

# ePACES – Clarification of A1 & A2 Exception Codes on an Eligibility Response

## Health Home Program Announces New Recipient Restriction/Exception Codes on an Eligibility Response

On July 16, 2018, two new Recipient Restriction/Exception (RR/E) codes went into effect for the Health Home Program. **The purpose of these RR/E codes is to notify all Medicaid providers that these members are associated with the Health Home program. How these exception codes are returned on an eligibility response may be confusing but please be aware this does not mean they are a restricted recipient.**

### Exception Codes:

**A1** indicates the member is in outreach or enrolled with a Care Management Agency (CMA).

**A2** indicates the member is in outreach or enrolled with a Health Home (HH).

Within ePACES, the actual A1/A2 codes are displayed within the “**Medicaid Exceptions**” field. This section does not include a description of the codes nor the member’s CMA/HH provider information. The CMA/HH NPI and Provider name associated with the corresponding Health Home program A1/A2 code are displayed in the “Medicaid Restricted Recipient” field with the Service Category “CQ – Case Management”.

**PLEASE NOTE: THIS DOES NOT INDICATE THAT THE HEALTH HOME MEMBERS ARE IN THE RESTRICTED RECIPIENT PROGRAM (RRP). THE CODES DO NOT RESTRICT HEALTH HOME MEMBERS TO CERTAIN PROVIDERS AND DO NOT LIMIT THE TYPES OF MEDICAID SERVICES THE MEMBER IS ELIGIBLE TO RECEIVE. THESE MEMBERS MAY CHANGE CMA/HH AGENCIES, DISENROLL FROM THE HEALTH HOME PROGRAM, AND MAY RECEIVE ANY OTHER SERVICE(S) FOR WHICH THE MEMBER IS ELIGIBLE.**

Below is how a member in the Health Home Program will appear within an ePACES Eligibility Response:

Medicaid Restricted Recipient:	
Service Category	Provider
CQ - Case Management	Provider NPI and Name here
CQ - Case Management	Provider NPI and Name here

Medicaid Exceptions:
Exception Code
A1
A2

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When a Medicaid Provider verifies eligibility using the Medicaid Eligibility Verification System and hears/sees the individual has these two codes, the provider should discuss with the individual their outreach or enrollment status in the Health Home Program. If the individual indicates that they are not enrolled, the provider may discuss with them the benefits of the Health Home Program and having a Care Manager. If the individual indicates they are enrolled in the Health Home Program, the provider is encouraged to consent to communicate with the Health Home and/or Care Management Agency. This will allow the Health Home Care Manager and the provider to discuss the individual's care and needs. If the individual appears to be Health Home eligible and does not have either code on their eligibility response, a provider should refer the individual to the Health Home Program. A provider may contact the individual's Medicaid Managed Care Plan to refer the individual into the Health Home program or may refer the member directly to a Health Home/Care Management Agency. Please see Health Home eligibility and Health Home contact information on our Health Home Website at: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/)

**Please note:** Individuals who are enrolled in PACE, FIDA, or FIDA-IDD Plan are excluded from enrollment in the Health Home Program. However, individuals enrolled in either a mainstream or Managed Long-Term Care (MLTC) Plan are eligible to enroll. Health Home and MLTC Care Managers must work together to ensure there are no duplication of services.

For additional information or questions please contact the NYS Office of Health Insurance Programs, Health Home Policy Unit at 518-473-5569 or email the Health Home Bureau Mail Log at: [https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)