All Provider Types

Attention: ePACES Eligibility verification display change for Health Home and Care Coordination Organization (CCOHH) RRE Codes

Contact Details:
1-800-343-9000
emednyalert@csra.com

Attention: ePACES Eligibility verification display change for Health Home and Care Coordination Organization (CCOHH) RRE Codes

Effective **07/25/2019** a change will be made to the ePACES eligibility response which will help clear up confusion regarding the assumption that clients associated with the Health Home Program or the CCO/HH Program are restricted for all services and must be seen or referred by the Health Home, Care Management Agency, or the CCO/HH for other services.

For the ePACES Eligibility Response, when a Medicaid Client has Exception Codes "A1", "A2", "I5" through "I9". The system will be enhanced to NOT display code "CQ"-(Case Management Restriction) in the response field on ePACES labeled "Medicaid Restricted Recipient".

In addition, ePACES will display the provider NPI or MMIS ID and provider name of the Care Management Agency, the Health Home, or the Care Coordination Organization Health Home (CCO/HH) agency, in the ePACES field labeled "Medicaid Exceptions" along with the codes "A1", "A2", "I5" through "I9" on the Eligibility Response.

ARU will voice:

- Exception Code A1 = Client in Outreach or enrolled with a Care Management Agency. Care Management Agency Name will be voiced and Care Management NPI or MMIS Provider ID.
- Exception Code A2 = Client in outreach or enrolled with a Health Home. Health Home Name will be voiced and Health Home NPI or MMIS ID.
- Exception Code I5 through I8 = Client enrolled with Care Coordination Organization (CCO) Health Home. Health Home provider name will be voiced and NPI or MMIS ID.
- Exception Code I9 = Client enrolled in Office for People with Developmental Disabilities (OPWDD) Basic Home and Community Based Services (HCBS) Plan Support Care Management CCO. The provider name and NPI or MMIS ID will be voiced.

NYSDOH expects providers submitting via ASC X12 270/271 to be

aware of the new values returned on the 271 eligibility response when the Medicaid Client has Exception Codes "A1", "A2", "I5" through "I9":

- Loop ID 2110C (*Subscriber Eligibility or Benefit Information*), Data Element EB01-(*Coverage Type code*) will be new code "W"- (*Other Source of Data*). The use of code "W" in EB01 indicates that the code "CQ"- (*case management*) in EB03 will not be considered a Restriction.
- Loop ID 2120C (*Subscriber Benefit Related Entity Name*), Data Element NM101 will be code "Y2"- (*Managed Care Organization*). When available, NM103 will contain the name of the CCO/HH. NM108 will contain the qualifier 'XX' if the NPI is available, otherwise qualifier 'SV' will be valued for the MMIS ID.
- *Note: For Restricted Recipients, NYSDOH will continue to send code "N"- (Services Restricted to following Provider) in EB01 (Loop 2110C) and code "P3"- (Primary Care Provider in NM101 (Loop 2120C).*

Questions on ePACES or ASC X-12 270/271 transactions may be directed to the eMedNY Call Center at 1-800-343-9000. .