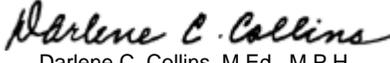


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Changes to the Eligibility Verification System (EVS)	BY  Darlene C. Collins, M.Ed., M.P.H. Deputy Secretary for Medical Assistance Programs
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EFFECTIVE DATE:	November 11, 1995	

PURPOSE

This bulletin is to alert you to changes in the Eligibility Verification System (EVS) that will occur during the weekend of November 11, 1995.

SCOPE

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND

The EVS enables you to determine Medical Assistance (MA) eligibility and scope of coverage for an MA recipient. The EVS response verifies eligibility or ineligibility for a specific date of service, gives a HealthCare Benefit Package (HCBP) number, which is used to determine the recipient's scope of coverage, and provides information on available third party resources and recipient restriction or lock-in, if applicable.

The HCBP number must be checked against the HCBP Reference Chart before rendering MA services. EVS and the HCBP do not override the MA Program Fee Schedule restrictions or regulation restrictions. The HCBP Reference Chart is reissued from time to time to reflect programmatic changes. The latest edition (MA Bulletin 99-95-07) of the HCBP Reference Chart (MA 446) is dated August 1995.

DISCUSSION

The Department has initiated changes to EVS which will give additional information regarding MA benefits. These changes become effective the weekend of November 11, 1995. The changes will affect you differently depending on the access method (i.e., phone, point-of-sale (POS) device, personal computer or customized interface) you use for EVS.

I. SOFTWARE CHANGES TO EVS

- A. **Telephone:** Effective November 11, 1995, the telephone system will be revised completely to incorporate all of the changes. (See the attached EVS Telephone Call Flow.)
- B. **Point-of-Sale (POS) Device:** It is very important that you keep your POS device plugged into your phone line and keep the power "ON". An automatic computer system will identify your device as needing a new software change. A software download to your POS device will occur during the night between the hours of 12 midnight and 6 am. The download takes approximately 20 minutes. The following day you will be required to enter the date and time. (Refer to your POS device "Quick Reference Guide" sent with your device for date and time setup instructions). Your POS device should receive a new software download anytime between November 11, 1995, and January 7, 1996. If on January 8, 1996, your device has not received this software download, your device responses will be incorrect. At that time, you must call 1-800-678-3337 to report that your device needs a software download. The operator will request certain information and a referral will be made to someone who will address your need for a download. The download will result in your POS device having the new EVS software version "2.0".
- C. **Personal Computer (PC) Software:** The software changes being implemented will require that you install a new version of the EVS software on your PC. Installation instructions will be sent with your software. If you purchased your EVS PC software directly from EDS, you will receive a new version by mail. Be sure that the address on your PC software registration file is current in order to receive your new PC software. This is very

important to ensure that you get your new version of the software. If you wish to report an address change or confirm the registration information, call the Provider Assistance Center (PAC) at 1-800-248-2152. The new software should be received before the implementation date of November 11, 1995. Do not load the software until November 11, 1995, or you will not receive the correct EVS response. If you try to use software version 1.2 (the old version) after January 8, 1996, you will not receive the correct EVS response.

- D. **EVS Specifications:** If you have a customized interface with EVS, the EVS programming must be changed. An updated EVS specifications packet is now available with the revisions. Packets were sent to all registered users. If you are interested in developing a customized or computerized interface with EVS, you may call 1-800-678-3337 and ask for the "Specifications for Accessing Pennsylvania's Medical Assistance Eligibility Verification System".

II. RESPONSE CHANGES TO EVS

A. **HealthCare Benefits Packages (HCBP)**

1. The listing of HCBP, Category and Program Status Code will be changed to the following order in the EVS response:

HCBP
Category of Assistance
Program Status Code

2. All HCBP references to Roman Numeral will be removed from the system. The HCBP will use all Arabic numbers. (For example: HCBP IV will appear as HCBP 4.)

B. **Lock-in (Recipient Restriction) Program**

The Lock-in Program response will continue to indicate when a recipient is locked-in but will be changed to indicate the type(s) of provider(s) that the recipient is restricted to. A recipient can be locked-in to a total of three different provider types at one time. Valid emergency services are excluded from the lock-in process.

1. **Telephone** – The phone will respond with up to three provider types to which the recipient is restricted. If the recipient is locked-in to a physician and two other provider types, the response to the physician would be:

The recipient is locked-in to you and to two other providers. The other lock-in provider types are a pharmacy and a general hospital. Services may be rendered only by the designated lock-in provider (s). Practitioner specialty services or referrals require a Restricted Recipient Referral Form (MA-45) to be presented prior to services, unless the condition requires emergency treatment.

The phone system is unable to speak phonetic names.

2. **POS Device** – The POS device response will give up the three provider types and the corresponding names of the providers that the recipient is restricted to. If the recipient is not locked-in to the provider who is submitting the EVS transaction, the response would be:

Recipient is locked-in. Services may be rendered only by the designated lock-in provider(s) below. Practitioner specialty services or referrals require a Restricted Recipient Referral Form (MA-45) to be presented prior to services, unless the condition requires emergency treatment.

Provider Type: 01 Provider Name: James Dean
Provider Type: 03 Provider Name: Henry Drill
Provider Type: 11 Provider Name: Good Samaritan Hosp.

3. **PC Software** – The PC response will provide up to three provider types and the corresponding names of the providers to whom the recipient is restricted. The response to a pharmacist who is the only lock-in provider on the recipient's file would be:

The recipient is locked-in.
Services may be rendered only by the designated lock-in provider(s) below. Practitioner specialty services or referrals require a Restricted Recipient Referral Form (MA-45) to be presented prior to services, unless the condition requires emergency treatment.

Provider Type: 19 Provider Name: Smith-Jones Pharmacy

4. **EVS Specifications** – Described in detail in the EVS Specifications Packet.

C. **Managed Care**

The Managed Care response will be changed to give a specific response when managed care coverage may be available and MA eligibility has ceased. This response is completely new to the EVS and will only be returned when managed care coverage may be available. The name and phone number of the managed care plan will be returned by the EVS, but MA benefit information is not.

1. **Telephone** – Response for recipients who no longer have MA benefits but are covered by managed care benefits will be:

Recipient number (10-digit number) may be eligible for benefits through (Managed Care Plan Name) on (Date-of-Service). Recipient is not eligible for Medical Assistance on this date of service.

If Medical Assistance benefits and managed care benefits are closed, the response will be:
Recipient is not eligible.

2. **POS Device** – Response for recipients who no longer have MA benefits, but are covered by managed care benefits will be:

Recipient may be eligible for benefits through (Managed Care Plan Name) on (Date-of-Service). Recipient is ineligible for Medical Assistance on (Date-of-Service).

If MA benefits and managed care benefits have ended, the response will be: Recipient Ineligible.

3. **PC Software** – Response for recipients who no longer have MA benefits, but are covered by managed care benefits will be:

Recipient may be eligible for benefits through (Managed Care Plan Name) on the date of service. Recipient is ineligible for Medical Assistance on the date of service.

If MA benefits and managed care benefits have ended, the response will be: Recipient Ineligible.

4. **EVS Specifications** – Described in detail in the EVS Specifications Packet.

PLEASE NOTE: The provider should always contact the managed care plan at the hotline phone number given before rendering services. If you receive one of the above responses, and the managed care plan does not cover your service, the recipient is ineligible for MA reimbursed services.

D. **Edits**

A new edit is being placed in the EVS to determine whether the ACCESS card being used is valid. If an EVS transaction from an invalid ACCESS card is submitted, the system will respond with:

Recipient Ineligible and ACCESS card is Invalid.

This means that the recipient has MA eligibility, but the ACCESS card being presented is no longer valid for EVS use. Or, it could mean that the individual presenting the card is trying to commit fraud. If the recipient is actually ineligible for benefits, the response will only be: Recipient Ineligible.

NOTE: If you confirm that a recipient is using an invalid ACCESS card(s), take the following steps:

1. Destroy card or cards determined invalid by the EVS system.

OR

2. Direct recipient to return to caseworker at the County Assistance Office to have invalid ACCESS card(s) destroyed.

E. **Third party Liability (TPL)**

A new message will appear in the TPL section of the EVS response. This message is to alert providers when a Medicare Part B recipient is eligible for reimbursement up to the MA fee of the coinsurance and deductible. If a recipient falls into this grouping, the following message will appear at the beginning of the TPL section:

Recipient is eligible for Medicare Part B deductible and coinsurance payments **ONLY** up to the Medical Assistance Fee.

PLEASE NOTE: An updated EVS Telephone Call Flow (MA 462) is attached to this bulletin for your reference when accessing EVS via telephone.

Attachment

- EVS Telephone Call Flow

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.