



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

John Doe
55 Main Street
Huntington, NY 11721

Date: 3/1/2019
Provider ID: 123456

Dear Provider:

SECOND AND FINAL NOTICE

Mandatory Medicaid Revalidation

The Affordable Care Act and federal regulation (42 CFR Part 455.414) requires that State Medicaid agencies revalidate the enrollment of all providers on a periodic basis.

Your enrollment under the Medicaid Provider ID listed above must be revalidated. Visit the Provider Enrollment page at www.eMedNY.org, complete and mail the appropriate form(s), with all required documentation, to the address provided. If you do not respond within 45 days of the date of this letter you will be terminated. You will be ineligible to receive reimbursement for services provided to, or order/refer/prescribe/attend for, all Medicaid fee for service, Medicaid Managed Care (MMC) and Children's Health Insurance Program (CHIP) beneficiaries. You will also be precluded from participating in all MMC and CHIP networks, per Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act.

For assistance in completing the revalidation requirements, *please go to www.eMedNY.org and under **Provider Enrollment** choose "**Revalidation Information**". This slide presentation provides important information on the revalidation process.* You may also call the eMedNY Call Center at (800) 343-9000 to confirm that your revalidation package has been received. We look forward to assisting you in compliance with your enrollment revalidation and your continued participation in the New York State Medicaid Program.

Sincerely,

Susan Zeleznick, Director
Bureau of Provider Enrollment
Division of Health Plan Contracting and Oversight
Office of Health Insurance Programs