



# Training Video

## For NYS Medicaid Providers

Enrollment

# Key Objectives

Electronic (ERA) or PDF Remittance Advice  
Request Form Instructions

# General Information

The New York State Medicaid program requires all billing providers sign up for either:

- Electronic Remittance Advice (ERA)
  - HIPAA compliant 835 or 820 format and requires translation software
- PDF Remittance Advice
  - Facsimile of paper remittance advice

# Who Must Sign Up for Electronic/PDF Remittance Advice?

All billing (pay to) providers:

- Professional
- Institutional
- Dental
- Pharmacy

As a member of a Group practice, the services you provide are claimed by, and paid to, the Group practice.

Members of Group practices with Group Only status are non-billing providers, UNLESS they also have a private practice from which they provide services to Medicaid beneficiaries.

Practitioners in private practice

Practitioner and Dental Groups

Practitioners who do not have “Group Only” status

# Who Does Not Have to Sign Up for Electronic/PDF Remittance Advice?

Practitioners enrolled as OPRA (Ordering, Prescribing, Referring, Attending) providers

NOTE: OPRA providers cannot receive payment from Medicaid

Non-Billing providers such as Physician Assistants and Supervising Pharmacists

Practitioners enrolled as “Group Only” Status



Microsoft Start



Search the web



Add shortcut

# eMedNY.org Website

The screenshot shows the eMedNY.org website interface. A red arrow points to the 'Provider Enrollment' link in the top navigation bar. Another red arrow points to the 'Are you compliant with NYSDOH EFT Requirement?' banner. A third red arrow points to the 'New Enrollment' and 'Already Enrolled' buttons under the 'Provider Enrollment & Maintenance' section. A fourth red arrow points to the 'Useful Information' section, specifically the 'Maintenance Forms' and 'Revalidation' buttons. A fifth red arrow points to the 'Provider Maintenance Forms' section, specifically the 'Electronic or PDF Remittance Advice Request' button. A sixth red arrow points to the 'ATTENTION: MEDICAID NOW REQUIRES ALL BILLING PROVIDERS TO REGISTER FOR ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS AND EITHER ELECTRONIC REMITTANCE ADVICE (ERA) OR PDF REMITTANCES.' banner. A seventh red arrow points to the 'Complete the EFT Form' button. A eighth red arrow points to the 'Complete the ERA/PDF Form' button. A ninth red arrow points to the 'Wage Parity' button. A tenth red arrow points to the 'Electronic Visit Verification (EVV)' button. A eleventh red arrow points to the 'Enter Facilities Practitioner's NPIs' button. A twelfth red arrow points to the 'eMedNY LISTSERV®' button. A thirteenth red arrow points to the 'Submitter Dashboard' button. A fourteenth red arrow points to the 'Download Information' button. A fifteenth red arrow points to the 'PAXpress®' button. A sixteenth red arrow points to the 'Information' button.

**Provider Enrollment & Maintenance**

**New Enrollment** **Already Enrolled**

IF ANY OF THESE QUESTIONS APPLY TO YOU, CLICK ON YOUR PROVIDER TYPE ON THE RIGHT

**Useful Information**

**Maintenance Forms** **Revalidation**

**Enrollment Guide** **How to Log In**

**ATTENTION: MEDICAID NOW REQUIRES ALL BILLING PROVIDERS TO REGISTER FOR ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS AND EITHER ELECTRONIC REMITTANCE ADVICE (ERA) OR PDF REMITTANCES.**

**Complete the EFT Form**

**Complete the ERA/PDF Form**

**Provider Maintenance Forms**

**PLEASE TAKE NOTE:** We recently removed many of the maintenance forms from the page. Links to forms such as Change of Address and Request to Participate as a Group Member are now accessed on the Provider Enrollment page by clicking on your provider type.

**Miscellaneous Maintenance Forms**

**ETIN Information**

- Certification Statement/Instructions for Existing ETINs
- Default Electronic Transmitter Identification Number (ETIN) Selection Form
- Electronic Funds Transfer (EFT) Authorization Form
- Electronic Remittance Advice Request Form
- Electronic or PDF Remittance Advice Request

**Revalidation**

- Provider Change Request Form
- Provider Renewal Request Form
- Provider Electronic/Paper Transmitter Identification Number (ETIN)
- Provider ID Request Form
- Remittance Case Request Form
- Request for Provider Reports
- Request to Deactivate/Delete an ETIN
- Service Bureau Electronic/Paper Transmitter Identification Number (ETIN)
- Tax Update Form
- Trading Partner Agreement

**Wage Parity**

**Electronic Visit Verification (EVV)**

**Enter Facilities Practitioner's NPIs**

**eMedNY LISTSERV®**

**Submitter Dashboard**

**Download Information**

**PAXpress®**

**Information**



# Electronic or PDF Remittance Advice Request



## ELECTRONIC OR PDF REMITTANCE ADVICE REQUEST

### Prior to submitting this form, providers must:

- Have a valid and active eMedNY eXchange, Core Web Services, or VPN User ID prior to submitting this form. If you do not have an active User ID, **STOP** and contact the eMedNY Call Center at 1-800-343-9000 to start the ePACES enrollment process before completing this form.
- Be associated with the ETIN entered in the 'Provider Information' section below. If the provider is not currently associated with the ETIN entered on this form, **STOP**. You **must** complete a certification statement for the ETIN entered (EMEDNY form # 490601) and mail both forms together to the address below.

**THIS FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED**

### Required Information:

(1) **Provider Name:** \_\_\_\_\_  
*Enter the name of either the individual provider or organization for which this form is being submitted.*

(2) **NPI (National Provider Identifier)** (Required, unless exempt): \_\_\_\_\_  
*The NPI entered must match the provider or organization name entered above in section (1).*

(3) **\*MMIS Provider ID** \_\_\_\_\_  
*\*Required only if NPI exempt or an atypical provider.*

(4) **ETIN:** \_\_\_\_\_  
*The 3 or 4 digit **Electronic Transmitter Identification Number**. Only one ETIN per form is allowed. For multiple providers, a separate form must be submitted for each provider.*

(5) **Remittance Type Selection (Select One):**  
☐ 835/820 Electronic Remittance **OR** ☐ PDF *(can only be used with eXchange delivery method)*  
*For 835/820 electronic remittance types, software to interpret HIPAA formatted records is strongly recommended, eMedNY cannot provide remittance interpretation service.*

(6) **Remittance Delivery Method (Select One):** ☐ eXchange **OR** ☐ VPN **OR** ☐ Core WEB Services

(7) **Current eXchange, Core WEB Services, or VPN User ID:** \_\_\_\_\_  
☐ The eXchange, Core Web Services, or VPN user ID submitted on the form must be valid and activated.  
☐ Only one User ID is allowed per ETIN/Provider combination.

### Authorized Signature

*The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.*

\_\_\_\_\_  
*Signature of Person Submitting Enrollment*

\_\_\_\_\_  
*Submission Date*

\_\_\_\_\_  
*Printed Name of Person Submitting Enrollment*

\_\_\_\_\_  
*Email Address of Person Submitting Enrollment*

Mail or fax completed form to:

**eMedNY**  
**Attn: Provider Enrollment Support**  
**P.O. Box 4614**  
**Rensselaer, New York 12144-8614**  
**FAX: (518) 257-4632**

**PLEASE ALLOW UP TO 14 BUSINESS DAYS FOR PROCESSING.**

# Electronic or PDF Remittance Advice Request

THIS FORM WILL BE REJECTED IF ANY REQUIRED FIELDS ARE NOT COMPLETED

## **Required Information:**

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*Enter the name of either the individual provider or organization for which this form is being submitted.*

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# Electronic or PDF Remittance Advice Request

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- *For 835/820 electronic remittance types, software to interpret HIPAA formatted records is strongly recommended. eMedNY cannot provide remittance interpretation service.*

## Electronic 835/820 Remittance Advice

- Only for providers who have ability to interpret the 835 or 820 format
- Delivery via eXchange, VPN or Core Web Services
- User ID for eXchange is the same as the ePACES User ID
- Core Web Services user ID issued upon enrollment in the Core Web portal

## PDF Remittance Advice

- Paper remit facsimile
- Delivery to the eXchange only
- Requires ePACES enrollment
- User ID for eXchange is the same as ePACES User ID
- PDF remits are available for retrieval for 28 days

# Electronic or PDF Remittance Advice Request

(6) Remittance Delivery Method (Select One): ☐ eXchange OR ☐ VPN OR ☐ Core WEB Services

(7) Current eXchange, Core WEB Services, or VPN User ID: \_\_\_\_\_

- The eXchange, Core Web Services, or VPN user ID submitted on the form must be valid and activated.
- Only one User ID is allowed per ETIN/Provider combination.

## Authorized Signature

*The person signing this form, even if on behalf of the Provider, warrants that s/he has the legal authority to do so.*

\_\_\_\_\_  
*Signature of Person Submitting Enrollment*

\_\_\_\_\_  
*Submission Date*

\_\_\_\_\_  
*Printed Name of Person Submitting Enrollment*

\_\_\_\_\_  
*Email Address of Person Submitting Enrollment*

The ERA/PDF Request form will be rejected if it is incomplete or contains information that is not legible

# Where to Send Forms?

Mail the completed ERA/PDF Remittance Advice Request to:



Fax the completed ERA/PDF Remittance Advice Request to:

**(518) 257-4632**

# Reference and Contact Information

- 1) eMedNY Website  
[www.emedny.org](http://www.emedny.org)
- 2) eMedNY Enrollment Forms  
[www.emedny.org/info/providerenrollment/index.aspx](http://www.emedny.org/info/providerenrollment/index.aspx)
- 3) eMedNY Call Center  
800-343-9000



## Conclusion

Electronic or PDF Remittance Advice Request



[www.emedny.org](http://www.emedny.org)