



## Certification Statement for Provider Billing Medicaid (ETIN)

It is a requirement of The New York State Office of the Medical Inspector General (OMIG) that participating MCO providers supply a copy of their Certification Statement for Provider Billing Medicaid (ETIN) form to each MCO for which they are a participating provider upon signing the provider agreement with the MCO, and annually thereafter.

Please review and complete the information below for your initial and/ or annual submission.

### Certification Statement

I, \_\_\_\_\_ (Provider Name or Entity) have adopted and implemented, where applicable, an effective compliance program pursuant to New York State Social Services Law section 363-d, and have satisfied the requirements of Title 18 of the New York State Codes, Rules and Regulations Part 521.

By checking this box , I'm confirming the above:

ETIN: \_\_\_\_\_

NPI: \_\_\_\_\_

Medicaid Provider Number: \_\_\_\_\_

Certification Year: \_\_\_\_\_

Date: \_\_\_\_\_

*Molina Healthcare of New York, Inc./ Senior Whole Health by Molina Healthcare will retain his information in accordance with the record retention requirements of the contract.*



## FAQ

### **Why do we need to provide every MCO with this form?**

Per SubPart 521-1.3 Required Provider Duties-

(1) Required providers shall certify to the department upon enrollment and annually thereafter, using a form and manner required by OMIG and the department, that the required provider has met the requirements of section 363-d of the Social Services Law and this SubPart.

(2) Participating providers that are also required providers pursuant to this SubPart shall provide a copy of the certification, required under the preceding paragraph, to each MMCO for which they are a participating provider upon signing the provider agreement with the MMCO, and annually thereafter.

### **What Providers are subject to these requirements?**

Providers subject to these requirements consist of enrolled New York State Medicaid program providers who are categorized as hospitals, residential health care facilities, home care services agencies, providers of developmental disability services, providers of mental disability services, managed care plans, and managed long-term care plans, regardless of the amount claimed or received from the Medicaid program. Beyond these service categories, the definition also includes any enrolled provider that claims or receives \$1 million or more directly or indirectly (such as managed care network participating providers) from the Medicaid program.

### **What Molina Health Plans is this applicable to?**

Molina Healthcare of New York, Inc. inclusive of Affinity by Molina Senior Whole Health of New York, Inc.

### **Where do I find my ETIN to insert it for my submission to Molina?**

Your ETIN is located in the upper left-hand corner of the Certification Statement, item (1) ETIN.

### **What does Certification Year mean for my submission to Molina?**

You need to provide your ETIN Certification every year therefore select from the drop down option, the year that the certification applies.

### **What does a Certification Statement for Provider Billing Medicaid (ETIN) form look like?**

[490501\\_ETIN\\_CERT\\_Certification\\_Statement\\_Cert\\_Instructions\\_for\\_Existing\\_ETINs.pdf](#) (emedny.org)

### **How do I enroll as a New York State Medicaid Provider?**

[Provider Enrollment - Enrollment Guide](#) (emedny.org)

### **How do I get more information about Medicaid Managed Care Network Provider Enrollment?**

[Medicaid Managed Care Network](#) (emedny.org)

### **Who must have a Compliance Program?**

[Compliance | Office of the Medicaid Inspector General](#) (ny.gov)