

## Document Number FOD - 4022



## ePACES MEVS Service Authorization Confirmation



## SA Confirmation

You may view the list of SA Requests by clicking **SA 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 SA **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 submitted Service Authorization 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 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.

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**UT/PC Response:** Enter or select a desired code by which to filter the SA Requests to be displayed. The provided list will include all valid Action codes. You may select a UT Response, a PC Response, both or neither depending on how specific you would like the returned list of SA Responses.

**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 (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 SA Requests created by you, the current user.

## Request/Response Region

Client ID	Name	Date Sent	UT Response	PC Response	Status	Cancel
(No Requests Found)						
Client ID	Name	Date Sent	UT Response	PC Response	Status	Cancel

No Records

This section of the page contains a table listing the SA 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.

**Name:** This value is the Client Name in the following format: "Last Name, First Name Middle Initial".

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

**UT/PC Response:** The Action Code received in the corresponding segment of the SA Response from NY Medicaid. If a response is received and is not specific to UT or PC alone, the UT Response and PC Response columns will remain blank. Examples are "CT - Contact Payer" and "67 - AAA Patient Not Found".

**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 an SA Request** which 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 Service Authorization Request.

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## SA Response Details

The SA 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:			
Client ID:	ZZ00000A	Date of Birth:	10/3/1972
Client Name:		Gender:	M
		County:	Nassau
		Office:	

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

Eligibility Information:	
Active Coverage	

**Eligibility Response** - 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**.

Utilization Threshold Response	Post and Clear Response
Certified in total UT APPROVED	No Action Required PC NA  Certification Not Required for this Service

**Utilization Threshold (UT) / Post and Clear (PC) Response** - If sent, descriptive text associated with the corresponding UT or PC response code will be displayed. Three lines of information may be displayed (1) the Action Code, (2) Reference Identification/Certification Number, and (3) Reject Reason Code. Note that certain rejection or follow-up indicators apply to the entire request and therefore the text will span both the UT and PC Response sections and display only two lines of information, (1) Reject Reason Code, and (2) Follow-up Action Code. Responses indicating approval will be displayed in **Black**, while denial and error responses will be displayed in **Red**.

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Utilization Threshold Units Information		Post and Clear Units Information	
Units Approved	Units	Units Approved	Units
Service Units Delivered:	1	Service Units Delivered:	
Laboratory Units Ordered:		Laboratory Units Ordered:	
Pharmacy Units Ordered:		Pharmacy Units Ordered:	

**Utilization Threshold (UT) / Post and Clear (PC) Unit Information-** The number of units authorized. For Rx/Lab Responses, the Generic Over the Counter, Brand, and Supplies quantities are combined into a single "Pharmacy Units" value.

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 **SA 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*.