

**Medicaid**

# Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP)  
New York State Education Department (NYSED)  
Preschool/School Supportive Health Services Program (SSHSP)  
Medicaid in Education

**Issue #18-08**

**To:** All SSHSP Medicaid Providers  
**From:** NYS DOH OHIP SSHSP &  
NYSED Medicaid in Education Unit  
**Date:** November 13, 2018  
**Subject:** Medicaid Client Identification Number (CIN) Matching - Interim Process

This Alert provides an update on the status of the eMedNY system project to help SSHSP participating school districts and counties identify the Medicaid client identification number (CIN) for their Medicaid-eligible students. The goal of the eMedNY system project is to give school districts and counties the ability to request and receive CINs for Medicaid-eligible students receiving SSHSP services in circumstances where other efforts to obtain CINs were unsuccessful. This project is currently in development and implementation is expected in March 2019.

Until the system project is complete, an interim, ad hoc process has been developed by the Department of Health (DOH) to identify student CINs. Effective immediately, authorized ePACES users of enrolled SSHSP school districts, counties, and their Medicaid Service Bureaus will be able to request and receive CINs from DOH for eligible students receiving SSHSP services in circumstances where other efforts to obtain the CIN were unsuccessful. A HIPAA compliant mechanism will compare specific student demographic information supplied by school districts and counties to the DOH Medicaid eligible database and identify the CIN when an exact match is found. In accordance with the Family Educational Rights and Privacy Act (FERPA) school districts and counties may only submit student demographic information for which parental consent was obtained to access the parent's or student's public benefits or insurance for the first time pursuant to the Individuals with Disabilities Education Act (IDEA). To ensure HIPAA compliance, only exact matches will result in the return of a student CIN. School districts and counties may submit an Excel file of student demographic information to DOH. Enrolled Medicaid Service Bureaus may submit files on behalf of school districts and counties they are contracted to. DOH will identify and return a CIN when there is an exact match found. Detailed instructions about file requirements and transmission for the interim, ad-hoc process and an Excel template have been attached to this Alert.

Additionally, the billing window for SSHSP services rendered on and after July 1, 2017 is now temporarily extended from 18 months to 21 months. SSHSP providers are authorized to use delay reason code 3 for initial submission of claims that are more than 90 days, but no more than 21 months, from the date of service beginning with July 1, 2017.

If you have any questions or comments regarding this alert, please contact the NYS Department of Health at (518) 473-2160 or at [SSHSP@health.ny.gov](mailto:SSHSP@health.ny.gov), or the NYS Education Department, Medicaid Unit at [medined@nysed.gov](mailto:medined@nysed.gov). Additional information relating to the IDEA requirement for parental consent can be found in the NYSED guidance document [Parental Consent for the Use of Public Benefits or Insurance](#)

[Pursuant to the Individuals with Disabilities Education Act](#). Questions regarding the IDEA parental consent requirement may be directed to NYSED’s Office of Special Education Policy Unit at 518-473-2878 or [speced@nysed.gov](mailto:speced@nysed.gov).

**Interim Ad-hoc CIN identification process for Preschool/School Supportive Health Services Program (SSHSP)**

An interim, ad hoc process to identify student Medicaid CINs for school districts and counties enrolled as NYS Medicaid Providers has been developed and is described below.

Medicaid recipient level data is confidential and is protected by state and federal laws and regulations. It can be used only for the purposes directly connected to the administration of the Medicaid program. You are required to read, understand and comply with these regulations. There are significant state, civil and federal criminal penalties for violations. Click to [View Medicaid Confidentiality Regulations](#).

1. Identify students with SSHSP reimbursable services for whom parental consent was obtained in accordance with section 200.5(b)(8) of the New York State Education Commissioner Regulations whose Medicaid CIN is unavailable or unknown.

Complete an Excel file with student demographic information (see Excel template) for students with parental consent on file and for which the Medicaid CIN is not known. Capitalization and font type/size formatting will not affect the matching process.

- Enrolled provider name (school district or county) and NPI, or enrolled service bureau name and MMIS# and ETIN.
- Student demographics:
  - First Name (remove special characters, such as hyphens)
  - Last Name (remove special characters, such as hyphens)
  - Date of Birth
  - Gender
  - County Code (see list of county codes attached).

2. Only authorized ePACES users may submit password protected or encrypted Excel file via email to [SSHSP@health.ny.gov](mailto:SSHSP@health.ny.gov).

- Password must not be sent in the same email as the Excel file (see step 3 below)
- Identify the enrolled provider (school district/county/service bureau) name and NPI, or MMIS # and ETIN, in the body of the email
- Subject line of the email must read: SSHSP Ad-hoc Match

3. Send separate email with following subject line: Name of Your Organization SSHSP containing the password for the Excel file.
4. Receive file results from DOH with CINs for students where first name, last name, date of birth, gender, and county code exactly matches one known Medicaid member.

Please note it may take a few weeks for DOH to process your request.

**SAMPLE ONLY Excel Template for Interim CIN identification process**

<b>Submitting Provider Name or Service Bureau Name:</b>				
<b>NPI or MMIS and ETIN:</b>				
<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>BIRTHDATE</b>	<b>GENDER</b>	<b>COUNTY CODE</b>
Kitten	MarthaLouise	6-Mar-1993	F	10

Puppy	Sam	14-July-1999	M	10
-------	-----	--------------	---	----

<b>County and County Code List</b>			
<b>County</b>	<b>County Code</b>	<b>County</b>	<b>County Code</b>
Albany	01	Oneida	30
Allegany	02	Onondaga	31
Broome	03	Ontario	32
Cattaraugus	04	Orange	33
Cayuga	05	Orleans	34
Chautauqua	06	Oswego	35
Chemung	07	Otsego	36
Chenango	08	Putnam	37
Clinton	09	Rensselaer	38
Columbia	10	Rockland	39
Cortland	11	Saratoga	40
Delaware	12	Schenectady	41
Dutchess	13	Schoharie	42
Erie	14	Schuyler	43
Essex	15	Seneca	44
Franklin	16	St. Lawrence	45
Fulton	17	Steuben	46
Genesee	18	Suffolk	47
Greene	19	Sullivan	48
Hamilton	20	Tioga	49
Herkimer	21	Tompkins	50
Jefferson	22	Ulster	51
Lewis	23	Warren	52
Livingston	24	Washington	53
Madison	25	Wayne	54
Monroe	26	Westchester	55
Montgomery	27	Wyoming	56
Nassau	28	Yates	57
Niagara	29	New York City	66