

Epaces Responses with Plan Eligibility		EH (HMO D-SNP)Plans	
Response	Description	EH VIP Dual , EH VIP Dual Select & EH VIP Dual Reserve	EH VIP Solutions
Community Coverage No LTC	<p>Member is eligible for:</p> <ul style="list-style-type: none"> <li>• acute inpatient care,</li> <li>• care in a psychiatric center,</li> <li>• some ambulatory care,</li> <li>• prosthetics,</li> <li>• short-term rehabilitation.</li> </ul> <p>Short-term rehabilitation services include one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF, and one commencement of service in a 12-month period up to 29 consecutive days of certified home health agency services.</p> <p>Member is not eligible for:</p> <ul style="list-style-type: none"> <li>• adult day health care,</li> <li>• Assisted Living Program,</li> <li>• certified home health agency services except short-term rehabilitation,</li> <li>• hospice,</li> <li>• managed long-term care,</li> <li>• personal care,</li> <li>• consumer directed personal assistance program,</li> <li>• limited licensed home care,</li> <li>• personal emergency response services,</li> <li>• private duty nursing,</li> <li>• nursing home services in an SNF other than short-term rehabilitation,</li> <li>• nursing home services in an inpatient setting,</li> <li>• intermediate care facility services,</li> <li>• residential treatment facility services</li> <li>• services provided under the: <ul style="list-style-type: none"> <li>o Long Term Home Health Care Program</li> <li>o Traumatic Brain Injury Program</li> <li>o Care at Home Waiver Program</li> <li>o Office for People With Developmental Disabilities (OPWDD) Home and Community-Based Services (HCBS) Waiver Program.</li> </ul> </li> </ul>	Yes	Yes
Community Coverage w/CBLTC	<p>Member is eligible to receive most Medicaid services.</p> <p>Member is not eligible for nursing home services in a SNF or inpatient setting except for short-term rehabilitation nursing home care in a SNF.</p> <p>Short-term rehabilitation nursing home care means one admission in a 12-month period of up to 29 consecutive days of nursing home care in a SNF.</p> <p>Member is not eligible for managed long-term care in a SNF, hospice in a SNF or intermediate care facility services.</p>	Yes	Yes

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ELIGIBLE PCP	Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine exactly what services are covered, contact the PCP designated in the insurance code field.	Yes	yes
ELIGIBLE PCP WITH FAMILY PLANNING CARVE OUT (ONLY)	Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine what services are covered, contact the PCP designated in the insurance code field. Family Planning services are carved out of the PCP.	Yes	Yes
ELIGIBLE PCP WITH FAMILY PLANNING AND PHARMACY CARVE OUT	Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine what services are covered, contact the PCP designated in the insurance code field. Family Planning and Pharmacy services are carved out of the PCP.	Yes	Yes
MA Eligible	Member is eligible for all benefits.	Yes	Yes
Eligible Only Inpatient Service	Member is eligible to receive hospital inpatient services only.	No	Yes
Eligible Only Outpatient Care	Member is eligible for all ambulatory care, including prosthetics; no inpatient coverage.	No	Yes
ELIGIBLE PCP WITH MENTAL HEALTH AND FAMILY PLANNING	Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine what services are covered, contact the PCP designated in the insurance code field. Mental Health and Family Planning services are carved out of the PCP.	No	Yes
ELIGIBLE PCP WITH MENTAL HEALTH, FAMILY PLANNING, AND PHARMACY CARVE OUT	Indicates coverage under a pre-paid capitation program (PCP). This status means the member is PCP eligible, as well as, eligible for limited fee for service benefits. To determine what services are covered, contact the PCP designated in the insurance code field. Mental Health, Family Planning and Pharmacy services are carved out of the PCP.	No	Yes
FAMILY PLANNING BENEFIT AND MEDICARE COINSURANCE AND DEDUCTIBLE ONLY	The Family Planning Benefit Program provides Medicaid coverage for family planning services to persons of any age who reside in NYS, and are U.S. Citizens or have satisfactory immigration status, and whose incomes are at or below 200% of the federal poverty level. Eligible Members (males and females) have access to all enrolled Medicaid family planning providers and family planning services available under Medicaid. Member is eligible for payment of Medicare coinsurance and deductibles. Deductible and coinsurance payments will be made for Medicare approved services only	No	Yes

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MEDICAID ELIGIBLE HR UTILIZATION THRESHOLD	Member is eligible to receive all services within prescribed limits for: <ul style="list-style-type: none"> <li>• physician,</li> <li>• mental health clinic</li> <li>• medical clinic,</li> <li>• laboratory,</li> <li>• dental clinic ,</li> <li>• pharmacy services.</li> </ul>	No	Yes
Medicare Coinsurance Deductible only	Member is eligible for payment of Medicare coinsurance and deductibles. Deductible and coinsurance payments will be made for Medicare approved services only	No	Yes
No Coverage - Excess Income	Member has income in excess of the allowable levels. All other eligibility requirements have been satisfied. This individual will be considered eligible for Medicaid reimbursable services only at the point his or her excess income is reduced to the appropriate level. The individual may reduce his or her excess income by paying the amount of the excess, or submitting bills for the medical services that are at least equal to the amount of the excess income, to the Local Department of Social Services.	No	Yes

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Outpatient Coverage No LTC	Member is eligible for some ambulatory care, including prosthetics, and shortterm rehabilitation services.Short-term rehabilitation services include one admission in a 12-month period of up to 29 consecutive days ofshort-term rehabilitation nursing home care in a SNF and one commencement of service in a 12-month period of up to 29 consecutive days of certified home health agency services. Member is not eligible for: <ul style="list-style-type: none"> <li>• inpatient coverage other than short-term rehabilitation nursing home care in a SNF.</li> <li>• adult day health care,</li> <li>• Assisted Living Program,</li> <li>• certified home health agency except short-term rehabilitation,</li> <li>• hospice,</li> <li>• managed long-term care,</li> <li>• personal care,</li> <li>• consumer directed personal assistance program,</li> <li>• limited licensed home care,</li> <li>• personal emergency response services,</li> <li>• private duty nursing,</li> <li>• waiver services provided under the: <ul style="list-style-type: none"> <li>o Long Term Home Health Care Program,</li> <li>o Traumatic Brain Injury Program,</li> <li>o Care at Home Waiver Program</li> <li>o Office for People With Developmental Disabilities(OPWDD) Home and Community-Based Services(HCBS) Waiver Program.</li> </ul> </li> </ul>	no	yes
Outpatient Coverage w/ CBLTC	Member is eligible for most ambulatory care, including prosthetics. Member is not eligible for inpatient care other than short-term rehabilitation nursing home care in a SNF. Short-term rehabilitation services include one admission in a 12-month period of up to 29 consecutive days of short-term rehabilitation nursing home care in a SNF	No	Yes
OUTPATIENT COVERAGE WITH NO NURSING FACILITY SERVICES	Member is eligible for all ambulatory care, including prosthetics. Member is not eligible for inpatient coverage	No	Yes
Presumptive eligible	Member is eligible for all Medicaid services except: <ul style="list-style-type: none"> <li>• hospital based clinic services,</li> <li>• hospital emergency room services,</li> <li>• hospital inpatient services,</li> <li>• bed reservation.</li> </ul>	No	Yes

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EMERGENCY SERVICES ONLY	Member is eligible for emergency services from the first treatment for the emergency medical condition until the condition requiring emergency care is no longer an emergency. An emergency is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptom of sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy, serious impairment of bodily functions or serious dysfunction of any body organ or part.	No	No
EP – FAMILY PLANNING AND NON-EMERGENCY TRANSPORTATION ONLY	Member is eligible to receive Essential Plan benefits as well as Family Planning services and Non-Emergency Transportation.	No	No
Invalid Medicaid Number	An invalid Medicaid number was entered. Refer to the alpha conversion chart in Section 3.1. Verify that the Medicaid number was correctly converted to an eleven digit number.	No	No
Not MA Eligible	Member is not eligible for benefits on the date requested. Contact the member's Local Department of Social Services for eligibility discrepancies.	No	No
PERINATAL FAMILY	Member is eligible to receive a limited package of benefits. The following services are excluded: <ul style="list-style-type: none"> <li>• podiatry,</li> <li>• long- term home health care,</li> <li>• long term care, hospice,</li> <li>• ophthalmic services,</li> <li>• DME,</li> <li>• therapy (physical, speech, and occupational),</li> <li>• abortion services,</li> <li>alternate level care.</li> </ul>	No	No
PRESUMPTIVE ELIGIBLE LONG-TERM/HOSPICE	Member is eligible for all Medicaid services except: <ul style="list-style-type: none"> <li>• hospital based clinic services,</li> <li>• hospital emergency room services,</li> <li>• hospital inpatient services,</li> <li>• bed reservation.</li> </ul>	No	No
PRESUMPTIVE ELIGIBILITY PRENATAL A	Member is eligible to receive all Medicaid services except: <ul style="list-style-type: none"> <li>• inpatient care,</li> <li>• institutional long-term care,</li> <li>• alternate level care,</li> <li>• long-term home health care.</li> </ul>	No	No

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PRESUMPTIVE ELIGIBILITY PRENATAL B	Member is eligible to receive only ambulatory prenatal care services. The following services are excluded: <ul style="list-style-type: none"> <li>• inpatient hospital,</li> <li>• long-term home health care,</li> <li>• long-term care,</li> <li>• hospice,</li> <li>• alternate level care,</li> <li>• ophthalmic,</li> <li>• DME,</li> <li>• therapy (physical, speech, and occupational),</li> <li>• abortion,</li> <li>• podiatry</li> </ul>	No	No