



PROVIDER QUICK TIPS

#11

The Eligibility Verification System

The PROMISe™ Eligibility Verification System (EVS) enables you to determine a Medical Assistance (MA) beneficiary's eligibility as well as their scope of coverage. Providers can determine the scope of (MA) benefits included in a healthcare benefit package by accessing MA Bulletin [99-18-01](#). Please do not assume that the beneficiary is eligible because they present an ACCESS card. **A beneficiary's eligibility is subject to change; therefore, you should use EVS to verify eligibility each time you provide services to beneficiaries.** All providers serving members of a HealthChoices and Community HealthChoices (CHC) Managed Care Organization (MCO) should also use EVS. You can access EVS through a variety of methods as displayed below.

Method	Description
Web Interactive*	Providers can submit individual web interactive EVS requests via the PROMISe™ Internet . Instructions on how to register and use the PROMISe™ Internet can be found in the PROMISe™ Internet User Manual .
EVS Software	Provider Electronic Solutions Software is available free-of-charge by downloading from the OMAP PROMISe™ Web site at https://promise.dpw.state.pa.us/ePROM/ProviderSoftware/softwareDownloadForm.asp?m=1 . To order the software on CD-ROM, call 717-975-4100.
Batch EVS*	Batch EVS requests need to be submitted utilizing the ANSI X12 v5010 270/271 transaction sets. Batch EVS capabilities have been built into the Provider Electronic Solutions Software which provides for a simple data entry, submission, and receipt process. Providers also have the option of building their own solution or purchasing commercial software; however, the application needs to pass the certification process prior to gaining access to the system. For more information on certification please visit the PROMISe™ Certification website .
Telephone	Providers have the option to submit individual EVS requests by telephone. The number to call is 800-766-5387.

*Preferred access method



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What information does EVS return when service dates are within two years of the current date?

Recipient Demographics: Recipient Name, Recipient ID Number, Gender, and Date of Birth.

Eligibility Segments: Begin and End date, Eligibility Status, Category of Assistance, Program Status Code and Service Program Description. Please note that more than one eligibility segment may be returned if EVS inquiry is span-dated.

MCO Physical, CHC and MCO Behavioral: Plan name/code and phone #, Primary Care Physician name and phone # (if present), and eligibility Begin and End date.

Restricted Recipient Information: Provider type to whom the recipient is restricted, Provider name and phone number to whom the recipient is restricted, and Eligibility Begin and End date.

Third Party Liability (TPL): Carrier name/type/address, Policyholder name and number (except for Medicare part A or B), Group number, Patient pay amount, and Begin and End dates.

Thank you for your service to our MA recipients.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov.

