ePACES - MEVS Eligibility Response

Eligibility Response

You may view the Eligibility Activity Worklist by clicking **Responses** under Eligibility on the left-hand menu. This page has two sections. The top section contains the **Search Criteria** which you enter to filter the pool of all Eligibility Requests in the system, and the lower portion is the filtered list of **Eligibility Requests/Responses**. The results may be sorted based on any of the columns by clicking the column name of Client ID, Name or Date Submitted.

Search Criteria Region

This section of the page contains multiple fields that you may use to filter the pool of Eligibility Requests. When the page is initially accessed from the menu, inquiries made within the past 3 days are 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 requests displayed in the lower portion.

Requested within the last _____ days: Entering a value in this field will limit the returned 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. The value entered in this field must be greater than 0.
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 Medicaid Client ID will limit the returned requests to only those made for that exact value.

From Date: 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.

To Date: To retrieve requests made for a specific date span (more than one day), complete both the From and To Dates. 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.

Show just my transactions / Show all transactions for this provider:
  • Selecting "Show just my transactions" will return only the Eligibility Requests created by you, the current user.
  • Selecting "Show all transactions" will return all Eligibility Requests for the selected provider ID.

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Request/Response Region

	Responses: Records 1-10 of 17	
Client ID	**Name**	**Date Submitted**
LL77777X	SMITH, JAMES	4/25/2013
LL00000X	DOE, JANE	4/25/2013
LL33333X	SMITH, JOE A	4/25/2013
LL66666X	WILLIAMS, BOB	4/25/2013
LL55555X	DOE JR, JOHN	4/24/2013
LL44444X	SMITH, CHRIS	4/24/2013
LL11111X	DOE, JOHN	4/24/2013
LL88888X	BROWN, JIM	4/24/2013
LL99999X	BROWN, MARY	4/24/2013
LL22222X	SMITH JR, MARK	4/24/2013

Page size: 10 ▼   Page: 1 of 2   Next ◑   Last ◑   1 2

This section of the page contains a table listing the Eligibility Requests that match the filtering criteria as defined in the above section. If minimal criteria were entered for the search, this list could be quite lengthy which is why there is a default of displaying requests made within the past 3 days. As soon as a Request is submitted, it will be displayed at the top of this list, as requests are displayed in order of most recent submission.

Client ID: Displays the Medicaid Client ID associated with an Eligibility Request using Client ID.

Name: This value is the Client Name in the following format: "LastName, FirstName MiddleInitial".

Date Submitted: The date when the Request was sent to NY Medicaid.

Page size defaults to 10 Eligibility Responses per page. Clicking the arrow for this field allows the number of responses per page to be changed to 20, 30, 40 or 50. Clicking Next will bring the user to the next page of Eligibility Responses. Clicking Last will bring the user to the last page of Eligibility Responses.

Review Eligibility Details

The Eligibility 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 and whether or not a filter was used on the Eligibility Request.

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: Includes the client ID, name, gender, date of birth, and address to assist in ensuring eligibility was requested for the proper individual. Additional information displayed includes SSN (this will only show if eligibility request was done by name search), Anniversary Date, Recertification Month, County, Office (this will only show if the county is NYC), Date of Service indicated on Eligibility Request and Plan Date.

Client Information:			
Client ID:	LL12345X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	1/1/1950	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/1/2013	Address 2:	
Recertification:	DECEMBER	City, State Zip:	CITY, STATE ZIP
County:	ORANGE	Office:	
Date of Service:	4/16/2013	Plan Date:	4/1/2013

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Medicaid Eligibility Information: The client's status with NY Medicaid along with Co-pay Remaining will display. Valid statuses will be displayed in **Black**, while error statuses will be displayed in **Red**. Any NAMI or Excess Resource amounts will also be returned with the corresponding NAMI Begin Date or Excess Resource Begin and End Date.
Covered Services, Non-Covered Services and Standard Co-pays will display as well.

Medicaid Eligibility Information:

MA Eligible

Co-pay Remaining:	$195.00		
NAMI:	$1,500.00	NAMI Remaining:	$1,500.00
	1/1/2012		

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, then the Eligibility Response will display for only the chosen Service Type(s). For example, if the Service Type was filtered for Dental Care only on the Eligibility Request, the Response will only pertain to Dental Care:

Medicaid Eligibility Information:

Co-pay Remaining:	$200.00

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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Utilization Threshold Units Information: The Service Category Code and Limits are displayed.

Utilization Threshold Units Information	
Service Category Code	**Limits**
98 - Professional (Physician) Visit - Office	At Limit
MH - Mental Health	At Limit
5 - Diagnostic Lab	At Limit
88 - Pharmacy	At Limit
35 - Dental Care	At Limit

Medicaid Restricted Recipient: Any Restriction Codes pertaining to the Client's plan will be listed in this box along with the ID and Name of the Provider to whom the Client is restricted.

Medicaid Restricted Recipient:	
Service Category	**Provider**
35 - Dental Care	1234567890 XYZ MULTI-SRV FAM H C
48 - Hospital - Inpatient	1234567891 ABC HSP MED CTR
88 - Pharmacy	1234567893 CITY PHARMACY
98 - Professional (Physician) Visit - Office	1234567892 JOHN DOE MD

Medicaid Exception: Individual Exception Codes will be displayed here, if applicable.

Medicaid Exceptions:	
Exception Code	**Provider**
A1	00000001 SUNSHINE DAY CARE
A2	1987654320 NYCCHH LLC
H1	
35	

Medicaid Exceptions:	
Exception Code	**Provider**
I5	00000001 SUNSHINE DAY CARE
I9	1987654320 NYCCHH LLC

*Please note, as shown above, that effective 7/25/19, exception codes A1, A2 and I5-I9 will now be returned with the Provider's NPI or MMIS ID (If Provider is NPI exempt).

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).
I5 Indicates a member who is enrolled in OPWDD CCO/HH at level one acuity.
I6 Indicates a member who is enrolled in OPWDD CCO/HH at level two acuity.
I7 Indicates a member who is enrolled in OPWDD CCO/HH at level three acuity.
I8 Indicates a member who is enrolled in OPWDD CCO/HH at level four acuity.
I9 Indicates a member who is eligible for OPWDD CCO/HH services, but has instead opted for basic plan support in lieu of full health home services. Although not a health home service itself, this option is also delivered by CCO/HH provider agencies.

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Third Party Insurance: 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.

Third Party Insurance:

```
Other Payer Name: TPI HEALTHCARE
Carrier Code:         01
Other Payer Address:  PO BOX 1111
                      CITY, STATE ZIP
Phone Number:         (800) 222-3333
Policy Number:        POLNO1
Group Number:         GRPNO1
```

Medicaid Managed Care: The Plan Name, Address, Phone Number and Plan Code will be returned for the Managed Care Plan when the Medicaid Eligibility Information displays ELIGIBLE PCP.

Medicaid Managed Care:

```
Plan name:  MANAGED CARE PLAN INC
Address:    1234 MAIN ST
            CITY, STATE ZIP
Phone:      (800) 222-3333
Plan Code:  00
```

Medicare Information: Indicates the type of Medicare coverage the client has. ***Please note:** Starting in April 2018 CMS shifted from a HICN (Health Insurance Claim Number) to an MBI (Medicare Beneficiary Identifier). There will be a transition period where if an MBI is available that will be returned on the eligibility response in place of a HICN. If an MBI is not available the HICN will be returned on the response until 12/31/2019. Effective 1/1/2020 if there is no MBI then nothing will be returned and the field will be suppressed.

Medicare Information:

```
Other Payer Name: MEDICARE ABDQMB
Health Insurance Claim Number(HIC):  ███████████
```

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

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.