subs Lic # (if applicable)	Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
Are you enrolled in Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Beds:	Provider's e-Mail Address:
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: Explain _____		
<b>CORRESPONDENCE:</b> (indicate where letters and claims forms, if any, should be sent) – <b>PO Box not acceptable</b>		
Attention:	Street Address	Suite / Department / Floor
City	State	Zip Code (9 digits)
County (if in New York)	Telephone Number (w/ extension)	Fax Number
<b>PAY TO ADDRESS:</b> (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 digits)
County (if in New York)	Telephone Number (w/ extension)	Fax Number
<b>CORPORATE ADDRESS:</b> (indicate where Annual Tax Documents (Form 1099) should be sent) <b>NOTE:</b> The address supplied will be ignored if Medicaid already recognizes an address for the FEIN listed above.		
Attention:	Street Address <u>or</u> PO Box	Suite / Department / Floor
City	State	Zip Code (9 digits)
County (if in New York)	Telephone Number (w/ extension)	e-Mail Address

## DISCLOSURE OF OWNERSHIP AND CONTROL

Completion is required by 42 CFR Part 455.104. **Failure to provide the information requested may impact your enrollment. Visit [www.health.ny.gov](http://www.health.ny.gov) to review definitions and policy found at 18NYCRR, Section 504.1 before completing this form.**

(These pages may be copied for additional listings)

### **SECTION 1:**

#### **Disclosing Entity / Applicant** (Entity named on page 2 of this form)

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)									
Address (Home Address if Individual; Primary Address if Corporation) - <b>Street</b>		City, State & Zip Code (9 digit)									
SSN (if individual) / FEIN (if entity)	% of Ownership (if none, put 0%)	NPI or NY Medicaid ID (if none, write None)									
<p><b><u>For Individuals Only:</u></b> 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: 40%; border: none;">Name of other Owner:</td> <td style="width: 60%; border: none;">Relationship to other Owner (parent, child, sibling, spouse):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</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><b><u>For Corporations Only:</u></b> Use the space below to report other business addresses including PO Boxes (per 42CFR, Part 455.104(b)(1)(i)):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1) _____</td> <td style="width: 33%;">2) _____</td> <td style="width: 33%;">3) _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			1) _____	2) _____	3) _____	_____	_____	_____	_____	_____	_____
1) _____	2) _____	3) _____									
_____	_____	_____									
_____	_____	_____									

Name of Individual or Entity	Title (if individual)	Date of Birth (if individual)									
Address (Home Address if Individual; Primary Address if Corporation) - <b>Street</b>		City, State & Zip Code (9 digit)									
SSN (if individual) / FEIN (if entity)	% of Ownership (if none, put 0%)	NPI or NY Medicaid ID (if none, write None)									
<p><b><u>For Individuals Only:</u></b> 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: 40%; border: none;">Name of other Owner:</td> <td style="width: 60%; border: none;">Relationship to other Owner (parent, child, sibling, spouse):</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</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><b><u>For Corporations Only:</u></b> Use the space below to report other business addresses including PO Boxes (per 42CFR, Part 455.104(b)(1)(i)):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1) _____</td> <td style="width: 33%;">2) _____</td> <td style="width: 33%;">3) _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			1) _____	2) _____	3) _____	_____	_____	_____	_____	_____	_____
1) _____	2) _____	3) _____									
_____	_____	_____									
_____	_____	_____									

**SECTION 2:**

**Ownership in Other Disclosing Entities (ODE)** (per 42 CFR, Part 455.104(b)(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

**SECTION 5:**

**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. Include familial relationship to the Applicant (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	
Name		Association Type (see page 1)	
Home Address		City & State	Zip Code (9 digit)
SSN	Date of Birth	Familial Relationship	

### Managing Employees & Those with a Control Interest – (continued)

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

**SECTION 6:**

Respond to these questions on behalf of:

1. the Applicant
2. all individuals and entities identified in Sections 1 and 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:** If you answered "Yes" to any of the questions above, you must complete and submit the "Prior Conduct Questionnaire" available at [www.eMedNY.org](http://www.eMedNY.org).

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/YY)

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/YY)

7. Is the Applicant operated by a management company, or leased in whole or part by another organization?

Yes       No      If Yes, give date of Change of Operations \_\_\_\_\_

8. Has there been a change in your lab director or supervising pharmacist within the past year?

Yes       No       Not Applicable

9. 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

## SIGNATURE AND AFFIRMATION

By signing this form, the 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](http://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](http://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.

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.

\_\_\_\_\_  
Print or Type the Name of Person Signing Below

\_\_\_\_\_  
Title

If Provider is a legal entity other than a person, the person signing this document on behalf of the Provider warrants that he/she has legal authority to bind the Provider. (NOTE: for Changes of Ownership, New Owner or Representative must sign).

\_\_\_\_\_  
Signature of Provider or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Telephone Number of Person who Prepared Application

**LETTER FOR THOSE AGENCIES ALREADY ENROLLED AS Medicaid NON-BILLERS for the Purpose of Early Intervention Services**

Dear Early Intervention Provider:

As you know, changes are being made in the Early Intervention (EI) Program which impacts how you will receive payment for the early intervention services you provide to Medicaid beneficiaries on and after April 1, 2013. Instead of receiving payment from the county or local social services district, payment will come directly from the Medicaid Program. Payment will be made at the State approved rate for EI Program, based on the child's county of residence. These rates are posted on the Department's website at [http://www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

Within the past 18 months, you completed a Medicaid Provider Enrollment Application as a non-billing EI provider. Your application was approved for non-billing status. Additional information is now needed to change your status from a non-billing EI provider to a billing EI provider.

1. Please complete the enclosed document, "Disclosure of Ownership and Control." Although you may have completed a similar document within the past 18 months, this enclosure must be completed **in its entirety** at this time for you to receive direct Medicaid payments for EI services you provide on and after April 1, 2013. **Incomplete forms will be returned and may impact your ability to be paid for services rendered.** Refer to the regulatory references included on the document to clarify what must be provided.
2. Mail the document to the address at the top of page 2 of the Disclosure document by **March 25, 2013.**

When your status is changed to a billing EI provider, you will receive:

- Notification letter and a rate code letter. These letters contain important information which may be needed by NYEIS and/or KIDS when submitting your claims to Medicaid.

Receipt of notification letter is a good time to sign up for Electronic Funds Transfer (EFT) so you can receive your payment earlier. Visit [www.eMedNY.org](http://www.eMedNY.org) and choose the "Go Green" link to learn more.

Please read the entire letter, form and instructions prior to making any calls. Questions about completing the Disclosure of Ownership and Control should be addressed to Medicaid's fiscal agent, Computer Sciences Corporation, at 800-343-9000. Other questions should be directed to the Early Intervention Program at 518-473-7016. Thank you for your continued participation in the Early Intervention Program.

**LETTER FOR INDIVIDUALS AND AGENCIES THAT NEVER ENROLLED IN MEDICAID AS A NON-BILLER FOR  
THE PURPOSE OF EARLY INTERVENTION SERVICES**

Dear Early Intervention Provider:

As you know, changes are being made in the Early Intervention (EI) Program which impacts how you will receive payment for the early intervention services you provide to Medicaid beneficiaries on and after April 1, 2013. Instead of receiving payment from the county, payment will come directly from the Medicaid Program. For this to occur, you must enroll in the New York State Medicaid Program as an EI provider. Payment will be made at the State approved rate for EI Program, based on the child's county of residence. These rates are posted on the Department's website at [http://www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_rates.htm](http://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm)

1. Please review the enclosed instructions and complete the enrollment form as soon as possible. **You must complete this form even if you are currently enrolled in Medicaid to provide services to non-EI beneficiaries.**
2. Mail the enrollment form to the address provided on page 2 of the form as soon as possible. Delays in submitting this form may impact your ability to be paid.

An approved applicant will receive:

- Notification letter and a rate code letter. These letters contain important information which may be needed by NYEIS and/or KIDS when submitting your claims to Medicaid

Receipt of the notification letter is a good time to sign up for Electronic Funds Transfer (EFT) so you can receive your payment earlier. Visit [www.eMedNY.org](http://www.eMedNY.org) and choose the "Go Green" link to learn more.

Please read the entire letter, form and instructions prior to making any calls. Questions about completion of the enrollment form should be addressed to Medicaid's fiscal agent, Computer Sciences Corporation, at 800-343-9000. Other questions should be directed to the Early Intervention Program at 518-473-7016. Thank you for your continued participation in the Early Intervention Program.

## How to Enroll in the New York State Medicaid Program as an Early Intervention Provider

Medicaid enrollment forms are found at [www.eMedNY.org](http://www.eMedNY.org) on the Provider Enrollment web page. Choose the link titled **Early Intervention Program Provider (EI)**. ([www.emedny.org/info/providerEnrollment/cmcm/Option2.aspx](http://www.emedny.org/info/providerEnrollment/cmcm/Option2.aspx))

Instructions for Form completion are found on the web page, to the left of the Form. As explained in the General Instructions, **ALL** information requested on the Form is required **UNLESS** the instructions state otherwise. **Also review the additional instructions found below. Incomplete forms will be returned and may impact your ability to be paid for services rendered.**

### **Additional Instructions for Individuals who provide EI services on an independent basis:**

- Complete the **Institutional Enrollment Form**
- Choose the **New Enrollment** option
- Enter effective date 04/01/2013
- If you do not have a Federal Employer Identification Number (FEIN), enter your Social Security Number (SSN) in the FEIN field
- For Ownership Code, choose **19-Other** and indicate **Self**
- Provide an Address in the Corporate Address field; this address can be the same as the Correspondence and/or Pay-to Address you provide
- Provide an Address in the Service Address field; this address can be the same as the Correspondence and/or Pay-to Address you provide
- Ownership in Applicant questions (see page 4) should be answered only if required by 18NYCRR, Section 504.1(d)(18)(iv). **If not required, indicate N/A in the "Name" field.**
- Indicate N/A in the "Name" field if/where appropriate in Sections 2, 3, 4 and 5.
- Indicate N/A in Section 6, Questions 5, 6, 7 and 8. You **MUST** answer question 9
- IRS Assignment Letter is not required if enrolling with an SSN
- NPI Assignment Letter/e-Mail is required. A SCREEN PRINT FROM THE NPPES WEBSITE IS **NOT** ACCEPTABLE

### **Additional Instructions for Agencies who employ staff to provide EI services:**

- Complete the **Institutional Enrollment Form**
- Choose the **New Enrollment** option
- Enter effective date 04/01/2013
- IRS Assignment Letter is required
- NPI Assignment Letter/e-Mail is required. A SCREEN PRINT FROM THE NPPES WEBSITE IS **NOT** ACCEPTABLE

**From:** [BEI-NYEIS TA BML](#)  
**To:** [NYEIS-L@listserv.health.state.ny.us](mailto:NYEIS-L@listserv.health.state.ny.us)  
**Subject:** NYEIS Version 1.6.2 - Student Interns Webinar Recording Available  
**Date:** Friday, February 22, 2013 4:42:16 PM

---

**New York State Department of Health  
New York Early Intervention System (NYEIS) Electronic Mailing List**

**NYEIS Targeted Training Webinar: Student Interns Recording Available**

---

Dear Colleague:

On February 14, 2013, the Bureau of Early Intervention held a NYEIS Targeted Training Webinar on the topic of Student Interns. This webinar was recorded and is now available for viewing. Additional NYEIS training webinars for municipalities and providers are being developed and will be announced as they are scheduled.

If you would like to view the February 14, 2013 recorded webinar or other previously recorded training webinars, instructions for accessing them are included below. If you experience any technical difficulties, please contact Justin Hausmann by e-mail at [jxh25@health.state.ny.us](mailto:jxh25@health.state.ny.us), or call 518-473-7016. If you have any questions or need further information regarding NYEIS, please contact the NYEIS helpdesk at [nyeis@cma.com](mailto:nyeis@cma.com) or 518-640-8390. Please do not reply to this e-mail announcement.

To view the recordings (you may want to print these instructions):

1. Go to the New York State Department of Health Early Intervention Program Webpage at:  
[http://www.health.ny.gov/community/infants\\_children/early\\_intervention/index.htm](http://www.health.ny.gov/community/infants_children/early_intervention/index.htm)
2. Click on "New York Early Intervention System (NYEIS)" in the left hand navigation bar.
3. Click on "NYEIS Training Page" in the left hand navigation bar.
4. Under the "NYEIS Training Webinars" heading click on either the "NYEIS Municipal Training" for municipal webinars or "NYEIS Provider Training" for provider webinars.
5. Scroll down the page to find the session you are interested in.

6. There will be two options, view or download.

- To view the webinar immediately, click on "To view Click here" and complete the registration information. The following information is required: First and Last Names; E-mail address; Title; and County/Municipality (or Provider Agency). Please enter this information and then click the "Register" button. The webinar should begin to play after a few moments.
- To download the webinar, click on "To download click here" and complete the registration. The following information is required: First and Last Names; E-mail address; Title; and County/Municipality (or Provider Agency).

The download should begin in a few moments. A pop-up window will appear with the title "Download a Recording File." There may be a white bar on the top of the window. If so, click on the top information bar, and then click "Download File." If not, when the download is started, you should be given the option to "Open" or "Save." If you choose "Save," then you can save the file to a location of your choice on your computer. This file can be viewed at any time locally from your own computer using the ARF Player. There should be no limitations on fast forward/rewind options.

If you choose "Open," the video should automatically play once the download is complete. However, if you wish to view the recording at a later time, because it is a streamed video, you will have to repeat the steps above every time. In addition, you may not be able to fast forward or rewind. For these reasons, we suggest you "Download" the files rather than using the "Open" option.

PLEASE NOTE: If the webinar does not open or download, it may be that you do not have an ARF player on your computer. This player is necessary to view the webinars. If you need to download the ARF player, use this link <http://www.webex.com/play-webex-recording.html>. Be sure to select the correct player based on your PC type (Windows or Macintosh) and follow the installation instructions.

Thank You.

---

### **Subscription Information**

[nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail

address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention NYEIS Electronic Mailing List (NYEIS-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.

**From:** [George W. Mayr](mailto:George.W.Mayr@health.state.ny.us)  
**To:** [NYEIS-L@listserv.health.state.ny.us](mailto:NYEIS-L@listserv.health.state.ny.us)  
**Subject:** Targeted Resource Availability - Entering Individuals who are Gaining Experience for Licensure or Completing an Internship (Revised February 2013)  
**Date:** Friday, February 15, 2013 5:38:35 PM

---

**New York State Department of Health  
New York Early Intervention System (NYEIS) Electronic Mailing  
List**

**Targeted Resource Availability - Entering Individuals who are  
Gaining Experience for Licensure or Completing an Internship  
(Revised February 2013)**

---

Dear Colleague:

Revised instructions on how to enter individuals into NYEIS who are gaining experience for licensure or completing an internship and has been posted on the NYEIS webpage, <http://www.cma.com/nyeis/NYEarlyInterventionInformation.html>, under the NYEIS Targeted Resources link.

If you have any questions or need further information regarding NYEIS, please contact the NYEIS helpdesk at [nyeis@cma.com](mailto:nyeis@cma.com) or 518-640-8390. Please do not reply to this e-mail announcement.

Thank You.

---

**Subscription Information**

To subscribe to this list, send an e-mail to [nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Subscribe" in the subject line and include your first and last name in the body of the e-mail. BEI will add your e-mail address to the mailing list. **If you have received this e-mail from the Bureau of Early Intervention NYEIS Electronic Mailing List (NYEIS-L), you are already subscribed. Please do not send an additional request.**

To unsubscribe from the list, send an e-mail to

[nyeislist@health.state.ny.us](mailto:nyeislist@health.state.ny.us) with "Unsubscribe" in the subject line and your name in the body of the e-mail.