

Claims

- [New Claim](#)
- [Find Claims](#)
- [Real Time Responses](#)
- [Build Claim Batch](#)
- [Submit Claim Batches](#)
- [Status Inquiry](#)
- [Status Responses](#)

Eligibility

- [Request](#)
- [Responses](#)

PA/DVS

- [Initial Request](#)
- [Revise/Cancel Request](#)
- [Responses](#)

- [Image Upload](#)
- [PA Roster](#)
- [PA Roster Downloads](#)

Support Files

- [Provider](#)
- [Other Payer](#)
- [Submitter](#)

User Admin

- [Add/Edit Users](#)



Eligibility Response Details

Client Information:

Client ID:CG02691S

Gender:F

Date of Birth:12/31/1966

Anniversary Date:9/1/2023

Recertification:August

County:Oneida

Date of Service:5/13/2024

Client Name:LE, PHU T

SSN:

Address 1:225 HERKIMER RD APT B34

Address 2:

City, State Zip:UTICA, NY 13502

Office:

Plan Date:5/1/2024

Medicaid Eligibility Information:

ELIGIBLE PCP

Co-pay Remaining:\$0.00

Covered Services

Code	Description
82	Family Planning
88	Pharmacy

Medicaid Managed Care:

Plan name: VNA HOMECARE OPTIONS LLC MLTC

Address:1050 W GENESEE ST

SYRACUSE, NY 132042215

Phone:(315) 477-9565

Plan Code:VA

Medicare Information:

Other Payer Name: MEDICARE ABDQMB

Medicare Identifier: 4T12EW4FY09

Third Party Insurance:

Other Payer Name: FIDELIS MEDICARE ADVANTAGE FLEX

Carrier Code:H5599

Other Payer Address:25-01 JACKSON AVE

LONG ISLAND CITY, NY 11101

Phone Number:(888) 343-3547

Policy Number:

Group Number:H5599