

Prior Approval for Placement in High/Special Level of Care Out-of-State Facilities

eMedNY-126001 – Directions to Providers

Providers of out-of-state High Level Care (HLC) and/or Special Level of Care (SPC) long term care services that have active contracts with New York State Department of Health must obtain prior approval before admission or service provision is given to any New York Medicaid recipient. Provider facilities who previously utilized the DOH-1260 form to receive a prior approval number, will instead use eMedNY-126001 form for High/Special Level of Care Determination of Medical Eligibility.

Much of the process used to file a DOH-1260 request form remains the same for filing an eMedNY-126001. However, providers will now have the option of submitting paper request forms or accessing prior approval requests electronically via the electronic Provider Assisted Claim Entry System called ePACES. ePACES is a software product of Computer Sciences Corporation (Medicaid's eMedNY Contractor) and is available free of charge to all enrolled providers. Besides accepting and responding to prior approval requests, ePACES also processes electronic claims submissions. It is highly recommended that out-of-state HLC/SPC providers utilize ePACES for prior approval and claim transactions.

Note: Please continue to coordinate with the NYS County of Fiscal Responsibility to ensure the Medicaid client's ID and file are active for billing for services rendered.

Completing the Prior Approval – HLC/SPC - eMedNY-126001 form

1. Provider Medicaid Number: Enter the provider ID number as given to your agency at the time of contract with New York State. Be sure the provider ID matches the level of care you wish to bill for: High Level of Care (HLC) or Special Level of Care (SPC). If you do not know your provider ID, please contact your Business Office to obtain the number.
2. Provider Name: Fill in provider name. ePACES will automatically fill this field by default.
3. Medical Record Number: This field is optional and provided to allow providers to link submitted claims to a specific medical record number.
4. Provider Address: Enter provider address. ePACES will automatically fill this field by default. Please check this for accuracy. If it is not correct, please double check the provider Medicaid number just entered for correctness.
5. Loc. Code: This optional field allows the provider to designate a facility location or unit for the NY Medicaid recipient.
6. Client Medicaid Number (CIN #): Enter the NY Medicaid recipient ID number here (2 alpha, 5number, 1 alpha)
7. Client Name: Enter client name. ePACES will automatically fill this field by default. If not, please enter as follows: First Name Last Name

8. Nursing Facility Admit Date: If the request is to continue admission previously approved, enter the date of original admission to the facility regardless of rate level requested. Format: Month/Month, Day/Day, Century/Century, Year/Year. (eg. 09132003).
9. Period Requested From : Enter the date that the provider requests the prior approval to begin on . Generally this is the date of admission or the first of the month. Format: Month/Month, Day/Day, Century/Century, Year/Year (eg. 08162004).
10. Period Requested To: Enter the date the provider is requesting approval until. Whenever practicable, please make the date the last of the month. Format: Month/Month, Day/Day, Century/Century, Year/Year (eg. 04302006).
11. Local Medical Director or Designee's Signature: Leave Blank.
12. Date: Date of Review by Designee: Leave Blank.

The paper eMedNY-126001 and any attachments or supporting documents must be mailed to:

Computer Sciences Corporation (CSC)
PO Box 4600
Rensselaer, NY 12144-4600

Directions for electronic prior approval submission are contained in the ePACES program. A prior approval number will be assigned immediately for tracking purposes. Do not bill on this number until notified that the request has been approved. If any attachments or supporting documents will follow, those must be mailed to the CSC address above with the assigned PA number prominently displayed on a cover page.

Questions regarding ePACES, eMedNY or general prior approval or claims can be directed to CSC at 800-343-9000.

Questions specific to HLC/SPC prior approval can be directed to Ms. Dianne Schwarz, at Schwarz Health Care Services Inc. at 518-899-2460.