



New Prior Approval Missing Information Process for CMS Interoperability Compliance

Effective January 1, 2027, New York State Medicaid Fee-for-Service (FFS) is updating its prior approval (PA) processes for covered items and services to support the [Centers for Medicare and Medicaid Services \(CMS\) Interoperability and Prior Authorization requirements](#).

What is changing?

- Providers will continue to receive a Missing Information (MI) letter identifying the additional information needed to complete PA review.
- Providers will have **up to 14 calendar days** to submit the requested information.

What should providers do?

- Submit complete clinical documentation with the initial request.
- Respond **promptly** to requests for additional information.
- Include all requested records to avoid unnecessary delays.

What happens if information is not received?

If the requested information is not received within 14 days, the prior approval request will be administratively denied due to insufficient information, and the member will be given fair hearing rights. Although members retain the right to a fair hearing, submitting a new prior approval when all requested documentation is gathered offers a more efficient path to obtaining equipment or services.

Services affected by changes:

Durable Medical Equipment, Medical Supplies, Private Duty Nursing, Eye Care, Physician, Hearing Aids, Radiology, and Dental.

Electronic Provider Assisted Claim Entry System/eMedNY eXchange

Providers are encouraged to enroll in the **Electronic Provider Assisted Claim Entry System (ePACES)** and **eMedNY eXchange** to allow for real-time claim submission, eligibility verification, and prior approval requests. It is anticipated that all letter-related communications will be available via eXchange in 2027. [ePACES enrollment instructions](#) are located on eMedNY.org. Providers must be enrolled in ePACES for the eXchange inbox to be activated, and the same credentials are used for both.

Previous Communications for CMS Interoperability:

Please refer to previous communications for more information:

[May 2026 Medicaid Update](#): Prior Approval Timelines

[August 2026 Provider Communication](#): PA Change Request Process

Contact Information

- Policy and coverage guideline questions for DMEPOS or PDN should be directed to the Bureau of Medical Review at (800) 342-3005 or OHIPMedPA@health.ny.gov.
- Dental coverage questions should be directed to dentalpolicy@health.ny.gov.
- Billing questions should be directed to the eMedNY Call Center at (800) 343-9000.