Community HealthChoices

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 or certified in-house software. More information and certification information can be found at **www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx**
- **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

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	Southeast	Lehigh/Capital	Northeast	Northwest
AmeriHealth Caritas Pennsylvania	**CH2A**	——	**CH2P**	**CH2G**	**CH2K**
Keystone First Community HealthChoices	——	**CH2D**	——	——	——
PA Health & Wellness	**CH2B**	**CH2E**	**CH2Q**	**CH2H**	**CH2M**
UPMC Community HealthChoices	**CH2C**	**CH2F**	**CH2S**	**CH2J**	**CH2N**

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		
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		2/01/2018
Other or Additional Payor	TRANSFER PENALTY		02/01/2018

BEHAVIORAL HEALTHCHOICES

ADULT BENEFITS PACKAGE

CHC HEALTH PLAN

THIRD PARTY LIABILITY

PENALTY PERIOD

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 OF ADULT BENEFIT PACKAGE

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

HEALTH PLAN INFORMATION

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.

MEDICARE INFORMATION

ELIGIBILITY DETAIL FOR ADULT BENEFIT PACKAGE

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
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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Eligibility	02/01/2018
Benefit Related Entity:	Payer TRANSFER PENALTY Payer Identifier: 903
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.

PENALTY PERIOD INFORMATION

EVS EXAMPLE #2

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

ADULT BENEFITS PACKAGE

BEHAVIORAL HEALTHCHOICES

CHC HEALTH PLAN

EVS EXAMPLE #2 — *continued*

Managed Care	Category: PJW Program Status: 00 Service Program: 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 Medcaid-No Deductible: $0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

CHC20-COMMUNITY HEALTHCHOICES WAIVER

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: 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 OF ADULT BENEFIT PACKAGE

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
Message Text	Primary Care Provider information is not on file for date of service entered.

HEALTH PLAN CONTACT INFORMATION

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
Plan	01/01/2018-01/31/2018
Benefit Related Entity:	Payer Managed Care Service Program

CHC20-COMMUNITY HEALTHCHOICES WAIVER

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		/2018
Managed Care	BHAL-COMMUNITY CARE BEHAVIORAL HLTH		3
Managed Care	CH2A-AMERIHEALTH CARITAS PA COMMUNITY HEALTHCHOICES		01/05/2018
Other or Additional Payer	MEDICARE PART B		/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%		
Deductilbe	PA Medicaid-Deductible: $0		
Co-Payment	PA Medicaid-No Co-Payment: $0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

ADULT BENEFITS PACKAGE

BEHAVIORAL HEALTHCHOICES

CHC HEALTH PLAN

THIRD PARTY LIABILITY

SPEND DOWN

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

ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE

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
Message Text	Primary Care Provider information is not on file for date of service entered.

HEALTH PLAN CONTACT INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MB-Medicare Part B
Eligibility	01/19/2019
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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MB-Medicare Part A
Eligibility	01/19/2019
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.

MEDICARE INFORMATION

Eligibility Detail

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

SPEND DOWN INFORMATION

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): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
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 Copayment Desk Reference Information Contact Uniform Resource Locator (URL): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
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		018
Managed Care	BHSW-VALUE BEHAVIORAL HEALTH OF PENNSYVANIA		
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		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		

ADULT BENEFITS PACKAGE

BEHAVIORAL HEALTHCHOICES

CHC HEALTH PLAN

THIRD PARTY LIABILITY

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

ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE

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
Benefit Related Entity:	Managed Care Organization CH2B-PA HEALTH AND WELLNESS Information Contact Telephone: (844)123-1234

PRIMARY CARE PRACTITIONER

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
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.

MEDICARE INFORMATION

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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MB-Medicare Part A
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.

MEDICARE INFORMATION

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		018
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		3/2018
Other or Additional Payor	UPMC FOR LIFE	01/23/2018	01/23/2018
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

ADULT BENEFITS PACKAGE

BEHAVIORAL HEALTHCHOICES

CHC HEALTH PLAN

THIRD PARTY LIABILITY

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

ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE

EVS EXAMPLE #5 — *continued*

Eligibility Detail

Status:	Managed Care	
Service Type:	30-Health Benefit Plan Coverage	
Insurance Type:	HM-Health Maintenance Organization (HMO)	**BEHAVIORAL HEALTH CONTACT INFORMATION**
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 Maintenaince Organization (HMO)	**HEALTH PLAN CONTACT INFORMATION**
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	**MEDICARE INFORMATION**
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	**MEDICARE INFORMATION**
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	

EVS EXAMPLE #6

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

Recipient

Name:	Dory, John
Recipient ID:	4108853177
Date of Birth:	02/26/1956
Gender:	MALE

Eligibility Summary

Type	Name	BEGIN	END
Managed Care	CH2G-AMERIHEALTHCARITAS PA COMMUNITY HEALTHCHOICES		2/01/2020
Managed Care	BHNC-COMMUNITY CARE BEHAVHLTH ORG (CCBHO)		
Medicaid	Category: MG Program Status: 91 Service Program: HCB50-ADULT		
Other or Additional Payor	Medicare Part D	02/01/2020	02/01/2020
Other or Additional Payor	Medicare Part B		2020
Other or Additional Payor	Medicare Part A	02/01/2020	02/01/2020
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		

CHC HEALTH PLAN

BEHAVIORAL HEALTHCHOICES

ADULT BENEFITS PACKAGE

THIRD PARTY LIABILITY

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	02/01/2020
Benefit Related Entity:	Managed Care Organization CH2G-AMERIHEALTH CARITAS PA COMMUNITY HEALTHCHOICES Information Contact Telephone: (800)111-1111

ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	02/01/2020
Benefit Related Entity:	Managed Care Organization BHNC-COMMUNITY CARE BEHAVHLTH ORG(CCBHO) Information Contact Telephone: (866)878-6046

BEHAVIORAL HEALTH CONTACT INFORMATION

EVS EXAMPLE #6 — *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: MG Program Status: 91 Service Program: HCB50-ADULT
Plan	02/01/2020
Benefit Related Entity	Payer MA Service Program Information Contact Telephone: (800)537-8862

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	06/27/2020
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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MB-Medicare Part B
Eligibility	06/27/2020
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.

MEDICARE INFORMATION

EVS EXAMPLE #6 — *continued*

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MB-Medicare Part A
Eligibility	06/27/2020
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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Co-Insurance
Service Type:	30-Health Benefit Plan Coverage
Coverage Description:	PA Medicaid-No Co-insurance
Benefits Percent	0
In-Plan Network	Yes
Benefit Related Entity	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
Message Text	Patient Financial Responsibility information returned on this response may not apply in all billing situations.

Eligibility Detail

Status:	Deductible
Service Type:	30-Health Benefit Plan Coverage
Coverage Description:	PA Medicaid-No Co-Payment
Benefits 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-insurance
Benefit Amount	$0.00
In-Plan Network	Yes
Message Text	Copayment exemption for Provider Type/Specialties 01/023,05/Any,07/Any, 11/113,11/114,35/ Any and 66/Any applies.

EVS EXAMPLE #6 — *continued*

Eligibility Detail

Status:	Limitations
Service Type:	PA Medicaid-Limitations
Benefit Related Entity	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
Message Text	Patient Limitation information returned on this response may not apply in all billing situations.

EVS EXAMPLE #7

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

Recipient

Name:	Smith, Maria
Recipient ID:	1501411037
Date of Birth:	01/24/1980
Gender:	FEMALE

Eligibility Summary

Type	Name	BEGIN	END
Medicaid	Category: MHX Program Status: 00 Service Program: EPOMS-County Based Funding Only - Non-Medic	03/03/2020	03/03/2020
Managed Care	BHNC-HEALTH ASSURANCE COMMUNITY BEHAVIORAL CARE NETWORK OF PA (CBHNP)		
Medicaid	Category: J Program Status: 00 Service Program: HCB50-ADULT		
Managed Care	CH2S-UPMC Community HealthChoices		3/03/2020
Other or Additional Payor	Medicare Part B	03/03/2020	03/03/2020
Other or Additional Payor	Medicare Part A	03/03/2020	03/03/2020
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		

BEHAVIORAL HEALTHCHOICES

ADULT BENEFITS PACKAGE

CHC HEALTH PLAN

THIRD PARTY LIABILITY

EVS EXAMPLE #7 — *continued*

Eligibility Detail

Status:	Medicaid
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	MC-Medicaid
Coverage Description	Category: MHX Program Status: 00 Service Program: EPOMS-County Based Funding Only - Non-Medic
Plan	03/08/2020
Benefit Related Entity:	Payer MA Service Program Information Contact Telephone: (800)537-8862

ELIGIBILITY DETAIL OF ADULT BENEFIT PACKAGE

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type:	HM-Health Maintenance Organization (HMO)
Plan	03/03/2020
Benefit Related Entity:	Managed Care Organization BHNC-COMMUNITY CARE BEHAVHLTH ORG(CCBHO) Information Contact Telephone: (866)878-6046

BEHAVIORAL HEALTH CONTACT INFORMATION

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	03/08/2020
Benefit Related Entity	Payer MA Service Program Information Contact Telephone: (800)537-8862

HEALTH PLAN CONTACT INFORMATION

EVS EXAMPLE #7 — *continued*

Eligibility Detail

Status:	Managed Care
Service Type:	30-Health Benefit Plan Coverage
Insurance Type	HM-Health Maintenance Organization (HMO)
Plan	09/08/2019
Benefit Related Entity	Managed Care Organization CH2S-UPMC PA COMMUNITY HEALTHCHOICES Information Contact Telephone: (412)454-7517

HEALTH PLAN CONTACT INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
insurance Type:	MB-Medicare Part B
Benefits 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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Other or Additional Payor
Service Type:	30-Health Benefit Plan Coverage
insurance Type:	MB-Medicare Part A
Benefits 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.

MEDICARE INFORMATION

Eligibility Detail

Status:	Co-Insurance
Service Type:	30-Health Benefit Plan Coverage
Coverage Description:	PA Medicaid-No Co-insurance
Benefits Percent	0
In-Plan Network	Yes
Benefit Related Entity	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
Message Text	Patient Financial Responsibility information returned on this response may not apply in all billing situations.

EVS EXAMPLE #7 — *continued*

Eligibility Detail

Status:	Deductible
Service Type:	30-Health Benefit Plan Coverage
Coverage Description:	PA Medicaid-No Co-Payment
Benefits 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-insurance
Benefit Amount	$0.00
In-Plan Network	Yes
Message Text	Copayment exemption for Provider Type/Specialties 01/023,05/Any,07/Any, 11/113,11/114,35/Any and 66/Any applies.

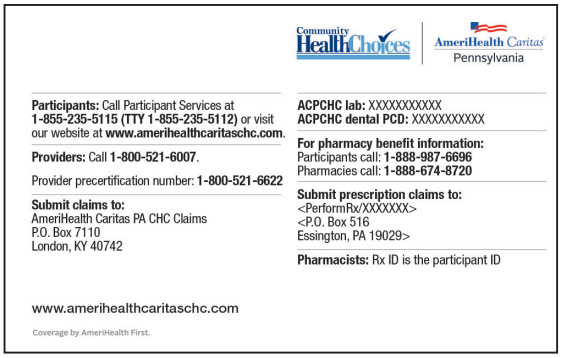
Eligibility Detail

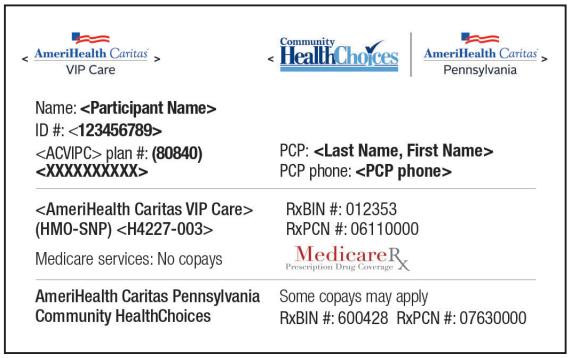
Status:	Limitations
Service Type:	PA Medicaid-Limitations
Benefit Related Entity	Payer Copayment Desk Reference Information Contact Uniform Resource Locator (URL): https://www.dhs.pa.gov/Services/Other-Services/Pages/PROMISe-Certification.aspx
Message Text	Patient Limitation information returned on this response may not apply in all billing situations.

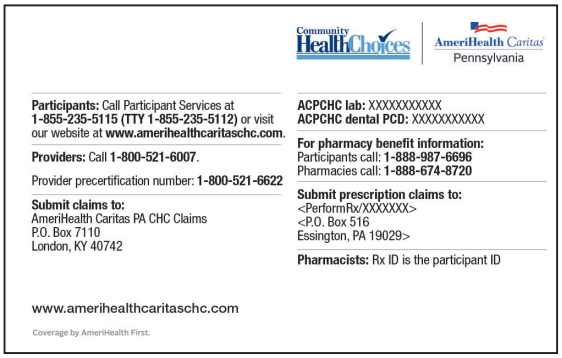
HEALTH PLAN ID CARDS

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:

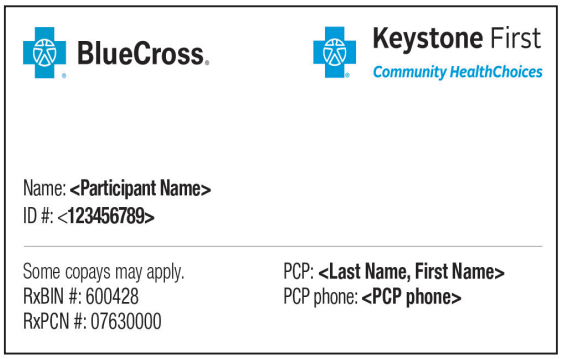
AMERIHEALTH CARITAS PENNSYLVANIA

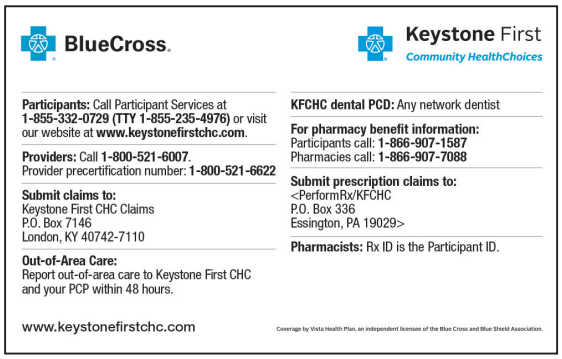


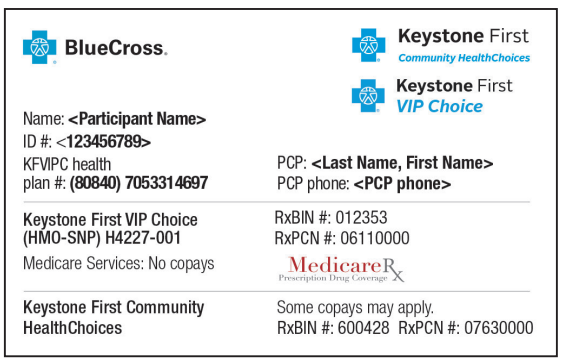


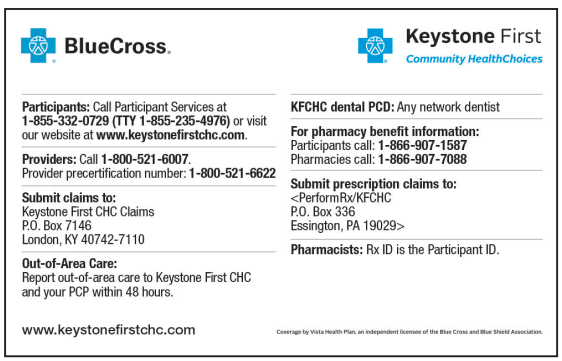


KEYSTONE FIRST COMMUNITY HEALTHCHOICES (SOUTHEAST REGION)

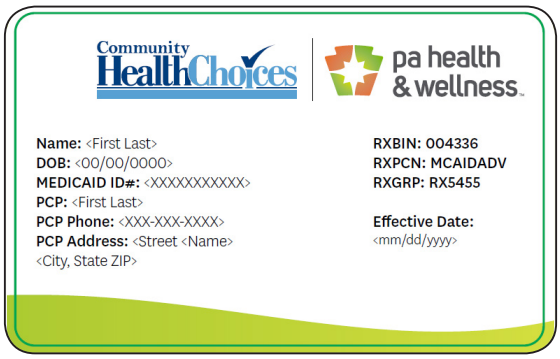


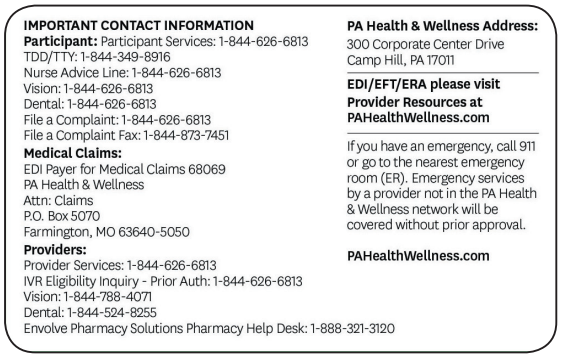


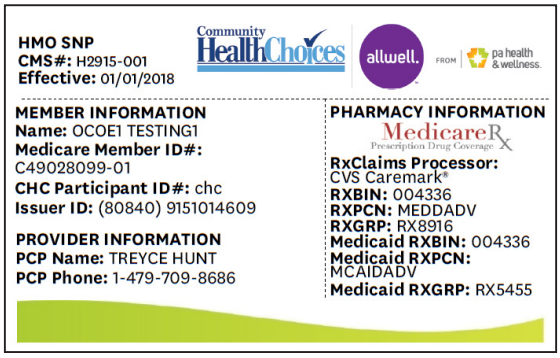


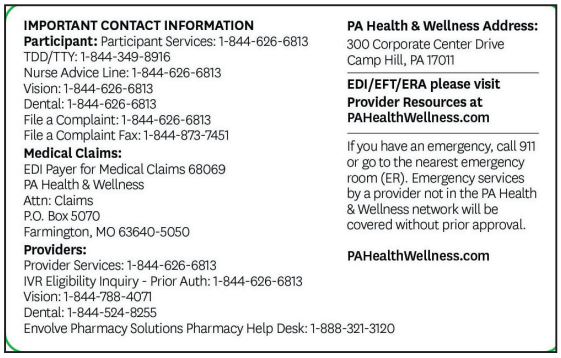
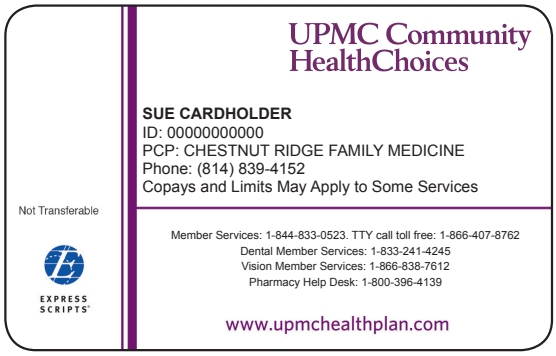
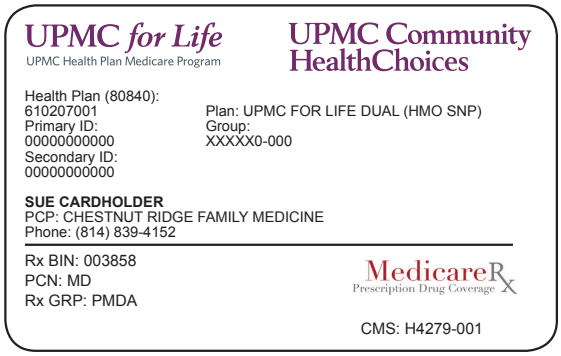


PA HEALTH & WELLNESS









UPMC COMMUNITY HEALTHCHOICES