

Using the New York State Medicaid Enteral Prior Authorization Portal

Performing a Prior Authorization Inquiry



Perform a Prior Authorization Inquiry

 Click on Perform an Authorization Inquiry George, welcome to the Enteral Authorization portal. **Request a Prior Authorization** Cancel a Prior **Authorization** Perform an Authorization Inquiry Medicaid Enteral Formula

ledicaid Enteral Formula Coverage Criteria



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Perform an Authorization Inquiry -Prescriber

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





Perform an 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



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RECORDING AND MATERIALS

A recording of the webinar and related materials are available at:

eMedny.org/ProviderManuals/DME/index.aspx

Contact Us: OHIPMEDPA@health.ny.gov

or 800-342-3005 (Option 1)

Live Support is available Monday – Friday 8:30am to 4:45pm

