



ALL PROVIDERS

FAX and E-mail for Medicaid Two Year Waiver Requests Begins June 1, 2025

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Effective June 1, 2025, two-year waiver requests will be accepted electronically by FAX or email as well as by postal mail. Two-year waiver requests for claims payment are considered when the submission of claims is greater than two years from the date of service. Requests and supporting documentation must be received within 60 days of the date on the remittance advice.

Written requests may be submitted in the following ways:

FAX: 518-473-6708

Secure emails: pend@health.ny.gov

Paper submission mailed to the address below:

**New York State Department of Health
Two Year Claim Review
1 Commerce Plaza, Room 1206
Albany, NY 12260**

Supporting documentation (cover letter with explanation of delay and sequence of events, remittance statements, notice of eligibility, fair hearing decision, court order decision, evidence of agency error, etc.) and a copy of the current remittance advice documenting the edit 01292 denial must accompany all requests.

Claims submitted for review without the appropriate documentation, or those not submitted within 60-day time period from the remittance advice will not be considered.

Questions should be directed to 1-800-342-3005, option 3 or send to pend@health.ny.gov.

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The Department has attempted to ensure that the information contained in these notifications is as accurate as possible. However, no e-mail transmittals or materials provided are intended to constitute legal or medical advice.