



# **New York State Electronic Medicaid System Information for All Providers**

**GENERAL BILLING GUIDELINE INFORMATION**

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***For eMedNY Billing Guideline questions, please contact  
the eMedNY Call Center 1-800-343-9000.***

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# 1. Purpose Statement

The purpose of this document is to assist the provider community in understanding:

- Pre-Requirements for Submitting Claims
- Pre-Requirements for Submitting Electronic Claims
- Basic Medicaid Remittance Advice Information.

Provider-specific billing guidelines are available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the webpage as follows:

[Provider Manuals](#).

## 2. Pre-Requirements for the Submission of Claims

Before submitting claims to NYS Medicaid, all providers need the following:

- An Electronic Transmitter Identification Number (ETIN)
- A Certification Statement

### ETIN

This is a submitter identifier issued by the eMedNY Contractor. All providers are required to have an active ETIN on file with the eMedNY Contractor prior to the submission of claims. ETINs may be issued to an individual provider or provider group (if they are direct billers) and to service bureaus or clearinghouses.

The ETIN application is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Maintenance Forms](#).

### Certification Statement

All providers, either direct billers or those who bill through a service bureau or clearinghouse, must file a notarized Certification Statement with NYS Medicaid for each ETIN used for the billing.

The Certification Statement is good for one year, after which it needs to be renewed for billing continuity under a specific ETIN. Certification Statements remain in effect and apply to all claims until superseded by another properly executed Certification Statement. Providers will be asked to update their Certification Statement on an annual basis. Providers will be provided with renewal information when their Certification Statement is near expiration. ***Failure to renew the Certification Statement for a specific ETIN will result in claim rejection.***

The Certification Statement is available on the third page of the ETIN application at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Maintenance Forms](#).

## 2.1 Pre-Requirements for the Submission of Electronic Claims

In addition to an ETIN and a Certification Statement, providers need the following before submitting electronic claims to NYS Medicaid:

- A User ID and Password
- A Trading Partner Agreement
- Testing

### 2.1.1 User ID and Password

Electronic submitters need a user ID and password to access the NYS Medicaid eMedNY system through one of the communication methods available. The user ID and password are issued to the submitter at the time of enrollment in one of the communication methods. The method used to apply for a user ID varies depending on the communication method chosen by the provider. For example: An ePACES user ID is assigned systematically via email while an FTP user ID is assigned after the submission of a Security Packet B.

### 2.1.2 Trading Partner Agreement

This document addresses certain requirements applicable to the electronic exchange of information and data associated with health care transactions.

The NYS Medicaid Trading Partner Agreement is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Maintenance Forms](#).

### 2.1.3 Testing

Direct billers (either individual providers or service bureaus/clearinghouses that bill for multiple providers) are encouraged to submit production tests to CSC before they start submitting Medicaid claims for the first time after enrollment or any time they update their systems or start using a new system. This testing will assist providers in identifying errors in their system and allow for corrections before they submit actual claims.

Information and instructions regarding testing are available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [eMedNY Companion Guides and Sample Files](#).

## 2.2 Communication Methods

The following communication methods are available for submission of electronic claims to NYS Medicaid:

- ePACES
- eMedNY eXchange
- FTP
- CPU to CPU
- eMedNY Gateway
- Simple Object Access Protocol (SOAP)

## 2.2.1 ePACES

NYS Medicaid provides a HIPAA-compliant web-based application that is customized for specific transactions, including the 837I. ePACES, which is provided free of charge, is ideal for providers with small-to-medium claim volume.

The requirements for using ePACES include:

- An ETIN and Certification Statement should be obtained prior to enrollment
- Internet Explorer 4.01 and above or Netscape 4.7 and above
- Internet browser that supports 128-bit encryption and cookies
- Minimum connection speed of 56K
- An accessible email address

The following transactions can be submitted via ePACES:

- 270/271 - Eligibility Benefit Inquiry and Response
- 276/277 - Claim Status Request and Response
- 278 - Prior Approval/Prior Authorization/Service Authorization Request and Response
- 837 - Dental, Professional, and Institutional Claims

ePACES also features the real time claim submission functionality under the 837 Professional transaction, which allows immediate adjudication of the claim. When this functionality is used, a claim adjudication status response is sent to the submitter shortly after submission.

To take advantage of ePACES, providers need to follow an enrollment process. Additional enrollment information is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Self Help](#).

## 2.2.2 eMedNY eXchange

eMedNY eXchange is a method in which claims can be submitted and works similarly to typical electronic mail (email). Users are assigned an inbox in the system and are able to send and receive transaction files. The files are attached to the request and sent to eMedNY for processing. The responses are delivered back to the user's inbox where they can be detached and saved locally. *For security reasons, the eMedNY eXchange is accessible only through the eMedNY website, [www.emedny.org](http://www.emedny.org).*

Access to the eMedNY eXchange is obtained through an enrollment process. To enroll in eXchange, you must first complete enrollment in ePACES and at least one login attempt must be successful.

## 2.2.3 FTP

File Transfer Protocol (FTP) is the standard process for batch authorization transmissions. FTP allows users to transfer files from their computer to another computer. FTP is strictly a dial-up connection.

FTP access is obtained through an enrollment process. To obtain a user name and password, you must complete and return a Security Packet B. The Security Packet B is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Enrollment Forms](#).

## 2.2.4 CPU to CPU

This method consists of a direct connection established between the submitter and the processor and it is most suitable for high volume submitters. For additional information regarding this access method, contact the eMedNY Call Center at 800-343-9000.

## 2.2.5 eMedNY Gateway

The eMedNY Gateway or Bulletin Board System (BBS) is a dial-up access method that is only available to existing users. CSC encourages new trading partners to adopt a different access method for submissions to NYS Medicaid. For example: FTP, eMedNY eXchange, SOAP, etc.

## 2.2.6 Simple Object Access Protocol (SOAP)

The Simple Object Access Protocol (SOAP) communication method allows trading partners to submit files via the internet under a Service Oriented Architecture (SOA). It is most suitable for users who prefer to develop an automated, systemic approach to file submission.

Access to eMedNY via Simple Object Access Protocol must be obtained through an enrollment process that results in the creation of an eMedNY SOAP Certificate and a SOAP Administrator. Minimum requirements for enrollment include:

- An ETIN and Certification Statement for the enrollee's Provider ID obtained prior to SOAP enrollment
- The enrollee must be a Primary ePACES Administrator or
- The enrollee must have existing FTP access to eMedNY.

Additional information about 'Getting Started with SOAP' is available on [emedny.org](http://emedny.org) by clicking on the link to the web page as follows: [eMedNY Companion Guides and Sample Files](#).

***NOTE: For additional information regarding the Simple Object Access Protocol, please send an email to NYHIPAADESK3@csc.com. For questions regarding ePACES, eXchange, FTP, CPU to CPU or eMedNY Gateway connections, call the eMedNY Call Center at 1-800-343-9000.***

## 3. Remittance Advice

The purpose of this section is to familiarize the provider with the contents of the Remittance Advice.

eMedNY produces remittance advices on a weekly processing cycle basis. Weekly remittance advices contain the following information:

- A listing of all **claims** (identified by several pieces of information as submitted on the claim) that have entered the computerized processing system during the corresponding cycle
- The **status** of each claim (deny/paid/pend) after processing
- The eMedNY **edits** (errors) failed by pending or denied claims
- **Subtotals** (by category, status, and member ID) and **grand totals** of claims and dollar amounts
- Other financial information such as recoupments, negative balances, etc.

The remittance advice, in addition to showing a record of claim transactions and assisting providers in identifying and correcting billing errors, plays an important role in the communication between the provider and the eMedNY Contractor for resolving billing or processing issues.

Remittance advices are available in electronic and paper formats, which are described in the sections below.

**NOTE: There are no changes to the content of Medicaid Remittance Statements for Medicare Crossover claims. For further information about Medicare Crossover claims, refer to the Billing Guideline for your specific provider type available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the webpage as follows: [Provider Manuals](#).**

### 3.1 Electronic Remittance Advice

The electronic HIPAA 835 transaction (Remittance Advice) is available via the eMedNY eXchange or FTP. To request the electronic remittance advice (835), providers must complete the Electronic Remittance Request Form, which is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Maintenance Forms](#).

The NYS Medicaid Companion Guides for the 835 transaction are available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page that follows: [eMedNY Companion Guides and Sample Files](#).

For additional information, providers may also call the eMedNY Call Center at 800-343-9000.

**NOTE: Providers with only one ETIN who elect to receive an electronic remittance will have the status of any claims submitted via paper forms and state-submitted adjustments/voids reported on that electronic remittance.**

Providers who submit claims under multiple ETINs will receive a separate 835 for each ETIN and a separate check for each 835. Also, any 835 transaction can contain a maximum of ten thousand (10,000) claim lines; any overflow will generate a separate 835 and a separate check.

Providers with multiple ETINs who choose to receive the 835 electronic remittance advice may elect to receive the status of paper claim submissions and state-submitted adjustments/voids in the 835 format. The request must be submitted using the Electronic Remittance Request Form located at [www.emedny.org](http://www.emedny.org). If this option is chosen, no paper remittance will be produced and the status of claims will appear on the electronic 835 remittance advice for the ETIN indicated on the request form. Retro-adjustment information is also sent in the 835 transaction format. Pending claims do not appear in the 835 transaction; they are listed in the Supplemental file, which will be sent along with the 835 transaction for any processing cycle that produces pends.

***NOTE: Electronic remittances reporting Medicare Crossover claims will be generated for the provider's default ETIN only.***

Providers with only one ETIN who elect to receive an electronic remittance will have the status of any claims submitted via paper forms and state-submitted adjustments/voids reported on that electronic remittance. The Default Electronic Transmitter Identification Number (ETIN) Selection Form is available on [emedny.org](http://emedny.org) by clicking on the link to the web page as follows: [Provider Enrollment Forms](#).

## 3.2 Paper Remittance Advice

Remittance advices are also available on paper. Providers who bill electronically but do not specifically request to receive the 835 transaction are sent paper remittance advices.

***NOTE: Providers submitting crossover claims who do not set their default ETIN will receive a paper remittance advice.***

### 3.2.1 Remittance Sorts

The default sort for the paper remittance advice is:

Claim Status (denied, paid, pending) – Patient ID – TCN

Providers can request other sort patterns that may better suit their accounting systems. The additional sorts available are as follows:

- TCN – Claim Status – Patient ID – Date of Service
- Patient ID – Claim Status – TCN
- Date of Service – Claim Status – Patient ID

To request a sort pattern other than the default, providers must complete the Paper Remittance Sort Request Form which is available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the web page as follows: [Provider Enrollment Forms](#).

For additional information, providers may also call the eMedNY Call Center at 800-343-9000.

***For further information about remittances and billing, refer to the Billing Guideline for your specific provider type available at [www.emedny.org](http://www.emedny.org) by clicking on the link to the webpage as follows: [Provider Manuals](#).***

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**eMedNY is the name of the electronic New York State Medicaid system. The eMedNY system allows New York Medicaid providers to submit claims and receive payments for Medicaid-covered services provided to eligible clients.**

**eMedNY offers several innovative technical and architectural features, facilitating the adjudication and payment of claims and providing extensive support and convenience for its users. CSC is the eMedNY contractor and is responsible for its operation.**

**The information contained within this document was created in concert by eMedNY DOH and eMedNY CSC. More information about eMedNY can be found at [www.emedny.org](http://www.emedny.org).**