

## Eligibility Verification and Member Enrollment Status

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The purpose of this Notice is to remind Community Behavioral Health (CBH) in-network Providers of their contractual obligation relative to the Eligibility Verification System (EVS), the automated system made available to Providers for on-line verification of eligibility for Medical Assistance, prepaid capitation, HMO or MCO enrollment, third-party resources, and scope of benefits.

As outlined in the Provider Agreement, the agency is required to, *“Check EVS to verify the eligibility of each Enrollee to whom Provider seeks to provide Covered Services, in accordance with procedures set forth in the CBH Provider Manual. Provider is responsible for ensuring that its agency has a plan in place to conduct timely verifications in order to assure that the Enrollee is eligible prior to rendering services.”*

As you may be aware, there is an ongoing federal Public Health Emergency (PHE), which prevents Medicaid terminations for most Medicaid recipients. As we approach and prepare for the ending of regulatory suspensions in place during the PHE, we recognize that there are Members who may not have renewed their Medicaid coverage, which they are required to do annually. Upon termination of the PHE, the Pennsylvania Department of Human Services (DHS) will begin terminating state-funded Medicaid coverage for individuals who are found ineligible for the program.

CBH would like to encourage all Providers to develop a plan to support Member enrollment in the following ways:

- ➔ Review the agency’s process internally to ensure daily EVS checks are being completed. Modify the policy to ensure that it incorporates tracking expiration dates so that the agency is clear on when the Member needs to be encouraged to take action.
- ➔ Coordinate with the Member and/or county assistance offices to ensure proactive re-enrollment measures are taken.

As a proactive measure to ensure that Providers are prepared for potential lapses in Members’ coverage, CBH will provide your agency with a list of Members currently being served by the Provider and will include the current expiration dates. It is highly recommended that Members address impending expiration at least 90 days before their coverage ends. For further guidance on the PA DHS enrollment process, visit:

<https://www.dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance.aspx>.

CBH reserves the right to request an update on the actions taken to support Members with maintaining/renewing their coverage.

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Please direct any questions about this Notice to your assigned Provider Relations Representative.