

2025 EmblemHealth (HMO D-SNP) Valid Epaces Responses for Plan Eligibility

Epaces Response on Screen	Epaces Response Description	EH VIP Dual (HMO D-SNP) & EH VIP Dual Reserve(HMO D-SNP)
Community Coverage No LTC	Community Coverage Without Long Term Care	✓
Community Coverage With CBLTC	Community Coverage With Community Based Long Term Care	✓
Eligible PCP	Eligible PCP	✓
Eligible PCP With Family Planning Carve Out (Only)	Eligible PCP With Family Planning Carve Out (Only)	✓
Eligible PCP With Family Planning And Pharmacy Carve Out	Eligible PCP With Family Planning And Pharmacy Carve Out	✓
MA Eligible	Medicaid Eligible	✓
Medicaid Eligible Hr Utilization Threshold	Medicaid Eligible Hr Utilization Threshold	✓
Eligible Only Inpatient Services	Eligible Only Inpatient Services	
Eligible Only Outpatient Care	Eligible Only Outpatient Care	
Eligible PCP With Mental Health And Family Planning	Eligible PCP With Mental Health And Family Planning	
Eligible PCP With Mental Health, Family Planning, And Pharmacy Carve Out	Eligible PCP With Mental Health, Family Planning, And Pharmacy Carve Out	
Family Planning Benefit And Medicare Coinsurance And Deductible Only	Family Planning Benefit And Medicare Coinsurance And Deductible Only	
Medicare Coinsurance Deductible Only	Medicare Coinsurance And Deductible Only(Qmb)	
No Coverage - Excess Income	No Coverage - Excess Income	
Outpatient Coverage No LTC	Outpatient Coverage With Long Term Care	
Outpatient Coverage With CBLTC	Outpatient Coverage With Community Based Long Term Care	
Outpatient Coverage With No Nursing Facility Services	Outpatient Coverage With No Nursing Facility Services	
Presumptive Eligible	Presumptive Eligible	
Valid Medicaid Eligibility determination W/ 6 Months(Submit Document)	Valid Medicaid Eligibility determination W/ 6 Months(Submit Document)	

Update 05/28/25