



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Table of Contents

OOS SNF PA Request	1
Adding Attachments to an OOS SNF PA Request	4
Response - PA/DVS Activity Worklist	6
Search Criteria Region	6
Request/Response Region	7
PA/DVS Response Details	7
Phone Contact	9

OOS SNF PA Request

NOTE: Initial Prior Approval Request must be faxed or emailed directly to OHIP – Bureau of Medical Review, OOS SNF/Hospital unit using the request form located in the Residential Health Provider Manual on eMedNY.org. ePACES should only be used for subsequent PAs if the member continues to stay at the OOS SNF.

The Out Of State (OOS) Residential Health Care Prior Approval (non-DVS) request must be submitted under the OOS Nursing Home Providers NPI. The following data should be entered when generating the Prior Approval request.

General Information

Client Information * Indicates required field(s)

* Enter a Client ID: Go

Enter the desired Client ID and click Go, this will return the associated Client information below the prompt. The client's full name, gender, and birth date will be displayed as confirmation that the correct ID was entered. If this is not the desired client, re-enter the ID and search again.

Client Information * Indicates required field(s)

* Enter a Client ID: LL12345X Go

Patient Account #:

Name: FRED FLINSTONE

Gender: M

DOB: 01/01/0001



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Transaction Type: Non Dental – Non DVS.

Transaction Type:

Referring Provider

A Referring Provider must be enrolled in NYS Medicaid. If the referring provider is not enrolled, your transaction will not process. For information on how a provider can enroll in NYS Medicaid, you can refer to eMedNY.org or contact the Call Center at 800-343-9000. If Referring Provider information is available, you may choose to **select an existing provider** from the list or **search the database** for a Medicaid provider.

Referring Provider

Use an Existing Provider

*Select a Name:

OR Search for a Medicaid Provider:

Last Name:

Provider Number:

OR

Enter a New Non-Medicaid Provider

* NPI #:

Event Information

Event Information

* Facility Type: Professional/Dental (UB) Institutional

* Service Type: Release Of Information:

Accident Date: Service Date: From:

Onset Date: To:

Admission Date: Discharge Date:

Related Causes Information

Related Causes: Employment Another Party Responsible Auto Accident

Accident Location:

Diagnosis

Primary: Secondary:



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Facility Type: Select (UB) Institutional.

Service Type: Please select 54 from the button to the right of the field.

Service Date From: Enter the date that immediately follows the expiration of the initial/last PA.

Service Date To: Enter proposed or actual end date of service.

Submit



Submit: Once all necessary information has been entered, you transmit the request by clicking the Submit button. To see the details of a response to your request, click the Responses link in the left menu under PA/DVS to open the Prior Approval Activity Worklist (See page 5).



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Adding Attachments to an OOS SNF PA Request

After a Prior Approval has been entered, the submitter clicks on PA responses to access the image upload button. An Image Upload button is only available to those Prior Approvals that ARE NOT in finalized status (i.e., Approved or Rejected).

The screenshot displays the eMedNY ePACES interface. The main content area is titled "Prior Approval Activity Worklist". It features a search criteria form with the following fields:

- Requested within the last: days
- Review Identification #:
- Client Last Name:
- Date Sent: (mm/dd/yyyy)
- Client ID:
- Action:
- Service Type:

Below the search criteria, there are radio buttons for "Show all transactions for this provider" and "Show just my transactions". A "Search" button and a "Clear" button are located at the bottom right of the search area. The table below shows the results of the search, with 1-25 of 46 records displayed.

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
LL12345X	DOE, JANE	5/12/2011 12:23:12 PM	35				
LL12345X	DOE, JANE	5/12/2011 9:53:32 AM	35				
LL12345X	DOE, JANE	5/12/2011 9:45:31 AM	35		C	95-Patient Not Eligible	
LL12345X	DOE, JANE	5/9/2011 2:59:47 PM	12	12345678901	A3	Not Certified	

The table has a second header row at the bottom with the same columns as the first table.

Click on the Image upload Button and a new window pops open to upload an attachment.



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

* indicates required fields

Image Upload

PA Number: 01199387408

* Image Type:

* File Type: gif jpg pdf png tif

* File Upload: No file chosen

(Once all required fields are populated and local image file is selected, click upload button.)

Image Activity List

User ↕	Local Image Name ↕	Document Name ↕	Sent Date ▼	Status ↕	Source ↕	Image Type ↕

PA Number: The PA number of the PA that an image will be attached to.

Image Type: Choose what type of Image (i.e. MR-MRI, PH-Photo, or XR-Xray)

File Type: Choose the image file format (i.e. GIF, JPG, PDF, PNG, or TIF).

File Upload: Click on “BROWSE” and choose a file from your computer to upload.

NOTE: The Image Uploaded must match the file type or the submitter will receive an error message. For example, if the user selects GIF for their FILE TYPE but the FILE UPLOADED is a TIF, an error message appears indicating that the FILE TYPE and FILE UPLOADED do not match. If the file contains a virus, an error message will appear. * Special characters are not allowed in the file name.

Upload: Once the submitter has selected the correct Image Type, File Type and chosen a file, they can click on Upload to upload the file.

The Image Activity List will keep a track of images that were attached to the PA.

User: The user that submitted the file.

Local Image Name: This field is composed of the user ID, Date/Time Stamp, PA number, Image Type, the number 5, and the file type separated by periods.

For example: USERID.100728091732.12345678901.MR.5.JPEG

Sent Date: The Date the image was uploaded.

Status: A value of 2 in this field means that the image was uploaded. A value of 4 in this field means that the image has been received and has been successfully attached to the PA in the eMedNY system. A value of 3 means that a virus was found in the image.

Source: There will always be a 5 for ePACES.

Image Type: The type of image that was uploaded (i.e., MR-MRI, PH-Photo, or XR-Xray)



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Response - PA/DVS Activity Worklist

You may view the list of PA Requests by clicking **Responses** under PA/DVS on the left-hand menu. This page has two sections. The top contains the **Search Criteria**, which you enter to filter the pool of all PA/DVS Requests in the system, and the lower portion is the filtered list of **PA/DVS Confirmation Requests/Responses**. The results may be sorted based on any of the columns by clicking the arrow located in the header of the column.

Search Criteria Region

This section of the page contains multiple fields that you may use to filter the pool of submitted PA/DVS Requests. When the page is initially accessed from the menu, requests made within the past 3 days are defaulted to display the most recent requests made. Changing any of the values in the fields and clicking Search will refresh the page with the new list of inquiries displayed in the lower portion.

Requested within the last ____ days: Entering a value in this field will limit the displayed 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 in this example. The value entered in this field must be greater than 0, and will be defaulted to 3. **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 Client ID will limit the returned requests to only requests made for that exact value.

Service Type: Enter the service type using the associated pop-up.

Review Identification #: A Review Identification # is the Prior Approval (PA) number and entering the PA number will limit the returned request to that exact value. This field cannot be combined with any other search criteria.

Date Sent: 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.

Action: Enter or select a desired code by which to filter the PA DVS Requests to be displayed. The provided list will include all valid Action codes.



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Show all transactions/Show just my transactions: Selecting "all transactions" will return all PA/DVS Requests made by users of your facility(s). Selecting "just my transactions" will return only the PA/DVS Requests created by you, the current user.

Request/Response Region

Client ID	Name	Date Sent	Service Type	Review ID Number	Action	Response Descriptive Text	Image Upload
LL12345X	DOE, JANE	5/3/2011 9:26:42 AM	5		A3	Not Certified	
LL12345X	DOE, JANE	5/4/2011 11:23:41 AM	35		C	95-Patient Not Eligible	

Records 1-2 of 2

This section of the page contains a table listing the PA DVS Confirmation Requests that match the filtering criteria as defined in the above section. With minimal criteria, this list could become 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 descending order of when they were submitted.

Client ID: Shows the Client ID for which the request was made. Once a response has been received for a request, the Client ID will become a hyperlink. Clicking the hyperlink will open the details of that response.

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

Date Sent: The date when the Request was sent to NY Medicaid. The format will be: MM/DD/YYYY.

Service Type: The Service Type selected will display here.

Reviewer ID Number: The PA/DVS Number will display here.

Action: The Action Code received in the DVS Response from NY Medicaid.

Response Descriptive Text: The Action Code or Reject Reason description associated with the Action in the adjacent column.

Image Upload: User can upload Image for desired PA by clicking Image upload button from the PA Activity Worklist Page. It will open a separate window to upload image for desired PA (See Page 3).

NOTE: A transaction, which has somehow failed in the transmission to eMedNY, will be marked with a Status of "Retry", and will not have a hyperlinked response. If this is the case, you must resubmit your PA Request.

PA/DVS Response Details

The PA/DVS 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.

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.



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Client Information - Includes the patient's ID, patient account #, name, gender and date of birth to assist in ensuring confirmation was requested for the proper individual.

Client Information	
Client ID:	LL12345X
Patient Account #:	TEST
Name:	Jane Doe
Gender:	F
DOB:	01/01/0001

Transaction Type – Displays the Transaction Type that was selected for the PA or DVS Initial request.

Transaction Type:	Dental - DVS
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Response - NY Medicaid's response to the request for PA/DVS. Responses indicating approval will be displayed in **Black**; while denial and error responses will be displayed in **Red**.

Response	
Action Code:	
Issue Date:	Review ID Number: 83000017661
Effective Date: 4/4/2011	Expiration Date: 3/29/2012
Prescribing Provider	
No Provider Chosen	

Action Code: This explains the actions taken by the Reviewer.

Issue Date: This will display the date the PA/DVS was issued.

Review ID Number: The PA/DVS number assigned will display here.

Effective Date: This is the date the PA/DVS is effective.

Expiration Date: This is the date the PA/DVS is expired.

Event information: If fields were entered under Event Information, they will be displayed here.



ePACES – Out Of State Skilled Nursing Facility PA Requests/Responses

Event Information

Facility Type: Professional/Dental (UB) Institutional

Service Type: 12 Release Of Information:

Accident Date: Service Date: From: 4/4/2011

Onset Date: To:

Admission Date: Discharge Date:

Related Causes Information

Related Causes: Employment Another Party Responsible Auto Accident

Accident Location: NY US

Diagnosis

Primary: Secondary:

Comments

[Close](#)

Once you have reviewed the information displayed on the page you may click the Close button, which will set the status of the response to “Viewed”.

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.