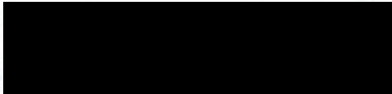
0036273

06061018

TO: 

MEDICAID
MANAGEMENT
INFORMATION SYSTEMS

MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

0035729

PAGE: 1
DATE: 12/07/2020
CYCLE: 2259

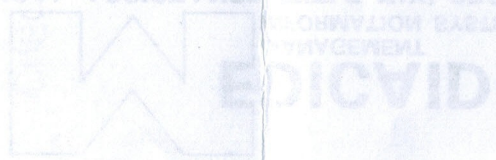
ETIN:
PROVIDER NOTIFICATION
PROV ID: 06061018
REMITTANCE NO: 20120711593

THE AFFORDABLE CARE ACT MANDATES THAT ALL MEDICAID PROVIDERS MUST REVALIDATE EVERY 5 YEARS.

REVALIDATION INCLUDES PROVIDING INFORMATION ON THE PROVIDER'S OWNERSHIP, MANAGING EMPLOYEES, AGENTS, PERSONS WITH A CONTROL INTEREST, AS WELL AS PROVIDING CURRENT ADDRESSES AND CONTACT INFORMATION. PROVIDERS WILL BE NOTIFIED IN WRITING BY MEDICAID PROVIDER ENROLLMENT WHEN THEIR REVALIDATION IS DUE. PROVIDERS WHO FAIL TO REVALIDATE WILL HAVE THEIR MEDICAID ENROLLMENT TERMINATED.

FOR MORE INFORMATION ABOUT THE REVALIDATION PROCESS, PLEASE VISIT WWW.EMEDNY.ORG AND CLICK THE REVALIDATION BUTTON LOCATED ON THE HOMEPAGE.

NOTICE: THIS COMMUNICATION AND ANY ATTACHMENTS MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL UNDER STATE AND FEDERAL LAW AND IS INTENDED ONLY FOR THE USE OF THE SPECIFIC INDIVIDUAL(S) TO WHOM IT IS ADDRESSED. THIS INFORMATION MAY ONLY BE USED OR DISCLOSED IN ACCORDANCE WITH LAW, AND YOU MAY BE SUBJECT TO PENALTIES UNDER LAW FOR IMPROPER USE OR FURTHER DISCLOSURE OF INFORMATION IN THIS COMMUNICATION AND ANY ATTACHMENTS. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY NYHIPAADESK@CSRA.COM. PROVIDERS WHO DO NOT HAVE ACCESS TO E-MAIL SHOULD CONTACT 1-800-343-9000.



MEDICAID
MANAGEMENT
INFORMATION SYSTEMS

MEDICAL ASSISTANCE (TITLE XIX) PROGRAM
REMITTANCE STATEMENT

ETIN:
HIPP
PROV ID: 06061018
REMITTANCE NO: 20120711593

TO: [redacted]

TCN	POLICY HOLDER NAME	MEMBER/ EMPLOYEE NUMBER	POLICY NUMBER	HOLDER SSN	START DATE	END DATE	PAID AMOUNT	FREQUENCY
[redacted]		MCARE SUPP PYMT		[redacted]	07/23/20	07/31/20	144.60	ONE TIME ONL

* = PREVIOUSLY PENDED CLAIM
** = NEW PEND

TOTAL AMOUNT ORIGINAL CLAIMS PAID	144.60	NUMBER OF CLAIMS	1
NET AMOUNT ADJUSTMENTS PAID	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS PAID	0.00	NUMBER OF CLAIMS	0
NET AMOUNT VOIDS - ADJUSTS	0.00	NUMBER OF CLAIMS	0

CLAIM TYPE TOTALS - HIPP	0.00	NUMBER OF CLAIMS	0
VOIDS - ADJUSTS	0.00	NUMBER OF CLAIMS	0
TOTAL PENDS	144.60	NUMBER OF CLAIMS	1
TOTAL PAID	0.00	NUMBER OF CLAIMS	0
TOTAL DENY	144.60	NUMBER OF CLAIMS	1
NET TOTAL PAID			

MEMBER ID TOTALS - 06061018	0.00	NUMBER OF CLAIMS	0
VOIDS - ADJUSTS	0.00	NUMBER OF CLAIMS	0
TOTAL PENDS	144.60	NUMBER OF CLAIMS	1
TOTAL PAID	0.00	NUMBER OF CLAIMS	0
TOTAL DENY	144.60	NUMBER OF CLAIMS	1
NET TOTAL PAID			