



PROVIDER ALERT

PROVIDER/CONSUMER ELIGIBILITY VERIFICATION

AUGUST 15, 2011

A Medicaid consumer's eligibility should be verified before any services are provided. Eligibility can be checked using either the State's EVS system, by calling 1-866-710-1447 (see attached information concerning the EVS System) and confirming eligibility or by using the State's eMedicaid system, which allows for a print-out of the consumer's eligibility. eMedicaid is a web based recipient eligibility verification system that validates current dates of service and past eligibility up to one year. eMedicaid also indicates if the consumer is enrolled in a Managed Care Organization (MCO) as well as any other third party insurance the consumer may have. See the attached brochure for use and registration for the eMedicaid system.

Printing out the consumer's eligibility within 24 hours of each visit and maintaining this information in the consumer's medical record may assist with appeals of claims payment. From time to time, the consumer's Medicaid files are updated and other insurance is added/deleted. Claims can be denied for Coordination of Benefits (COB). If a claim is denied for COB and the provider can show proof via an eMedicaid recipient eligibility print-out that they confirmed COB within 24 hours of the consumer's visit, then the Mental Hygiene Administration (MHA) may make an exception and the claim can be processed.

PLEASE NOTE: The provider must always confirm with the consumer if they have other insurance, as Medicaid is always the payer of last resort.