ePACES – Support Files Provider, Other Payer and Submitter

Overview

The Support Files available in ePACES allows Administrators, Supervisors, and Assigned General Users to create, edit or review database files for an ePACES account associated with an Electronic Transmitter Identification Number (ETIN). Click on one of Support File subheading hyperlinks on the bottom of the left-hand menu bar: *Provider, Other Payer* and *Submitter* to access these files. The Provider and Other Payer files may be edited, but the Submitter file is display only.



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Provider Support File Administration

Clicking on **Provider** under the *Support File* heading displays a list of all Providers that were added by an Administrator, Supervisor or designated General Users. These Providers were added by using the **Add New Provider** function, the **Add New Non-Medicaid Provider** function or were added when entered directly on the claim. The Providers listed in the Support file may be selected on a claim under Physician Information. The list may be sorted by clicking on the column headers: *Name, License Number* or *Provider type*.

There are two types of Providers, Medicaid and Non-Medicaid. Medicaid Providers are enrolled with New York State Department of Health (NYSDOH) and their information is drawn from the master file on the Medicaid Management Information System (MMIS), based on the information a Provider supplies to the NYSDOH. Non-Medicaid Providers are licensed professionals that may refer or order medically related services for a Medicaid Member, but are not enrolled in the NYS Medicaid program. Administrators, Supervisor, and Assigned General Users have the ability to add Non-Medicaid Provider information to the local Support File and may edit information added or delete the Non-Medicaid Provider from the support file. Medicaid Providers may be added to or deleted from the Support file view but the information may not be altered.

	Change Provide	r: PROVIDER NAME	- NPI	▼ () Go		
Provider Supp	oort File					
Add New Provider	Click here to a	add a new Provi	der.			
Name	License No.	Provider Type	Contact Information		Edit	Delete
DOE JAMES MD		046 PHYSICIAN	STREET ADDRESS CITY, STATE ZIP Phone Number			â
DOE JANE MD		046 PHYSICIAN	STREET ADDRESS CITY, STATE ZIP Phone Number			â
DOE JOHN C MD		046 PHYSICIAN	STREET ADDRESS CITY, STATE ZIP Phone Number			â
DOE JOHN F MD	00111111			-	Ø	<u>∎</u>
DOE ROBERT MD		046 PHYSICIAN	STREET ADDRESS CITY, STATE ZIP Phone Number			
	Page size: 50 🔻				76 item	s in 2 pages

Edit allows Administrators, Supervisors, and Assigned General Users to review and make changes to the information for Non-Medicaid Providers. A Medicaid Provider's information cannot be changed through ePACES. **Delete** allows Administrators, Supervisors, and Assigned General Users to delete Non-Medicaid Providers from the local support file. Medicaid Providers may be deleted from the local support file view, but not the master eMedNY database.

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Adding a New Provider

Both Medicaid and non-Medicaid Providers may be added to the local support file. These Providers are then available for selection, in the claim entry process, from the drop down lists on the Physician's Tab.

Adding a Medicaid Provider

By clicking on the **Add New Provider** button, a screen that allows Administrators, Supervisors, and Assigned General Users to add either a Medicaid or Non-Medicaid Provider will pop up. The screen shot below shows the *Add an existing Medicaid Provider* portion of the screen.

•• Provider Support File



The Search for a Medicaid Provider will yield a list of Providers who match the search criteria entered. The screen shot below displays the results of a search on the last name: Zone. A search by Provider Number will be more precise and only return the specific Provider associated with that number.

Provider Support File

Add Provider Click on the radio button to select a Provider(s) to add to your local support file.

elect	yame	License No.	Provider Type	Contact Information
° ¢	ZONE, JANE MD	PA123456	046 PHYSICIAN	STREET ADDR CITY, STATE ZIP PHONE #
c	ZONE, JOHN DDS	00111111	020 DENTIST	STREET ADDR CITY, STATE ZIP PHONE #
•	ZONEN, JOE	00222222	050 PODIATRIST	STREET ADDR CITY, STATE ZIP PHONE #
•	ZONER, JAMES MD	00333333	046 PHYSICIAN	STREET ADDR CITY, STATE ZIP PHONE #
	ZONERIST, JOHN MD	00444444	046 PHYSICIAN	STREET ADDR CITY, STATE ZIP PHONE #
elect	Name	License No.	Provider Type	Contact Information

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Adding Non-Medicaid Providers

New York State Department of Health rules require most ordering, prescribing and referring providers to be enrolled in Medicaid. Most providers in the support files should be entered as existing Medicaid providers. Please review your billing guidelines for your provider type for more information.

Adding Non-Medicaid Providers to the local support file requires more information be entered about the Provider to make the addition, as it cannot be pulled from an existing database.





Other Payer Support Files

The Other Payer Support File contains a listing of all payers currently on file in ePACES. Information displayed includes the *Other Payer ID Number*, the *Other Payer Name*, and the *Claim Filing Indicator* for that Other Payer. You may navigate through the list of Other Payers using the arrows in the header. Clicking on the green triangle in the heading of a particular column will sort the Payers by that information. On this page, you may also select to **Edit** or **Delete** an existing payer, or **Add a New Payer**, if you are unable to find the payer you are looking for.

Add New Payer				
			Records :	1 - 9 of 9
Other Payer ID 🛛 🗸	Other Payer Name 🔻	Claim Filing Indicator 🔻	Edit	Delete
100000002	MEDICARE PART A	Medicare Part A	đ	亩
100000003	MEDICARE PART B	Medicare Part B	đ	亩
1000000004	COMMERCIALINS	Commercial Insurance Co.	ø	亩
100000005	OXFORD HEALTH CARE	Commercial Insurance Co.	đ	亩
100000006	WELLCARE	Health Maintenance Organization (HMO) Medicare Risk	đ	亩
100000007	CIGNA	Commercial Insurance Co.	ø	亩
100000008	NYC FAMILY HEALTH SERVICES	Health Maintenance Organization (HMO) Medicare Risk	đ	â
100000009	MEDICARE	Medicare Part A	đ	亩
1100000000	XYZ HEALTH CENTER	Health Maintenance Organization (HMO) Medicare Risk	đ	亩
Other Payer ID	Other Payer Name	Claim Filing Indicator	Edit	Delete

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Adding a New Payer

Clicking on the **Add New Payer** button brings up this screen. Enter the Other Payer's Name. Click on the drop down list to select the Claim Filing Indicator associated with this Payer.

Add Payer			
Other Payer ID: Other Payer Nar	me:	All-Star Health	
Claim Filing Ind	icator:	Preferred Provider Organization (PPO)	

The newly added Other Payer will be available in the drop down list for Other Payers on the Other Payer Tab of a claim.

General Claim Professional Claim Provider Information Information Diagnosis Other Payers Diagnosis Diagnosis Other Payers Payers Diagnosis Other Payers Diagnosis Diagnosis Other Payers Diagnosis Other Pa	
Other Payer Details Next Other Payer O View Other Payers Other Payer Information Other Payer Information	
* Other Payer Name: * Payer Sequence Number: * Payer Type: Other Payer Paid Amount: Other Payer Claim Control Number: Date Claim Paid:	Newly added Other Payer will appear in the drop down list in alphabetical order.



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Submitter Support File

The *Submitter Support File* screen is read-only and displays the ETIN associated with the Submitter and the date the ETIN decertifies. A valid ETIN is required for the submission of ePACES transactions, such as claims, eligibility, Prior Approval/DVS, etc.

Electronic Transmitter Identification Number (ETIN): The Electronic Transmitter Identification Number (ETIN) for the submitter. Also known as the Transmission Supplier Number (TSN).

DeCertification Date: The date when the ETIN decertifies (expires). A Certification Statement must be submitted prior to this date to continue using ePACES.

Change Provider: Submitter Support File	Anytown Hospital - 1234567890 🔻 🔾 Go
Submitter Information	
Electronic Transmitter Identification Number (ETIN): DeCertification Date:	0000 04/22/2025

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, 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