



PROVIDER QUICK TIPS

#11

The Eligibility Verification System

All Medical Assistance (MA) providers should check the PROMISe™ Eligibility Verification System (EVS) before billing a MA beneficiary. The EVS enables providers to determine a MA beneficiary’s eligibility. 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.

It is important to note that at times, third party resources (other payers) become known retrospectively. Post-payment recovery may be initiated by the MCO and Fee-for-Service, as Medicaid is always the payer of last resort. Providers should always ask participants if they have additional coverage.

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*	Eligibility information can be requested by submitting batch eligibility inquiries to the electronic bulletin board (EBS). Providers can use purchased software, certified in-house software, or the PROMISe™ Provider Electronic Solutions (PES) software.
VAN	Value Added Network (VAN) vendors collect requests for eligibility information in a real-time interactive processing mode and interface with the PROMISe™ EVS system. Providers will need to contract directly with an approved VAN submitter to use this access method.
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 number Primary Care Physician name and phone number (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.