



ePACES - Finding, Editing and Deleting Claims

Overview

Once claims have been created and *Saved as Draft* or *Finished*, they are stored in preparation for real-time or batch submission to the eMedNY system for processing. The Submitter may view and edit claims prior to submission to ensure accuracy in the claim information.

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A. Finding a Claim

The web address for the Home Page is <http://www.emedny.org/epaces>.

The Submitter may Find Claims by clicking on the *Find Claims* option on the left-side menu bar of the main screen.

welcome to

ePACES

The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the "Change Provider" drop-down box at the top of the page, please contact the eMedNY HelpDesk at 800-343-9000.

Effective 4/1/2023: The Medicaid pharmacy benefit will transition from Medicaid Managed Care to [NYRx, The Medicaid Pharmacy Program](#).

For further information, please visit these sites:
[eMedNY](#) [DOH](#)

PA/PRESS

New York State Department of Health



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To find and view claims entered by a specific User, select the User ID from the 'Claim(s) by User ID' option in the drop down list, then click Go. **Note:** Only Administrators or Supervisors may view all claims. General Users may only view the claims they entered. Claims may be searched by any one of the values shown below.

•• Find Claims

Select the value from the drop down list.
Then enter text in this field. **Note:** The text entered must be exactly as it appears in the claim. Click on Go to find the specified claim.

Claim(s) by User ID:	<input type="text" value="BBURKE"/>	<input type="button" value="Go"/>			
Records 1 - 25 of 27 Next Page>>					
<input type="text" value="Find Claim By:"/> <input type="button" value="Go"/>					
Patient Control # ▼	Entry Status ▼	Client ID ▼	Client Name ▼	Type of Claim ▼	Begin Date ▼
1234	Sent	LL12345X	DOE, JANE	Institutional	
JTD07022008	Draft	LL12345X	DOE, JANE	RT-Professional	
00000000000000000000000000000000	Draft	LL12345X	DOE, JANE	Institutional	
123	Draft	LL12345X	DOE, JANE	Professional	

Patient Control # is the number assigned by the billing office for accounting purposes.

Entry Status is the current state of the claim, i.e. Draft, Errors, Complete, Batched, Sent, Replaced, or Voided.

Client ID is the recipient's Medicaid Number.

Client Name is the name of the recipient.

Type of Claim is the category of claim submitted, i.e. Dental, Professional, Professional Real-Time or Institutional.

Begin Date is the Date of Service. For claims with a range of dates, it is the From Date on the first service line. For Dental claims, it is the Service Date of the first claim line.

B. Editing a Claim

If you need to edit a claim to correct, add or otherwise modify the information contained within the claim, *Find* it first, then look at the *Entry Status*. The status of the claim will determine if you may edit the claim or not. There are 7 possible statuses for claims:

Draft - Claim not saved as *Finished* and validated for errors; may be edited or deleted.

Errors - Errors are found in claim after validation; may be edited or deleted.

Complete - Claim saved as *Finished* with no errors, but it may still be edited or deleted.

Batched - Claim batched for submission; may be viewed only. To edit a batched claim, find the batch containing the claim. Delete the batch, which will **reset all the status of all the claims in that batch to Complete**. Edit the claim, now in *Complete* status, to add or make changes to the existing information. Once you have completed editing the claim, you may re-batch the claims.



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Sent - Claim submitted in a batch for processing or sent as a Professional Real-Time claim; may be viewed, edited or deleted.

Replaced - Claim created to replace an Original claim whose status is Sent; may be viewed only. If a Sent claim must be replaced, click on the *Replace Claim* button to generate a new claim with a Claim Submission Reason of "Replacement". Edit the replacement claim as needed for the new claim. A Replacement claim requires the Payer Claim Control Number field be completed. These new Replacement claims will go through the standard validation, batching, and submittal process to be sent to the Payer.

Voided - Claim created to nullify an Original claim whose status is Sent; may be viewed only. Once a Void claim has been submitted to replace a Sent claim, the Sent claim will have a status of "Voided". If a Sent claim must be voided, click on the *Void Claim* button to generate a new claim with a Claim Submission Reason of "Void". Edit the voided claim as needed for the new claim. A Voided claim requires the Payer Claim Control Number field be completed. These new Voided claims will go through the standard validation, batching, and submittal process to be sent to the Payer. If a Voided claim processes successfully, and adjudicates with a Paid Status, this means that the money originally paid on the claim will be taken back.

Note: All information in the claim may be edited except for the Patient Control Number, Client ID, Type of Claim located on the General Information Tab and the billing provider ID at the top left of the ePACES claim.

C. Deleting a Claim

If a claim was entered in error or duplicated and must be deleted from the system; you may use the *Delete Claim* button. Deleting a claim only deletes the information out of ePACES, but does not put the claim through adjudication again.

Clicking *Delete Claim* while entering or editing the claim will bring up a prompt to confirm that you wish to delete the data. If you click on Yes, the data will be removed from the ePACES system. If you click No, the claim remains unaffected. **IMPORTANT:** There is no way to undo the deletion or retrieve the information once the deletion is confirmed. The deletion process differs slightly, depending on the status of the claim.

Draft - The *Delete Claim* button is available for use anytime during the initial claim entry process

Errors - The *Delete Claim* button is available when editing a claim with an "Errors" status.

Complete - The *Delete Claim* button is available when editing a claim with a status of "Complete".

Batched - A "Batched" claim MAY NOT be deleted. A claim must be deleted from a "Batched" status before it can be edited or deleted. Deleting a Batch is a bit of a misnomer as you are actually removing a set of claims from a "Batched" status. To delete claims within a batch claim, find the batch containing the claim. Delete the batch using the remove button, which will reset all the status of all the claims in that batch to a "Complete" and unbatched status. The claim may be deleted as necessary. Once the claim is deleted, the other claims may be re-batched for processing.

Sent - A claim sent for processing with a status of "Sent" may not be deleted; it may, however, be voided. To void a Sent claim, click on the *Void Claim* button to generate a new claim with a Claim Submission Reason of "Void". A Void claim requires the Payer Claim Control Number field be completed, indicating to the payer that the Original claim is voided and should not be processed. The voided claim will go through the standard validation, batching, and submittal process to be sent to the Payer.

Replaced - Once a Replacement claim is generated to replace a Sent claim, the Sent claim will have a status of "Replaced". A "Replaced" claim may not be deleted; it may only be viewed.

Voided - Once a Void claim is generated to replace a Sent claim, the Sent claim will then have a status of "Voided". A "Voided" claim may not be deleted; it may only be viewed.

Phone Contact

eMedNY 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, 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