ePACES - MEVS Eligibility Request
for SSHSP, Article 29i Health Facility and School Based Health Centers (SBHCs) Associated Practitioners

Member Eligibility for School Supportive Health Services Program, Article 29i Health Facilities and School Based Health Centers (SBHCs) associated practitioners only:

Clicking **Request**, located under Eligibility on the left-hand menu, will allow you to submit a request for a particular client's eligibility details. There is a variety of data that may be entered to allow NY Medicaid to uniquely identify the individual. While minimal data is required, the more data entered, the more likely the system is to find an exact match on the first attempt. Requests are made directly to NY Medicaid, and therefore Eligibility Responses may be considered real-time transactions.

An Eligibility Request can be done one of two ways:
1. By entering a Client ID (Medicaid ID number)
2. By entering Client Information

Client ID Eligibility Request

Enter Client ID: The Client ID for the individual may be entered. This may be the most effective data to enter when requesting the eligibility of a client as each value uniquely identifies the individual. If you are using a client ID to obtain eligibility, the client information on the right hand side is not required.

Client Information Name Search Eligibility Request

If the Client ID is not available, you may enter the Client's personal information to retrieve the eligibility. The CIN will be returned on the eligibility response, which may be used for future eligibility verifications.

First Name/Last Name: Enter client's full name, as only complete matches will be successfully processed. Valid values are: all letters, hyphen (-), period (.), and apostrophe (').

Date of Birth: The Date of Birth is used to further determine a unique client. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked on to choose the date from the calendar. Once a date is chosen, it will populate in the Date of Birth field automatically.

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SSN: This field should remain blank, if anything is entered in this field by School Supportive Health Services Program, Article 29i Health Facility providers, or School Based Health Centers (SBHCs) associated Practitioners, the inquiry will be rejected.

County Code: Enter the Client's 2-digit County Code.

Gender: Selecting the appropriate Gender will allow for a better match in a Name Search Eligibility Request. NYS cannot process requests where the Gender in unknown.

The following fields may be populated for either a Client ID or Name Search Eligibility Request.

Ordering/Referring Provider NPI: This field is not required. If you want to use an ordering or referring provider on the eligibility transaction, enter the 10-digit National Provider ID here.

Date of Service: The date of service is defaulted to the current date, but may be changed. Dates of service may be entered up to the end of the current month but cannot be greater than 2 years prior to the current date. If checking eligibility for a future date of service, be sure to verify again on the date of service prior to any services being rendered. The accepted entry format is MM/DD/YYYY and may either be entered in the field or selected from the calendar available by pressing the button to the right of the field. If selected from the calendar, the date selected will automatically populate in the Date of Service Field.

Service Types

You may select specific service type(s) to obtain an eligibility response that is uniquely tailored to the service type(s) you pick. Service type 30 (Health Benefit Plan Coverage) is the default. This service type returns the generic service type(s) for the client's coverage.

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Available for submission: If you are looking to request a specific service type, you can enter the word, or part of the word for the service type you are looking for, and then hit the 'Filter' button.

Selected for submission: The service type(s) indicated in this white box will be used to obtain an eligibility request. They will also be used to give back a specific eligibility response based on the service type(s) selected.
Example:

Once you hit filter, the system will only display service types that have the word, or part of the word that you entered in the text box. You can then click on the service type you want to use for your eligibility request. To select the specific service type, either double click on it (which will automatically bring it to the selected for submission box), or click on it once until it is highlighted in a gray color, then click on the right-facing arrow in between the two white boxes at the top. This will place the service type in the selected submission box. You can repeat this process until all service types you want to verify have been entered into the selected for submission box.


Note: Service Type 30 will always be the default selection. To receive an eligibility response only for the service type you specifically want, either double click on it (which will automatically bring it out of the selected for submission box), or click on the 30 - Health Benefit Plan Coverage to highlight it in gray. Then, click the 'left-facing' button to remove it from the selected for submission box.

Clicking on the 'right-facing double-arrow' button will send all service types on the left side to the 'Selected for submission' box on the right. The 'left-facing double-arrow' button will remove all selected service types from the 'Selected for submission' box leaving 30 - Health Benefit Plan Coverage as the default.

Any combination of data entered can be used when submitting the request, therefore ensure that if a Client ID and Name are entered, they correspond, otherwise no data will be found.

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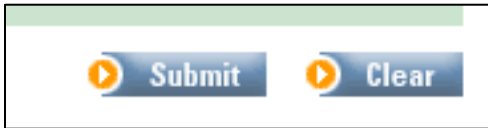
Clicking Submit will transmit the Eligibility Request to the NY Medicaid system, and clear all the fields to allow for the quick entry of another Eligibility Request. In order to view the response received for the inquiry, select Responses located under Eligibility on the left-hand menu. Clicking Clear will reset the fields, but will not submit the Request to NY Medicaid.

Please note the following possible response rejections:

If you are not an SSHSP, Article 29i Health Facility, or School Based Health Centers (SBHCs) associated Practitioners   provider and you submit an Eligibility Inquiry using County Code you will receive the following response(s):

HIPAA Reject "41" (Authorization/Access Restrictions) - Refer to MEVS Manual for new "Possible Causes" and Description (COUNTY CODE ACCESS NOT ALLOWED). Pre-adjudication Edit will fail when the Provider is not allowed to perform the Client County Code Name Search.

HIPAA Reject "75" (Subscriber/Insured Not Found) – Refer providers to MEVS Manual for new "Possible Causes" and Description (NO RECORD FOUND/NO INFORMATION AVAILABLE)

If a School Supportive Health Services Program (SSHSP), or Article 29i Health Facility enrolled provider is submitting a County Code Name Search transaction and is receiving this rejection, this means that there is no exact match found or multiple CINs are found to be an exact match, or the county code that has been entered is invalid (not a real county code).

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.