

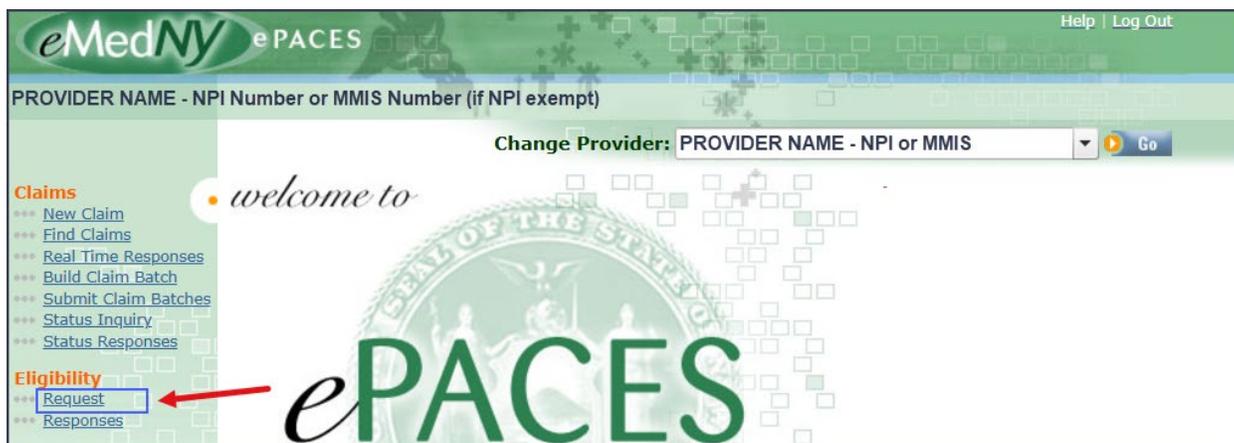


ePACES - MEVS Eligibility Request

SSHSP, Article 29i Health Facility and SBHCs Associated Practitioners

The eMedNY system allows School Supportive Health Services Program (SSHSP) providers, Article 29i Health Facility (formerly known as Voluntary Foster Care Agencies (VFCA)) providers and School Based Health Centers (SBHCs) associated practitioner providers to perform ePACES eligibility inquiries using a **County Code**. Requests process in real-time, providing a response within a few moments that may be viewed in the 'Eligibility Responses'.

Clicking **Request** located under the 'Eligibility' section in the left-hand menu, will allow you to submit a request for a specific client's eligibility details.



New Eligibility Request

* Indicates required field(s)

<p>Client ID</p> <p>* Enter Client ID:</p> <input type="text"/>	OR	<p>Client Information</p> <p>* First Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>* Date Of Birth: <input type="text" value="mm/dd/yyyy"/> <input type="button" value="Calendar"/></p> <p>* SSN: <input type="text" value="___-__-____"/></p> <p>OR</p> <p>County Code: <input type="text" value="__"/></p> <p>* Gender: <input type="button" value="Male"/> <input type="button" value="Female"/></p>
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An Eligibility Request is performed using either the member's **Client ID** or **Client Information**.

Client ID Eligibility Request

Enter Client ID: The client ID entered must be in the format of **two letters, five numbers and one letter** (e.g. AA11111A). The client ID uniquely identifies the member and is therefore the most effective data to enter when requesting the eligibility of a client. If you are using a client ID to obtain eligibility, the client information on the right hand side must be left blank.

Client Information Eligibility Request

If the client ID is not available, you may enter the client's personal information to retrieve the eligibility. If you are using the client's personal information to obtain eligibility, the client ID on the left hand side must be left blank.

Note: The client ID will be returned on the eligibility response, which may be used for future eligibility verifications.

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

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

SSN: This field must remain blank when you will be entering a county code. If any SSN value is entered along with a county code you will receive the following message: **Enter a SSN or County Code**

Note: If you are not a School Supportive Health Services Program provider, an Article 29i Health Facilities provider or a School Based Health Centers associated practitioner, please see [ePACES - MEVS Eligibility Request](#).

County Code: The county code entered must be the 2-digit number that identifies the member's fiscal county. You will receive the following reject response if you enter an invalid county code.

Eligibility Response Details

Reject Reason: 75-Subscriber/Insured Not Found

Follow-up Action: C-Please Correct and Resubmit

Note: If you are not an SSHSP provider, an Article 29i Health Facility provider or a School Based Health Centers (SBHCs) associated practitioner provider, please see [ePACES - MEVS Eligibility Request](#). You will receive the following reject response if you submit an Eligibility Request using a County Code.

Eligibility Response Details

Reject Reason: 41-Authorization/Access Restrictions

Follow-up Action: C-Please Correct and Resubmit

Providers can reference the [MEVS/DVS Provider Manual](#) located on eMedNY.org for any reject reason code(s) that may be returned and their detailed descriptions.

Gender: Select the client's appropriate gender using the drop down arrow.

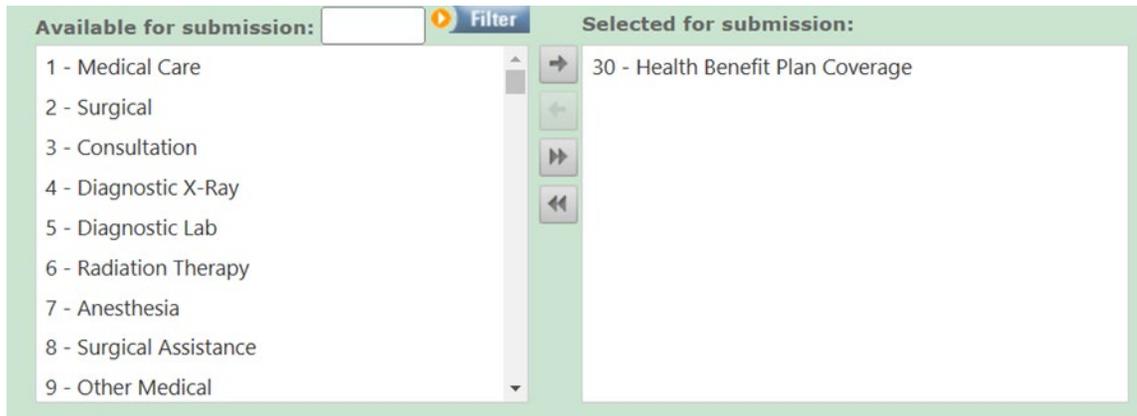
The following fields may be populated for the Client ID Eligibility Request or the Client Information Eligibility Request.

Ordering/Referring Provider NPI:	<input type="text"/>
*Date of Service:	<input type="text"/> 

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

Date of Service: The date of service is automatically defaulted to the current date, but it may be changed. The date of service entered may be for a date up to the end of the current month, but cannot be greater than 2 years prior to the current date. The accepted entry format is MM/DD/YYYY. There is a calendar that can be clicked to choose the date from the calendar. Once a date is chosen, it will populate in the Date of Service field automatically. **Note:** If checking eligibility for a future date of service, be sure to verify eligibility again on the date of service prior to any services being rendered.

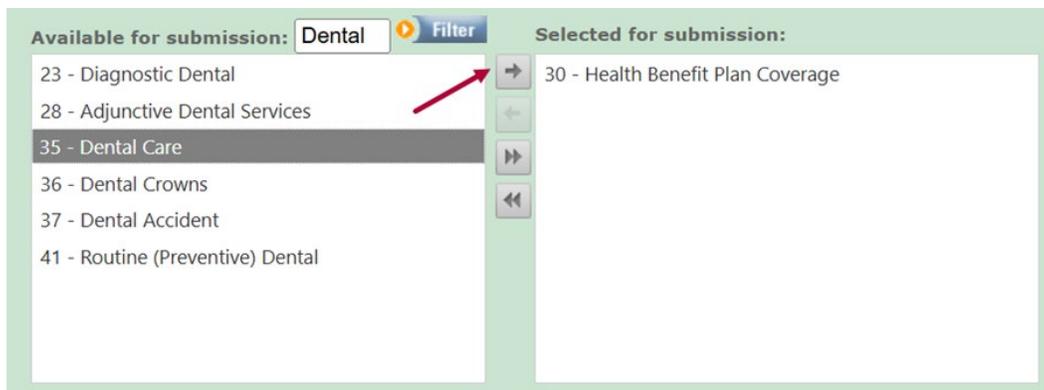
Service Types



Service type 30 - Health Benefit Plan Coverage is the default. This service type returns the member’s Medicaid coverage. **Note:** Leaving the default 30-Health Benefit Plan Coverage is the simplest way to create the eligibility request. However, you may select specific service type(s) to obtain an eligibility response that is uniquely tailored to the service type(s) you pick.

Available for submission: If you would like 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. The system will then display only the service types that contain the word, or part of the word that you entered. To select the specific service type you want to use for your eligibility request, either double click on it (this will place it in the ‘Selected for submission’ box) or click on it once and then click on the single right-facing arrow (this will place it in the ‘Selected for submission’ box). You can repeat this process until all service types you want to verify are entered into the ‘Selected for submission’ box.

Example:



Available for submission: Dental Filter

- 23 - Diagnostic Dental
- 28 - Adjunctive Dental Services
- 36 - Dental Crowns
- 37 - Dental Accident
- 41 - Routine (Preventive) Dental

Selected for submission:

- 30 - Health Benefit Plan Coverage
- 35 - Dental Care

Selected for submission: The service type(s) indicated in this box will be used to obtain eligibility and return a specific eligibility response based on the service type(s) selected.

Note: Service Type 30 - Health Benefit Plan Coverage will always be the default selection. To receive an eligibility response **only** for the service type(s) you specifically want, either double click on Service Type 30 - Health Benefit Plan Coverage (this will place it in the 'Available for submission' box) or click on it once and then click on the single left-facing arrow (this will place it in the 'Available for submission' box).

Example:

Available for submission: Dental Filter

- 23 - Diagnostic Dental
- 28 - Adjunctive Dental Services
- 36 - Dental Crowns
- 37 - Dental Accident

Selected for submission:

- 30 - Health Benefit Plan Coverage
- 35 - Dental Care

Available for submission: Dental Filter

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- 28 - Adjunctive Dental Services
- 36 - Dental Crowns
- 37 - Dental Accident
- 41 - Routine (Preventive) Dental
- 30 - Health Benefit Plan Coverage
- 35 - Dental Care

Selected for submission:

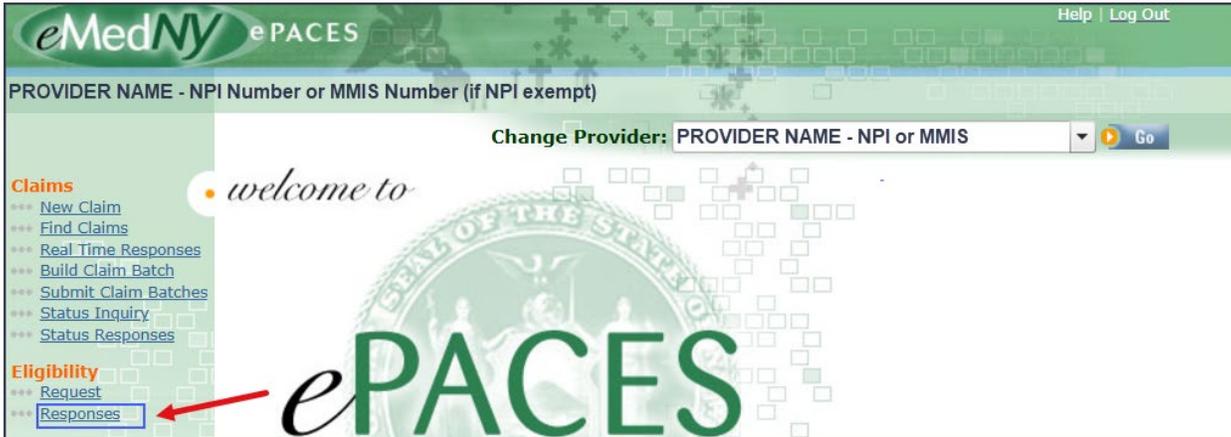
- 30 - Health Benefit Plan Coverage

Note: Clicking on the right-facing double-arrows will send all service types under 'Available for submission' to the 'Selected for submission' box. The left-facing double-arrows will remove all selected service types from the 'Selected for submission' box. Service Type 30 - Health Benefit Plan Coverage will remain as the default.



Clicking **Submit** will transmit the eligibility request to the NY Medicaid system. At the top left of the screen, you will see the message: Request has been submitted. All the fields will be cleared automatically to allow for the entry of another eligibility request.

In order to view the eligibility response returned for the eligibility request inquiry, click **Responses** located under the 'Eligibility' section in the left-hand menu.



See [ePACES - MEVS Eligibility Response](#) for detailed instructions on viewing responses.

Phone Contact

eMedNY Call Center: (800) 343-9000

Hours of Operation:

For provider inquiries pertaining to non-pharmacy billing, claims or provider enrollment: 7:30 a.m. - 6:00 p.m. Eastern Time, Monday through Friday (excluding holidays)

For provider inquiries pertaining to eligibility or pharmacy claims: 7:00 a.m. - 10:00 p.m. Eastern Time, Monday through Friday (excluding holidays). 8:30 a.m. - 5:30 p.m. Eastern Time, Weekends and Holidays