



ePACES Updates to ePACES

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Attention ePACES Users

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Major changes will be made to eMedNY beginning on July 21, 2011. Many of these changes will affect the ePACES screens. These changes will implement the HIPAA mandated 5010 requirements for all electronic transactions and they will provide some substantial improvements to the usability of ePACES and simplify some of the functionality of the program. Here are some highlights of the changes you will see in the ePACES screens beginning on July 21, 2011.

- Addition of some new fields and the deletion of some current fields
- Changes in the location of some fields within the claim section as well as in other ePACES functions (Prior Approval, Eligibility, DVS, etc)
- Rules for completing the Other Payer screen and Service Line Claim Adjustment section (Coordination of Benefits) will change
- Service Authorization has been eliminated from NYS Medicaid and therefore the Service Authorization function will be removed
- Significant changes will be made to eligibility inquiry response messages

Claims created on ePACES prior to July 21 cannot be submitted after implementation as these claims will not adhere to the new 5010 standard. Providers must submit all completed claims/batches prior to the implementation on July 21, 2011.

Please watch for additional messages and visit the eMedNY website for more information about ePACES changes. A new ePACES Help Document (user manual) will be available on www.emedny.org prior to the July 21, 2011 implementation.

CSC Regional Representatives will be offering training opportunities as the implementation date gets closer. Question should be directed to the eMedNY Call Center at 800-343-9000.

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