

CHECKING ELIGIBILITY & PARTICIPANT IDENTIFICATION CARDS

CHECKING ELIGIBILITY

The PROMISE™ Eligibility Verification System (EVS) enables you to determine a participant's Medical Assistance eligibility, as well as the participant's scope of coverage. Do not assume that a participant is eligible for Medical Assistance because he/she has an ACCESS or CHC health plan ID card. A participant's eligibility is subject to change; therefore, it is vital to check EVS to verify a recipient's eligibility each time services are provided. The information in EVS is reflective of the current information that the state has available. At times, resources become known retrospectively at which point a post-payment recovery may be initiated by the managed care organization (MCO), as Medicaid is always the payor of last resort. It is important to always ask participants if they have additional coverage.

METHODS TO ACCESS EVS

- **Web Interactive:** A web eligibility request window is available to approved providers and other agencies via the PROMISE™ Provider Portal. Log on at <https://promise.dpw.state.pa.us>.
- **Batch Inquiry:** 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. More information and certification information can be found at www.dhs.pa.gov/providersoftwareandservicevendors/eligibilityverificationinformation/index.htm
- **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:** The Automated Voice Response System (AVRS) accepts requests for and returns eligibility information over a toll-free phone number. Using a touch-tone phone, please call 1-800-766-5387.

COMMUNITY HEALTHCHOICES WILL NOT CHANGE A PARTICIPANT'S MEDICARE COVERAGE

CHECKING ELIGIBILITY

UNDERSTANDING THE ELIGIBILITY VERIFICATION SYSTEM (EVS)

EVS methods, inquiries, and response formats will not change with the Community HealthChoices implementation. EVS return codes for Community HealthChoices' managed care plans are:

Southwest

- **CH2A** — AmeriHealth Caritas Pennsylvania
- **CH2B** — PA Health & Wellness
- **CH2C** — UPMC Community HealthChoices

Southeast

- **CH2D** — Keystone First Community HealthChoices
- **CH2E** — PA Health & Wellness
- **CH2F** — UPMC Community HealthChoices

EVS EXAMPLE #1

This participant is in a nursing facility and eligible under the long-term care Medical Assistance category. He is in Community HealthChoices, Behavioral HealthChoices, and receives Medicare. Currently, he is in a penalty period for their nursing facility services.

Recipient

Name:	DOE, JOHN
Recipient ID:	4103536639
Date of Birth:	01/04/1941
Gender:	Male

Eligibility Summary


Type	Name	BEGIN	END
Managed Care	BHDA-DAUPHIN COUNTY – CBHNP		8
Medicaid	Category: PAN Program Status: 00 Service Program: HCB50-ADULT		/2018
Managed Care	CH2A-AMERIHEALTHCARITAS PA COMMUNITY HEALTHCHOICES		02/01/2018
Other or Additional Payor	MEDICARE PART B	02/01/2018	02/01/2018
Other or Additional Payor	MEDICARE PART A	02/01/2018	02/01/2018
Other or Additional Payor	TRANSFER PENALTY		02/01/2018

Eligibility Detail


Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	02/01/2018
Benefit Related Entity:	Managed Care Organization BHDA-DAUPHIN COUNTY - CBHNP Information Contact Telephone: (888)722-8646

EVS EXAMPLE #1 – continued



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: PAN Program Status: 00 Service Program: HCB50-ADULT	
Plan	02/01/2018	
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862	

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	02/01/2018	
Benefit Related Entity:	Managed Care Organization CH2A-AMERIHEALTH CARITAS PA COMMUNITY HEALTHCHOICES Information Contact Telephone: (800) 111-1111	
Message Text	Primary Care Provider information is not on file for date service entered	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part B	
Eligibility	01/05/2018	
Benefit Related Entity:	Payer MEDICARE PART B Payer Identifier: 100	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

EVS EXAMPLE #1 – continued

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MA-Medicare Part A	
Eligibility	01/05/2018	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART A Payer Identifier: 600	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Eligibility	02/01/2018	
Benefit Related Entity:	Payer TRANSFER PENALTY Payer Identifier: 903	PENALTY PERIOD INFORMATION
Message Text	The department will deny claims for LTC services in the community or in an institutional setting which are provided during the penalty period.	

EVS EXAMPLE #2

This individual is in the CHC home and community-based waiver. She is in Community HealthChoices and Behavioral HealthChoices.

Recipient

Name:	DOE, JANE
Recipient ID:	1603728138
Date of Birth:	01/01/1980
Gender:	FEMALE

Eligibility Summary

Type	Name	BEGIN	END
Medicaid	Category: PJW Program Status: 00 Service Program: HCB50-ADULT		/2019
Managed Care	BHAL-COMMUNITY CARE BEHAVIORAL HLTH		9
Managed Care	CH2E-PA HEALTH AND WELLNESS COMMUNITY HEALTHCHOICES		01/31/2019

EVS EXAMPLE #2 – continued

Managed Care	Category: PJW Program Status: 00 Service Program: CHC20-COMMUNITY HEALTHCHOICES WAIVER	CHC20-COMMUNITY HEALTHCHOICES WAIVER		01/31/2019
Co-Insurance	PA Medicaid-No Co-Insurance: 0%			
Co-Payment	MA-Pharmacy Generic Prescriptions/Refills: \$1.00	01/01/2019		01/31/2019
Co-Payment	MA-Pharmacy Brand Name Prescription/Refills: \$3.00	01/01/2019		01/31/2019
Co-Payment	MA-Inpatient Hospital/Rehab/Private Psych: \$3.00	01/01/2019		01/31/2019
Co-Payment	MA-Diagnostic Radiology/X-ray (Tech Component): \$1.00	01/01/2019		01/31/2019
Co-Payment	MA-Outpatient Psychotherapy Services: \$0.50	01/01/2019		01/31/2019
Co-Payment	MA-Sliding Scale: \$0.65	01/01/2019		01/31/2019
Deductible	PA Medicaid-No Deductible: \$0			
Limitations	PA Medicaid-Limitations: Limitation Desk Reference			

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	ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE	
Insurance Type:	MC-Medicaid		
Coverage Description:	Category: PJW Program Status: 00 Service Program: HCB50-ADULT		
Plan	01/01/2019-01/31/2019		
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862		

Eligibility Detail

Status:	Managed Care		
Service Type:	30-Health Benefit Plan Coverage		
Insurance Type:	HM-Health Maintenance Organization (HMO)		
Plan	01/01/2018-01/31/2018		
Benefit Related Entity:	Managed Care Organization BHAL-COMMUNITY CARE BEHAVIORAL HLTH Information Contact Telephone: (888)251-2224		

EVS EXAMPLE #2 – continued

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	01/01/2018-01/31/2018	
Benefit Related Entity:	Managed Care Organization CH2C-UPMC COMMUNITY HEALTHCHOICES Information Contact Telephone: (888)111-1111	HEALTH PLAN CONTACT INFORMATION
Message Text	Primary Care Provider information is not on file for date of service entered.	

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Coverage Description	Category: PJW Program Status: 00 Service Program: CHC20-COMMUNITY HEALTHCHOICES WAIVER	CHC20-COMMUNITY HEALTHCHOICES WAIVER
Plan	01/01/2018-01/31/2018	
Benefit Related Entity:	Payer Managed Care Service Program	

EVS EXAMPLE #3

This individual is in a nursing facility and eligible under the long-term care Medical Assistance category. He is enrolled in both Community HealthChoices and Behavioral HealthChoices and also receives Medicare. He has a \$100 spend down obligation.

Recipient

Name:	SMITH, ROBERT
Recipient ID:	6181224145
Date of Birth:	01/01/1990
Gender:	MALE

EVS EXAMPLE #3 – continued

Eligibility Summary

Type	Name	BEGIN	END
Medicaid	Category: J Program Status: 37 Service Program: HCB50-ADULT		
Managed Care	BHAL-COMMUNITY CARE BEHAVIORAL HLTH		
Managed Care	CH2A-AMERIHEALTH CARITAS PA COMMUNITY HEALTHCHOICES		01/05/2018
Other or Additional Payer	MEDICARE PART B		01/05/2018
Other or Additional Payer	MEDICARE PART A	01/01/2018	01/05/2018
Spend Down	Month: \$100.00		01/05/2018
Co-Insurance	PA Medicaid-No Co-Insurance: 0%		
Deductible	PA Medicaid-Deductible: \$0		
Co-Payment	PA Medicaid-No Co-Payment: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

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: J Program Status: 37 Service Program: HCB50-ADULT
Plan	1/19/19
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

EVS EXAMPLE #3 – continued

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	01/19/2019	
Benefit Related Entity:	Managed Care Organization CH2D-KEYSTONE FIRST COMMUNITY HEALTHCHOICES Information Contact Telephone: (800)521-6007	HEALTH PLAN CONTACT INFORMATION
Message Text	Primary Care Provider information is not on file for date of service entered.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part B	
Eligibility	01/19/2019	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART B Payer Identifier: 100	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part A	
Eligibility	01/19/2019	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART B Payer Identifier: 100	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Spend Down	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	LC-Long Term Care	
Time Period Qualifier:	Month	SPEND DOWN INFORMATION
Benefit Amount:	\$100.00	
Period Start	01/19/2019	
Period End	01/19/2019	

EVS EXAMPLE #3 – continued

Eligibility Detail

Status:	Co-Insurance
Service Type:	30-Health Benefit Plan Coverage
Coverage Type:	PA Medicaid-No Co-Insurance
Benefit Percent	0
In Plan Network	Yes
Benefit Related Entity:	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): http://www.dhs.pa.gov/provider/index.htm
Message Text	Primary Care Provider information is not on file for date of service entered.

Eligibility Detail

Status:	Deductible
Service Type	30-Health Benefit Plan Coverage
Coverage Type	PA Medicaid-No Deductible
Benefit Amount	\$0.00
In Plan Network	Yes

Eligibility Detail

Status:	Co-Payment
Service Type:	30-Health Benefit Plan Coverage
Coverage Description	PA Medicaid-No Co-payment
Benefit Amount	\$0.00
In Plan Network	Yes
Message Text	Recipient is exempt from copayment due to service program, category or program status.

Eligibility Detail

Status:	Limitations
Coverage Description	PA Medicaid-Limitations
Benefit Related Entity:	Payer Limitatioin Desk Reference Information Contact Uniform Resource Locator (URL): http://www.dhs.pa.gov/provider/index.htm
Message Text	Patient Limitation information returned on this response may not apply in all billing situations.

EVS EXAMPLE #4

This is a dual-eligible participant without long-term services and supports.

Recipient

Name:	DOE, ROBERT
Recipient ID:	2345678901
Date of Birth:	12/01/1944
Gender:	MALE

Eligibility Summary

Type	Name	BEGIN	END
Medicaid	Category: PH Program Status: 80 Service Program: HCB50-ADULT		01/23/2018
Managed Care	BHSW-VALUE BEHAVIORAL HEALTH OF PENNSYLVANIA		
Managed Care	CH2B-PA HEALTH AND WELLNESS		01/23/2018
Other or Additional Payor	MEDICARE PART D	01/05/2018	01/05/2018
Other or Additional Payor	MEDICARE PART B		01/05/2018
Other or Additional Payor	MEDICARE PART A	01/05/2018	01/05/2018
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

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: PH Program Status: 80 Service Program: HCB50-ADULT
Plan	01/23/2018
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

EVS EXAMPLE #4 – continued

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	01/23/2018	
Benefit Related Entity:	Primary Care Provider JOHN, DOCTOR Information Contact Telephone: (717)123-1234	PRIMARY CARE PRACTITIONER
Benefit Related Entity:	Managed Care Organization CH2B-PA HEALTH AND WELLNESS Information Contact Telephone: (844)123-1234	HEALTH PLAN CONTACT INFORMATION

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part D	
Eligibility	01/23/2018	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART D Payer Identifier: 103	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part B	
Eligibility	01/23/2018	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART B Payer Identifier: 100	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part A	
Eligibility	01/23/2018	MEDICARE INFORMATION
Benefit Related Entity:	Payer MEDICARE PART A Payer Identifier: 600	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

EVS EXAMPLE #5

This is a dual-eligible participant without long-term services and supports, who is in a special needs plan (D-SNP) for Medicare. She is enrolled in Community HealthChoices and Behavioral HealthChoices and also receives Medicare.

Recipient

Name:	DOE, JANET
Recipient ID:	3456789012
Date of Birth:	10/01/1981
Gender:	FEMALE

Eligibility Summary


Type	Name	BEGIN	END
Medicaid	Category: J Program Status: 00 Service Program: HCB50-ADULT		01/23/2018
Managed Care	BHAL-COMMUNITY CARE BEHAVIORAL HLTH		
Managed Care	CH2C-UPMC COMMUNITY HEALTHCHOICES		01/23/2018
Other or Additional Payor	MEDICARE PART D	01/23/2018	01/23/2018
Other or Additional Payor	MEDICARE PART B	01/23/2018	01/23/2018
Other or Additional Payor	MEDICARE PART A		01/23/2018
Other or Additional Payor	UPMC FOR LIFE	01/23/2018	01/23/2018
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

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: J Program Status: 00 Service Program: HCB50-ADULT
Plan	01/23/2018
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

EVS EXAMPLE #5 – continued


Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Plan	01/23/2018	
Benefit Related Entity:	Managed Care Organization BHAL-COMMUNITY CARE BEHAVIORAL HLTH Information Contact Telephone: (888)251-2224	


Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	
Eligibility	01/23/2018	
Benefit Related Entity:	Managed Care Organization CH2C-UPMC COMMUNITY HEALTHCHOICES Information Contact Telephone: (844)860-9303	
Message Text	Primary Care Provider information is not on file for date of service entered	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part D	
Eligibility	01/23/2018	
Benefit Related Entity:	Payer MEDICARE PART D Payer Identifier: 103	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part B	
Eligibility	01/23/2018	
Benefit Related Entity:	Payer MEDICARE PART B Payer Identifier: 100	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

EVS EXAMPLE #5 – continued

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part A	MEDICARE INFORMATION
Eligibility	01/23/2018	
Benefit Related Entity:	Payer MEDICARE PART A Payer Identifier: 600	
Message Text	Recipient is dual eligible. Payment approval is subject to MA policy, service delivery rules and TPL.	

Eligibility Detail

Status:	Other or Additional Payor	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	MB-Medicare Part B	MEDICARE INFORMATION AND D-SNP CONTACT INFORMATION
Insurance Policy Number		
Eligibility	01/23/2018	
Benefit Related Entity:	Payer UPMC FOR LIFE Payer Identifier: 515 112 WASHINGTON PLACE PITTSBURGH, PA 15219	

DATE: SEPTEMBER 2018

HEALTH PLAN ID CARDS

Participants in CHC will have multiple health care coverage ID cards. These may include the ACCESS card, a CHC health plan ID card, a Medicare card, and any other health care coverage cards including Medicare Advantage plans, as well as other forms of Third Party Liability (TPL). Providers should ask to see a participant's ID cards each time they provide services to the participant. Below are samples of the CHC health plan ID and Medicare cards:


AMERIHEALTH CARITAS PENNSYLVANIA



Name: <Participant Name>
 ID #: <123456789>
 Health plan #: XXXXXXXXXXXX

Some copays may apply
 RxBIN #: 600428
 RxPCN #: 07630000

PCP: <Last Name, First Name>
 PCP phone: <PCP phone>



Participants: Call Participant Services at 1-855-235-5115 (TTY 1-855-235-5112) or visit our website at www.amerithealthcaritaschc.com.
 Providers: Call 1-800-521-6007.
 Provider precertification number: 1-800-521-6622


ACPHC lab: XXXXXXXXXXXX
 ACPCHC dental PCD: XXXXXXXXXXXX

For pharmacy benefit information:
 Participants call: 1-888-987-6696
 Pharmacies call: 1-888-674-8720

Submit prescription claims to:
 <Perform Rx/XXXXXX>
 <P.O. Box 516
 Essington, PA 19029>

Pharmacists: Rx ID is the participant ID

www.amerithealthcaritaschc.com
 Coverage by AmeriHealth First.



Name: <Participant Name>
 ID #: <123456789>
 <ACVIPC> plan #: (80840)
 <XXXXXXXXXX>

PCP: <Last Name, First Name>
 PCP phone: <PCP phone>


<AmeriHealth Caritas VIP Care>
 (HMO-SNP) <H4227-003>

RxBIN #: 012353
 RxPCN #: 06110000

Medicare services: No copays

AmeriHealth Caritas Pennsylvania
 Community HealthChoices

Some copays may apply
 RxBIN #: 600428 RxPCN #: 07630000



Participants: Call Participant Services at 1-855-235-5115 (TTY 1-855-235-5112) or visit our website at www.amerithealthcaritaschc.com.
 Providers: Call 1-800-521-6007.
 Provider precertification number: 1-800-521-6622

ACPHC lab: XXXXXXXXXXXX
 ACPCHC dental PCD: XXXXXXXXXXXX


For pharmacy benefit information:
 Participants call: 1-888-987-6696
 Pharmacies call: 1-888-674-8720

Submit prescription claims to:
 <Perform Rx/XXXXXX>
 <P.O. Box 516
 Essington, PA 19029>

Pharmacists: Rx ID is the participant ID

www.amerithealthcaritaschc.com
 Coverage by AmeriHealth First.


KEYSTONE FIRST COMMUNITY HEALTHCHOICES (SOUTHEAST REGION)



Name: <Participant Name>
 ID #: <123456789>

Some copays may apply.
 RxBIN #: 600428
 RxPCN #: 07630000

PCP: <Last Name, First Name>
 PCP phone: <PCP phone>



Participants: Call Participant Services at 1-855-332-0729 (TTY 1-855-235-4976) or visit our website at www.keystonefirstchc.com.
 Providers: Call 1-800-521-6007.
 Provider precertification number: 1-800-521-6622

KFCHC dental PCD: Any network dentist


For pharmacy benefit information:
 Participants call: 1-866-907-1587
 Pharmacies call: 1-866-907-7088

Submit prescription claims to:
 <Perform Rx/KFCHC
 P.O. Box 336
 Essington, PA 19029>

Pharmacists: Rx ID is the Participant ID.

Out-of-Area Care:
 Report out-of-area care to Keystone First CHC and your PCP within 48 hours.

www.keystonefirstchc.com
 Coverage by Vita Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.



Name: <Participant Name>
 ID #: <123456789>

KFWPC health plan #: (80840) 7053314697

PCP: <Last Name, First Name>
 PCP phone: <PCP phone>


Keystone First VIP Choice (HMO-SNP) H4227-001

RxBIN #: 012353
 RxPCN #: 06110000

Medicare Services: No copays

Keystone First Community HealthChoices

Some copays may apply.
 RxBIN #: 600428 RxPCN #: 07630000



Participants: Call Participant Services at 1-855-332-0729 (TTY 1-855-235-4976) or visit our website at www.keystonefirstchc.com.
 Providers: Call 1-800-521-6007.
 Provider precertification number: 1-800-521-6622

KFCHC dental PCD: Any network dentist

For pharmacy benefit information:
 Participants call: 1-866-907-1587
 Pharmacies call: 1-866-907-7088

Submit prescription claims to:
 <Perform Rx/KFCHC
 P.O. Box 336
 Essington, PA 19029>

Pharmacists: Rx ID is the Participant ID.

Out-of-Area Care:
 Report out-of-area care to Keystone First CHC and your PCP within 48 hours.

www.keystonefirstchc.com
 Coverage by Vita Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

HEALTH PLAN ID CARDS

PA HEALTH & WELLNESS

Community HealthChoices | **pa health & wellness**

Name: <First Last>
 DOB: <00/00/0000>
 MEDICAID ID#: <XXXXXXXXXX>
 PCP: <First Last>
 PCP Phone: <XXX-XXX-XXXX>
 PCP Address: <Street <Name>
 <City, State ZIP>

RXBIN: 004336
 RXPCN: MCAIDADV
 RXGRP: RX5455

Effective Date:
 <mm/dd/yyyy>

IMPORTANT CONTACT INFORMATION
 Participant: Participant Services: 1-844-626-6813
 TDD/TTY: 1-844-349-8916
 Nurse Advice Line: 1-844-626-6813
 Vision: 1-844-626-6813
 Dental: 1-844-626-6813
 File a Complaint: 1-844-626-6813
 File a Complaint Fax: 1-844-873-7451

Medical Claims:
 EDI Payer for Medical Claims 68069
 PA Health & Wellness
 Attn: Claims
 P.O. Box 5070
 Farmington, MO 63640-5050

Providers:
 Provider Services: 1-844-626-6813
 IVR Eligibility Inquiry - Prior Auth: 1-844-626-6813
 Vision: 1-844-788-4071
 Dental: 1-844-524-8255
 Envolve Pharmacy Solutions Pharmacy Help Desk: 1-888-321-3120

PA Health & Wellness Address:
 300 Corporate Center Drive
 Camp Hill, PA 17011

**EDI/EFT/ERA please visit
 Provider Resources at
 PAHealthWellness.com**

If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the PA Health & Wellness network will be covered without prior approval.

PAHealthWellness.com

HMO SNP
 CMS#: H2915-001
 Effective: 01/01/2018

Community HealthChoices | **allwell.** FROM **pa health & wellness.**

MEMBER INFORMATION
 Name: OCOE1 TESTING1
 Medicare Member ID#: C49028099-01
 CHC Participant ID#: chc
 Issuer ID: (80840) 9151014609

PROVIDER INFORMATION
 PCP Name: TREYCE HUNT
 PCP Phone: 1-479-709-8686

PHARMACY INFORMATION
MedicareRx
Prescription Drug Coverage
RxClaims Processor:
 CVS Caremark®
 RXBIN: 004336
 RXPCN: MEDDADV
 RXGRP: RX8916
Medicaid RXBIN: 004336
Medicaid RXPCN: MCAIDADV
Medicaid RXGRP: RX5455

IMPORTANT CONTACT INFORMATION
 Participant: Participant Services: 1-844-626-6813
 TDD/TTY: 1-844-349-8916
 Nurse Advice Line: 1-844-626-6813
 Vision: 1-844-626-6813
 Dental: 1-844-626-6813
 File a Complaint: 1-844-626-6813
 File a Complaint Fax: 1-844-873-7451

Medical Claims:
 EDI Payer for Medical Claims 68069
 PA Health & Wellness
 Attn: Claims
 P.O. Box 5070
 Farmington, MO 63640-5050

Providers:
 Provider Services: 1-844-626-6813
 IVR Eligibility Inquiry - Prior Auth: 1-844-626-6813
 Vision: 1-844-788-4071
 Dental: 1-844-524-8255
 Envolve Pharmacy Solutions Pharmacy Help Desk: 1-888-321-3120

PA Health & Wellness Address:
 300 Corporate Center Drive
 Camp Hill, PA 17011

**EDI/EFT/ERA please visit
 Provider Resources at
 PAHealthWellness.com**

If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the PA Health & Wellness network will be covered without prior approval.

PAHealthWellness.com

UPMC COMMUNITY HEALTHCHOICES

UPMC Community HealthChoices

SUE CARDHOLDER
 ID: 0000000000
 PCP: CHESTNUT RIDGE FAMILY MEDICINE
 Phone: (814) 839-4152
 Copays and Limits May Apply to Some Services

Not Transferable

EXPRESS SCRIPTS

Member Services: 1-844-833-0523. TTY call toll free: 1-866-407-8762
 Dental Member Services: 1-833-241-4245
 Vision Member Services: 1-866-838-7612
 Pharmacy Help Desk: 1-800-396-4139

www.upmchealthplan.com

Medicine: Present this card at the drug store with a prescription from your PCP or other healthcare providers.

Emergencies: Go to the nearest emergency room when your medical situation is very serious -- when it may be life or death. Call your PCP as soon as you can.

Provider Information: PROVIDERS and HOSPITALS must call to verify eligibility prior to any service or admission. Emergency Departments must call PCP for authorization of non-emergency treatment.

To request PRE-CERTIFICATIONS and PRIOR AUTHORIZATION, call 1-844-849-2926.

Mental Health/Substance Abuse: Call your Behavioral Health Managed Care Organization. See your member handbook for a listing of phone numbers at www.upmchealthplan.com.

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UPMC for Life | **UPMC Community HealthChoices**
UPMC Health Plan Medicare Program

Health Plan (80840): 610207001
 Primary ID: 0000000000
 Secondary ID: 0000000000

Plan: UPMC FOR LIFE DUAL (HMO SNP)
 Group: XXXXX0-000

SUE CARDHOLDER
 PCP: CHESTNUT RIDGE FAMILY MEDICINE
 Phone: (814) 839-4152

Rx BIN: 003858
 PCN: MD
 Rx GRP: PMDA

MedicareRx
Prescription Drug Coverage

CMS: H4279-001

Member Services: 1-844-833-0523
TTY: 1-866-407-8762
Web: www.upmchealthplan.com
Behavioral Health: 1-888-251-0083 TTY: 1-877-877-3580
UPMC MyHealth 24/7 Nurse Line: 1-866-918-1591

Claims: UPMC Health Plan, PO Box 106042, Pgh, PA 15230
Provider Services: 1-844-860-9303
Pharmacy Help Desk: 1-800-396-4139
 Rx processed by Express Scripts, Inc.

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Issued: 00/00/0000

DATE: DECEMBER 2018