

February 4, 2025

**Update: Notification of Change of EDITS Submitter Protocol**

This Alert is to advise Residential Health Care Facilities (RHCF), Medicaid Providers, Hospitals, Authorized Client Representatives, Prenatal Care Assistance Program (PCAP), providers, Managed long term care (MLTC) plans, and agencies that submit via the Eligibility Data and Image Transfer System (EDITS), of the protocol to be followed when changing your EDITS submitter.

**Format and Content**

Notification of a provider/plan's intention to change its EDITS provider or vendor must be written on facility letterhead and be sent via e-mail as an attachment (Word document or PDF file). The subject line of the email must read "Notification of Change of EDITS Submitter for" and insert your provider/plan name after "for".

The request to change an EDITS provider or vendor must contain the following:

- A letter that is signed by the provider/plan Administrator. The letter will not be accepted if signed by a Medicaid Coordinator or EDITS submitter. The letter must include the name and telephone number of the provider/plan's administrative contact.
- The letter must include the provider/plan's name, address, Provider ID, and consumer service telephone number as they appear in the New York Software ePACES. Any discrepancies with ePACES must be reconciled through the NYS Department of Health before any change to an EDITS submitter can be recognized by the Human Resources Administrations Medical Assistance Program and its divisions, including nursing homes.
- The letter must identify the provider/plan's current EDITS submitter and the proposed new EDITS submitter.

**Note:** Reference to "provider/plan" is to be interpreted to include all approved Client Representatives that submit via EDITS

- The letter must state the effective date of the change. The list below includes the units that must be notified, based on case type, and the timeframes for notification of submitter changes.

- **For Residential Health Care Facilities ONLY**

The notification must be addressed to:

Ralph Torres, Executive Director  
Human Resources Administration  
MAP-Nursing Home Eligibility Divisions

The email address is: [nhededitchange@hra.nyc.gov](mailto:nhededitchange@hra.nyc.gov)

- **For Managed Long Term Care Plans:**

The notification must be addressed to:

Charisse Andrews, Executive Director  
Human Resources Administration  
Special Services/Managed Long Term Care Program

The email address is: [mltcproviderrelations@hra.nyc.gov](mailto:mltcproviderrelations@hra.nyc.gov)

- **For In-Patient Hospitals, Authorized Client Representatives, and PCAP ONLY**

The notification must be addressed to:

Lyvette Belser, Executive Director  
Human Resources Administration  
MAP/Eligibility Operations

The email address is: [belserl@hra.nyc.gov](mailto:belserl@hra.nyc.gov)

(Please also indicate type of submission (PCAP, CREP, HED) in the subject line of the e-mail)

### **Timing of Notification and Date of Change in EDITS Submitter**

- Notification of intention to change a provider/plan's EDITS submitter must be received no later than the 15<sup>th</sup> of the month prior to the month of change.
- Notification received after the 15<sup>th</sup> of the month will be considered notification for change in the second month following receipt of the notification.

All pending transactions received under the prior EDITS submitter will move to the new EDITS submitter, effective the month of the change. Attached is a sample copy of **MAP-3111 Notice of Action on Submission of Change of EDITS Submitter form.**

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**NOTICE OF ACTION ON SUBMISSION OF NOTIFICATION OF CHANGE  
OF EDITS SUBMITTER**

To: (Provider/Plan) \_\_\_\_\_

On (Date) \_\_\_\_\_ MAP received your Notification of Change of EDITS Submitter.

A. This is to acknowledge the prospective change in your Provider's/Plan's EDITS submitter:

From (EDITS submitter) \_\_\_\_\_

To (EDITS submitter) \_\_\_\_\_

Effective date \_\_\_\_\_

B. MAP is unable to process the Notification of Change of EDITS Submitter because:

- The Notification was not properly addressed
- The Notification was not on Provider/Plan letterhead
- The Notification was not signed by the Provider/Plan Administrator
- The Notification did not include a Provider/Plan contact person and/or contact telephone number
- The Notification did not identify the current EDITS submitter
- The Notification did not identify the new EDITS submitter
- The Notification did not state the effective date of change of EDITS submitter
- The following information in the Notification is not consistent with information in ePACES
  - Provider/Plan name
  - Provider/Plan address
  - Provider/Plan ID
  - Consumer service telephone number
  - Other

You must re-submit a new, complete notification correcting the errors noted above.

Reviewer's Name \_\_\_\_\_

Date \_\_\_\_\_