

## Document Number FOD - 4017



## ePACES DVS Response



## DVS Response

You may view the list of DVS Requests by clicking **DVS Responses** on the left-hand menu. This page has two sections the top contains the **Search Criteria** which you enter to filter the pool of all SA Requests in the system, and the lower portion is the filtered list of **DVS Confirmation Requests/Responses**. The results may be sorted based on any of the columns by clicking the arrow located in the header of the column.

### Search Criteria Region

The screenshot shows a search criteria form with the following fields:

- Requested within the last**  **days**
- Date Sent:**  (format: mm/dd/yyyy) with a calendar icon
- Client Last Name:**
- Status:**
- Client ID:**
- Result:**

At the bottom, there are radio buttons for "Show all transactions for this provider" (selected) and "just my transactions".

This section of the page contains multiple fields that you may use to filter the pool of submitted DVS Requests. When the page is initially accessed from the menu, requests made within the past 24 hours, or 1 day, are defaulted to display the most recent requests made. Changing any of the values in the fields and clicking Search will refresh the page with the new list of inquiries displayed in the lower portion.

**Requested within the last \_\_\_\_ days:** Entering a value in this field will limit the displayed requests to only requests made within the specified number of 24 hour periods. For example, if you open this page at 9:00 AM Friday and enter 2 in this field then click Search, the results will display requests made in the past 48 hours which translates to requests made after 9:00 AM on Wednesday in this example. The value entered in this field must be greater than 0, and will be defaulted to 1. NOTE: this field cannot be used in combination with the "Date Sent" field.

**Client Last Name:** Entering the last name of a client will limit the returned requests to only inquiries made for clients where the last name in the database exactly matches what was typed. For example, to find "JOHN SMITH JR." you would need to enter "SMITH JR." in this search field.

**Client ID:** Entering the Client ID will limit the returned requests to only requests made for that exact value.

**Date Sent:** To retrieve requests made on a specific date, enter the date here. The format should be: MM/DD/YYYY or may be selected from a calendar by clicking the calendar drop-down button. NOTE: this field cannot be used in combination with the "Requested within the last \_\_\_\_ days" field.

**Result:** Enter or select a desired code by which to filter the DVS Requests to be displayed. The provided list will include all valid Action codes.

**Status:** Select one of the available values (Sent, Received, Viewed, Worked) to limit the returned requests. SENT = Request has been sent but no response received from the payer. RECEIVED = Response has been received from the

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payer but not viewed by the user. VIEWED = Response has been viewed by the user (Close button clicked). WORKED = Response has been viewed and any necessary follow-up has been completed (Worked button clicked).

**Show all transactions/Show just my transactions:** Selecting "all transactions" will return all SA Requests made by users of your facility(s). Selecting "just my transactions" will return only the DVS Requests created by you, the current user.

## Request/Response Region

No Records

| Client ID           | Name | Date Sent | Response Descriptive Text | Result | Status | Cancel |
|---------------------|------|-----------|---------------------------|--------|--------|--------|
| (No Requests Found) |      |           |                           |        |        |        |
| Client ID           | Name | Date Sent | Response Descriptive Text | Result | Status | Cancel |

No Records

This section of the page contains a table listing the DVS Requests that match the filtering criteria as defined in the above section. With minimal criteria, this list could become quite lengthy which is why there is a default of displaying requests made within the past 24 hours. As soon as a Request is submitted, it will be displayed at the top of this list with a Status of 'Sent', as requests are displayed in descending order of when they were submitted.

**Client ID:** The Client ID for which the request was made. Once a response has been received for a request, the Client ID will become a hyperlink. Clicking the hyperlink will open the details of that response. If eMedNY determines that a DVS Request does not apply, an SA Response will be returned. In which case, clicking the hyperlinked Client ID will open the details of the appropriate SA Response.

**Name:** This value is the Client Name in the following format: "LastName, FirstName MiddleInitial".

**Date Sent:** The date when the Request was sent to NY Medicaid. The format will be: MM/DD/YYYY.

**Response Descriptive Text:** The Action Code or Reject Reason description associated with the Result Code in the adjacent column. If eMedNY determines that a DVS Request does not apply, an SA Response will be returned. In which case, "DVS Not Required. SA Response Returned" will be displayed in this field.

**Result:** The Action Code received in the DVS Response from NY Medicaid.

**Status:** SENT = Request has been sent but no response received from the payer. RECEIVED = Response has been received from the payer but not viewed by the user. VIEWED = Response has been viewed by the user. WORKED = Response has been viewed and necessary follow-up has been completed.

**Cancel:** If you wish to cancel a DVS Request what has already been sent, click the cancel icon. This will generate a cancellation request.

**NOTE:** A transaction which has somehow failed in the transmission to eMedNY will be marked with a Status of "Retry", and will not have a hyperlinked response. If this is the case, you must resubmit your DVS Request.



## DVS Response Details

The DVS Response Details page contains the information that was received from NY Medicaid. The amount of information contained in the response is dependent on the specific plan in which the client is enrolled.

The information presented is divided into sections. Any or all of these sections may be blank depending upon the level of information supplied by NY Medicaid.

**Client Information:**

|                     |          |                       |           |
|---------------------|----------|-----------------------|-----------|
| <b>Client ID:</b>   | 99999998 | <b>Date of Birth:</b> | 10/3/1972 |
| <b>Client Name:</b> |          | <b>Gender:</b>        | M         |
|                     |          | <b>County:</b>        | Nassau    |
|                     |          | <b>Office:</b>        |           |

**Client Information** - Includes the patient's ID, name, date of birth, gender, and office/county to assist in ensuring authorization was requested for the proper individual.

**Eligibility Information:**

Active Coverage

**Eligibility Information** - The client's status with NY Medicaid for the Date of Service submitted. Valid statuses will be displayed in **Black**, while error statuses will be displayed in **Red**.

**DVS Response**

Certified in total  
85403774

**DVS Response** - NY Medicaid's response to the request for DVS Approval for the Date of Service submitted. Responses indicating approval will be displayed in **Black**, and will contain an Action Code, Reference Identification/Certification Number, and a possible Reject Reason Code; while denial and error responses will be displayed in **Red**, and will contain Reject Reason and Follow-up Action codes.

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| Pharmacy/DME DVS Information |   |               |
|------------------------------|---|---------------|
| Units Approved               | Item Code   | Qty Dispensed |
| Pharmacy/DME DVS:            | <input checked="" type="radio"/> Procedure <input type="radio"/> NDC<br>00797 |               |

**Pharmacy/DME DVS Information** - If Pharmacy/DME details were entered on the request, and therefore returned on the response, this block of information will be displayed.

| Medicaid Coverage Information: |          |                  |            |
|--------------------------------|----------|------------------|------------|
| Coverage Level:                | IND      | Date of Service: | 03/05/2004 |
| Insurance Type:                | Medicaid | Anniversary:     | 9/1/2003   |
|                                |          | Recertification: | December   |

**Medicaid Coverage Information** - The Coverage Level, Insurance Type, requested Date of Service, Anniversary date, and Recertification month of the client's plan are displayed. The Date of Service and Anniversary date format is MM/DD/YYYY.

| Medicaid Managed Care |                       |
|-----------------------|-----------------------|
| Plan Name:            | PREFERRED CARE/MONROE |
| Carrier Code:         | PQ/AILNPQRTVYZ        |

**Medicaid Managed Care** - Displays the Plan Name, Carrier Code of the plan in which the Client is enrolled and the Coverage Codes that determine what services the plan covers.

| Medicaid Restricted Recipient |        |
|-------------------------------|--------|
| Restriction Type:             | CLINIC |

**Medicaid Restricted Recipient** - Any restrictions pertaining to the Client's plan will be listed in this box.

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**Co-Payment Information**

Co-Pay Remaining: 100.00

**Co-Payment Information** - Co-pay Remaining information will be displayed.

**Medicaid Messages**

1. Individual Exception Code: 35
2. Category of Assistance: S

**Medicaid Messages** - Individual Exception Code and a Category of Assistance may be displayed here if applicable.

**Additional Payer Information**

Other Payer Name: MEDICARE ABQMB

Other Payer Name: UNITED HEALTH CARE  
Carrier Code: F7

**Additional Payer Information** - Up to five additional insurance plan names can be returned. Also, if recipient has Medicare coverage Health Insurance Claim (HIC) Numbers which may be applicable over the requested eligibility time frame may be included. Once you have reviewed the information displayed on the page, you have two options. You may click the Close button which will set the status of the response to "Viewed" or you may click Worked to mark the response as such, indicating that follow-up has been completed. Both buttons will close the details page and return you to the **DVS Activity Worklist**.

### 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

**Note:** This information was extracted from the **ePACES Help** documentation available internally in the ePACES application (click on the red *Help* link in the upper right corner of the screen) or on [www.emedny.org](http://www.emedny.org): click on NYHIPAADESK and scroll down to *and click on ePACES General Information and Enrollment* then select *ePACES Help Documentation*.