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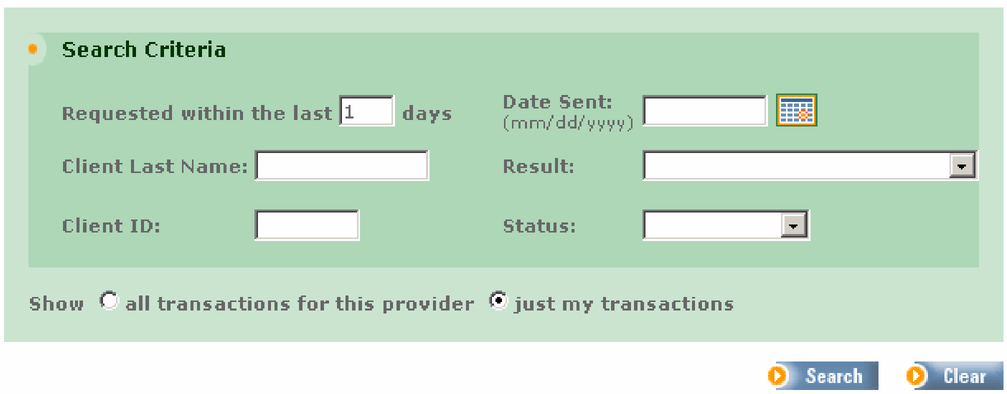
ePACES MEVS Eligibility Response

Eligibility Response

You may view the list of Eligibility Activity Worklist by clicking **Eligibility 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 Eligibility Requests in the system, and the lower portion is the filtered list of **Eligibility 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



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

Requested within the last ____ days: Entering a value in this field will limit the returned 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. The value entered in this field must be greater than 0. 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 Medicaid Client ID will limit the returned requests to only those 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 Eligibility Requests to be displayed. The provided list will include all valid Eligibility and Benefit codes and possible error codes. Codes which may be encountered would include such things as "F -Limitations" or "41 - AAA".

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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 payer but not viewed by the user. VIEWED = Response has been viewed by the user. WORKED = Response has been viewed by the user and any necessary follow-up has been completed.

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

Request / Response Region

No Records

Client ID	Name	Date Sent	Response Descriptive Text	Result	Status
(No Inquiries Found)					
Client ID	Name	Date Sent	Response Descriptive Text	Result	Status

No Records

This section of the page contains a table listing the Eligibility 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, as requests are displayed in descending order of when they were submitted.

Client ID: The Medicaid Client ID for an Eligibility Request by Client ID. If an Eligibility Request by Name Search was submitted, the word "Details" will appear in place of a Client ID. Once a response has been received for this request, the ID or "Details" will be underlined as a hyperlink to open the Eligibility Response Details page.

Name: This value is the Client Name in the following format: "LastName, FirstName MiddleInitial". The Client Name will only be displayed if an Eligibility Request by Name Search is submitted.

Date Sent: The date and time when the Request was sent to NY Medicaid.

Response Descriptive Text: The Eligibility Status or the Reject Reason description associated with the Result Code in the adjacent column.

Result: The Eligibility Status or Reject Reason code returned by NY Medicaid.

Status: Indicates the status of the Eligibility Request. 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 by the user and any necessary follow-up has been completed.

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 Eligibility Request.

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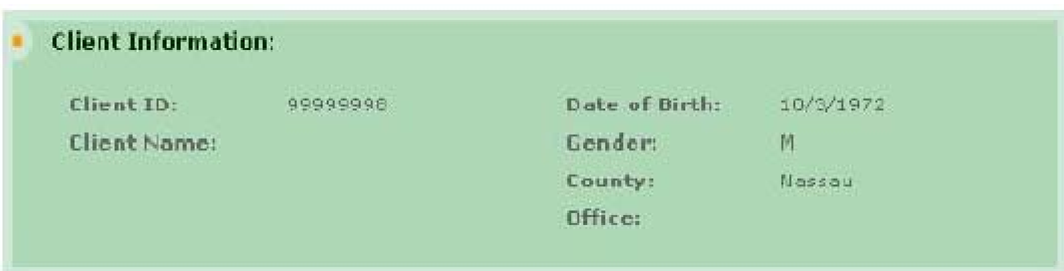
Review Eligibility Details

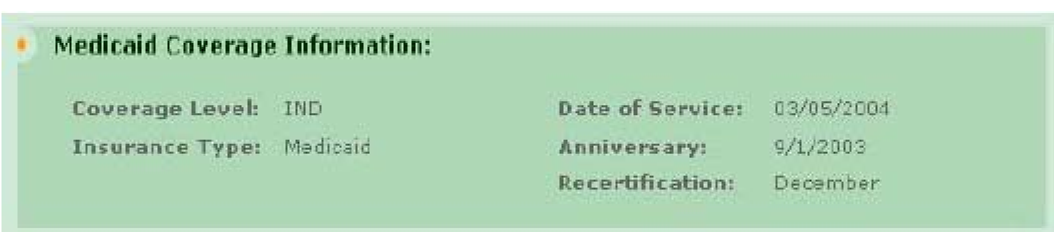
The Eligibility Response Details page contains the information that was received from NY Medicaid. The amount of information contained in the response is dependent on the specific plan in which the client is enrolled. The information presented is divided into sections. Any or all of these sections may be blank depending upon the level of information supplied by NY Medicaid.

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**. If you receive a response of 'E' (Exclusions) or 'F' (Limitations) followed by a Service Type Code, refer to the following list:

- 30 - Health Benefit Plan Coverage
- 48 - Hospital Inpatient
- 54 - Long Term Care
- 82 - Family Planning
- 86 – Emergency



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



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.

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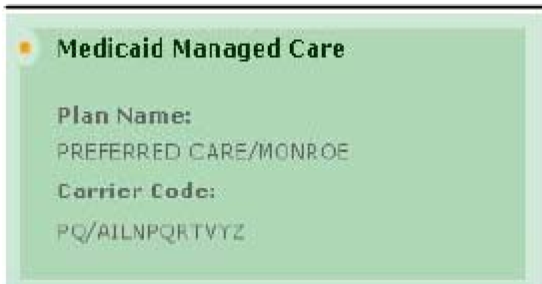
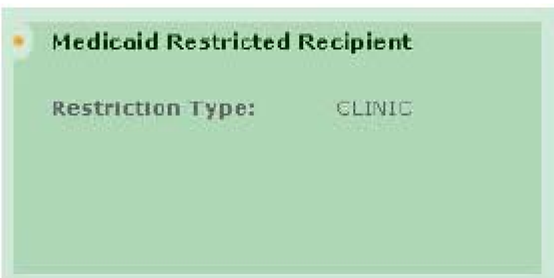


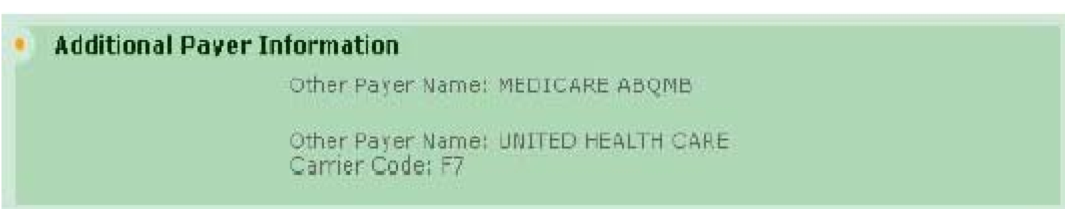
Medicaid Managed Care - Displays the Plan Name, Carrier Code of the plan in which the Client is enrolled and the Coverage Codes that determine what services the plan covers.



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

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

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



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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.

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: click on NYHIPAADESK and scroll down to *and click on ePACES General Information and Enrollment* then select *ePACES Help Documentation*.