



# **eMedNY PAXpress User Manual**

***For questions pertaining to the PAXpress Application functionality or ePACES Enrollment, call the eMedNY Call Center at 1-800-343-9000.***

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***For questions related to clinical criteria parameters/requirements for drugs subject to prior authorization, call Magellan Medicaid Administration at 1-877-309-9493.***

**TABLE OF CONTENTS**

**1. PURPOSE STATEMENT ..... 1**

**2. HIPAA SECURITY AND PRIVACY ..... 2**

**3. REQUIREMENTS FOR USING THE PAXPRESS APPLICATION ..... 3**

**4. ACCESSING THE PAXPRESS APPLICATION ..... 4**

**5. CREATING A PA REQUEST ..... 6**

    5.1 PA Request - Client Information Page..... 7

        5.1.1 Fields and Buttons..... 7

    5.2 Client Search Results..... 9

    5.3 PA Details Section ..... 11

        5.3.1 Fields and Buttons..... 11

    5.4 “Is This Information Correct?” Dialog Box ..... 13

    5.5 “Validation Errors” Dialog Box ..... 14

    5.6 Wildcard Drug Name Searches ..... 15

        5.6.1 Beginning With..... 16

        5.6.2 Containing ..... 17

        5.6.3 Bounded ..... 18

        5.6.4 All..... 20

**6. PA CREATION RESULTS ..... 21**

    6.1 PA Not Required..... 22

    6.2 Open PA Exists ..... 23

    6.3 Request Denied Due to Clinical Editing or Denied by eMedNY/DOH ..... 24

        6.3.1 Special Reject Codes..... 24

    6.4 Approved PA Results..... 25

**APPENDIX A MODIFICATION TRACKING ..... 26**

# 1. Purpose Statement

PAXpress® is designed for providers to request a prior approval (PA) from New York Medicaid. This manual is designed specifically for providers to explain the following steps in using the PAXpress® application:

- Logging In
- Requesting a PA
- Understanding PA Request Results

Each section includes screen shots, field definitions, and instructions on how to perform the various tasks.

## 2. HIPAA Security and Privacy

Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects health insurance coverage for workers and their families when they change or lose employment. It includes the Privacy Rule (enacted April 14, 2003), which establishes regulations for the use and disclosure of Protected Health Information (PHI), the Security Rule (enacted April 25, 2005), which addresses electronic PHI (ePHI) and establishes the requirements to protect the confidentiality, integrity and availability of PHI created, maintained and transmitted in electronic format, and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) which strengthens the HIPAA regulations. HIPAA is intended to:

- Provide better access to health insurance.
- Limit fraud and abuse.
- Reduce the administrative costs of providing health care.
- Standardize the content and format of electronic health care transactions and promote their use.
- Ensure privacy and security of paper and electronic PHI.

Under HIPAA users are to:

- Utilize unique user id and passwords for each user.
- Share PHI with co-workers who have a “need to know” and the appropriate access.
- Discuss PHI in private areas, not in public areas or in telephone conversations that can be easily overheard by others.
- Keep and protect written and electronic health information from the eyes of others who do not need the information in order to perform their assigned jobs.
- Make sure that casual visitors cannot wander into areas in which clinical or billing information is kept.
- Know when a person’s PHI can be shared without the person’s permission, and when written or oral permission is required.
- Ensure that all policies or procedures for safeguarding the confidentiality of PHI or other sensitive material are followed.
- Investigate and report to the Compliance Officer or designee any incident where the acquisition, access, use or disclosure PHI is in a manner not permitted or which compromises the security or privacy of PHI.
- Properly dispose of printed and electronic protected health information.
- Access PHI on company owned equipment in secured locations and not in public settings such as the mall or libraries.

***Note: PAXpress® users are responsible for the preservation, privacy, and security of data in their possession. While using the application, the user has access to data that contains PHI and must be guarded and disposed of appropriately if downloaded by the user. As covered entities (or vendors operating on behalf of a covered entity), any inappropriate use or disclosure of PHI must be handled as prescribed in the above mentioned federal regulations.***

### 3. Requirements for Using the PAXpress Application

The New York State Department of Health (NYS DOH) requires that all providers have an active account with the electronic Provider Assisted Claim Entry System (ePACES), a component of the electronic Medicaid system of New York, eMedNY.

*Note: An Electronic Transmitter Identification Number (ETIN) must be obtained prior to enrollment.*

The requirements for using ePACES and PAXpress include:

- Internet browser that supports 128-bit encryption with JavaScript and cookies enabled—Internet Explorer 7 and above, Firefox v.14 and above, Chrome v.21 and above, or Safari v.5 and above
- Operating systems—Microsoft Windows, Mac OS, or Linux

To take advantage of ePACES, providers need to follow an enrollment process. Additional enrollment information is available at [www.emedny.org](http://www.emedny.org) or by clicking on the link to the web page below:

[https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enrollment\\_Overview.pdf](https://www.emedny.org/HIPAA/QuickRefDocs/ePACES-Enrollment_Overview.pdf)

## 4. Accessing the PAXpress Application

To access the application from eMedNY.org:

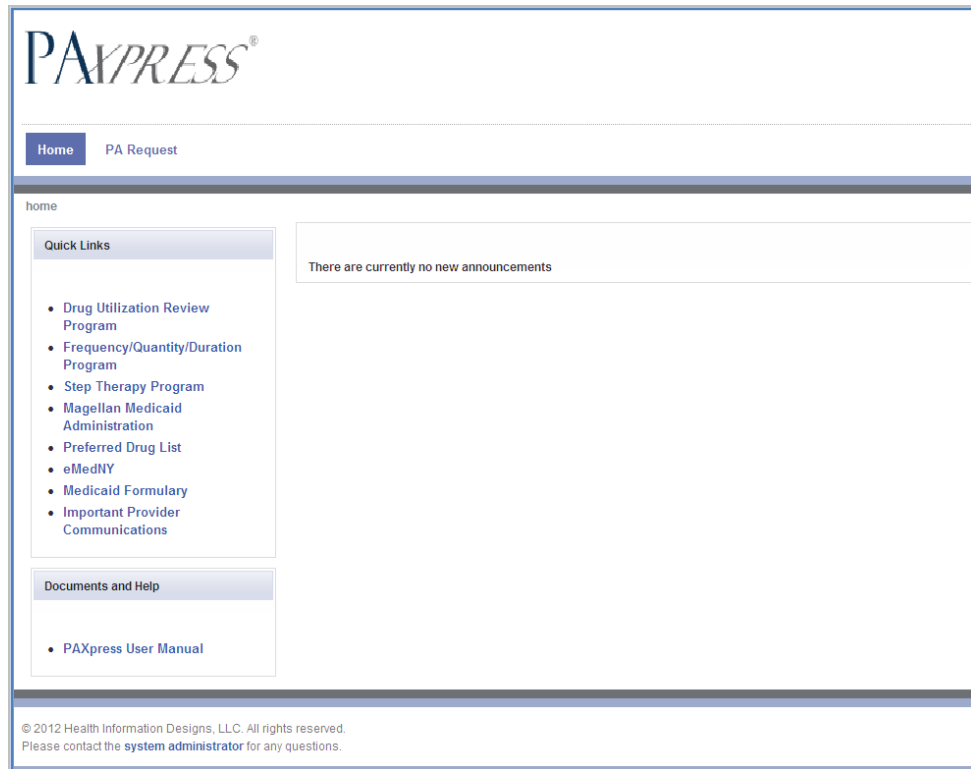
1. Go to [www.emedny.org](http://www.emedny.org).

2. Click the PAXpress® button on the right side of the page.

Additionally, PAXpress® may be accessed by the following links:

- <https://newyork.fhsc.com> - select the PAXpress link from the Quick Links menu tab.
- <https://paxpress.nypa.hidinc.com>

The PAXpress® home page will appear as shown below:



The page contains three main sections:

- Quick Links: this section contains links to sites of interest for pharmacy providers.
- Documents and Help: this section contains a link to the PAXpress User Manual.
- Announcements related to the PAXpress® application, such as program modifications and additions of new criteria, will be displayed in the middle of the page.



## 5. Creating a PA Request

To create a PA request, click the PA Request link at the top of the PAXpress® home page.

The application will display the PA Request login.

The screenshot shows the PAXpress PA Request login interface. At the top, the PAXpress logo is displayed. Below it, a navigation bar contains 'Home' and 'PA Request' links. The main content area is titled 'Login' and contains the following elements:

- \* Username: [Text Input Field]
- \* Password: [Text Input Field]
- \* Agreement:  I have read and I agree to the Medicaid Confidentiality Regulations
- Please Note:** 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.
- [View Medicaid Confidentiality Regulations.](#)
- 
- If you are having trouble logging on, please call 800-343-9000.

At the bottom of the page, the following text is visible:

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Please contact the **system administrator** for any questions.

1. Enter the ePACES USERID in the Username field and password in the Password field. Only ePACES User IDs that are attached to a prescribing provider can be used to enter prior approval requests via PAXpress®.
2. Select the check box to indicate adherence to Medicaid confidentiality regulations.
3. Click the Agree/Logon button. The PA Request Client Information page displays.

**Note:** The Medicaid confidentiality check box must be selected before clicking Agree/Logon. PAXpress® will retain the username if this check box is not selected; however, the password must be re-entered into the Password field. Contact the eMedNY Call Center at 800-343-9000 if you encounter trouble logging into the PAXpress® system.

## 5.1 PA Request - Client Information Page

The PA Request Client Information page accepts client information required for a PA Request. All fields marked with an asterisk (\*) must be populated.

PA Request  
Service Type: Pharmacy 03/27/2013

\* Client ID

Client Account #

\* Client Last Name  First 4 characters or full last name if less than 4 characters

\* Client DOB  (MM/DD/YYYY)

If any of the required fields are left blank, fail field validations, or do not match the system information found for the client, error messages are displayed to the left side of the corresponding field, as shown in the example below.

PA Request  
Service Type: Pharmacy 03/27/2013

\* Client ID  **Client ID is required.**

Client Account #

\* Client Last Name  ABCD **Last name mismatch** First 4 characters or full last name if less than 4 characters

\* Client DOB  mm/dd/yyyy (MM/DD/YYYY)

### 5.1.1 Fields and Buttons

#### Client ID

This field is a required field. Enter the Medicaid identification number found on the client's Medicaid card in the following format: AA12345A (2 Alpha + 5 Numeric + 1 Alpha).

#### Client Account #

This field is an optional field. If known, enter the Client's Account Number. This is an internal office number used to identify the client the PA is for. Up to 50 alphanumeric characters are allowed in this field.

## Client Last Name

This field is a required field. Enter either the first four alpha characters or the full last name of the client if less than four characters.

## Client DOB

This field is a required field. Enter the date of birth of the client in mm/dd/yyyy format or select a specific date from the date selection picker. A drop-down list for the month and year will be available for selection.



## Client Search

When the Client Search button is clicked the system validates a client by determining if a matching client is found in the system based on the specified client information.

## Reset

The Reset button clears all previously entered client information.

## 5.2 Client Search Results

A valid client must be found in order to create a PA. Errors will be displayed if any of the required fields are entered incorrectly.

If the client was found, the message "Client Found." is displayed in the PA Request region under the reset button in a green box with white lettering as illustrated. The next line is populated with the following client information as found in eMedNY:

[Medicaid ID Number] First and Last Name (Date of Birth) - Gender

Successful Search Results:

PA Request 03/27/2013  
Service Type: Pharmacy

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxx  
 \* Client DOB mm/dd/yyyy

**Client Found.**  
**[ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male**

PA Details

\* Prescriber

\* Drug

Please select a drug to view additional alternatives.

\* Quantity (Single Fill)

Instructions for units of use products (inhalers, topicals, injectables, etc.):

- Please enter the appropriate package size in the Quantity field.
- Please calculate the proper days supply.

[Frequency / Quantity/ Duration information](#)

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

Unsuccessful search results indicate the incorrect field and display an error message.

The screenshot displays the PAXpress web interface for creating a PA Request. At the top, the PAXpress logo is on the left and 'BALEXA' is on the right. Below the logo are 'Home' and 'PA Request' navigation buttons. The main content area is titled 'pa request' and features a yellow error banner stating '1 error has occurred: Last name mismatch (Go to error)'. On the left, there are 'Quick Links' and 'Documents and Help' sections. The 'PA Request' form on the right includes the following fields:

- \* Client ID: ZZ12345Z
- Client Account #: [Empty]
- \* Client Last Name: XXXX (with a red error message: 'Last name mismatch') and a note: 'First 4 characters or full last name if less than 4 characters'
- \* Client DOB (MM/DD/YYYY): mm/dd/yyyy

Buttons for 'Client Search' and 'Reset' are located below the form fields. The footer contains copyright information: '© 2012 Health Information Designs, LLC. All rights reserved. Please contact the system administrator for any questions.'

## 5.3 PA Details Section

After PAXpress® successfully validates the entered client information; the PA Details section is displayed. All fields marked with an asterisk (\*) must be populated or an error will occur.

**PA Details**

\* Prescriber

\* Drug

Please select a drug to view additional alternatives.

\* Quantity (Single Fill)

Instructions for units of use products (inhalers, topicals, injectables, etc.):

- Please enter the appropriate package size in the Quantity field.
- Please calculate the proper days supply.

Frequency / Quantity / Duration information

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

### 5.3.1 Fields and Buttons

#### Prescriber

This field is a required field. The Prescriber drop-down list displays all prescribers associated to the user name used to log into the PAXpress® application. List entries are displayed in the following format: Prescriber Full Name [Prescriber NPI].

Click the down arrow in this field to view the drop-down list and use the up and down arrow keys to navigate. Click to select the appropriate prescriber.

**Note:** *If the desired prescriber is not found, enroll the prescriber into ePACES with the ETIN that is currently enrolled with the User ID.*

## Drug

This field is a required field. Type at least the first three characters of the drug name or no results will be displayed. A drop-down list displaying associated Label Names containing the partial search sequence will appear. For example, typing “oxy” in the Drug field generates a list of drug names that begin with the letters oxy. Select the appropriate drug from the list. See section 5.6 for use of wildcard characters in the Drug field.

If applicable, the Alternate Drugs list will be populated with a list of all associated Label Names for the Generic Code Number(s) of the Label Name entered in the Drug field. The user has the option to select one of the values in the Alternate Drugs list, which will replace the value of the previously selected Label Name in the Drug field.

*Note: The Representative NDC field is populated once a drug is selected in the Drug field. Any modification of the value will be validated against all NDCs associated with the Label Name in the Drug field. If a value entered in this field is outside the NDC range, is not numeric, or if the field is left blank, an “Invalid NDC” error message displays.*

## Quantity (Single Fill)

This field is a required field. Type the quantity requested for a single fill.

*Note: If further guidance is needed to complete this field, click the Frequency/Quantity/Duration Information link found beneath this field.*

## Days Supply (Single Fill)

This field is a required field. Type the days supply requested for a single fill.

*Note: If further guidance is needed to complete this field, click the Frequency/Quantity/Duration Information link found above this field.*

## Refills

This field is a required field. Type the number of refills requested between 0 and 5.

*Note: Requests that exceed the value associated with the “Maximum Refills Allowed” for the drug being requested will receive an error and will require re-entry of the value. See section 5.5 below.*

## Request PA

Once all fields have been entered, click the Request PA button.

## Reset PA Details

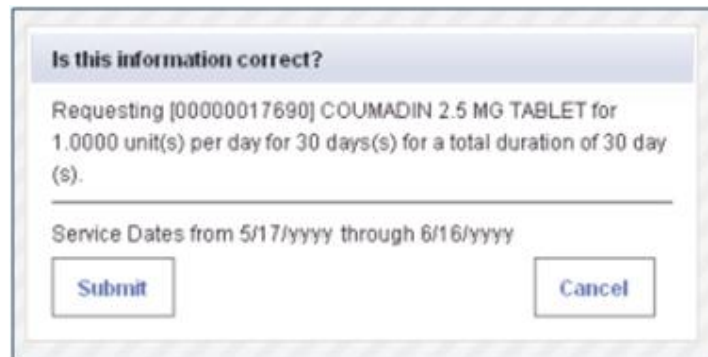
When the Reset PA Details button is clicked, the system clears all previously entered information in the PA Details section. The client information is retained by the application.

*Note: To completely cancel the current PA and create a new one, click the PA Request tab at the top of the page.*

## 5.4 “Is This Information Correct?” Dialog Box

Once the Request PA button is clicked, a verification display box will be displayed to request the user to confirm that the information has been entered correctly. The display box contains the following requested data elements:

- Representative NDC, Label Name, the calculated Units per Day, Days Supply (Single Fill), and duration.
- Service Dates



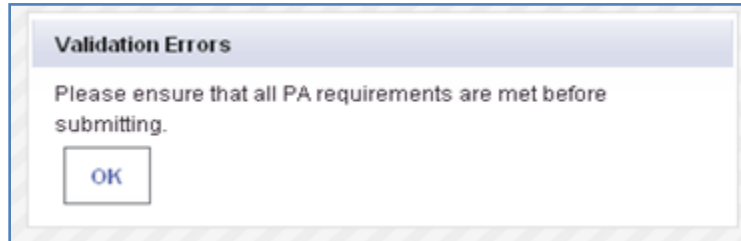
Click the Submit or Cancel button accordingly.

If submitted, a message briefly displays stating that the request is being processed.



## 5.5 “Validation Errors” Dialog Box

If the information entered in the PA request fails PAXpress® initial validation rules, the Validation Errors dialog box will be displayed in place of the “Is This Information Correct?” box shown in section 5.4.



Click the OK button. The user will be returned to the previous page, and the field entry or entries that failed validation in the PA details section will display with an error box, as shown in the example below:

 A screenshot of the "PA Details" form. The form contains several fields:
 

- \* Prescriber: DOE JOHN MD [1234567890]
- \* Drug: ALVESCO 80 MCG INHALER
- A yellow error message: "The selected drug has no additional associated drugs."
- \* Quantity (Single Fill): 6.1
- Instructions for units of use products (inhalers, topicals, injectables, etc): Please enter the appropriate package size in the Quantity field. Please calculate the proper days supply. Frequency / Quantity/ Duration information
- \* Days Supply (Single Fill): 30
- \* Refills: 12
- A red error message: "Maximum # of refills exceeded."
- Buttons: Request PA, Reset PA Details
- \* Representative NDC: 63402071101

## 5.6 Wildcard Drug Name Searches

The wildcard character (%) can be used in a search to substitute for one or more characters in a drug name. Wildcard searches allow searches such as:

- **Beginning With** – Any set of characters plus the wildcard returns all drugs that begin with those characters. For example, SO% returns all drugs that begin with SO.
- **Containing** – The wildcard plus at least two characters returns all drugs that contains the specified characters. For example, %10 mg returns all drugs with 10 mg somewhere in the name.
- **Bounded** – A more detailed instance of containing where the first characters are specified along with characters contained in the drug name with the wildcard between them. For example, SO%10 returns all drugs beginning with SO and containing 10.
- **All** - %%% returns all drugs in the PAXpress system.

A representative set of examples follows over the next sections.

## 5.6.1 Beginning With

1. Type 'SO%' in the drug field. The search results display all active drug names beginning with an 'SO' as illustrated below.
2. Scroll through the results for the desired drug. If there are more than 20 results, use the forward and back arrow buttons at the bottom of the dialog box to navigate the result pages.
3. Click on the desired drug selection to populate the drug field.

PA Request  
Service Type: Pharmacy
03/27/2013

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxxx  
 \* Client DOB mm/dd/yyyy

Client Found.  
 [ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male

PA Details

\* Prescriber

\* Drug

\* Quantity (Single Fill)

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

Request PA   

SOCHLOR 5% EYE DROPS  
 SOCHLOR 5% EYE OINTMENT  
 SOD CITRATE-CITRIC ACID SOLN  
 SOD FER GLUC CPLX 62.5 MG/5 ML  
 SOD METABISULFITE ANHYDROUS  
 SOD METABISULFITE GRANULES  
 SOD POLYSTYREN SULF 15 G/60 ML  
 SODIUM ACETATE 2 MEQ/ML VIAL  
 SODIUM ACETATE 4 MEQ/ML VIAL  
 SODIUM ASCORBATE POWDER  
 SODIUM BENZOATE POWDER  
 SODIUM BICARB 4.2% VIAL  
 SODIUM BICARB 650 MG TABLET  
 SODIUM BICARB 8.4% ABBOJECT  
 SODIUM BICARB 8.4% SYRINGE

Page 1 of 8

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

## 5.6.2 Containing

1. Type '%200%' in the drug field. The search results display all active drugs containing 200.
2. Scroll through the results for the desired drug. If there are more than 20 results, use the forward and back arrow buttons at the bottom of the dialog box to navigate the result pages.
3. Click on the desired drug selection to populate the drug field.

PA Request 03/27/2013  
Service Type: Pharmacy

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxxx  
 \* Client DOB mm/dd/yyyy

Client Found.  
 [ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male

PA Details

\* Prescriber NOEN MEDICUS MD [123467890]

\* Drug %200%

\* Quantity (Single Fill)

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

ABSTRAL 200 MCG TAB SUBLINGUAL

ACEBUTOLOL 200 MG CAPSULE  
ACTIQ 1,200 MCG LOZENGE  
ACTIQ 200 MCG LOZENGE  
ACYCLOVIR 200 MG CAPSULE  
ACYCLOVIR 200 MG/5 ML SUSP  
ADRIAMYCIN 200 MG/100 ML VIAL  
ADVATE 200-400 UNITS VIAL  
ADVATE 801-1,200 UNITS VIAL  
ADVIL 200 MG CAPLET  
ADVIL 200 MG GEL CAPLET  
ADVIL 200 MG LIQUI-GEL CAPSULE  
ADVIL 200 MG TABLET  
AGGRENOX 25 MG-200 MG CAPSULE  
ALBENZA 200 MG TABLET

Page 1 of 18

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

## 5.6.3 Bounded

1. Type 'AB%10' in the drug field. The search results display all drugs that begin with 'AB' and have 10 anywhere beyond the AB.

**NOTE:** Type 'AB%10 space' and the search results change to include only drugs beginning with AB where a space follows the 10. Refer to the second graphic below and compare its results with the first graphic.

2. Scroll through the results for the desired drug. If there are more than 20 results, use the forward and back arrow buttons at the bottom of the dialog box to navigate the result pages.
3. Click on the desired drug selection to populate the drug field.

PA Request 03/27/2013  
Service Type: Pharmacy

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxxx  
 \* Client DOB mm/dd/yyyy

Client Found.  
 [ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male

PA Details

\* Prescriber NOEN MEDICUS MD [123467890]

\* Drug AB%10

\* Quantity (Single Fill)  
 ABELCET 100 MG/20 ML VIAL  
 ABILIFY 10 MG TABLET  
 ABILIFY DISCMELT 10 MG TABLET  
 ABREVA 10% CREAM  
 ABSORICA 10 MG CAPSULE  
 ABSTRAL 100 MCG TAB SUBLINGUAL

\* Days Supply (Single Fill) Page 1 of 1

\* Refills

\* Representative NDC

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

The addition of a space following the 10 in the search string limits the results compared to the results above that did not use a space after the 10.

PA Request
03/27/2013

Service Type: Pharmacy

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxxx  
 \* Client DOB mm/dd/yyyy

Client Found.  
 [ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male

PA Details

\* Prescriber

\* Drug

\* Quantity (Single Fill)
 

- ABILIFY 10 MG TABLET
- ABILIFY DISCMELT 10 MG TABLET
- ABSORICA 10 MG CAPSULE

Page 1 of 1

\* Please calculate the proper days supply.  
 Frequency / Quantity/ Duration information

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

### 5.6.4 All

1. Type three wildcards '%%%' . The search results display all active drug names available as illustrated below.
2. Scroll through the results for the desired drug. If there are more than 20 results, use the forward and back arrow buttons at the bottom of the dialog box to navigate the result pages.
3. Click on the desired drug selection to populate the drug field.

PA Request 03/27/2013  
Service Type: Pharmacy

\* Client ID zz12345z  
 Client Account # N/A  
 \* Client Last Name xxxx  
 \* Client DOB mm/dd/yyyy

Client Found.  
 [ZZ12345Z] NOEN PATIENS (mm/dd/yyyy) - Male

---

PA Details

\* Prescriber NOEN MEDICUS MD [123467890]

\* Drug %%%

\* Quantity (Single Fill)

\* Days Supply (Single Fill)

\* Refills

\* Representative NDC

12 HOUR NASAL RELIEF SPRAY  
 2-DEOXY-D-GLUCOSE POWDER  
 4-AMINOPYRIDINE POWDER  
 5-AMINOSALICYLIC ACID POWD  
 5-AMINOSALICYLIC ACID POWDER  
 7-KETO DHEA POWDER  
 8-MOP 10 MG CAPSULE  
 A-HYDROCORT 100 MG VIAL  
 A-METHAPRED 125 MG VIAL  
 A-METHAPRED 40 MG UNIVIAL  
 A-METHAPRED 40 MG VIAL  
 ABACAVIR 300 MG TABLET  
 ABELCET 100 MG/20 ML VIAL  
 ABILIFY 1 MG/ML SOLUTION  
 ABILIFY 10 MG TABLET

Page 1 of 580

The NDC selected/entered may or may not represent the NDC dispensed at the pharmacy.

## 6. PA Creation Results

PAXpress® performs a validation check to ensure the requested drug requires a prior authorization. There are four possible outcomes, detailed in the sections below—PA Not Required, Open PA Exists, Request Denied due to Clinical Editing or Denied by eMedNY/DOH, and Approved PA Results.

In addition, new PAs for the current client may be requested from any of the four results using the Request New PA for Current Client button that appears at the bottom of the Client Information area. PAXpress® will return to the Client Search Results (section 5.2) with the current client's information already populated.

The Result windows contain two areas—Client Information and PA Result.

- Client Information:

- ID
- Full name
- Date of birth
- Gender
- Account number

*Request New PA for Current Client button*

- PA Results:

- A response message related to the result type
- Drug
- Quantity (single fill )
- Refills
- Result
- Reference number
- Rejection reason(s) (for denied, duplicate and non-required PAs only)



## 6.1 PA Not Required

If the drug does not require a prior authorization, a display in red text below Reference Number in the PA Results section will identify the rejection reason as Drug does not require a prior authorization.

Client Information	
Client ID	ZZ12345Z
Client Full Name	NOEN PATIENS
Client DOB	mm/dd/yyyy
Client Gender	Male
Client Account #	N/A
<input type="button" value="Request New PA for Current Client"/>	

PA Results	
The drug being requested requires additional information. Please call the New York State Medicaid Pharmacy Prior Authorization Call Center at 1-877-309-9493 if further assistance is needed.	
Drug	OPTIVAR 0.05% DROPS
Quantity (Single Fill)	30
Refills	0 <i>Refills authorized may differ from request based on clinical criteria parameters.</i>
Result	Request Not Approved - Not Certified
Reference Number	10009727346
Rejection Reason(s)	Maximum Quantity Criteria Failure (75MQ) ←
<input type="button" value="Modify PA Request"/>	

## 6.2 Open PA Exists

If the prior authorization request already exists or is a duplicate PA for the drug being requested for the client, a display in red text below Reference Number in the PA Results section will identify the rejection reason as Existing Open PA.

Client Information	
Client ID	ZZ12345Z
Client Full Name	NOEN PATIENS
Client DOB	mm/dd/yyyy
Client Gender	Male
Client Account #	N/A
<a href="#">Request New PA for Current Client</a>	

PA Results	
The client has an existing open prior authorization for the requested drug. Please call the New York State Medicaid Pharmacy Prior Authorization Call Center at 1-877-309-9493 if further assistance is needed.	
Drug	VICODIN 5-500 TABLET
Quantity (Single Fill)	30
Refills	0 <i>Refills authorized may differ from request based on clinical criteria parameters.</i>
Result	Request Not Approved - Not Certified
Reference Number	10009727345
Rejection Reason(s)	Existing open PA ←

## 6.3 Request Denied Due to Clinical Editing or Denied by eMedNY/DOH

If the prior authorization request is denied, the rejection reason(s) (with associated reject code) will display in red text below Reference Number in the PA Results section will identify the rejection reason as Maximum Quantity Criteria Failure (75MQ).

Client Information	
Client ID	ZZ12345Z
Client Full Name	NOEN PATIENS
Client DOB	mm/dd/yyyy
Client Gender	Male
Client Account #	N/A
<a href="#">Request New PA for Current Client</a>	
PA Results	
The drug being requested requires additional information. Please call the New York State Medicaid Pharmacy Prior Authorization Call Center at 1-877-309-9493 if further assistance is needed.	
Drug	OPTIVAR 0.05% DROPS
Quantity (Single Fill)	30
Refills	0 <i>Refills authorized may differ from request based on clinical criteria parameters.</i>
Result	Request Not Approved - Not Certified
Reference Number	10009727346
Rejection Reason(s)	Maximum Quantity Criteria Failure (75MQ) ←
<a href="#">Modify PA Request</a>	

When a PA request is denied, users have the opportunity to modify the submitted PA request by clicking

[Modify PA Request](#)

### 6.3.1 Special Reject Codes

The Modify PA Request button will only display if the PA was denied with any one of the following reject codes, or if any one of the following reject codes is used in conjunction with other reject codes:

- 75UD - Units Per Day or Days Supply Criteria Failure
- 75MQ - Maximum Quantity Criteria Failure
- 75MD - Duration Criteria Failure
- 75UF - Units Per Fill or Units Per 30 Days Criteria Failure

The button will not display for other rejection reasons such as 'Step Therapy Or Preferred Product Required' (75AT).

The PA Details page will be presented, as shown in section 5.3 above, retaining the client, prescriber, and PA detail values. The PA may be updated and resubmitted.

## 6.4 Approved PA Results

If the prior authorization request is approved, the user receives the approval message (white text on a green background) below the Result field in the PA Results section:

Client Information	
Client ID	ZZ12345Z
Client Full Name	NOEN PATIENS
Client DOB	mm/dd/yyyy
Client Gender	Male
Client Account #	N/A
<input type="button" value="Request New PA for Current Client"/>	
PA Results	
<p>[00075150616] NASACORT AQ NASAL SPRAY for 17 unit(s).            Service Dates from 07/02/yyyy through 07/02/yyyy.</p>	
Drug	NASACORT AQ NASAL SPRAY
Quantity (Single Fill)	17
Refills	0 Refills authorized may differ from request based on clinical criteria parameters.
Result	Request Approved - Certified
<p>The drug being requested has been approved.            The NDC selected may or may not represent the NDC dispensed at the pharmacy.</p>	
Reference Number	1222222222
PA Start Date	07/02/yyyy
PA End Date	07/02/yyyy

For an approved PA, the Prescriber may advise clients that the drug has been approved for fill at a Medicaid-enrolled pharmacy of their choice.

# APPENDIX A MODIFICATION TRACKING

**9/6/2012    Version 2012-1**

Initial publication of the PAXpress® User Manual.

**3/27/2013    Version 2013-1**

Added Wildcard Drug Name Searches section 5.6.



**eMedNY is the name of the electronic New York State Medicaid system. The eMedNY system allows New York Medicaid providers to submit claims and receive payments for Medicaid-covered services provided to eligible clients.**

**eMedNY offers several innovative technical and architectural features, facilitating the adjudication and payment of claims and providing extensive support and convenience for its users.**

**The information contained within this document was created in concert by eMedNY and DOH. More information about eMedNY can be found at [www.emedny.org](http://www.emedny.org).**