

2021 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 Select (HMO D-SNP) & EH VIP Dual Reserve(HMO D-SNP)	EH VIP Solutions (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 Award Letter W/ 6 Months(Submit Document)	Valid Award Letter W/ 6 Months(Submit Document)		✓

2021 ConnectiCare (HMO D-SNP) Valid Epaces Responses for Plan Eligibility

DSS Benefit Response On Screen	DSS Response Description	Choice Dual (HMO D-SNP)	Choice Dual Basic (HMO D-SNP)
Husky C	Full Medicaid	✓	✓
Medicare Covered Services	QMB		✓