

ATTACHMENT 1

ELIGIBILITY INQUIRY TRANSACTIONS

The Eligibility Inquiry transaction provides the following: **Eligibility Status, Benefit Coverage, Other Potential Payers, Medicaid Managed Care information, Family Health Plus information, Member Provider Restrictions/Exceptions**, and/or if a member is at limits for any of the service categories covered by the Utilization Threshold Program.

VERIFONE ELIGIBILITY INQUIRY TRANSACTION

Follow these simple steps:

1. Press the CANCEL/CLEAR key
2. Press the F4 key
3. Enter Card or ID (swipe the card or key in the access number), then press enter
4. Enter the Transaction Type = 2 (eligibility inquiry), then press enter
5. Enter the date, then press enter (Press # for today's date or enter MMDDCCYY for verification on a previous date of service. Press #.)
6. Select Provider, then press enter
7. Enter the Ordering Provider 10 digit NPI then press enter
8. The VeriFone will now contact eMedNY

MEVS TELEPHONE ELIGIBILITY INQUIRY TRANSACTION

Helpful Hint: Be sure to convert all alpha characters to numeric prior to dialing.

1. Call (800) 997-1111
2. Enter the Medicaid beneficiary identification type
 - a. If entering the alpha numeric CIN , press 1, then press #
 - b. If entering the access number, press 2, then press #
3. Enter the identification number, then press #
4. Enter the Transaction Type = 2 (eligibility inquiry) then press #
5. Enter the date, then press # (Press # for today's date or enter MMDDCCYY for verification on a previous date of service. Press #)
6. Enter the Servicing Provider 10 digit NPI then press #
7. Enter the Ordering Provider 10 digit NPI then press #
8. The VeriFone will now contact eMedNY

ePACES CLIENT ELIGIBILITY REQUEST

Helpful Hint: The more data entered the more likely the system is to find an exact match on the first attempt.

1. Enter Client identification number (CIN)
2. If CIN is not available, enter the following:
 - a. Last Name/ First Name
 - b. Date of Birth (MM/DD/YYYY)
 - c. Gender
 - d. SSN (9 digits)
3. Enter the Date of Service (MM/DD/YYYY)
4. Enter the Ordering Provider 10 digit NPI
5. Click Submit

RESPONSE SECTION

The response returned will provide detailed member information, and **for Medicaid Managed Care or Family Health Plus members** the following plan information will be provided:

- Plan Name
- Plan Address
- Plan Phone Number
- Plan Code

Other Potential Payer Information

- Other Payer Name
- Plan Policy Number (when available)
- Group Number (when available)
- Carrier Code (Medicaid assigned carrier code)
- Other Payer Address (when available)
- Carrier Code
- Phone Number

Detailed information for Verifone/ MEVS can be found in the **MEVS/DVS Provider Manual Version 4.0** at:
<https://www.emedny.org/ProviderManuals/AllProviders/supplemental.aspx>

Helpful: Choosing which MEVS method is right for you.

Detailed information for ePACES can be found in the **ePACES Help Manual** at:
https://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf