

STATE OF NEW YORK
DEPARTMENT OF HEALTH



eMedNY
Omni 3750 Terminal
Supplemental Guide

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Version 1.3

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Table of Contents

1	INTRODUCTION TO VERIFONE OMNI 3750	1
2	QUICK START	2
3	VERIFONE OMNI 3750 TERMINAL	3
3.1	VERIFONE OMNI 3750 TERMINAL - FRONT	3
3.1.1	<i>VeriFone Omni 3750 Terminal Description - Front</i>	4
3.2	VERIFONE OMNI 3750 TERMINAL – BACK	5
4	VERIFONE INSTALLATION INSTRUCTIONS	7
4.1	INSTRUCTIONS TO RESET DAY/DATE/TIME.....	8
4.2	INSTRUCTIONS TO PROVIDER MENU	9
4.3	INSTRUCTIONS ON SETUP MENU	10
5	VERIFONE VERIFICATION INPUT SECTION	12
5.1	VERIFONE VERIFICATION USING THE ACCESS NUMBER OR MEDICAID NUMBER (CIN)	12
5.2	INSTRUCTIONS FOR COMPLETING A VERIFONE TRANSACTION	12
6	VERIFONE VERIFICATION RESPONSE SECTION	18
7	VERIFONE ERROR AND DENIAL RESPONSES	24
8	DISPENSING VALIDATION SYSTEM RESPONSES	28
9	REVIEW FUNCTION	30
10	VERIFONE DOWNLOAD PROCEDURE	31
11	DISPOSAL OF TRANZ 330 DEVICE	33
11.1	INSTRUCTIONS TO CLEAR MEMORY	33

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1 INTRODUCTION TO VeriFone Omni 3750

The VeriFone terminal is designed to provide an accurate and timely verification of a recipient's eligibility for Medicaid services. Specific features and conveniences, such as a large LCD screen, ATM style buttons and a built in printer, make the verification process easy to learn and use with a minimum of training time.

Multiple provider identification numbers can be programmed into the VeriFone terminal in the Provider Menu. When programmed, the two-digit shortcut code assigned to that Provider can be selected, instead of entering the full eight-digit Provider ID number. See Section 4.2 Instructions to Provider Menu or call 1-800-343-9000 for assistance in adding multiple provider numbers to your terminal.

The Quick Start (Section 2) is a quick and easy way to install the VeriFone Omni 3750 terminal. For step-by-step instructions use the VeriFone Installation Instructions (Section 4).

2 QUICK START

The Quick Start is an easy way to setup up the VeriFone Omni 3750 terminal. For a full and detailed description of the terminal see Section 3 VeriFone Omni 3750 Terminal.

1. Select a location that has access to a power outlet and a telephone line for your terminal. Open the box and unpack the terminal. (See Section 4 VeriFone Installation Instructions for step-by-step instructions).
2. Connect the telephone line cord into the telephone jack labeled 'H S'. Connect the other end into the wall jack. (See Section 3.2 VeriFone Omni 3750 Terminal – Back).
3. Connect the power connector into the power port on the back of the terminal, and the power cord into the power pack. Plug the three-prong power cord into the power outlet. (See Section 3.2 VeriFone Omni 3750 Terminal – Back).
4. After the device has gone through its start-up routine, the day, date, and time is displayed on the top line of the terminal. (See Section 4.1 Instructions to Reset Day/Date/Time).
5. The terminal will arrive with the requestor's Provider number pre-programmed. It is recommended to review the Medicaid Provider number before using the terminal. Press the **P2** key (labeled "Provider") to enter the Provider Menu. "Provider Setup" is briefly displayed. When the Password prompt is displayed, enter the following six-digit number '123456' and press the **ENTER** key. When the terminal displays "ENTER PROVIDER NUMBER", enter the two-digit number '01' and press the **ENTER** key. "PROVIDER NUMBER 01" is displayed with the pre-programmed Provider number below the text.
6. To use the pre-programmed Provider number, press the **CANCEL/CLEAR** key, to return to the initial screen. To change the pre-programmed Provider number, press the **BACKSPACE** key eight times to clear the number. Then enter the eight-digit Medicaid Provider number and press the **ENTER** key. If you have no additional Provider numbers to enter, press the **CANCEL/CLEAR** key. To store additional Provider numbers see Section 4.2 Instructions to Provider Menu.
7. If you are required to dial a number to get an outside line (e.g. '9'), press the **P1** key (labeled "Setup") to enter the Setup Menu. The Password prompt is displayed, enter the following six-digit number '123456' and press the **ENTER** key. The "DIAL PREFIX" is displayed, enter the access code (e.g. single digit "9") and press the **ENTER** key. After the access code has been entered, press the **CANCEL/CLEAR** key to return to the Initial Screen. (See Section 4.3 Instructions on Setup Menu).
8. Press the **F4** key or swipe the CBIC card in the Magnetic Card Reader to begin processing transactions to eMedNY.

3 VeriFone Omni 3750 TERMINAL

The VeriFone Omni 3750 terminal is a verification device that uses basic telephone outlets to connect with Medicaid Eligibility Verification System (MEVS). See Section 3.1.1 VeriFone Omni 3750 Terminal Description – Front.

3.1 VeriFone Omni 3750 Terminal - Front



3.1.1 VeriFone Omni 3750 Terminal Description - Front

A.	INTERNAL THERMAL PRINTER	A dot matrix printer in which heat is applied to the pins of the matrix to form dots on heat-sensitive paper.
B.	INDICATOR LED	Power and Paper Indicator. NOTE: A blinking light indicates to check paper supply or paper is not inserted properly.
C.	PAPER COVER RELEASE	Open the printer paper compartment.
D.	F4 ATM-STYLE FUNCTION KEY	Starts a verification transaction through entry of the access number or Medicaid Number (CIN).
E.	LCD SCREEN	The verification response and system messages will be displayed in this area.
F.	MAGNETIC CARD READER	Slot that reads the magnetic stripe on the back of the card. This allows for quicker entry of verification transactions.
G.	ALPHA KEY	Converts numeric digits to alphabetic letters.
H.	PAPER ADVANCE KEY	Press the 3 Key from the initial screen to advance the paper one line at a time.
I.	TELEPHONE STYLE KEYPAD	Area where user enters data needed for the Medicaid verification.
J.	ENTER KEY	Inputs new data into the system. Can also be used to review the last transaction entered. After initial transaction, it initiates a review transaction.
K.	BACKSPACE KEY	Erases the last numeric digit or alphabetic letter entered.
L.	CANCEL/CLEAR KEY	Erases <u>all</u> previously entered data and returns to the ready mode.
M.	REPRINT KEY	Reprints a duplicate copy of the verification message.
N.	P1 SETUP KEY	Allows modification of the Terminal Settings.
O.	P2 PROVIDER KEY	Allows for add, update, delete, and review of multiple provider Ids.
P.	P3 SCROLL BACK KEY	Facilitates scrolling to the previous line, if applicable.
Q.	P4 SCROLL FORWARD/REVIEW KEY	Facilitates scrolling to the next line, if applicable. Also is used to review the previous transaction. (See Section 9 Review Function)

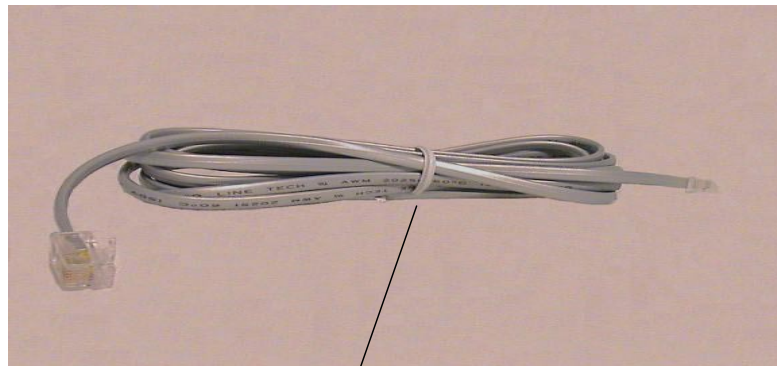
3.2 VeriFone Omni 3750 Terminal – Back



POWER PORT

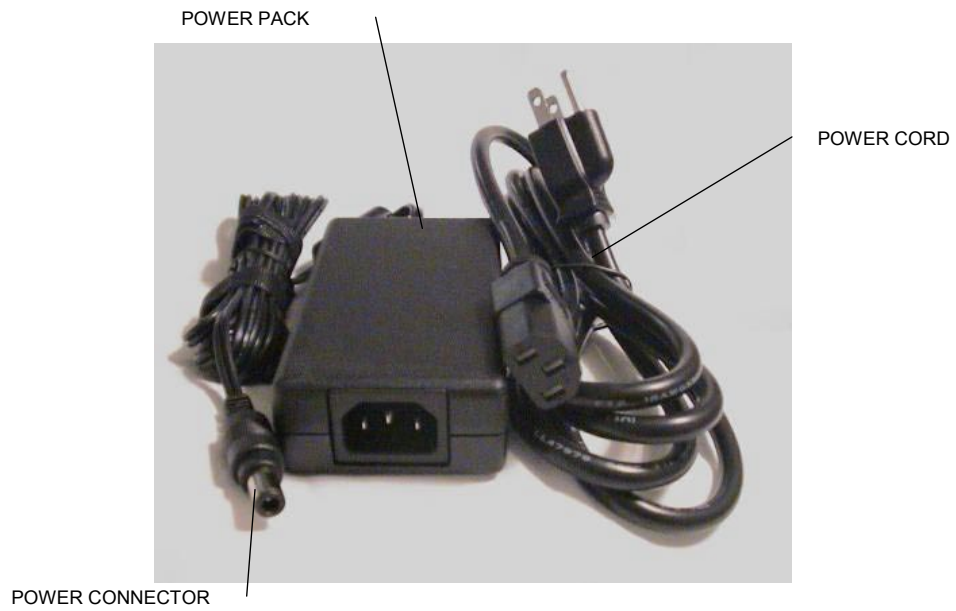
TELEPHONE JACK

Telephone Line Cord



Telephone Line Cord

Power Pack



4 VERIFONE INSTALLATION INSTRUCTIONS

These instructions will assist with the setup of the VeriFone Omni 3750 terminal. Select a location that has access to a power outlet and a telephone line for your terminal.

Connecting the Telephone Line

1. Connect one end of the telephone line cord to the telephone jack labeled “H S” on the right hand side at the rear of the terminal
2. Connect the other end of the telephone line cord to your RJ11-type modular telephone wall jack. If you do not have a telephone wall jack, obtain an adapter from your local telephone company.

Connecting the Terminal Power Pack

1. Connect the power connector into the power port.
2. To lock the power connector, align the plastic lock tab pointing up and turn to the left. To unlock the power connector, turn to the right.
3. Connect the power cord into the power pack.
4. Plug the three-prong AC power cord into an indoor 120-volt AC outlet.

WARNING: Do not plug the power pack into an outdoor outlet or operate the terminal outdoors.

Inserting Thermal Paper into the Internal Thermal Printer

1. To open the printer paper compartment, press the Paper Cover Release button located on the right side of the terminal.
2. Insert a roll of thermal paper, and ensure paper feeds from underneath. (See illustration 2b of the Quick Instruction Guide provided with the new device).
3. Press down to close the printer paper compartment.

Ordering Thermal Paper for the Internal Thermal Printer

To order additional thermal paper, contact TASQ Technology at 1-800-420-3197 or your nearest office supply store.

4.1 Instructions to Reset Day/Date/Time

To set or reset the day, date, and time follow the Display/Action table.

DISPLAY	ACTION
	Press the F2 and F4 key at the same time
SYSTEM MODE ENTRY PASSWORD	Enter "Z66831" (1-alpha-alpha 66831) and press the ENTER key
SYS MODE MENU 1	Press the F3 key for CLOCK
SYS MODE CLOCK YEAR: YYYY MONTH: MM DAY: DD	Enter the current date as "YYYYMMDD"
	Press the P2 key
SYS MODE CLOCK HOUR: HH MINUTE: MM	Enter Time as "HHMM" Enter HH in 24-Hour clock format (e.g. 1:00 p.m. HOUR: 13 MINUTE: 00) Press the ENTER key to Save and Exit
SYS MODE MENU 1	Press the F4 key to restart the device
Initial screen	

4.2 Instructions to Provider Menu

The VeriFone Omni 3750 terminal can store up to 20 MMIS Provider ID numbers to quickly process transactions. Each Provider number can be used by entering the two-digit shortcut code that corresponds to the Provider submitting the transaction. To store additional Provider numbers in the terminal follow the Step/Action/Display table.

NOTE: If only one MMIS Provider number is entered in the table, it will automatically be used for each transaction and the prompt “Select Provider” will not be displayed.

STEP	DISPLAY	ACTION
	Initial Screen	Press the P2 key to enter the Provider Menu
1	ENTER PASSWORD	Enter the following six-digit number ‘123456’ and press the ENTER key
	Provider Setup is displayed	
2	ENTER PROVIDER NUMBER --	Enter a valid two-digit number (01 – 20). The first shortcut assigned must start with 01. NOTE: It is <u>important</u> to keep track of the shortcuts that correspond with each Provider ID.
3	PROVIDER NUMBER nn ##### <i>The ‘nn’ on the first line is the two-digit shortcut number corresponding to the Provider.</i> <i>The “#####” on the second line is the eight-digit MMIS Provider number.</i> <i>If a provider number is not associated with ‘nn’, then a blank line will display instead of the Provider number.</i>	Enter the eight-digit MMIS Provider number that you are assigning to that shortcut and press the ENTER key To change the number currently displayed press the BACKSPACE key to clear the existing Provider number, enter the new number and press the ENTER key OR Press the ENTER key to keep the current value
4		Press the CANCEL/CLEAR key to return to the Initial Screen OR Repeat Steps 2 through 4 to store additional Providers

4.3 Instructions on Setup Menu

This menu allows the user to modify several variables that the device uses. To edit the Setup Menu follow the Display/Description/Action table.

DISPLAY	DESCRIPTION	ACTION
Initial Screen		Press the P1 key to enter the Setup Menu
Terminal Setup ENTER PASSWORD		Enter the following six-digit number '123456' and press the ENTER key.
DIAL PREFIX ## -----	The Dial Prefix is dialed before the telephone number. If a value has already been entered, it will display on the second line (“##”).	If you are required to dial a number (e.g. ‘9’) to get an outside line, enter the access code here (e.g. single digit “9”) and press the ENTER key. After the access code has been entered, press the CANCEL/CLEAR key.
ENTER NYM TELE # 1-866-828-4814 -----	This is the number the device will dial to submit transactions.	Press the ENTER key to continue. If you need to change this number, call the Provider Help Desk at 1-800-343-9000.
ENTER BACKUP # 1-866-828-4815 -----	This is the number the device will dial in case the main number does respond.	Press the ENTER key to continue. If you need to change this number, call the Provider Help Desk at 1-800-343-9000.
DIAL TYPE TONE PULSE	The type of phone system used. Touchtone is most commonly used. Default is ‘Tone’.	The current setting is the word under “DIAL TYPE”. If you need to change the setting, press the F1 key for Tone or press the F2 key for Pulse. Otherwise, press the ENTER key to continue.
PRINT ALL YES NO	This designates whether the device will automatically print responses. Default is ‘YES’.	The current setting is the word under “PRINT ALL”. To change the setting, press the F1 key to automatically print responses or press the F2 key to not automatically print responses. NOTE: When the “PRINT ALL” is set to “no”, you may print manually by pressing the asterisk “*” key. Press the ENTER key to continue.



DISPLAY	DESCRIPTION	ACTION
<p>KEY BEEP</p> <p>NO</p> <p style="text-align: right;">YES</p> <p style="text-align: right;">NO</p>	<p>This designates whether the device will beep when a key is pressed. Default is 'NO'.</p>	<p>The current setting is the word under "KEY BEEP". To change the setting, press the F1 key to beep or press the F2 key to not beep.</p> <p>NOTE: Errors will still cause a beep to sound.</p> <p>Press the ENTER key to continue.</p>
<p>DOWNLOAD TELE #</p> <p>1-888-843-7160</p> <p>-----</p>	<p>This is the phone number the device will dial to download a new application to the device.</p>	<p>Press the ENTER key to continue.</p> <p>If you need to change this number, call the Provider Help Desk at 1-800-343-9000.</p>
<p>ENTER NEW PASSWORD</p> <p>-----</p>	<p>This is the password used to access the Setup Menu and the Provider Menu.</p>	<p><u>WARNING:</u></p> <p>If you need to have a different password, enter it here. Be advised that if you change it, Provider Services will not be able to reset it for you. Press the ENTER key to return to the initial screen.</p>

5 VERIFONE VERIFICATION INPUT SECTION

5.1 *VeriFone Verification Using the Access Number or Medicaid Number (CIN)*

The access number is a thirteen-digit numeric identifier on the Common Benefit Identification Card that includes the sequence number. The easiest and fastest verification method is using the Access Number by swiping the card through the terminal. The Medicaid number (CIN) is an eight-character alpha/numeric identifier on the Common Benefit Identification Card.

5.2 *Instructions for Completing a VeriFone Transaction*

- **ENTER** key must be pressed after each field entry.
- For assistance or further information on input or response messages call Provider Services Staff, **1-800-343-9000**.
- To add provider numbers to your terminal, See Section 4.2 Instructions to Provider Menu or call **1-800-343-9000**. (Please maintain a listing of provider numbers and corresponding shortcuts.)
- To enter a number, press the key with the desired number.
- To enter a letter, press the key with the desired letter, and then press the alpha key until the letter appears in the display window.

PROMPT DISPLAYED	ACTION/INPUT
	<p>TO BEGIN: Press the CANCEL/CLEAR key. Press the F4 key or swipe the CBIC card in the Magnetic Card Reader to start the verification.</p>
<p>ENTER CARD OR ID</p>	<p>If you are using the recipient access number, swipe the card through the reader or key the access number and press the ENTER key.</p> <p>Smoothly swipe the card through the magnetic card reader from top to bottom. The NY Access # will be displayed for one second.</p> <p>Note: The access number must be entered manually if using a replacement paper Benefit Identification Card or if using a plastic card with a damaged magnetic stripe. The six-digit ISO number on the Benefit Identification Card does not need to be entered when manually entering the access number.</p> <p>If you are using the Recipient Medicaid number (CIN), enter the Medicaid number and press the ENTER key. The NY Medicaid # will be displayed for one second.</p>
<p>ENTER TRAN TYPE</p>	<p>One of the following must be entered:</p> <ol style="list-style-type: none"> 1 To request a Service Authorization and Eligibility inquiry. This must be used to obtain a service authorization for <u>Post and Clear and Utilization Threshold</u> (UT) programs. Co-payment entries may also be made using Transaction Type 1. 2 To request Eligibility inquiry only. This may also be used to determine if ordered/prescribed services are available for the recipient under the UT program. Co-payment entries may also be made using Transaction Type 2. 3 Authorization Confirmation - To determine if an authorization has already been requested for this patient, for a particular date. To be used with Medicaid Number (CIN) ONLY. 4 Authorization Cancellation - To cancel a previous authorization. Use Medicaid Number (CIN) ONLY. Must be done on the same day of the previous authorization. 6 Dispensing Validation System Request (DVS) - This transaction allows suppliers of prescription footwear items; certain medical surgical supplies and equipment to request a DVS number (Prior Approval). This transaction code is also used to obtain Dental DVS Numbers for selected Dental Procedure Codes. <p>Press the ENTER key</p>

PROMPT DISPLAYED	ACTION/INPUT
<p>NOTE: Depending on which Transaction Type you select, the following prompts may not appear in the order in which they are listed.</p>	
<p>ENTER SEQ #</p>	<p>If your Identification Number entry was a Medicaid ID number (CIN), enter the two-digit sequence number and press the ENTER key. The sequence number is the last two-digits of the access number.</p> <p>If the Access Number was entered, this prompt will not display.</p>
<p>ENTER DATE</p>	<p>Press the ENTER key for today's date. If you are doing a verification for a previous date of service, Press the Backspace key and enter the eight-digit date, MMDDCCYY, and press the ENTER key. DVS transactions require a current date entry or just press ENTER key.</p> <p>For all inpatient co-payment entries, the date should equal the discharge date.</p>
<p>SELECT PROVIDER</p>	<p>This prompt will be displayed if there are multiple Provider Id numbers programmed into this terminal. Enter the two-digit shortcut code that corresponds with the Provider Id you are selecting or enter the full eight-digit MMIS Provider Id and press the ENTER key. To add numbers see Section 4.2 Instructions to Provider Menu or call 1-800-343-9000 for assistance.</p>
<p>ENTER SPEC CODE</p>	<p>Enter the three-digit MMIS specialty code that describes the type of service that will be rendered and press the ENTER key. If you are providing a service that is exempt from the UT program or you are a clinic or hospital clinic using a Transaction Type 1 or 6, a code MUST be entered.</p> <p>If you do not have a specialty code, press the ENTER key to bypass this prompt.</p>
<p>REFERRING PRV #</p>	<p>Must be entered if the recipient is in the Restricted Recipient Program and the transaction is not done by the primary provider. Enter the eight-digit MMIS Provider number of the primary provider and press the ENTER key. If a recipient enrolled in the Managed Care Coordinator Program (MCCP) is referred to you by the primary provider, you must enter that provider's MMIS Provider ID number in response to this prompt.</p> <p>If the recipient is not restricted or in MCCP, press the ENTER key to bypass this prompt.</p>

PROMPT DISPLAYED	ACTION/INPUT																																					
<p>ORDERING PRV #</p>	<p>Enter the MMIS provider ID number of the ordering provider and press the ENTER key. All providers who fill written orders/scripts must complete this field.</p> <p>If you do not have the provider number of the ordering provider, you may enter the license type and license number. If entering a license number for New York State providers, first enter a license type, followed by two zeros, then the six-digit license number. If entering out of state license numbers, first enter the license type, followed by the two-digit alpha character state code then the six-digit license number. NYS Nurse Practitioners who are allowed to prescribe will have an F preceding their license number. NYS Optometrists who are allowed to prescribe will have an alpha character (U or V) preceding their license number. When entering their license number, enter the license type followed by a zero, the alpha character and the six-digit license number.</p> <p>Valid license types include:</p> <table border="0" data-bbox="802 877 1424 1186"> <thead> <tr> <th></th> <th style="text-align: center;"><u>In State</u></th> <th style="text-align: center;"><u>Out of State</u></th> </tr> </thead> <tbody> <tr> <td>Physician</td> <td style="text-align: center;">01</td> <td style="text-align: center;">11</td> </tr> <tr> <td>Dentist</td> <td style="text-align: center;">02</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Physician's Assistant</td> <td style="text-align: center;">09</td> <td style="text-align: center;">19</td> </tr> <tr> <td>Optometrist</td> <td style="text-align: center;">25</td> <td style="text-align: center;">35</td> </tr> <tr> <td>Podiatrist</td> <td style="text-align: center;">26</td> <td style="text-align: center;">36</td> </tr> <tr> <td>Audiologist</td> <td style="text-align: center;">27</td> <td style="text-align: center;">37</td> </tr> <tr> <td>Nurse Practitioner</td> <td style="text-align: center;">29</td> <td style="text-align: center;">39</td> </tr> <tr> <td>Nurse Midwife</td> <td style="text-align: center;">29</td> <td style="text-align: center;">39</td> </tr> </tbody> </table> <p style="text-align: center;"><u>Examples:</u></p> <table border="0" data-bbox="802 1312 1424 1465"> <tbody> <tr> <td>MMIS Provider ID #</td> <td style="text-align: right;">01234567</td> </tr> <tr> <td>New York State License #</td> <td style="text-align: right;">0100987654</td> </tr> <tr> <td>Out of State License #</td> <td style="text-align: right;">11NJ345678</td> </tr> <tr> <td>Nurse Practitioner #</td> <td style="text-align: right;">290F121212</td> </tr> <tr> <td>NYS Optometrist #</td> <td style="text-align: right;">250U452749</td> </tr> </tbody> </table> <p>NOTE: When entering a license type and license number, the last six positions of the entry should be the actual numeric license number. If the license number does not contain six numbers, zero fill the appropriate positions preceding the actual license number. For example, an entry for an Optometrist whose license number is V867 would be: 250U000867 (License Type + 0U + Zero fill + License Number).</p>		<u>In State</u>	<u>Out of State</u>	Physician	01	11	Dentist	02	12	Physician's Assistant	09	19	Optometrist	25	35	Podiatrist	26	36	Audiologist	27	37	Nurse Practitioner	29	39	Nurse Midwife	29	39	MMIS Provider ID #	01234567	New York State License #	0100987654	Out of State License #	11NJ345678	Nurse Practitioner #	290F121212	NYS Optometrist #	250U452749
	<u>In State</u>	<u>Out of State</u>																																				
Physician	01	11																																				
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Physician's Assistant	09	19																																				
Optometrist	25	35																																				
Podiatrist	26	36																																				
Audiologist	27	37																																				
Nurse Practitioner	29	39																																				
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Out of State License #	11NJ345678																																					
Nurse Practitioner #	290F121212																																					
NYS Optometrist #	250U452749																																					

PROMPT DISPLAYED	ACTION/INPUT
<p>NOTE: The following three prompts are <u>required</u> for DVS transactions only and will only appear when Transaction Type 6 is entered.</p>	
<p>ENTER COS</p>	<p>For DVS transactions only: Enter the four-digit Category of Service number assigned to you at the time of enrollment in the NYS Medicaid Program. Be sure to enter the same COS that you will put on your claim when billing for the service.</p>
<p>ENTER ITEM/NDC #</p>	<p>For DVS transactions only: Enter the five-digit New York State alpha/numeric item code of the item being dispensed. For some items, <u>if instructed by New York State</u>, the eleven-digit National Drug Code may be entered.</p> <p>For Dental DVS: Enter a constant value of D; the five character Dental procedure code and a two- digit tooth number, or one character primary tooth or two-character tooth quadrant/arch.</p>
<p>ENTER QUANTITY</p>	<p>For DVS transactions only: Enter the total number of units dispensed for the current date of service only.</p> <p>For Dental DVS: Enter the number of times the procedure was performed.</p>
<p>NOTE: If performing a <u>DVS transaction</u>, the Enter Quantity prompt will be the last to appear. <u>Co-payment amounts</u> will be taken from the New York State Drug Plan file and added to the recipient's file for cap calculation unless the recipient has already met their co-pay or is exempt. No co-payment amounts can be entered with the DVS transaction.</p>	
<p>COPAY TYPE/UNIT 1</p>	<p>Enter a co-payment type and the number of units. Refer to the Co-payment Type Code list in the MEVS manual for the alpha code to be entered in the co-pay type field. The entry in the "UNIT 1" field must be numeric. (One or two-digit number equal to service units you are rendering). If the service you are rendering does not require co-payment, or if the recipient is exempt or has met their co-payment maximum responsibility, bypass all the prompts by pressing enter.</p> <p>If the first entry is valid, you will be prompted to enter "COPAY TYPE/UNIT 2" then a "COPAY TYPE/UNIT 3" and finally "COPAY TYPE/UNIT 4". The additional co-pay prompts would be used by a provider who is rendering more than one "COPAY TYPE" of service.</p>
<p>COPAY TYPE/UNIT 2</p>	<p>Enter co-payment type and number of units</p> <p style="text-align: center;">OR</p> <p>Press the ENTER key to bypass the rest of the co-payment prompts.</p>
<p>COPAY TYPE/UNIT 3</p>	<p>Enter co-payment type and number of units</p> <p style="text-align: center;">OR</p> <p>Press the ENTER key to bypass the rest of the co-payment prompts.</p>

PROMPT DISPLAYED	ACTION/INPUT
COPAY TYPE/UNIT 4	Enter co-payment type and number of units OR Press the ENTER key to bypass the rest of the co-payment prompts.
# SERVICE UNITS	Enter the total number of service units and press the ENTER key. If you are performing an Eligibility Inquiry only, press the ENTER key to bypass this prompt.
NOTE: If you are a POST and CLEAR Provider, enter the appropriate data for the following two prompts. These prompts will only appear for a Post and Clear provider.	
# LAB TESTS	Enter the number of lab tests you are ordering and press the ENTER key. If no lab tests are required, bypass by pressing the ENTER key.
# RX/OTC	Enter the number of prescriptions or over the counter items you are ordering and press the ENTER key. If no RX/OTC are required, bypass by pressing the ENTER key.
THIS ENDS THE INPUT DATA SECTION. The VeriFone will now dial into the MEVS system and display these processing messages:	
DIALING, WAITING FOR ANSR, CONNECT XXXX, WAITING FOR ENQ, TRANSMITTING, and RECEIVING.	These processing messages are displayed.

6 VERIFONE VERIFICATION RESPONSE SECTION

The device will automatically display and print the response data unless you have specified in the setup menu to not automatically print your receipts. To print an additional copy of the response data, press the ‘*’ asterisk key. To advance the paper by a line, press the ‘3’ key. If your device has paper but is not printing a response, see the “PRINT ALL” setting in Section 4.3 Instructions on Setup Menu.

An eligibility/service authorization response that contains no errors will be returned in the following sequence.

NOTE: The screen will display up to eight (8) lines of text. If the response is longer than eight (8) lines, use the P3 (Scroll Back) and P4 (Scroll Forward/Review) keys.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
CIN	AA22345D 04	The first line of the response will display the eight-digit Medicaid Number (CIN) and the recipient's two-digit county code. Press the # key to display each line of the message.
RECIPIENT'S MEDICAID COVERAGE	ELIG CAPITATION GUARANTEE	A response of “Eligible Capitation Guarantee” indicates guaranteed status under a Prepaid Capitation Program (PCP). The PCP provider is guaranteed the capitation rate for a period of time after a client becomes ineligible for Medicaid service. Recipients enrolled in some PCPs are eligible for some fee-for-service benefits if referred by the PCP provider. To determine which services are covered by the PCP, review the coverage codes returned in the response. The Coverage Code definitions can be found in the “Codes” section of the MEVS manual. If further clarification of exact coverage is needed, contact the PCP.
	ELIG EXCEPT LTC	Recipient is eligible to receive all Medicaid services except nursing home services provided in an SNF, nursing home services received in an inpatient setting and/or waived services received under the Long Term Health Care Program. All pharmacy, physician, ambulatory care services and inpatient hospital services, not provided in a nursing home, are covered.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
RECIPIENT'S MEDICAID COVERAGE (contd.)	ELIGIBLE ONLY FAMILY PLAN SRVC	A recipient who was pregnant within the past two years and was on Medicaid while pregnant is eligible for Medicaid covered family planning services for up to 26 months after the end date of pregnancy, regardless of whether the pregnancy ended in a miscarriage, live birth, still birth or an induced termination.
	ELIGIBLE ONLY OUTPATIENT CARE	Recipient is eligible for all ambulatory care, including prosthetics; no inpatient coverage.
	ELIGIBLE PCP	A response of "Eligible PCP" indicates coverage under a Prepaid Capitation Program (PCP). This status means the recipient is enrolled in a managed care plan as well as eligible for limited fee-for-service benefits. To determine which services are covered by the PCP, review the coverage codes returned in the response. The Coverage Code definitions can be found in the "Codes" section of the MEVS manual. If further clarification of exact coverage is needed, contact the PCP.
	EMERGENCY SRVCS	Recipient is eligible for emergency services from the time first given treatment for the emergency medical condition until such time as the medical condition requiring emergency care is no longer an emergency. An emergency is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptom of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any body organ or part.
	FAM HEALTH PLUS	Recipient is enrolled in the Family Health Plus Program (FHP) and receives all services through a FHP participating Managed Care Plan. The Medicaid program does not reimburse for any service that is excluded from the benefit package of the FHP Managed Care Plan.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
RECIPIENT'S MEDICAID COVERAGE (contd.)	MA ELIG-HR/UT	Recipient is eligible to receive all Medicaid services within set limits for physician, psychiatric and medical clinics, laboratory, dental clinic and pharmacy services. A Utilization Threshold service authorization must be obtained.
	MA ELIGIBLE	Recipient is eligible for all benefits.
	MDCRE COIN/DEDUC	Recipient is eligible for payment of Medicare coinsurance and deductibles. Deductible and coinsurance payments will be made for <u>Medicare</u> approved services only.
	PERINATAL FAMILY	Recipient is eligible to receive a limited package of benefits. The following services are excluded: podiatry, long term home health care, long term care, hospice, ophthalmic services, DME, therapy (physical, speech, and occupational), abortion services, and alternate level care.
	PRESUMPTIVE ELIG LONGTERM/HOSPICE	Recipient is eligible for all Medicaid services except hospital based clinic services, hospital emergency room services, hospital inpatient services, and bed reservation.
	PRESUMPTIVE ELIG PRENATAL A	Recipient is eligible to receive all Medicaid services except inpatient care, institutional long term care, alternate level care, and long term home health care.
	PRESUMPTIVE ELIG PRENATAL B	Recipient is eligible to receive only ambulatory prenatal care services. The following services are excluded: inpatient hospital services, long term home health care, long term care, hospice, alternate level care, ophthalmic services, DME, therapy (physical, speech, and occupational), abortion services, and podiatry.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
RECIPIENT MISCELLANEOUS DATA	10 F959 S 06 500	<p>The descriptions that follow are in the order in which the data is returned.</p> <p>The anniversary month is the beginning month of the patient's benefit year. October in example.</p> <p>Valid Sex codes are: F = Female M = Male U = Unborn (Infant)</p> <p>959 = Year of birth is displayed showing the century and year of the recipient's birth. Example: 1959 will appear as 959.</p> <p>S = Category of assistance, SSI.</p> <p>06 = Month client is due for re-certification. June in example.</p> <p>500 = Valid NYC office code.</p> <p>See table of Valid Office Codes in the "Codes" section of the MEVS manual.</p>
MEDICARE DATA	Identifies Medicare coverage recipient is eligible for.	
	MEDICARE A	A = Recipient has only Part A Medicare (inpatient hospital).
	MEDICARE B	B = Recipient has only Part B Medicare (outpatient).
	MEDICARE AB	AB = Recipient has both Parts A and B Medicare Coverage.
	MEDICARE ABQMB	ABQMB = Recipient has Part A and B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
	MEDICARE PART A & QMB	Recipient has Part A Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
	MEDICARE PART B & QMB	Recipient has Part B Medicare coverage and is a Qualified Medicare Beneficiary (QMB).
	MEDICARE QMB ONLY	Recipient is a Qualified Medicare Beneficiary (QMB) Only.
	HIC XXXXXXXXXXXXX	Health Insurance Claim number consisting of up to twelve-digits. If a number is not available, the following message will be displayed.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
MEDICARE DATA (contd.)	HIC NOT ON FILE	Health Insurance Claim number is not on file.
THIRD PARTY INSURANCE AND COVERAGE CODES	21 BEJK	Insurance and Coverage Codes equal the insurance carrier and the scope of benefits. You will see a two character insurance code and up to 13 coverage codes or the word all. If you see an insurance code of ZZ call 1-800-343-9000 to obtain additional insurance and coverage information. Refer to your MMIS Provider Manual for insurance codes. (See table of valid coverage codes in the "Codes" Section of the MEVS manual).
EXCEPTION RESTRICTION CODES	EXCP 35 46 ZZ	If applicable, a recipient's exception and/or restriction code will be displayed. Refer to the "Codes" Section of the MEVS manual for the definitions/descriptions.
COPAY DATA	NO COPAY REQD	This message will be returned if the recipient is under 21 or exempt from co-payment and co-payment data has been entered.
	COPAY MET MMDDYY	Recipient has reached his/her co-payment maximum. The date equals the date of inquiry which brought the co-payment over the maximum. You should <u>not</u> collect the co-payment until the next co-payment period.
UTILIZATION THRESHOLD POST AND CLEAR DATA	APRVD NEAR LIMIT	The service authorization has been granted and recorded. The recipient has almost reached his/her service limit. For the convenience of the provider and the recipient, this message also indicates that the patient is using services at a rate that could exhaust his/her limit for that particular service category.
	AT SERVICE LIMIT	The recipient has reached his/her limit for that particular service category. No service authorization is created. The service is <u>NOT</u> approved and payment by Medicaid will <u>NOT</u> be made. Refer to your MMIS manual if the patient has either an emergency or medically urgent situation.
	DUP UT AUTH	The service authorization request is a duplicate of a previously approved service authorization request for a given provider, recipient, and date of service.

FIELD DATA	RESPONSE	DESCRIPTION/COMMENTS
UTILIZATION THRESHOLD POST AND CLEAR DATA (contd.)	PARTIAL APPROVAL NN/XX/XX PC	Indicates that the full complement of requested services relative to Post and Clear processing is NOT available. The NN represents the number of services approved/available. An authorization will be created for that number only.
	PARTIAL APPROVAL NN/XX/XX UT	Indicates that the full complement of requested services relative to Utilization Threshold processing is NOT available. The NN represents the number of services approved/available. An authorization will be created for that number only.
	SERVICE APRVD PC	The ordering provider has posted the service and it has been approved. An authorization will be created.
	SERVICE APRVD UT	The service units requested are approved as the recipient has not utilized their UT service limit. A service authorization will be created.
DVS RESPONSES	Refer to Section 8 Dispensing Validation System Responses for a list of responses, which may be returned here.	This Response Field will only be returned when a Dispensing Validation System (DVS) transaction has been submitted. If the transaction is approved, a co-pay amount (if applicable) and a DVS# will be returned. If the transaction is rejected, a reject message will be returned. Refer to Section 8 of this Supplemental Guide.
DATE OF SERVICE	FOR MMDDYY END	This prompt will be displayed when the message is complete and reflects the date for which services were requested. You can repeat the message by pressing the P4 Scroll Forward/Review Key and the # key. No time limit has been placed on the length of time the verification message will be displayed. You can view the message as long as it is necessary to gather the information displayed.

7 VERIFONE ERROR AND DENIAL RESPONSES

The next few pages contain processing error and denial messages that may be displayed. Error responses are displayed immediately after an incorrect or invalid entry. To change the entry, press the clear key and enter the correct data. Denial responses are displayed when the transaction is rejected due to the type of invalid data entered. The entire transaction must be reentered or can be corrected using the Review function.

RESPONSE	DESCRIPTION/COMMENTS
BAD TX COMMUN	Bad transmission communication exists with the network. Try the transaction again.
CALL 800 3439000	When certain conditions are met (ex: multiple responses), you are instructed to call the Provider Services staff for additional data.
CAN NOT CANCEL	Provider not allowed to cancel the previous authorization. The allowable time to cancel the authorization has passed.
CANCELLED SS/XX/XXUT SS/XX/XXPC	The transaction has been cancelled. SS = The number of units cancelled UT = Utilization Threshold PC = Post and Clear.
CHECK LINE	The VeriFone terminal is not plugged in or the terminal is on the same line as a telephone, which is off the hook or in use.
CONNECT XXXX	This message is displayed until transmission to the host computer begins.
DECEASED ORDERER	The License Number or eight-digit MMIS Provider Number that was entered in the ordering provider field is in a deceased status on the Master file and cannot prescribe. Check the number entered. If a license number was entered, make sure the correct license type/license number combination and format was entered.
DISQUALIFIED ORDERER	The License Number or eight-digit MMIS Provider Number that was entered in the ordering provider field is in a disqualified status on the Master file and cannot prescribe. Check the number entered. If a license number was entered, make sure the correct license type/license number combination and format was entered.
DOWNLOAD DONE	This message is displayed when the download function process is complete.
DOWNLOAD REQUIRD	The VeriFone software is obsolete and must be updated. This message is displayed once a day until the download is completed.
INV PRV SELECTED	A provider number selection was made that is not programmed into the terminal. For example: If your terminal is programmed with three provider numbers and you select the number 4, this message will be returned.
INV REF PRV#	The referring provider ID number was entered incorrectly or is not a valid MMIS provider ID number. A license number can not be entered in this field.

RESPONSE	DESCRIPTION/COMMENTS
INV SPEC CODE	The specialty code was either entered incorrectly, or not associated with the provider's category of service, or the provider is a clinic and a required specialty was not entered.
INV TERM ACCESS	<p>The received transaction is classified as a Provider Type/Transaction Type Combination that is not allowed to be submitted through the POS VeriFone terminal. Additionally, this message will be returned if a pharmacy submits a DVS transaction for an NDC code through the POS VeriFone terminal because DVS required NDC codes must be submitted through the online NCPDP DUR format. Pharmacies are only allowed to submit DVS transactions through the POS VeriFone terminal for Item/APC codes (five-digit alpha/numeric codes).</p> <p>For example: a Pharmacy can submit an eligibility transaction via the Terminal but cannot submit a Service Authorization Transaction unless exempt from the ProDUR Program.</p>
INV TRANS TYPE	An invalid transaction type other than 1-4 or 6 was entered.
INVALID ACCESS #	An incorrect access number was entered.
INVALID CARD THIS RECIPIENT	Recipient has used an invalid card. Check the number you have entered against the recipient's Common Benefit Identification Card. If they agree, the recipient has been issued a new and different Benefit Identification Card and must produce the new card prior to receiving services.
INVALID DATE	An illogical date or a date which falls outside the MEVS inquiry period. (Dates up to 24 months retroactive will be supported.)
INVALID LIC TYPE	The License Type entered in the ordering provider field is not a valid value. Refer to the values listed in the ordering provider field in Section 5.2 on page 15 of this manual.
INVALID MDCAID #	The Medicaid number (CIN) entered is not valid.
INVALID ORDERING PROVIDER	The license number or MMIS Provider ID number that was entered in the ordering provider field was not found on the license or provider files.
INVALID SEQ #	The sequence number entered is not valid or not current. Check the recipient's card for the current sequence number.
LOST/STOLEN TERM	The terminal serial ID is indicated as being a lost or stolen terminal. Call 1-800-343-9000 for assistance.
MCCP REC NO AUTH	Services must be provided, ordered or referred by the primary provider. In the referring provider field, enter the MMIS provider number of the primary provider to whom the recipient is restricted.
NO ANSWER	The VeriFone is unable to connect with the network. Repeat the transaction.
NO AUTH FOUND	No matching transaction found for the authorization confirmation transaction or cancellation request.

RESPONSE	DESCRIPTION/COMMENTS
NO COV:EXCESS	Recipient has income in excess of the allowable levels. All other eligibility requirements have been satisfied. This individual will be considered eligible for Medicaid reimbursable services only at the point his or her excess income is reduced to the appropriate level. The individual may reduce his or her excess income by paying the amount of the excess to the Local Department of Social Services, or by submitting bills for the medical services that are at least equal to the amount of the excess income. Medical services received prior to meeting the excess income amount can be used to reduce the amount of the excess.
NO COVERAGE: PENDING FHP	Recipient is waiting to be enrolled into a Family Health Plus Managed Care Plan. No Medicaid services are reimbursable.
NO ENQ FROM HOST	No enquiry received from host. A problem exists with the network. Repeat the transaction.
NO RESP FRM HOST	No response received from host. A problem exists with the network. Repeat the transaction.
NO UNITS ENTERED	No entry was made and the units are required for this transaction.
NOT MA ELIGIBLE	Recipient is not eligible for benefits on the date requested. Contact the recipient's Local Department of Social Services for eligibility discrepancies.
PAYMENT PAST DUE	The terminal serial ID is indicated as having past due payments. Call 1-800-343-9000 for assistance.
PLEASE TRY AGAIN	The card swipe was unsuccessful because you partially swiped the card, the card was damaged, or the equipment malfunctioned. Re-swipe or manually enter the access number.
PRESCRIBING PRV LICENSE INACTIVE	The license number entered in the ordering provider field is on the license file but is not active for the date of service entered.
PROCESSING	This message is displayed until the host message is ready to be displayed.
PRV INELIG SERVC ON DATE PERFORMD	The Category of Service for the provider number submitted in the transaction is inactive or invalid for the entered Date of Service. This message will also be returned if Specialty Codes 760 (Clinic Pharmacy) or 307 (DME) are entered in the transaction and the associated Category of Service is not on file or is invalid for the entered Date of Service.
PRV NOT ELIG	The verification was attempted by an inactivated or disqualified provider.
PRV NOT ON FILE	The provider number entered is not identified as a Medicaid enrolled provider. Either the number is incorrect or not on the provider master file.
RCIP NOT ON FILE	Recipient identification number (CIN) is not on file. The number is either incorrect or the recipient is no longer eligible and the number is no longer on file.
RECEIVING	This message is displayed until the host message is received by the VeriFone.

RESPONSE	DESCRIPTION/COMMENTS
REENTER COPAY	An invalid COPAY TYPE code (any alpha character other than A-I or X) was entered or an invalid numeric UNIT (blank or 0 with codes A-I) was entered. Refer to the Co-payment Type Codes in the "Codes" section of the MEVS manual.
REENTER ORD PRV	The license number or provider number entered in the ordering provider field has the incorrect format (wrong length or characters in the wrong position).
RST RECP NO AUTH	This recipient is restricted to services from a specific provider. In the referring provider field, enter the MMIS provider number of the primary provider to whom the recipient is restricted.
RETRY TRANS	After a successful Transaction has been completed, this message will be received during the Review Function if an invalid sequence of keys is pressed or an Access Number is entered which differs in length from the original number.
SRVC NOT ORDERED	The ordering provider did not post the services you are trying to clear. Contact the ordering provider.
SSN ACCESS NOT ALLOWED	The provider is not authorized to access the system using a social security number. The Medicaid Number (CIN) or Access Number must be entered.
SSN NOT ON FILE	The entered nine-digit number is not on the Recipient Master File.
SYS ERROR XXX	A network problem exists. Call Provider Services at 1-800-343-9000 with the error number.
TRANSMITTING	This message is displayed until the host computer acknowledges the transmission.
UNREADABLE CARD	Will be displayed after three unsuccessful attempts to swipe the card.
WAITING FOR ANSR	This message is displayed until connection is made with the network.

8 DISPENSING VALIDATION SYSTEM RESPONSES

The responses listed in this section will only be returned when a DVS transaction (Transaction Type 6) is submitted. Please note that most of the responses are reject messages and require the transaction to be resubmitted.

RESPONSE	DESCRIPTION/COMMENTS
AGE EXCEEDS MAX	The recipient's age exceeds the maximum allowable age on the NYS Drug Plan file for the item/NDC code entered.
AGE PRECEDES MIN	The recipient's age is below the minimum allowable age on the NYS Drug Plan file for the item/NDC code entered.
COPAY \$_____	The amount returned is the co-payment amount for the item submitted taken from the NYS Drug Plan file. If the recipient is not exempt and has not met their co-payment maximum, the amount will be added to the recipient's copay file for Cap calculation. The copay amount will only be returned when applicable.
COS/ITEM INVALID	The entered category of service is not a reimbursable COS on the NYS formulary file for the item/NDC code entered.
CURRENT DATE REQ	A DVS transaction requires a current date entry. The date entered was NOT today's date.
DUPLICATE DVS	The entered transaction is a duplicate of a previously submitted and approved DVS transaction.
DVS # _____	The DVS transaction is approved. The eight-digit DVS number returned in the response must be entered on your paper/magnetic media claim form when submitted for payment. Pharmacy providers who obtain the DVS number via the VeriFone must enter the DVS number in the NCPDP PA/MC Code Field (416), if submitting the claim through the online NCPDP ECCA process.
DVS NOT INVOKED	The transaction has not been processed through the Dispensing Validation System. If further clarification is required, call 1-800-343-9000 for assistance.
DVS NOT REQUIRED	The entered item/NDC code was not designated by the Dept. of Health to receive a DVS number through MEVS.
EXCEEDS FREQ LMT	The recipient has already received the allowable quantity limit of the item/NDC code entered in the time frame resident on the NYS Drug Plan file or the quantity you requested will exceed that limit.
FHP DENIAL	The recipient is enrolled in the Family Health Plus Program (FHP) and receives all services through a FHP participating Managed Care Plan. The Medicaid program does not reimburse for any service that is excluded from the benefit package of the FHP Managed Care Plan.
ITEM/GENDER INV	The item/NDC code entered is not reimbursable for the recipient's gender resident on the eligibility file.
ITEM NOT COVERED	The entered Item/NDC code is not a reimbursable code on the New York State Drug Plan file or has been discontinued.

RESPONSE	DESCRIPTION/COMMENTS
M/I COS	The entered Category of Service is invalid or missing or is not on the provider's file. COS is required for a DVS request. The number must be four-digits in length.
M/I DVS QUANTITY	The entered quantity's format is invalid or missing and is required.
M/I ITEM CODE	The Item/NDC code entered was either an invalid format or missing and is required. Item code format is one alpha character followed by four numeric digits. The NDC code format is eleven numeric digits. See Section 5.2 on page 16 for the correct format of a dental procedure code.
M/I TOOTH/QUAD	The tooth number, tooth quadrant, or arch was not entered and is required, or was entered incorrectly.
MAX QTY EXCEEDED	The quantity entered exceeds the maximum allowable quantity resident on the NYS Drug Plan file. Make sure the quantity entered is for the current date of service only. (no refills).
PROC CD NOT COV	The procedure code entered was either entered incorrectly or is not a NYS reimbursable code, or has been discontinued.

9 REVIEW FUNCTION

The Review function allows you to review the last response received, edit the transaction data and resubmit the transaction. To begin follow the Action/Display table.

DISPLAY	ACTION
Initial Screen	Press the P4 SCROLL FORWARD/REVIEW key
The response from the last transaction is displayed	Press the ENTER key to edit the data
Each screen displays the data that was entered	Reenter new data Or Press the ENTER key to accept current data
	Press the ENTER key to resubmit transaction

10 VERIFONE DOWNLOAD PROCEDURE

A download function is performed when MEVS needs to update information in your terminal. The download procedure is a simple transaction requiring minimal effort and time. The terminal will display one of the following messages: **DOWNLOAD REQUIRED, NO MERCHANT ID, INV PROV #, PROGRAMMING ERROR 0 (ZERO)**. These messages serve as a reminder to you that new information needs to be entered by MEVS. If your terminal displays one of the first three messages stated above, perform the download transaction steps listed below. If you receive the **PROGRAMMING ERROR 0** message, call Provider Services at 1-800-343-9000 for special assistance.

DISPLAY	STEPS/COMMENTS
Initial screen	Press the CANCEL/CLEAR key Press the F2 and F4 key at the same time
SYSTEM MODE ENTRY PASSWORD	Enter "Z66831" (1-alpha-alpha 66831) and press the ENTER key
SYS MODE MENU 1	Press the P2 key to scroll down
SYS MODE MENU 2	Press the F2 (download) key
SYS MODE FILE FILE GROUP _1	Press the ENTER key
SYSTEM MODE FILE GROUP 1 PASSWORD	Enter "Z66831" (1-alpha-alpha 66831) and press ENTER key
SYS MODE DOWNLOAD G 1 FULL F3 PARTIAL F4	Press the F3 (Full) key
SYS MODE DOWNLOAD G 1 MODEM F2 COM1 F3 COM2 F4	Press the F2 (Modem) key
SYS MODE DOWNLOAD G1 DOWNLOADING NOW	Wait. The terminal is dialing the download computer. If the terminal displays CHECK LINE , check the telephone connection. If the cord is properly connected, the line may be busy. Press the CANCEL/CLEAR key to abandon the call, or wait until the line is free.

DISPLAY	STEPS/COMMENTS
<p>SYS MODE DOWNLOAD G1 ----- DOWNLOADING NOW</p>	<p>When the download begins, a line of dashes (-) will appear on the second line. As the download progresses, the dashes will change to asterisks (*).</p>
<p>SYS MODE DOWNLOAD G1 DOWNLOAD DONE DOWNLOADING NOW</p>	<p>Even though the device displays DOWNLOADING NOW, once DOWNLOAD DONE appears the terminal has successfully completed the download. Press the CANCEL/CLEAR key to restart the device and return to the day, date and time display.</p> <p>This response must be displayed before continuing. Entering any information before DOWNLOAD DONE is displayed will terminate this procedure.</p>

If one of the messages listed below is displayed prior to **DOWNLOAD DONE**, call Provider Services at 1-800-343-9000.

DISPLAY	STEPS/COMMENTS
LOST CARRIER	<p>Call Provider Services at 1-800-343-9000</p>
NO RESP FROM HOST	
HOST SENT EOT	
CANNOT CONNECT	
TERML NOT AVLBL	
WRITE COMM FAIL	
APPL NOT CONFGD	
INV TERM ACCESS	
NO ENQ FROM HOST	

11 DISPOSAL OF TRANZ 330 DEVICE

Before disposing of the Tranz 330 device, any provider and client data still in its memory must be cleared. By clearing the memory, the device will no longer be usable for eMedNY.

11.1 *Instructions to clear memory*

WARNING: Do not clear the memory until you are absolutely sure the Tranz 330 device is no longer needed.

The following steps will clear the memory:

1. Press the Asterisk (*) key and the **CANCEL/CLEAR** key.
2. Enter the password: 8 Alpha 0 Alpha 8 Alpha 5361041 Alpha and press the **ENTER** key.
3. Press the **CANCEL/CLEAR** key at the successful prompt.