



New Form for Pending Claims: Two-Year Waiver Requests, Primary EOBs, and Medicaid Managed Care Retractions

A new form, the **Provider-Payer Communications Form**, has been created for providers to submit with all:

- Two-year waiver requests
- Primary EOBs submitted for review of a pending claim
- Medicaid Managed Care retractions associated with a pending claim

Effective July 1, 2026, these requests must be submitted with the completed Provider-Payer Communications Form and all required supporting documentation.

DOH staff will review the submitted documentation and adjudicate the pending claim(s) through the pended claims process, as appropriate. Final status of adjudicated claims will appear on the provider's remittance statement. For two-year waiver requests, the documentation will be reviewed, and a determination letter will be issued to the provider.

The Provider-Payer Communications form can be found on eMedNY.org under Provider Manuals > Information for All Providers > General Billing.

<https://www.emedny.org/ProviderManuals/AllProviders/>

Questions and Additional Information:

- General questions regarding claims submission should be directed to the eMedNY Call Center at (800) 343-9000.
- Questions regarding specific medical pended claims should be directed to the Bureau of Medical Review, Pended Claims Unit at (800) 342-3005, option 3, or via email at pend@health.ny.gov