

# MH Providers - Medicaid Eligibility Verification

Provider: Training Client Name: TRAINING\_OUTPATIENT7 User Name: Briseno, Brenda Episode Of Care:  
 Location: MH Training Client Number: 4565070 Local Case: 0004565070

- Home
- Find/Add Client
- Intake
- Assessment
- Diagnosis
- Consent

Client Workspace CCP007

Client Identification

Medicaid Eligibility Verification

Gender Male Age 22



Flags Add Flag

Flag Type	Created Date	Expiration Date
No records found		

**NEW Document**

Client Workspace  
Top Left-Hand Side Menu

Intake  
Medicaid Eligibility Verification

Mental Health Providers can Submit an MEV for a Client at anytime.

This is Optional and is Not Required.

Local Case Number List

Messages

Client Name	Action Due	Due Date
No records found		

Episode of Care: None - ▾

Client Document List

Show all the columns

2 Record(s) found

Document Type	Description	Status	Service Date	Date Created	Service Type
Adult Uniform Assessment	Initial 8/20/2014 - 2/16/2015	Ready for Review	08/20/2014	09/19/2014	LOC 1S: Basic Services - Skills Training
Diagnosis	Principal Diagnosis Axis I	Closed Complete	08/01/2014	09/19/2014	

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# MMIS Deployment – MEV Request

## Changes/Updates

### NEW Document

Medicaid Eligibility Verification Request

Review Examples:

CMBHS Name:  
MARYBETH  
SMITHJONES

TMHP Name:  
MARY BETH  
SMITH JONES

### NOTE:

If any information is wrong on the Client Information to be Submitted – STOP Close the document and go to the Client Profile and Update the Information.

### SUBMIT

Once this document is submitted – It will generate a -Medicaid Eligibility Verification Document in the Clients Workspace.

## Medicaid Eligibility Verification Request MEV122

Provider NPI/API

Eligibility From Date \*

Eligibility Through Date \*

Client Information Fields on the page are pre-populated from either the Client Profile or the Financial Eligibility pages for the active client.

In order to perform a Medicaid Eligibility Verification Request one of the following valid field combinations is required:

- Medicaid ID and Date of Birth or
- Medicaid ID and Last Name or
- Medicaid ID and Social Security Number or
- Social Security Number and Last Name or
- Social Security Number and Date of Birth or
- Date of Birth and Last Name and First Name

**Review** → If space has been removed from the clients First name/Last Name. Please insert it before submitting MEV Request.

### Client Information to be Submitted to Medicaid Payer:

Medicaid ID

Last Name

First Name

Middle Name

Social Security Number

Date Of Birth

Message from webpage ✕

**Successfully Submitted.**



Sending a Medicaid Eligibility Verification Request may result in updates to the client's CMBHS Client Profile and Financial Eligibility. When the Medicaid Eligibility Verification results return, a Medicaid Eligibility Verification Results page will be added to the Client Workspace Document List.