



Overview

This document describes the enrollment process for Providers interested in creating/submitting claims and eligibility inquiries through ePACES. ePACES is the acronym for the **Electronic Provider Assisted Claim Entry System**, a web-based application. Computer Sciences Corporation (CSC) developed this application on behalf of the New York State Department of Health. ePACES combines some of the functionality of the current MEVS (Medicaid Eligibility Verification Software) and the PACES (Provider Assisted Claim Entry System) application.

You need your Medicaid Provider Identification number, a valid e-mail address, the TSN/ETIN of the person or entity who will submit claims or eligibility requests for you, i.e. the 'Submitter', and the contact information for the Submitter.

Why do I need to enroll in ePACES?

The Security and Privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) dictate that all individuals who have access to personally identifiable patient information must be authorized to have such access. Registration ensures that the Provider is aware of and agrees to the HIPAA-related Security and Privacy requirements.

Stage One of the Enrollment/Activation Process – Provider Begins Enrollment

1. Choose a primary Administrator for your group. The Administrator will be responsible for enrolling in ePACES and designating a Submitter. The Submitter may be the same person as the primary Administrator if you or your group submit your own claims and inquiries or may be a different individual or company that you have designated to submit claims for you. The Administrator and Submitter **must** have a **valid, active e-mail address**. The Submitter, after designation by the Provider, also needs to enroll in ePACES to activate the ePACES account.

Note: All users must adhere to HIPAA requirements concerning security and patient privacy.

2. The Administrator will need the following items on hand before starting the enrollment process:

- a. Provider ID
- b. Valid e-mail address
- c. Submitter's TSN /ETIN
- d. Submitter's contact information

To begin the enrollment/activation process you will need a token. Please call (800) 343-9000 to request a token which will be e-mailed to you. Once you receive the e-mail, respond to it by using the 'Reply' function on your e-mail application then entering the token and **only the token** in the subject line. Be sure to remove the 'RE:' or 'FWD:' if it appears in the subject line of the message. Be sure to read all of the instructions sent in this and other e-mails you will receive. **Wait** for the acknowledgement e-mail indicating that your token was received before proceeding with the activation process. Once you receive the acknowledgement e-mail, you may continue with the activation process.

3. Go to this eMedNY website – <https://www.emedny.org/enroll> to start the activation process for ePACES.
Note: If you see a screen that indicates the website is Temporarily Unavailable, try the CTRL-F5 key combination to access the secure ePACES application screen.
4. Enter your Provider ID and the token in the entry fields provided on the **left side of the screen**.
5. Verify that the Provider information displayed next matches with that for the Provider ID you entered. If the information is not correct, contact Provider Services at (800) 343-9000.
6. Enter a valid e-mail address in the field provided.
7. The system will generate a User ID for you on the next screen. **Record and keep the User ID in a safe place**, as it allows you to access the ePACES enrollment application if you need to in the future.
Note: User ID and passwords are CASE-SENSITIVE. If you lose your User ID, please call Provider Services at (800) 343-9000.



8. You will receive an e-mail from the ePACES Enrollment application containing a password that matches the User ID assigned to you, and a request to agree to the required HIPAA patient privacy statement. Before you use the password to continue with the next step of the activation process, you **must** respond to the e-mail by placing the token initially supplied to you in the **subject line** of the e-mail. The responding e-mail may be returned or forwarded to **enroll.epaces@emedny.org**. This response indicates that you accept the privacy requirements and will abide by them. Please ensure that the only text in the subject line is the Token. Remove the 'RE:' or 'FWD' if it appears in the subject line.
9. You will receive another e-mail acknowledging your agreement to the privacy requirements and allowing you to continue with the activation process for ePACES. The next e-mail response will contain directions for designating your Submitter on the ePACES enrollment system.

Stage Two of the Enrollment/Activation Process – Provider Designates Submitter

10. Go to the eMedNY ePACES Enrollment website – <http://www.emedny.org/enroll>. Have your User ID and the password supplied to you by e-mail ready for use. You will also need the TSN/ETIN of your designated Submitter to authorize submission of claims and inquiries on your behalf.
11. On the first screen, enter your User ID and the password in the fields on the **right side of the screen**. Click on Login to submit the information.
12. The next screen displayed will ask for the TSN/ETIN of your Submitter. Type in the TSN/ETIN and click on *Find TSN* to retrieve information on an existing TSN/ETIN. (**Note:** Any letters in the TSN/ETIN **must** be capitalized.)
 - If you do not currently have or know a Submitter's TSN/ETIN, then you must contact the Submitter to obtain the TSN/ETIN or request that the Submitter apply for an ETIN in order to submit claims or other transactions through ePACES. The Submitter may contact Provider Services at (800) 343-9000 to request the form and certification statement to obtain a TSN/ETIN or visit www.emedny.org where the forms may be found on the [Provider Enrollment](#) page of emedny.org.
 - If the Submitter **only** needs to submit Eligibility, Service Authorizations or Dispensing Validation System transactions to eMedNY, click on the *Generate Temporary TSN* button to create a temporary TSN if the Submitter does NOT have a TSN/ETIN. **Note:** This TSN **cannot be used to submit claims or claim status requests**. The User or designated Submitter must obtain a permanent TSN/ETIN in order to submit claims or make claim status requests. Contact Provider Services at (800) 343-9000 or go to www.emedny.org to obtain the forms to request a permanent TSN/ETIN.
 - **Note:** If the Submitter's TSN is not found on the system, the TSN/ETIN may not be certified. Please have the Submitter verify their TSN/ETIN certification. If the TSN/ETIN is not certified, the Submitter must contact Provider Services at (800) 343-9000 to obtain the certification form and instructions for the TSN/ETIN.

The next screen displays the Submitter's information, if the TSN/ETIN entered by the User is on file. If you are the first Provider to register the Submitter, the Submitter's fields for the primary contact information (Last Name, First Name, Middle Initial, e-mail address and FAX - if available) must be completed.

- If registering a Temporary TSN, you will also have to complete the Submitter's information **if** he or she is the first to designate a particular Submitter.
 - If another Provider has already entered the Submitter's information, it will be displayed on screen in 'read only' format. If you believe the displayed Submitter's information is incorrect, contact the Submitter or Provider Services at (800) 343-9000. Provider Services can modify the Submitter's contact information on the administrative enrollment screens for ePACES only.
13. If the Submitter's information is correct and you want this Submitter to enter claims and other transactions on your behalf, click on the *Add TSN* button. If you are currently associated with a Submitter and no longer wants that Submitter to enter transactions on your behalf, you may click on the *Remove TSN* button to disassociate from the Submitter's TSN.



14. After adding the Submitter, another screen will display a 'thank you' for registering a Submitter, and indicates that an e-mail will be sent to the registered Submitter. The registered Submitter is now the Administrator of the ePACES account and must be contacted by you to obtain a User ID and password if you need to access the ePACES application for claims and inquiries.
15. At this point you may log out or enter another Submitter. If you need an ePACES account to access the application for claims and inquiries with any subsequently registered Submitters, you must contact them individually.

Stage Three of the Enrollment/Activation Process – Submitter Activation

16. The Submitter will receive an e-mail with the ePACES System Administrator's User ID and inviting the Submitter to access ePACES at <http://www.emedny.org/epaces>. The User ID is required to logon to ePACES. The FIRST e-mail sent to the Submitter with the User ID identifies the FIRST Provider who registered the Submitter. The **Provider ID of the FIRST Provider** to register the Submitter is **the initial password for the Submitter's account** when they first login to ePACES. The System Administrator User ID received in the e-mail allows the Submitter's Administrator to set up User accounts with IDs, passwords and specific functions available to Users in ePACES.
17. The Submitter accesses <http://www.emedny.org/epaces> and enters the User ID sent in the e-mail in conjunction with the initial password to access ePACES. The Submitter is prompted to change the password to one of their selection as they login to ePACES.

IMPORTANT: Once the Submitter changes the password from the Provider ID to one that they selected, they only need to respond to subsequent e-mails initiated by Providers. The instruction in each subsequent e-mail to use the Provider ID listed in the e-mail as the initial password may be disregarded.

The e-mail also contains instructions for accessing the ePACES Help documentation at the <http://www.emedny.org> website for review.

18. Once the ePACES Production application acknowledges the account activation for the Submitter, the Submitter may access ePACES to begin setting up user accounts and submitting claims, eligibility requests and other transactions. **Note:** If additional Providers become enrolled under a specific TSN/ETIN after the initial enrollment and setup of the Primary Administrator, it is necessary to update the Provider list in ePACES.

For further information visit the following websites:

- <http://www.emedny.org> (ePACES information)
- <http://www.health.state.ny.us/nysdoh/manicare/omm/main.htm> (Medicaid Updates)

Phone Contact

- CSC Call Center: (800) 343-9000

Hours of Operation:

For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment: Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

For provider inquiries pertaining to eligibility, service authorizations, DVS, and pharmacy claims: Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays)

Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time