



**Department
of Health**

New York State Medicaid Enteral Prior Authorization Portal Instructions

**Department of Medical and Dental Directors,
Office of Health Insurance Programs**

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- Creating an Account
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- Dispensing an Enteral Formula

Creating a Portal Account

Creating a Portal Account – Access Portal

- Access portal via

eMedNY.org –

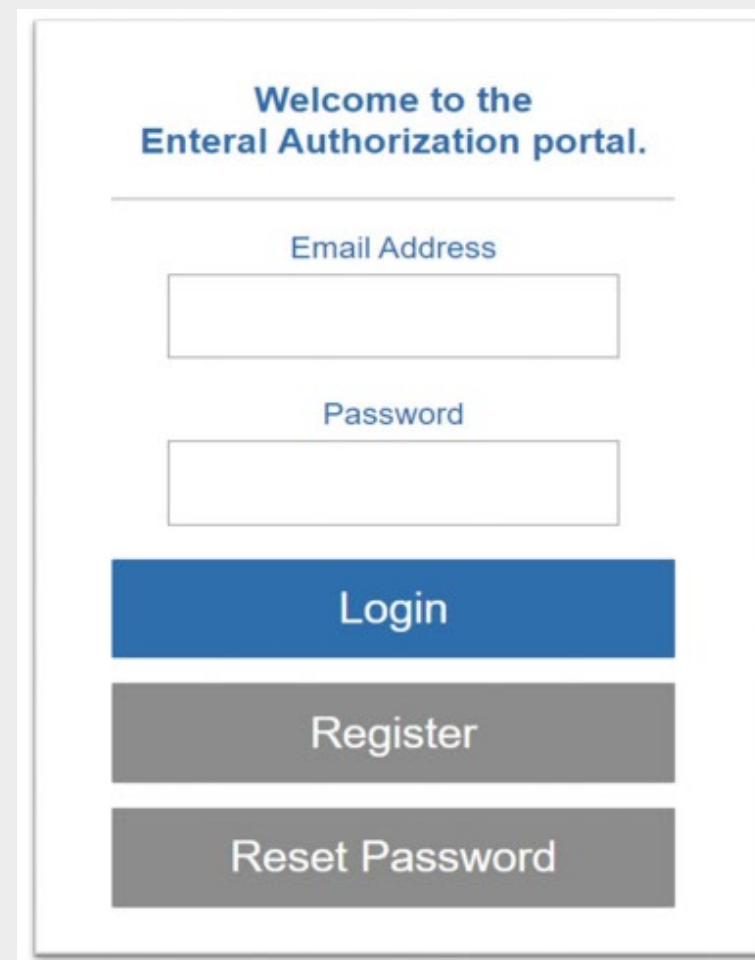


or

[Enteral Authorization Portal](https://medicaidenteralportal.health.ny.gov/portal/)

(medicaidenteralportal.health.ny.gov/portal/)

- Click on 'Register' to set up a new account

A screenshot of the Enteral Authorization portal login and registration interface. At the top, it says "Welcome to the Enteral Authorization portal." Below this are two input fields: "Email Address" and "Password". Under the "Password" field are three buttons: "Login" (blue), "Register" (gray), and "Reset Password" (gray).

Welcome to the
Enteral Authorization portal.

Email Address

Password

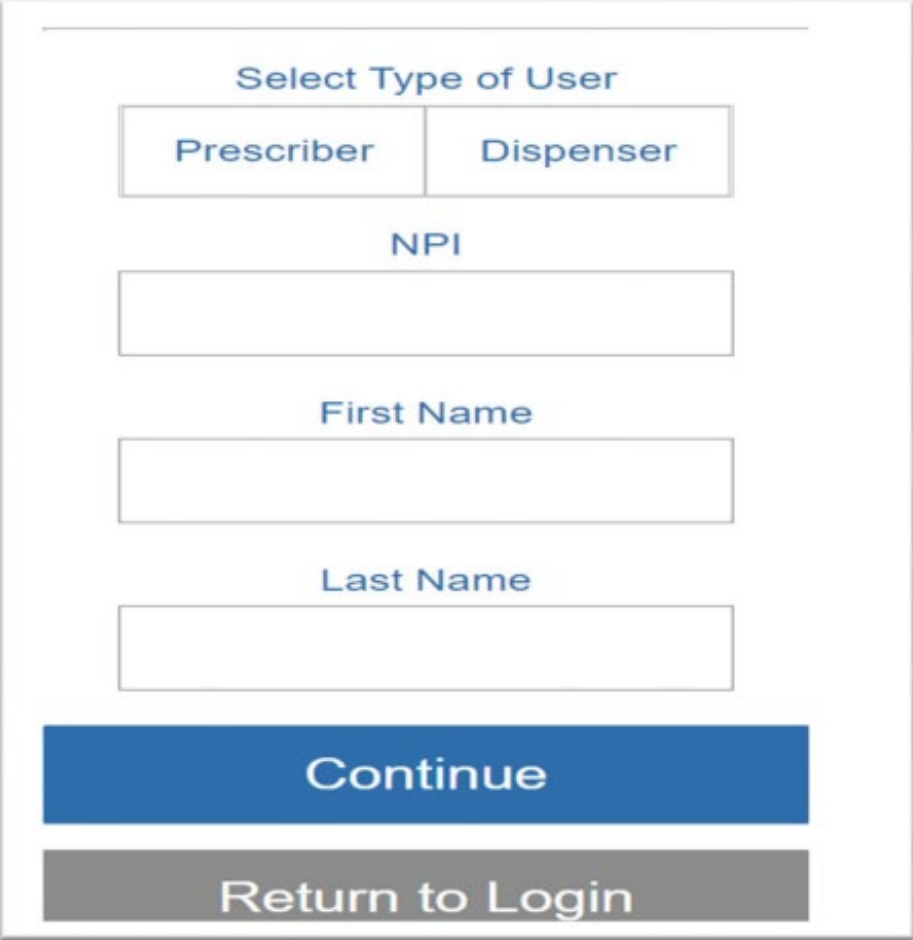
Login

Register

Reset Password

Creating a Portal Account - User

- Select Type of User
- Enter your National Provider Identifier (NPI)
- Enter your First name
- Enter your Last name
- Click Continue



The screenshot shows a web form titled "Select Type of User". It features two radio buttons for "Prescriber" and "Dispenser". Below these are three text input fields labeled "NPI", "First Name", and "Last Name". At the bottom are two buttons: a blue "Continue" button and a grey "Return to Login" button.

Select Type of User	
<input type="radio"/> Prescriber	<input type="radio"/> Dispenser
NPI	
<input type="text"/>	
First Name	
<input type="text"/>	
Last Name	
<input type="text"/>	
<input type="button" value="Continue"/>	
<input type="button" value="Return to Login"/>	



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Creating a Portal Account – Email Confirmation

- Enter valid email address to receive a single use confirmation code
- Click Send Confirmation Email
- Check your email for 6-digit confirmation code
- Enter the confirmation code
- Click Confirm

Note: Facility email addresses may block confirmation emails. If confirmation email is not received, check the Junk/Spam folder or use a non-facility email for the portal account

Enter Email Address

Email Address

Send Confirmation Email

Return to Login

Confirm Email Address

A confirmation email has been sent to Mxp12@health.ny.gov. Please enter the confirmation code in the box below.

Email Confirmation Code

Confirm

Return to Login

Creating a Portal Account – Phone Number Confirmation

- Enter a valid mobile number to receive a single use confirmation code
- Click Send Confirmation Text
- Check your texts for the 6-digit confirmation code
- Enter the confirmation code
- Click Confirm

Enter Mobile Phone Number

Phone Number

Send Confirmation Text

Return to Login

Confirm Phone Number

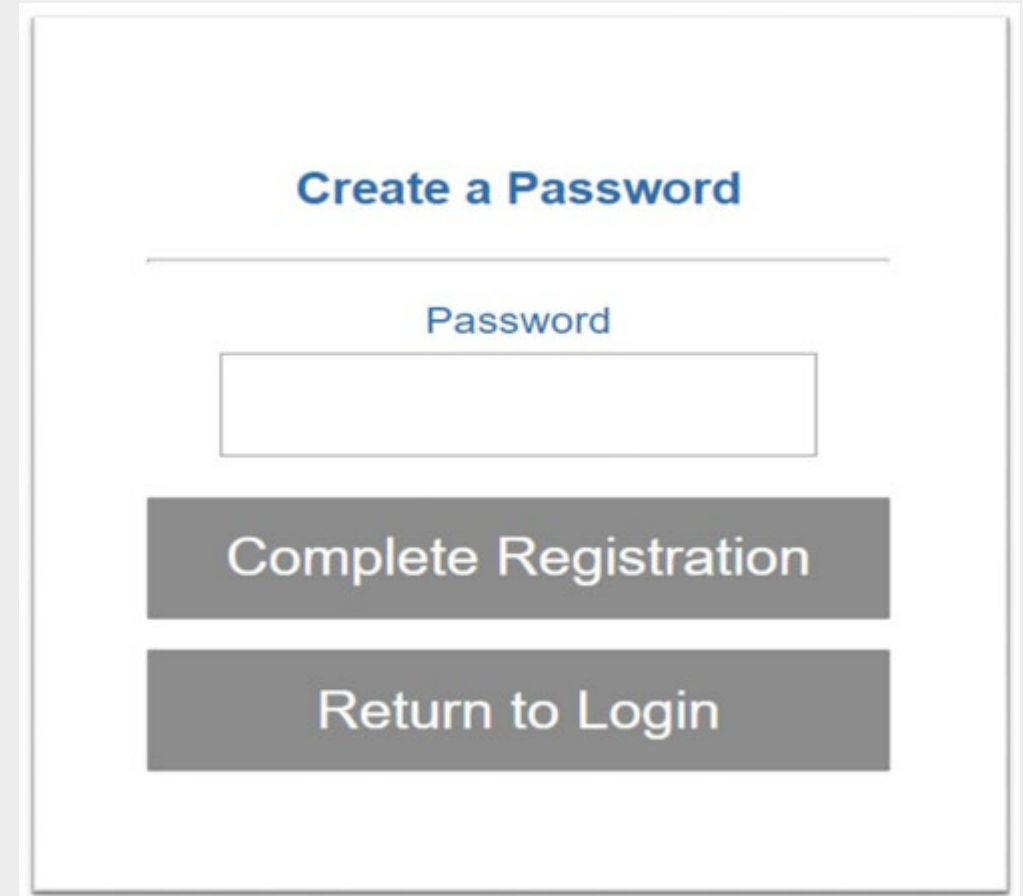
A confirmation text message has been sent to the phone number ending in 0705. Please enter the confirmation code in the box below.

Phone Number Confirmation Code

Confirm

Creating a Portal Account – Create a Password

- Create a Password
 - Password must contain at least 14 characters, one letter, one number, and one special character
- Click on Complete Registration



The screenshot shows a web form titled "Create a Password" in blue text. Below the title is a horizontal line, followed by the label "Password" in blue. There is a white rectangular input field for the password. Below the input field are two dark gray buttons with white text: "Complete Registration" and "Return to Login".

Creating a Portal Account - Tips

- Only one account can be set up per NPI number
- Prescriber's NPI refers to the Ordering Provider
- Dispenser's NPI refers to the Pharmacy or DME vendor
- Only one email and one phone number can be associated with an NPI number for multi-factor authentication login.
- After initial account set up, logging in will require an email and password.
- A confirmation code may be received via email or text.
- Dispensing providers will be asked for their Category of Service when registering.

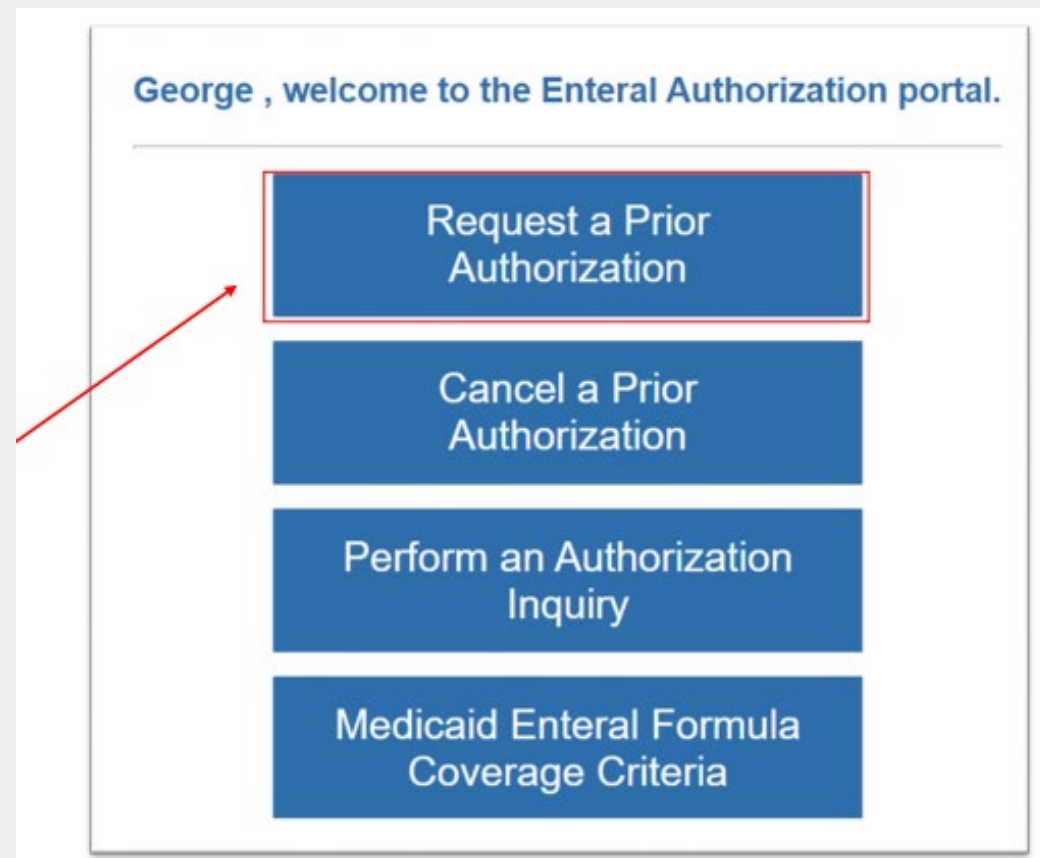
Requesting a Prior Authorization



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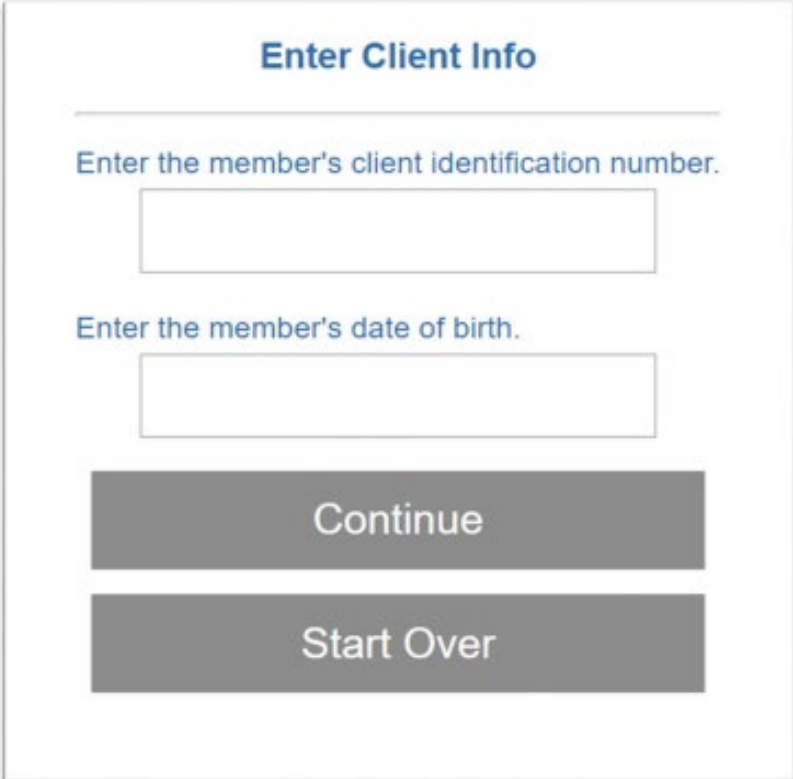
Requesting a Prior Authorization -Prescriber

- Click on 'Request a Prior Authorization'



Requesting a Prior Authorization -Prescriber

- Enter the Medicaid member's client identification number (CIN)
- Enter the Medicaid member's date of birth (MM/DD/YYYY)
- Click Continue



The screenshot shows a web form titled "Enter Client Info". It contains two input fields: the first is labeled "Enter the member's client identification number." and the second is labeled "Enter the member's date of birth.". Below these fields are two buttons: "Continue" and "Start Over".

Requesting a Prior Authorization -Prescriber

- Choose the Mode Of Administration (Tube/Oral)
- Does the member have an Inborn-Metabolic disease? (Y/N)
- Click Continue

Note: If 'Yes' to Inborn-Metabolic disease, a valid diagnosis code is required (see slide 14 for details); If 'No', proceed to slide 15

The screenshot shows a web form titled "Enteral Info". Below the title is a section labeled "Mode of Administration" with two buttons: "Feeding Tube" and "Oral". Below this is a question: "Is the Enteral formula being prescribed for an Inborn-Metabolic disease?". There are two buttons for this question: "Yes" and "No". At the bottom of the form are two large buttons: "Continue" (in blue) and "Start Over" (in grey).

Requesting a Prior Authorization -Prescriber

- If you answered 'Yes' to Inborn-Metabolic disease, a valid diagnosis code is required
- Enter the member's diagnosis (without decimal point)
- Click Continue

Note: If member does not have an Inborn-Metabolic disease, you will not be asked to enter a diagnosis
see next slide for further instructions

Enter the diagnosis related to the Inborn Metabolic Disease. No decimal point entry is allowed.

Continue

Start Over

Requesting a Prior Authorization -Prescriber

- Are you prescribing more than one formula (Y/N)
- Click Continue



The screenshot shows a web form titled "Enteral Info". Below the title is a horizontal line, followed by the question "Are you prescribing more than one Enteral formula?". There are two buttons: "Yes" and "No". Below these buttons are two larger buttons: "Continue" (blue) and "Start Over" (gray).

Enteral Info

Are you prescribing more than one Enteral formula?

Yes No

Continue

Start Over

Requesting a Prior Authorization -Prescriber

- Enter total number of calories prescribed per day
- Click Continue
- Enter the total number of refills
- Click Continue

Enter the total number of calories being prescribed per day for this Enteral formula.

Continue

Start Over

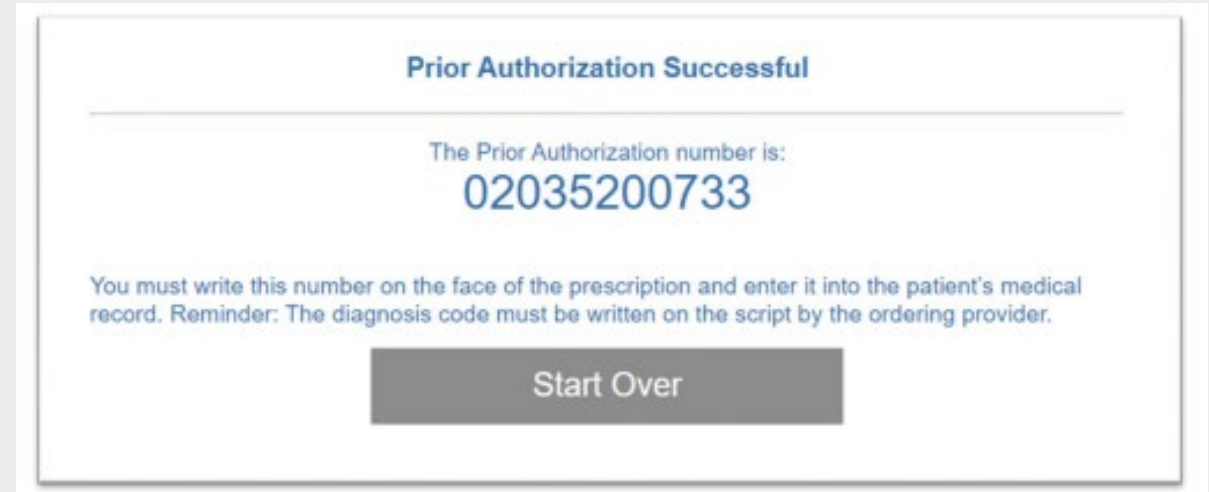
Enter the total number of refills being prescribed:

Continue

Start Over

Requesting a Prior Authorization -Prescriber

- Successful submissions will display a prior authorization (PA) number



Prior Authorization Successful

The Prior Authorization number is:
02035200733

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

Start Over

Note: If member is oral fed and does not have an Inborn-Metabolic disease, additional questions are required prior to receiving 'Prior Authorization Successful' screen

see next slide for further instructions

Requesting a Prior Authorization -Prescriber

Additional questions:

- Enter member's current height and weight
- Click Continue
- Answer questions related to the member's medical condition
- Click Continue

Enter the patient's height in inches:

Enter the patient's current weight in pounds.

Continue

Start Over

Does the patient have a medical condition that prevents him or her from consuming normal table foods or softened, mashed, pureed or blenderized foods?

Yes	No
-----	----

If mode of administration will be oral, have alternatives, such as dietary changes, instant breakfast drinks, rice cereal, etc., been tried but were unsuccessful?

Yes	No
-----	----

Has the adult patient had a significant unintentional weight loss greater than 5% over the past two months, or has the pediatric patient had no weight or height gain in the past six months?

Yes	No
-----	----

Continue

Start Over

Requesting a Prior Authorization -Prescriber

- Is there medical evidence in the medical record to support the request (Y/N)
- Click Continue
- Reminder to write diagnosis code on script
- Click Continue

Is there objective medical evidence in the medical record to support the need for enteral nutrition?
For example: Malnutrition documented by serum protein levels, albumin levels or hemoglobin, changes in skin or bones, or physiological disorders resulting from surgery.

Yes	No
-----	----

Continue

Start Over

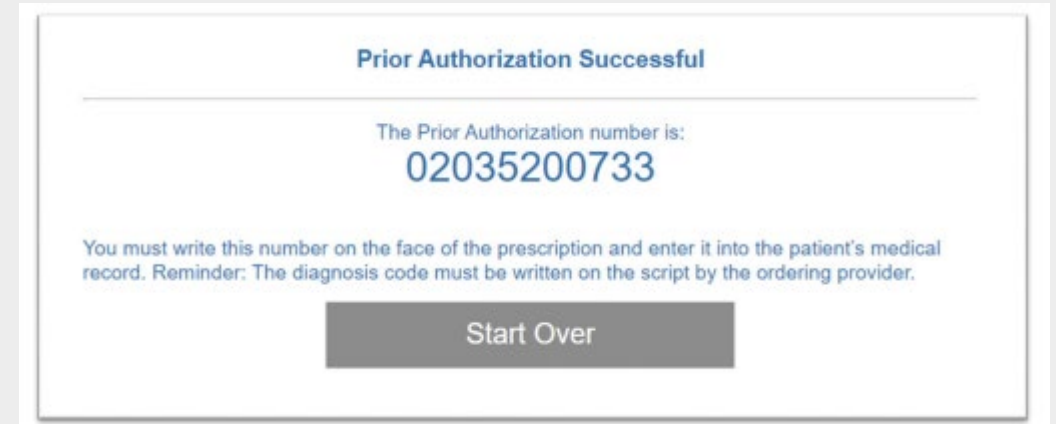
Please note: The diagnosis code must be written on the script by the ordering provider.

Continue

Start Over

Requesting a Prior Authorization -Prescriber

- If authorization is successful, a prior authorization (PA) number will be provided



A screenshot of a web interface showing a successful prior authorization. The title is "Prior Authorization Successful" in blue. Below it, a horizontal line separates the title from the content. The text "The Prior Authorization number is:" is followed by the number "02035200733" in a large, bold, blue font. Below this, a smaller line of text reads: "You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider." At the bottom, there is a grey button with the text "Start Over".

Prior Authorization Successful

The Prior Authorization number is:
02035200733

You must write this number on the face of the prescription and enter it into the patient's medical record. Reminder: The diagnosis code must be written on the script by the ordering provider.

Start Over

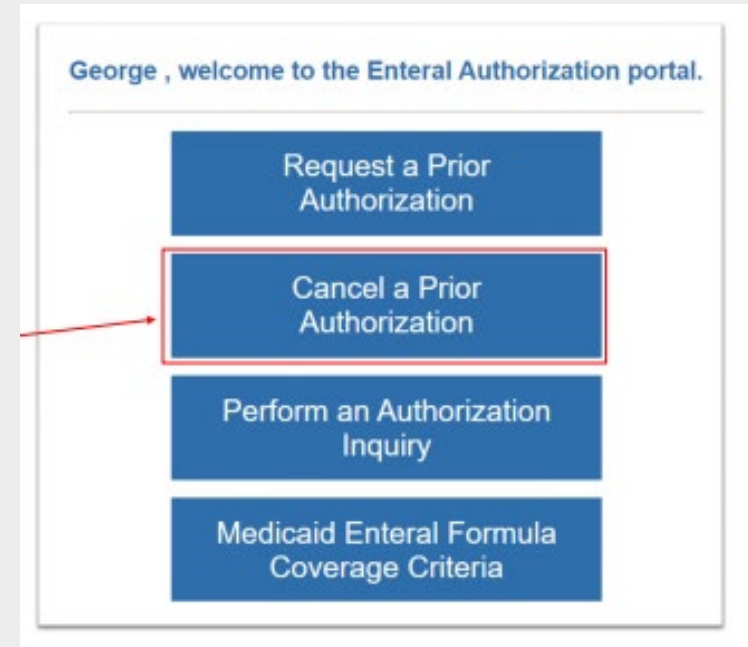
Cancelling a Prior Authorization



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Cancelling a Prior Authorization

- Click on 'Cancel a Prior Authorization'



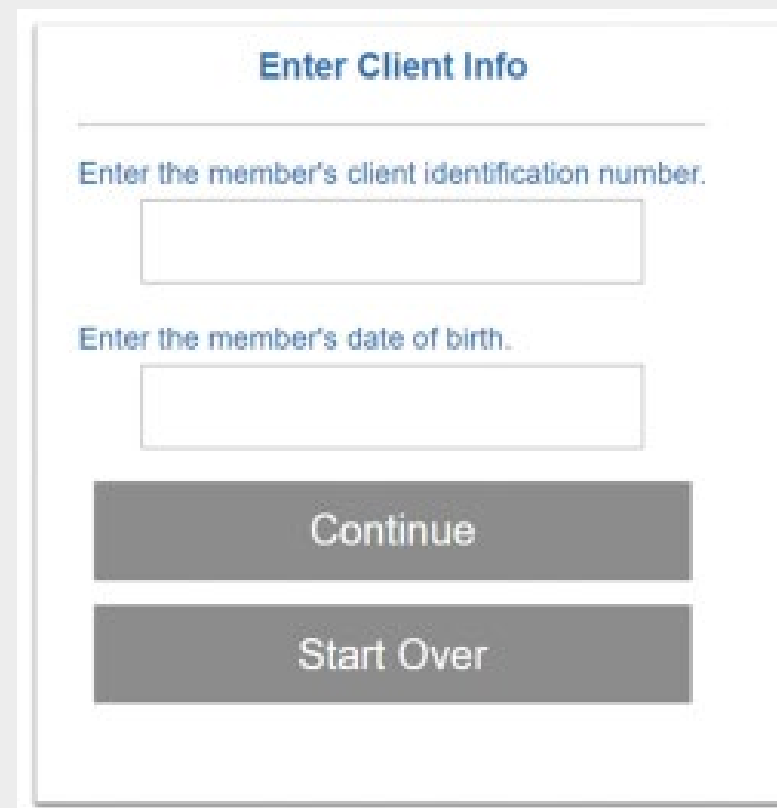
Note: Once a prior authorization (PA) has been activated by the dispensing provider, it can no longer be cancelled using the web portal or IVR systems

See slide 25 for instructions on cancelling activated PAs



Cancelling a Prior Authorization

- Enter the Medicaid member's client identification number (CIN)
- Enter the Medicaid member's date of birth (MM/DD/YYYY)
- Click Continue



The screenshot shows a web form titled "Enter Client Info". It contains two input fields: the first is for the "member's client identification number" and the second is for the "member's date of birth". Below the input fields are two buttons: "Continue" and "Start Over".

Enter Client Info

Enter the member's client identification number.

Enter the member's date of birth.

Continue

Start Over

Cancelling a Prior Authorization

- Enter the Prior Authorization number to be cancelled
- Click Continue
- Confirmation message received if the Prior Authorization was cancelled successfully

The screenshot displays a web interface for cancelling a prior authorization. The top section, titled 'Cancel a Prior Authorization', contains a text prompt 'Enter the Prior Authorization number you wish to cancel:' followed by an empty input field. Below the input field are two buttons: 'Continue' and 'Start Over'. The bottom section, titled 'PA Cancelled Successfully', shows a confirmation message: 'Prior Authorization number 01184771090 has been cancelled.' with a 'Start Over' button below it.

Cancelling a Prior Authorization – Activated

- To request cancellation of a prior authorization that has been activated by the dispensing provider, complete the [Cancellation Request Form](#) and fax to 518-474-4413

Note: PAs that have been rendered or billed on cannot be cancelled and will require submission of a manual PA for changes



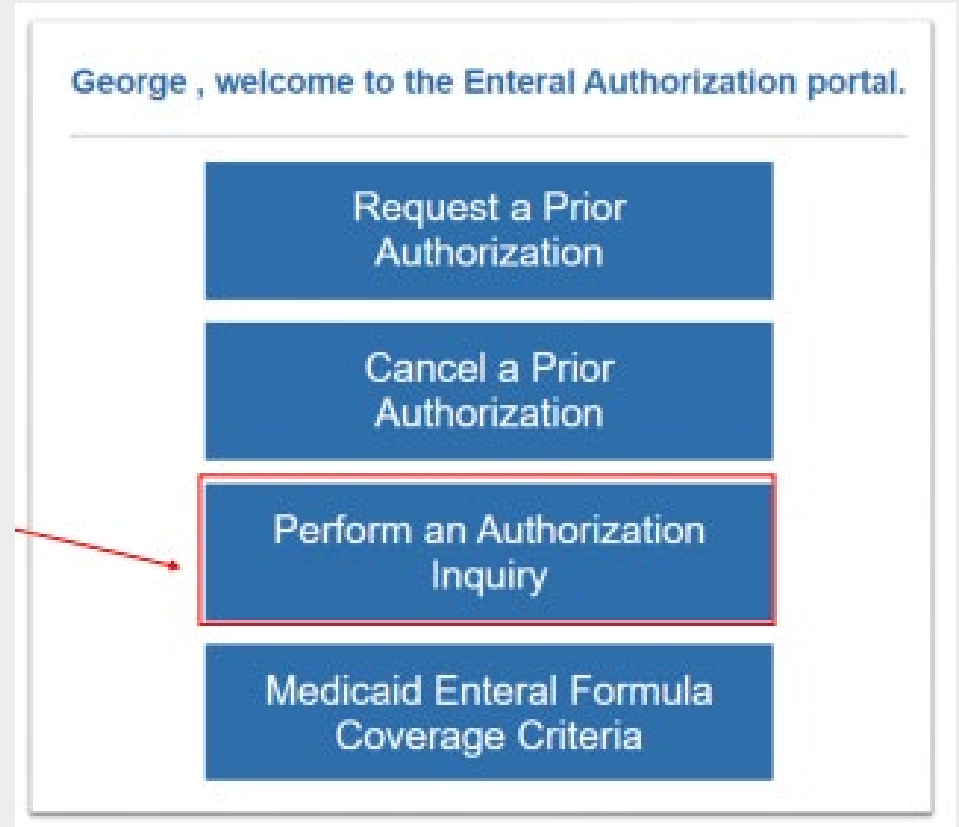
Prior Authorization Inquiry



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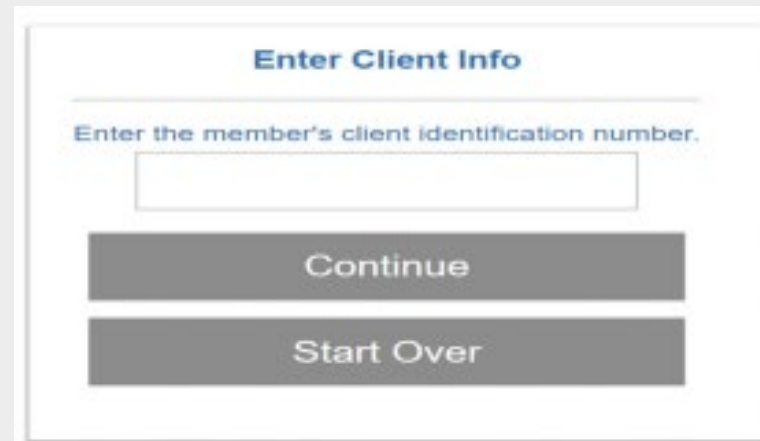
Prior Authorization Inquiry

- Click on 'Perform an Authorization Inquiry'



Prior Authorization Inquiry - Prescriber

- Enter the Medicaid member's client identification number (CIN)
- Click Continue
- Message received indicating total number of calories authorized
- Click Continue

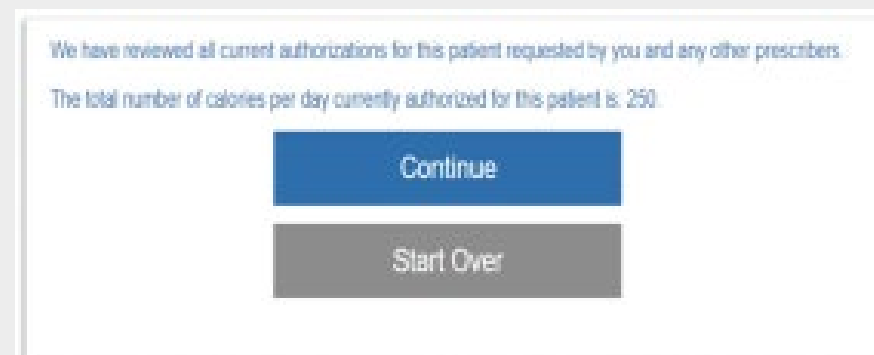


Enter Client Info

Enter the member's client identification number.

Continue

Start Over



We have reviewed all current authorizations for this patient requested by you and any other prescribers.

The total number of calories per day currently authorized for this patient is: 250.

Continue

Start Over

Prior Authorization Inquiry - Prescriber

- Message provides Prior Authorizations requested by your NPI
- Status of those prior authorizations
- Earliest time the formula can be reauthorized

You have requested the following authorizations for this member:

PA Number 12035200808 for 1 refills for 250 calories per day and was requested by you on 2/6/2023.

This prior authorization has not yet been completed by a pharmacy or DME provider.

The earliest that this formula can be reauthorized is: 3/28/2023.

Perform an inquiry on a
different member

Start Over

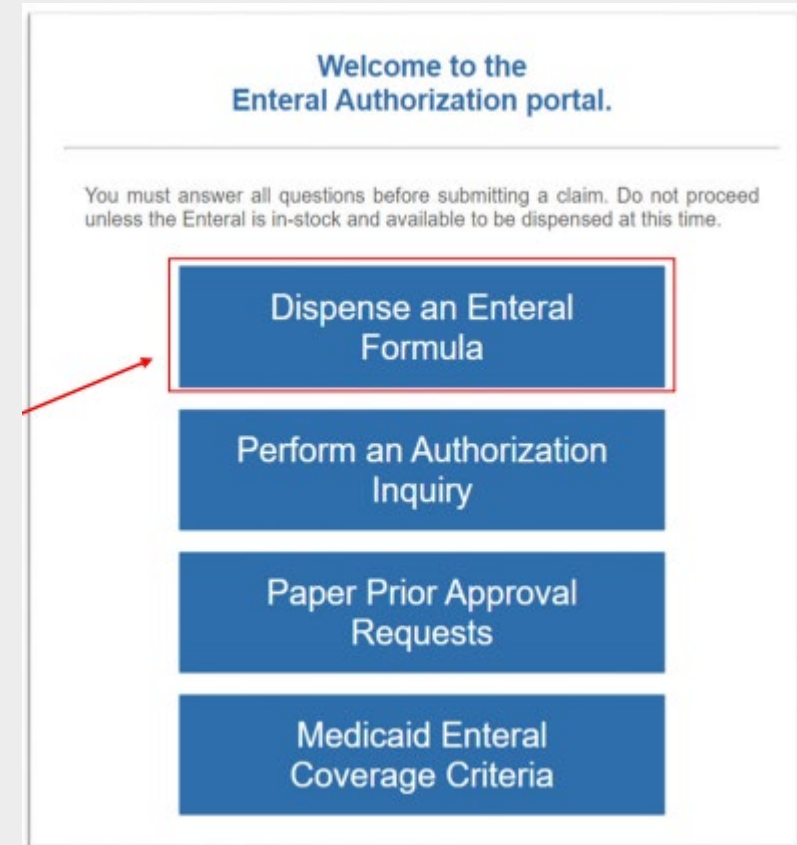
Dispensing an Enteral Formula



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Dispensing an Enteral Formula - Dispenser

- Click on 'Dispense an Enteral Formula'



Dispensing an Enteral Formula - Dispenser

- Enter the Prior Authorization number
- Click Continue
- Enter the Medicaid member's client identification number (CIN)
- Click Continue

The screenshot displays a two-step process for dispensing an enteral formula. The first step, titled "Enter the Prior Authorization number written on the prescription:", features a text input field, a blue "Continue" button, and a grey "Start Over" button. The second step, titled "Enter Client Info", features a text input field for the "member's client identification number", a grey "Continue" button, and a grey "Start Over" button.

Dispensing an Enteral Formula - Dispenser

- Enter the four-digit enteral code excluding the letter B
- Click Continue
- Regulation message received
- Click Continue

Enter the four-digit Enteral Code for the Enteral being dispensed(numerals only):

Continue

Start Over

Per regulation, providers are required to dispense the least costly generically equivalent formula to meet the medical need. When claiming, be prepared to supply such documentation.

Continue

Start Over

Dispensing an Enteral Formula - Dispenser

- Summary of amount authorized is displayed for review
- Is the amount sufficient per written order? (Y/N)
- Click Continue

The member has been authorized for 30 caloric units per month, under Enteral Code B4157 with 3 refills, expiring on 3/18/2023.

Is this amount sufficient per written order?

Yes	No
-----	----

Caloric Unit(s) is equal to the number of calories per can divided by 100.

[Continue](#)

[Start Over](#)

Dispensing an Enteral Formula - Dispenser

- Once the authorization has successfully been activated a confirmation message is received
- Click start over if you have another authorization to dispense

This information has been entered into our records, and you have prior authorization to dispense this request. Prior authorization does not guarantee payment. Payment is subject to patient eligibility and other Medicaid guidelines.

The dispensing provider must make sure the diagnosis code is written on the ordering provider's prescription. If not, please contact the ordering provider to obtain the information. It is the responsibility of the dispensing provider to maintain this information as part of their records.

Start Over

Resources

- Additional enteral nutrition materials are available at:
<https://www.emedny.org/ProviderManuals/DME/>
- Contact Us:
Email: OHIPMEDPA@health.ny.gov
Phone: 1-800-342-3005 (Option 1)
Live Support available Monday – Friday 8:30am to 4:45pm

