



Document Number FOD - 4008  
**ePACES Application**  
**Finding, Editing and Deleting Claims**



## Overview

Once claims have been created and *Saved as Draft* or *Finished*, they are stored in preparation for batch submission to the eMedNY system for processing. The Submitter may view and edit claims prior to submission to ensure accuracy in the claim information. The following is an annotated version of the screens Providers/Callers will see on the actual ePACES application when working with claims in ePACES. For more detailed information, please see the Help Documentation available on the eMEDNY website:

<http://www.emedny.org/HIPAA/SupportDocs/R-201-01991%20att.1%20r.pdf>.

### **Included in this document:**

#### [Finding a Claim](#)

[Find Claims](#)

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### **A. Finding a Claim**

The web address for the Home Page is <http://www.emedny.org/epaces>.

The Submitter may Find Claims by clicking on the *Find Claims* option on the left-side menu bar of the main screen.

The screenshot displays the eMedNY ePACES application interface. At the top, the eMedNY logo and 'ePACES' text are visible, along with 'Help | Log Out' links. The user's provider name, 'BROWN RAYMOND S. MD - 00000001', is shown. A 'Change Provider' dropdown menu is set to 'BROWN RAYMOND S. MD' with a 'Go' button next to it. The left sidebar contains a 'Claims' menu with options: New Claim, Find Claims, Real Time Responses, Build Claim, Batch, Submit Claim, Batches, Status Inquiry, and Status Responses. Below this are 'MEVS' options: Eligibility Request, Eligibility Responses, SA Request, SA Responses, SA Confirmation, SA Confirm Responses, DVS Request, DVS Responses, DVS Confirmation, and DVS Confirm Responses. Further down are 'Prior Approval' (PA Request, PA Response), 'Support Files' (Provider, Other Payer, Submitter), and 'User Admin' (Add/Edit Users). The main content area features a 'welcome to ePACES' message, a large 'ePACES' logo, and a circular seal of the State of New York. Text on the page explains that the New York State Department of Health invites users to use the ePACES application for HIPAA-compliant Medicaid transactions. It also provides instructions on how to use the navigation menu and the 'Change Provider' dropdown. Contact information for the CSC HelpDesk is provided: 800-522-5518 (in NY state) or 518-447-9860 (outside of NY). At the bottom, there are links for 'eMedNY' and 'DOH', and a copyright notice for 2002 State of New York with a 'Privacy Policy' link.



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## Find Claims

To find and view claims entered by a specific User, select the User ID from the drop down list. **Note:** Only Administrators or Supervisors may view all claims. General Users may only view the claims they entered.

### Find Claims

Claims may be searched by any one of the values shown below. Select the *value* from the drop down list. Then enter text in this *field*. **Note:** The text entered must be exactly as it appears in the claim. Click on Go to find the specified claim.

Claim(s) by User ID:

Records 1 - 25 of 27 | [Next Page>>](#)

Find Claim By:

Patient Control # ▼	Entry Status ▼	Client ID ▼	Client Name ▼	Type of Claim ▼	Begin Date ▼
<a href="#">1234</a>	Sent	AA00000Z	LACOST, DEBRA	Institutional	
<a href="#">JTD07022008</a>	Draft	AA00000Z	LACOST, DEBRA	RT-Professional	
<a href="#">000000000000000000000000</a>	Draft	AA00000Z	LACOST, DEBRA	Institutional	
<a href="#">123</a>	Draft	AA00000Z	LACOST, DEBRA	Professional	

**Patient Control #** is the number assigned by the billing office for accounting purposes.

**Entry Status** is the current state of the claim.

**Client ID** is the recipient's Medicaid Number.

**Client Name** is the name of the recipient.

**Type of Claim** is the category of claim submitted, i.e. Dental, Professional or Institutional.

**Begin Date** is the Date of Service.

### B. Editing a Claim

If you need to edit a claim to correct, add or otherwise modify the information contained within the claim, *Find* it first then look at the *Entry Status*. The status of the claim will determine if you may edit the claim or not. There are 7 possible statuses for claims:

**Draft** - Claim not saved as *Finished* and validated for errors; may be edited or deleted.

**Errors** - Errors are found in claim after validation; may be edited or deleted.

**Complete** - Claim saved as *Finished* with no errors but it may still be edited or deleted.

**Batched** - Claim batched for submission; may be viewed only. To edit a batched claim, find the batch containing the claim. Delete the batch, which will **reset all the status of all the claims in that batch to Complete**. Edit the claim, now in *Complete* status, to add or make changes to the existing information. Once you have completed editing the claim, you may re-batch the claims.

**Sent** - Claim submitted in a batch for processing; may be viewed, edited or deleted.

**Replaced** - Claim created to replace an Original claim whose status is Sent; may be viewed only. If a Sent claim must be replaced, click on the *Replace Claim* button to generate a new claim with a Claim Submission Reason of "Replacement". Edit the replacement claim as needed for the new claim. A Replacement claim requires the Claim Original Reference Number field be completed. These new Replacement claims will go through the standard validation, batching, and submittal process to be sent to the Payer.



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**Voided** - Claim created to nullify an Original claim whose status is Sent; may be viewed only. Once a Void claim has been submitted to replace a Sent claim, the Sent claim will have a status of "Voided". If a Sent claim must be voided, click on the *Void Claim* button to generate a new claim with a Claim Submission Reason of "Void". Edit the voided claim as needed for the new claim. A Voided claim requires the Claim Original Reference Number field be completed. These new Voided claims will go through the standard validation, batching, and submittal process to be sent to the Payer.

**Note:** All information in the claim may be edited except for the Patient Control Number, Client ID, and Type of Claim located on the General Information Tab.

### **C. Deleting a Claim**

If a claim was entered in error or duplicated and must be deleted from the system; you may use the *Delete Claim* button. Clicking *Delete Claim* while entering or editing the claim will bring up a prompt to confirm that you wish to delete the data. If you click on *Yes*, the data will be removed from the ePACES system. If you click *No*, the claim remains unaffected. **IMPORTANT:** There is no way to undo the deletion or retrieve the information once the deletion is confirmed. The deletion process differs slightly, depending on the status of the claim.

**Draft** - The *Delete Claim* button is available for use anytime during the initial claim entry process

**Errors** - The *Delete Claim* button is available when editing a claim with an "Errors" status.

**Complete** - The *Delete Claim* button is available when editing a claim with a status of "Complete".

**Batched** - A "Batched" claim MAY NOT be deleted. A claim must be deleted from a "Batched" status before it can be edited or deleted. Deleting a Batch is a bit of a misnomer as you are actually removing a set of claims from a "Batched" status. To delete claims within a batch claim, find the batch containing the claim. Delete the batch using the remove button, which will reset all the status of all the claims in that batch to a "Complete" and unbatched status. The claim may be deleted as necessary. Once the claim is deleted, the other claims may be re-batched for processing.

**Sent** - A claim sent for processing with a status of "Sent" may not be deleted; it may, however, be voided. To void a Sent claim, click on the *Void Claim* button to generate a new claim with a Claim Submission Reason of "Void". A Void claim requires the Claim Original Reference Number field be completed, indicating to the payer that the Original claim is voided and should not be processed. The voided claim will go through the standard validation, batching, and submittal process to be sent to the Payer.

**Replaced** - Once a Replacement claim is generated to replace a Sent claim, the Sent claim will have a status of "Replaced". A "Replaced" claim may not be deleted; it may only be viewed.

**Voided** - Once a Void claim is generated to replace a Sent claim, the Sent claim will then have a status of "Voided". A "Voided" claim may not be deleted; it may only be viewed.

### **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