



## Client Eligibility

\* Indicates required field(s)

<p><b>Client ID</b></p> <p>* Enter Client ID:</p> <input type="text"/>	OR	<p><b>Client Information</b></p> <p>* Last Name: <input type="text"/></p> <p>* First Name: <input type="text"/></p> <p>* Date Of Birth: <input type="text"/> <small>(mm/dd/yyyy)</small></p> <p>* Gender: <input type="text"/></p> <p>* SSN: <input type="text"/></p>
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Eligibility Requests for a Client may be submitted for an individual Provider or a Provider Group. Clicking **Eligibility Request** on the left-hand menu will allow you to submit a request for a particular client's eligibility details. There is a variety of data that may be entered to allow NY Medicaid to uniquely identify the individual. While minimal data is required, the more data entered the more likely the system is to find an exact match on the first attempt. Requests are made directly to NY Medicaid, and therefore **Eligibility Responses** may be considered real-time transactions.

### Client ID Eligibility Request

**Enter Client ID:** The Client ID for the individual may be entered. This may be the most effective data to enter when requesting the eligibility of a client as each value uniquely identifies an individual.

### Client Name Search Eligibility Request

If the Client ID is not available, you may enter the Client's personal information to retrieve the eligibility. All fields in this section are required for a Name Search request.

**Last Name/First Name:** Enter client's full name as only complete matches will be successfully processed. Valid values are: all letters, hyphen (-), period (.), and apostrophe (').

**Date of Birth:** The Date of Birth is used to further determine a unique client. The accepted entry format is: MM/DD/YYYY.

**Gender:** Selecting the appropriate Gender will allow for a better match in a Name Search Eligibility Request. NYS cannot process requests where the Gender is unknown.

**SSN:** The Client's Social Security Number must also be entered. The value must be 9 digits and may be entered with or without the standard hyphen notation.

The following fields may be populated for either a Client ID or Name Search Eligibility Request.

\* Date of Service:

Card Sequence Number:

Type of Service:

Servicing Provider Taxonomy Code:

Referring Provider  Ordering Provider

Provider Number:  OR

State License #:



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## ePACES MEVS Eligibility Request



**Date of Service:** The date of service is defaulted to the current date, but may be changed. However, the date entered but may not be in the future nor be greater than 2 years prior to the current date. The accepted entry format is: MM/DD/YYYY and may either be entered in the field or selected from the calendar available by pressing the button to the right of the field.

**Card Sequence Number:** The 2-digit sequence number of the Client's Medicaid card should be entered for all Client ID inquiries, it is not required for Name Search Inquiries.

**Type of Service:** Enter or select the code for the type of service rendered, for which eligibility is to be determined. In combination with the Taxonomy Code, the Type of Service may be used by eMedNY to derive the Category of Service. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.

**Servicing Provider Taxonomy Code:** Enter the taxonomy code of the submitting provider. In combination with the Type of Service, the Taxonomy Code may be used by eMedNY to derive the Category of Service. See the Appendix for appropriate Taxonomy Code/Service Type combinations for **NYS Providers** and **Out-of-State Providers**.

**Ordering vs. Referring Provider:** Select either Ordering or Referring Provider. This should be used if a Provider other than the Submitter is involved in the instance of patient care.

**Provider number:** If a Referring or Ordering Provider is indicated, enter their Provider Number here.

**State License Number:** If an Ordering Provider is indicated and the Provider Number is unavailable, you may enter the State License Number here. Enter the 3-digit Profession Code, 2-character State Code (out of state providers) or Privilege Code (in state providers) and 6-digit license for a total of 11 characters. If the license number does not equal 6-digits, zero-fill the appropriate positions preceding the license number.

Any combination of data entered will be used when submitting the request, therefore ensure that if a Client ID and Name are entered, they correspond otherwise no data will be found. Clicking Submit will transmit the Eligibility Request to the NY Medicaid system, and clear all the fields to allow for the quick entry of another Eligibility Request. In order to view the response received for the inquiry, select **Eligibility Responses** on the left hand menu. Clicking Cancel will reset the fields, but will not submit the Request to NY Medicaid.

### 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*.