

Understanding the Eligibility Verification System (EVS)

- The EVS methods, inquiry and response formats will not change with the HealthChoices Expansion implementation.
- For recipients enrolled in HCB50-HEALTHY PLUS between the 1/1/2015 and 4/26/2015 the EVS will display the response HCB50-ADULT when a request is submitted after 4/26/2015.
- The Private Coverage Option (PCO) category will appear as a Third Party Liability (TPL) resource to cover the overlapping period and ensure the PCO is billed for covered services prior to seeking payment from Medical Assistance during the transition period.
- Providers can easily identify a PCO coverage type by both the first two characters “CH” indicating commercial at the beginning of the name category and PCO following the plan name. See page 8 for example.
- The EVS will no longer display the copayment message indicating the provider *may* refuse to provide services when the recipient’s household income exceeded 100% of the Federal Poverty Level (FPL).
- All existing waiver benefit packages and HealthChoices Managed Care responses remain unchanged.

Service Programs:

The chart below illustrates the Service Programs and modifications being made in coordination with the HealthChoices Expansion implementation. DHS incorporated descriptions for the following Service Programs on the EVS beginning 1/1/2015.

Service Program / Description	Begin Date	Close Date
HCB01 - CHILDREN	1/1/2015	N/A
HCB06 - PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	1/1/2015	N/A
HCB09 - MEDICARE COST-SHARING	1/1/2015	N/A
HCB15 - SELECT PLAN FOR WOMEN	1/1/2015	N/A
HCB40 - HEALTHY	1/1/2015	4/26/2015
HCB50 - HEALTHY PLUS	1/1/2015	4/26/2015
HCB50 - ADULT	4/27/2015	N/A
HCB60 - PCO	1/1/2015	8/31/2015

Service Programs after fully implementing HealthChoices Expansion on 9/1/2015:

Service Program / Description
HCB01 - CHILDREN
HCB06 - PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN
HCB09 - MEDICARE COST-SHARING
HCB50 - ADULT

The following pages contain common scenarios providers will see when submitting EVS transactions. All screenshots focus on the service program information. As such, Eligibility Detail information for Co-Insurance, Deductible, Co-Payment and Limitations information was removed.

Please note that all screenshots supplied are from the PROMISE Provider Portal. If a provider is using third-party software or a clearinghouse the response may not match the example but should convey the same data.

Scenario #1 - Displays a recipient enrolled in both a PCO and MA Adult benefit package during the transition to HealthChoices Managed Care. Example - page 2.

Scenario #2 - Demonstrates a child enrolled in the Children's package with a TPL resource. Example - page 4.

Scenario #3 - Displays an adult enrolled in both HealthChoices Managed Care and MA Adult benefit package. Example - page 6.

Scenario #4 - Demonstrates an adult enrolled in PCO only. Example - page 7.

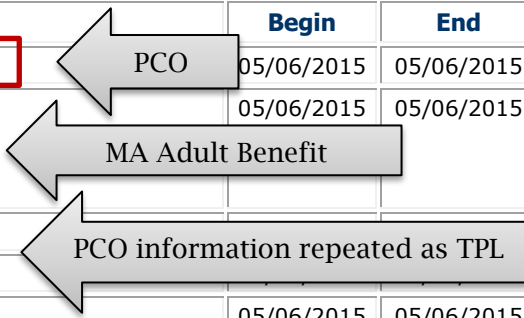
Scenario #1: Recipient eligible for Medical Assistance with overlapping PCO coverage. The PCO displays as a TPL resource in the EVS response. All TPL resources should be billed first before seeking payment from MA.

Recipient


Name:	DOE, JANET
Recipient ID:	2345678901
Date of Birth:	11/16/1983
Gender:	Female

Eligibility Summary

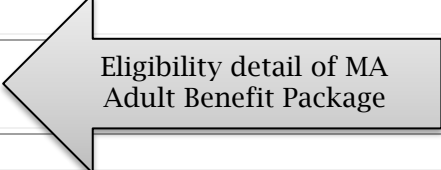
Type	Name	Begin	End
Managed Care	CH1G-UNITED COMM PLAN-ADULTS-PCO	05/06/2015	05/06/2015
Medicaid	Category: MG Program Status: 00 Service Program: HCB50-ADULT	05/06/2015	05/06/2015
Other or Additional Payor	UNITEDHC COMM PLAN FOR ADULTS		
Other or Additional Payor	UNITEDHC COMM PLAN FOR ADULTS		
Co-Insurance	PA Medicaid-No Co-insurance: 0%	05/06/2015	05/06/2015
Co-Payment	MA-Pharmacy Generic Prescriptions/Refills: \$1.00	05/06/2015	05/06/2015
Co-Payment	MA-Pharmacy Brand Name Prescription/Refills: \$3.00	05/06/2015	05/06/2015
Co-Payment	MA-Inpatient Hospital/Rehab/Private Psych: \$3.00	05/06/2015	05/06/2015
Co-Payment	MA-Diagnostic Radiology/X-ray (Tech Component): \$1.00	05/06/2015	05/06/2015
Co-Payment	MA-Outpatient Psychotherapy Services: \$0.50	05/06/2015	05/06/2015
Co-Payment	MA-Sliding scale: \$0.65	05/06/2015	05/06/2015
Deductible	PA Medicaid-No Deductible: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		




Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	05/06/2015	
Benefit Related Entity:	Managed Care Organization CH1G-UNITED COMM PLAN-ADULTS-PCO Information Contact Telephone: (800)600-9007	
Message Text:	Primary Care Provider information is not on file for date of service entered.	

Eligibility Detail

Status:	Medicaid	
Service Type:	1-Medical Care 4-Diagnostic X-Ray 30-Health Benefit Plan Coverage 33-Chiropractic 35-Dental Care 47-Hospital 48-Hospital - Inpatient 50-Hospital - Outpatient 86-Emergency Services 88-Pharmacy 98-Professional (Physician) Visit - Office A6-Psychotherapy AL-Vision (Optometry) MH-Mental Health UC-Urgent Care	
Insurance Type:	MC-Medicaid	
Coverage Description:	Category: MG Program Status: 00 Service Program: HCB50-ADULT	
Plan	05/06/2015	
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Insurance Policy Number	PCO	
Eligibility	05/06/2015	
Benefit Related Entity:	Payer UNITEDHC COMM PLAN FOR ADULTS Payer Identifier: 007 1001 BRINTON ROAD	

PITTSBURGH, PA 152214533

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Insurance Policy Number	PCO
Eligibility	05/06/2015
Benefit Related Entity:	Payer UNITEDHC COMM PLAN FOR ADULTS Payer Identifier: 007 1001 BRINTON ROAD PITTSBURGH, PA 152214533

← Eligibility detail of TPL

Scenario #2: Child with TPL resource.

Recipient

Name:	DOE, JUNIOR
Recipient ID:	5432109876
Date of Birth:	12/01/2007
Gender:	Male

Eligibility Summary

Type	Name	Begin	End
Medicaid	Category: MG Program Status: 00 Service Program: HCB01-CHILDREN		015
Other or Additional Payor	HIGHMARK BC/BS	03/11/2015	03/11/2015
Other or Additional Payor	HIGHMARK BC/BS	03/11/2015	03/11/2015
Benefit Description	Dental Care - Latest Visit or Consultation	11/12/2014	11/12/2014
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Deductible	PA Medicaid-No Deductible: \$0		
Co-Payment	PA Medicaid-No Co-payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

← Children's Benefit Package

← TPL

Eligibility Detail

Status:	Medicaid
Service Type:	1-Medical Care 4-Diagnostic X-Ray 30-Health Benefit Plan Coverage 33-Chiropractic 35-Dental Care

	47-Hospital 48-Hospital - Inpatient 50-Hospital - Outpatient 86-Emergency Services 88-Pharmacy 98-Professional (Physician) Visit - Office A6-Psychotherapy AL-Vision (Optometry) MH-Mental Health UC-Urgent Care
Insurance Type:	MC-Medicaid
Coverage Description:	Category: MG Program Status: 00 Service Program: HCB01-CHILDREN
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862
Message Text:	Last EPSDT: 4/16/2014

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	A9-Rehabilitation
Group Number	12345678
Insurance Policy Number	987654321
Eligibility	03/11/2015
Benefit Related Entity:	Payer HIGHMARK BC/BS Payer Identifier: 201 FIFTH AVENUE PLACE 120 FIFTH AVE/SUITE P3105 PITTSBURGH, PA 15222

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Group Number	12345678
Insurance Policy Number	1987654321
Eligibility	03/11/2015
Benefit Related Entity:	Payer HIGHMARK BC/BS Payer Identifier: 201 FIFTH AVENUE PLACE 120 FIFTH AVE/SUITE P3105 PITTSBURGH, PA 15222

Status:	Benefit Description
Service Type:	35-Dental Care
Latest Visit or Consultation	11/12/2014

Scenario #3: Adult enrolled in both HCB50-ADULT and HealthChoices Managed Care.

Recipient

Name:	SMITH, ROBERT
Recipient ID:	6543210987
Date of Birth:	07/01/1978
Gender:	Male

Eligibility Summary

Type	Name	Begin	End
Managed Care	PH56-AETNA BETTER HEALTH INC		07/11/2015
Managed Care	BHCV-Value Behavioral Health of Pen	07/11/2015	07/11/2015
Medicaid	Category: MG Program Status: 91 Service Program: HCB50-ADULT	07/11/2015	07/11/2015
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Deductible	PA Medicaid-No Deductible: \$0		
Co-Payment	PA Medicaid-No Co-payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

HealthChoices Managed Care (arrow pointing to PH56-AETNA BETTER HEALTH INC)

MA Adult Benefit Package (arrow pointing to Medicaid row)

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	07/11/2015
Benefit Related Entity:	Primary Care Provider DOE, JOHN Information Contact Telephone: (814)000-0000
Benefit Related Entity:	Managed Care Organization PH56-AETNA BETTER HEALTH INC Information Contact Telephone: (215)282-3546

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage

Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	07/11/2015
Benefit Related Entity:	Managed Care Organization BHCV-Value Behavioral Health of Pen Information Contact Telephone: (877)615-8503

Eligibility Detail

Status:	Medicaid
Service Type:	1-Medical Care 4-Diagnostic X-Ray 30-Health Benefit Plan Coverage 33-Chiropractic 35-Dental Care 47-Hospital 48-Hospital - Inpatient 50-Hospital - Outpatient 86-Emergency Services 88-Pharmacy 98-Professional (Physician) Visit - Office A6-Psychotherapy AL-Vision (Optometry) MH-Mental Health UC-Urgent Care
Insurance Type:	MC-Medicaid
Coverage Description:	Category: MG Program Status: 91 Service Program: HCB50-ADULT
Plan	07/11/2015
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

Scenario #4: Adult enrolled in PCO only.

Recipient

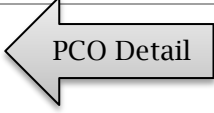
Name:	DOE, JEN
Recipient ID:	1234567890
Date of Birth:	01/01/1993
Gender:	Female

Eligibility Summary

Type	Name	Begin	End
Managed Care	CH1H-UPMC FOR BEST HEALTH PCO	PCO Benefit Package /2015	

Eligibility Detail

Status:	Managed Care
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Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Benefit Related Entity:	Primary Care Provider Physician ABC Information Contact Telephone: (724)867-5309	
Benefit Related Entity:	Managed Care Organization CH1H-UPMC FOR BEST HEALTH PCO Information Contact Telephone: (412)454-7500	