| 2026 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 Enhanced(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 | ✓ |

Update 09/2025