



## ePACES - MEVS Eligibility Response

Once an eligibility request has been performed (see [ePACES - MEVS Eligibility Request](#)), you may view the client's eligibility details.

Clicking **Responses** located under the 'Eligibility' section in the left-hand menu, will bring up two 'Eligibility Activity Worklist' sections.

### Eligibility Activity Worklist

**Search Criteria**

Requested within the last  days

Client Last Name:

From Date:

To Date:

Client ID:

**Show**

Just my Transactions

All Transactions for this provider

**Responses: Records 1-2 of 2**

Client ID	Name	Date Submitted
<a href="#">XX1111X</a>	Someone's Name	10/31/2024
<a href="#">BB1111B</a>	Someone's Name	10/31/2024

Page size:  Page:  of 1 1

### Search Criteria

This section of the page contains multiple fields that you may use to filter the pool of eligibility requests. Inquiries made within the past 3 days is the default 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 section.

**Requested within the last \_\_\_\_ days:** Entering a value (must be greater than 0, but no more than 120) in this field will limit the returned requests to only requests made within the specified number of 24-hour periods. For example: If you are viewing this page at 9:00 AM Friday and enter 2 in this field and then click 'Search', the results will display requests made in the past 48 hours made after 9:00 AM on Wednesday. **Note:** This field cannot be used in combination with the 'From Date' field.

**Client Last Name:** Entering the last name of a member will limit the returned requests to only inquiries made for members 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 member's client ID will limit the returned requests to only those made for that exact member. The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A).



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**From Date:** To retrieve requests made on a specific date, enter the date here. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date from the calendar. Once a date is chosen, it will populate in the 'From Date' field automatically. **Note:** This field cannot be used in combination with the 'Requested within the last \_\_\_\_ days' field.

**To Date:** To retrieve requests made for a specific date span (more than one day), complete both the 'From Date' and 'To Date' fields. Otherwise, leave this field blank if only searching for one date in the 'From Date' field. **Note:** This field cannot be used in combination with the 'Requested within the last \_\_\_\_ days' field.

### Just my Transactions / All Transactions for this provider:

- Selecting 'Just my Transactions' will return only the eligibility requests submitted by you.
- Selecting 'All Transactions for this provider' will return all eligibility requests submitted by the selected provider shown in the top left corner of the screen.

## Responses

This section of the page contains the listing of the eligibility requests that match the 'Search Criteria' you entered. If minimal search criteria were entered, the list displayed could be quite lengthy. **Note:** Eligibility requests are displayed in order of most recent submission.

**Client ID:** Displays the client ID entered on the eligibility request. **Note:** It will display the client ID that matches the criteria entered if the eligibility request was submitted using the Client Information.

**Name:** Displays the client's name in the following format: Last Name, First Name Middle Initial.

**Date Submitted:** Displays the date that the eligibility request was submitted.

**Page size:** Defaults to 10 eligibility responses per page. Clicking the drop-down arrow allows you to change the number of responses per page to 20, 30, 40 or 50. Clicking 'Next' will bring you to the next page of responses. Clicking 'Last' will bring you to the last page of responses.

## Review Eligibility Details

To view a specific client's eligibility details, click on the 'Client ID' displayed in the 'Responses' section.

Responses: Records 1-2 of 2

Client ID	Name	Date Submitted
<a href="#">XX11111X</a>	Someone's Name	10/31/2024
<a href="#">BB11111B</a>	Someone's Name	10/31/2024

Page size: 10 Page: 1 of 1



## ePACES - MEVS Eligibility Response

The amount of information returned in the eligibility details response is dependent on the client's specific eligibility coverage and whether or not a selected service type was used on the eligibility request. The details returned will be divided into sections (Client Information, Medicaid Eligibility Information, Medicaid Restricted Recipient, Medicaid Exceptions, Medicaid/MC Exemptions, Medicare Information, Third Party Information and Managed Care Information). Only some or possibly all of the sections may be returned. **Note:** All responses will include the **Client Information** and **Medicaid Eligibility Information** sections.

**Client Information:** This section will display the client's ID, name, gender, SSN (If the eligibility request was performed using the client information), date of birth, address, anniversary date, recertification month, fiscal county, office (If the client's county is NYC, as well as when the client has coverage through the NY Health Benefit Exchange), date of service entered on the eligibility request and the plan date.

Client Information:	
Client ID:	Client Name:
Gender:	SSN:
Date of Birth:	Address 1:
Anniversary Date:	Address 2:
Recertification:	City, State Zip:
County:	Office:
Date of Service:	Plan Date:

Example of Office code displayed for a member with County: NYC

Client Information:	
Client ID:	Client Name:
Gender:	SSN:
Date of Birth:	Address 1:
Anniversary Date:	Address 2:
Recertification:	City, State Zip:
County: NYC	Office: 039
Date of Service:	Plan Date:

**Note:** For members who have coverage through the NY Health Benefit Exchange, their fiscal county and a three-digit Office Code 'H78' is returned.

Client Information:	
Client ID:	Client Name:
Gender:	SSN:
Date of Birth:	Address 1:
Anniversary Date:	Address 2:
Recertification:	City, State Zip:
County: Oswego	Office: H78
Date of Service:	Plan Date:



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**Medicaid Eligibility Information:** This section will display the client's NY Medicaid eligibility status. Depending on the client's specific eligibility coverage any of the following may also be displayed: Co-pay Remaining amount, Co-pay chart, NAMI Remaining amount, a NAMI date, Covered Services and Non-Covered Services.

**Medicaid Eligibility Information:**

Co-pay Remaining: \$0.00

NAMI: NAMI Remaining:

**Covered Services**

Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab
50	Hospital - Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office

**Standard Co-pay**

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00

If a filter was used on an Eligibility Request for a specific 'Service Type' (see [ePACES - MEVS Eligibility Request](#)) then the Eligibility Response will display **only** the coverage for the chosen service type(s).

Example Response if 'Service Type' Dental Care was **only** selected for the Eligibility Request Submission

**Medicaid Eligibility Information:**

Co-pay Remaining: \$50.00

**Covered Services**

Code	Description
35	Dental Care

**Standard Co-pay**

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00



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**Medicaid Restricted Recipient:** Designated primary provider restrictions will be listed in this section along with the provider ID and provider name that the client is restricted to. **Note:** Restricted recipients may be restricted to any of the following provider types, individually or in conjunction with one another (Physicians, Clinics, Pharmacies, Inpatient Hospitals, Podiatrists, Dentists, Durable Medical Equipment, Dental Clinic, Physician Group, Nurse Practitioners)

Medicaid Restricted Recipient:	
Service Category	Provider
48 - Hospital - Inpatient	1111111111 Hospital Name
88 - Pharmacy	2222222222 Pharmacy Name
98 - Professional (Physician) Visit - Office	3333333333 Physician Name

**Medicaid Exceptions:** Any individual exception code(s) the client has on file will be listed in this section. Exceptions are a way to identify specific populations within eMedNY. Such as, but not limited to, members enrolled in HARP or in Health Homes. **Note:** Some exception codes will also display the provider's NPI (or MMIS ID for NPI exempt providers) and provider name.

Medicaid Exceptions:		
Exception Code	Provider	
I6	1111111111	Provider's Name
46		

**Medicaid/MC Exemptions:** Any individual exemption code(s) the client has on file will be listed in this section. These exemptions are a way to identify specific populations within eMedNY who are exempt from Managed Care or are ineligible for Managed Care.

Medicaid/MC Exemptions:	
Exemption Code	
95	

**Medicare Information:** The type of Medicare coverage the client has will be displayed in this section along with the Medicare Beneficiary Identifier (MBI), when available.

Medicare Information:	
Other Payer Name:	MEDICARE ABD
Medicare Identifier:	MBI will be here



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**Third Party Insurance:** Any third party insurance (TPL), including any Medicare Managed Care plans the client has on file will be listed in this section. Up to nine additional insurance policies can be returned. For each policy, the following will be returned (if available): Other Payer Name, Carrier Code, Other Payer Address, Phone Number, Policy Number, and Group Number. **Note:** Providers must contact the TPL or Medicare Managed Care plan directly to verify if the services being rendered are covered.

Third Party Insurance:	
Other Payer Name:	CAREMARK (CVS)
Carrier Code:	DV
Other Payer Address:	Address will be here
Phone Number:	Phone# will be here
Policy Number:	Policy# will be here
Group Number:	Group# will be here

**Medicaid Managed Care:** This section will contain the Medicaid Managed Care's plan name, address, phone number and plan code when the client's 'Medicaid Eligibility Information' displays any ELIGIBLE PCP response.

Medicaid Managed Care:	
Plan name:	FIDELIS CARE
Address:	Address will be here
Phone:	Phone# will be here
Plan Code:	Plan Code will be here

Providers can reference the [MEVS/DVS Provider Manual](#) located on eMedNY.org for more detailed eligibility coverage descriptions, as well as the exception/exemption code meanings.

### Phone Contact

eMedNY Call Center: (800) 343-9000

Hours of Operation:

**For provider inquiries pertaining to non-pharmacy billing, claims or provider enrollment:** 7:30 a.m. - 6:00 p.m. Eastern Time, Monday through Friday (excluding holidays)

**For provider inquiries pertaining to eligibility or pharmacy claims:** 7:00 a.m. - 10:00 p.m. Eastern Time, Monday through Friday (excluding holidays). 8:30 a.m. - 5:30 p.m. Eastern Time, Weekends and Holidays