

CMBHS Mental Health Providers MMIS Deployment - Medicaid Eligibility Verification (MEV) Request

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 01/07/1992

Gender	Male	Age	22
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Flags

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 (All) ▾	Description	Status (All) ▾	Service Date	Date Created	Service Type (All) ▾
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

Submit

Close

Provider NPI/API 11111111

Eligibility From Date * 7/2/2014

Eligibility Through Date * 9/30/2014

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

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 01/01/1992

Submit

Close

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.

MMIS Deployment – MEV List

Provider: Training Client Name: TRAINING, OUTPAT Services Offered
 Location: MH Training Client Number: 4565070 Provider/Location Detail
 User Name: Briseno, Brenda Episode Of Care:
 Local Case: 0004565070

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

Medicaid Eligibility Verification List MEV123 Print Close

Client Name	Date Of Birth	Medicaid ID	Social Security Number	From Date	Through Date	Date Submitted	Status	Link
All	All	All	All	All	All	All	All	All
TRAINING, OUTPATIENT7	1/7/1992			7/2/2014	9/30/2014	9/19/2014 10:23:08 AM	Submitted	
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/18/2014 10:22:44 AM	Resubmitted	
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/18/2014 10:21:40 AM	Resubmitted	
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/18/2014 10:01:48 AM	Resubmitted	
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/17/2014 8:45:41 AM	Submitted	
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/16/2014 2:57:36 PM	Resubmitted	
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/16/2014 2:55:27 PM	Resubmitted	
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/16/2014 11:07:39 AM	Processed	View Results
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/16/2014 11:00:13 AM	Processed	View Results
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/15/2014 2:37:24 PM	Processed	View Results
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/15/2014 2:27:27 PM	Processed	View Results
TRAINING, OUTPATIENT2	1/1/1992			7/2/2014	9/30/2014	9/15/2014 2:20:29 PM	Resubmitted	
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/15/2014 10:25:05 AM	Processed	View Results
TRAINING, OUTPATIENT1	1/1/1992			7/2/2014	9/30/2014	9/15/2014 10:20:16 AM	Processed	View Results

Page size: 50 Clear Filters 14 items in 1 pages

Message from webpage

 Successfully Submitted.

OK

This page lists only Medicaid Eligibility Verification Requests that were submitted by users in CMBHS. Results for requests submitted through a batch process are available in the Medicaid Eligibility Verification Update Report available under Data on the Administrative toolbar.

Print Close

NEW Page

Location
Top Tabs
Business Office
Medicaid Eligibility
Verification List

From this page you have the option from the Link Field to View Results

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

Definition of Statures

Submitted – user has clicked the submit button for the MEV Request to go to TMHP.

Processing – TMHP has received the MEV Request and has not yet returned the Result (may occur when this transaction is queue behind other eligibility inquiry processing at TMHP)

Processed – TMHP has returned a result for the MEV Request that is not failed.

Failed – TMHP has rejected the MEV Request (TA1 or Negative 999), or after 5 re-tries a timeout has occurred (TMHP down)

Resubmitted – when the resubmit hyperlink on a Failed transaction is selected, the request is set to Resubmitted status.

Medicaid Eligibility Verification Document

Client Workspace CCP007

Client Identification

Client Name	TRAINING, OUTPATIENT7	Date of Birth	01/07/1992
Gender	Male	Age	22

Flags

Flag Type	Created Date	Expiration Date
No records found		

Local Case Number List

Messages

Client Name	Action Due	Due Date	Message Type
No records found			

Episode of Care

Client Document List

Show all the columns

3 Record(s) found

Document Type	Description	Status	Service Date	Date Created	Service Type
(All)		(All)			(All)
Medicaid Eligibility Verification	MEV Request Processed	Closed Complete	09/19/2014	09/19/2014	
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	

« Previous 1 Next »

NEW Document

Locations
 Client Workspace
 Client Document List

Medicaid Eligibility Verification

This document will display once the MEV has been processed by TMHP

Medicaid Eligibility Verification – Results

[Return To List](#)

Inquiry Information

NPI	11111111
Eligibility From	07/02/2014
Eligibility Through	09/30/2014
Medicaid ID	
Social Security Number	
Date of Birth	01/07/1992
Last Name	TRAINING
First Name	OUTPATIENT7

Patient Information

Medicaid ID	
Date Of Birth	01/07/1992
Gender	M
Social Security Number	
Client Name	OUTPATIENT7 TRAINING
Address	
City	
State	
Zip Code	
Medicare Number	
Base Plan	

Rejection Code	Rejection Description	Follow Up Description
01	Provider Not on File	Please Correct and Resubmit

Eligibility Segments							
EH Date	End Date	Add Date	Medical Coverage	Program Type	Program	Benefit Plan	Spend Down Indicator
No Eligibility Segments Found							

Medicare Segments						
EH Date	End Date	Add Date	Medicare Type	Contract Number	PlanID	
No Medicare Segments Found						

Lock-In Segments						
EH Date	End Date	Add Date	Name	Address	Phone	
No Lock-In Segments Found						

Third Party Resource (TPR) Segments							
EH Date	End Date	Add Date	Name	Address	Phone	Additional Information	
No TPR Segments Found							

Third Party Liability (TPL) Segments							
EH Date	End Date	Date Of Loss	Address	Phone	Additional Information		
No TPL Segments Found							

Managed Care Segments							
EH Date	End Date	Add Date	Organization	Name	Phone		
No Managed Care Segments Found							

Limits Segments				
Dental	Hearing Aid	Eye Exam	Eye Glasses	Medical
No Limits Segments Found				

Medicaid Eligibility Verification – TMHP Data Results

Eligibility Segments							
Eff Date	End Date	Add Date	Medical Coverage	Program Type	Program	Benefit Plan	Spend Down Indicator
1/1/2013	9/30/2014	11/30/2012	R REGULAR	44 MEDICAID EXPANSION FOR CHILDREN (FEDER	100-Medicaid	100 TRADITIONAL MEDICAID	

Medicare Segments						
Eff Date	End Date	Add Date	Medicare Type	Contract Number	PlanID	
No Medicare Segments Found						

Lock-In Segments						
Eff Date	End Date	Add Date	Name	Address	Phone	
No Lock-In Segments Found						

Third Party Resource (TPR) Segments						
Eff Date	End Date	Add Date	Name	Address	Phone	Additional Information
5/1/2008	12/31/3999			P O BOX LEXINGTON, KY 405124610		Insurance Company: HUMANA Insured's ID/SSN: Relation: Employer: NA Group: Coverage Code: X
8/1/2007	12/31/3999					Insurance Company: Insured's ID/SSN: Relation: Other Employer: SELECT CHOICE Group: Coverage Code: Y

Third Party Liability (TPL) Segments						
Eff Date	End Date	Date Of Loss	Address	Phone	Additional Information	
No TPL Segments Found						

Managed Care Segments						
Eff Date	End Date	Add Date	Organization	Name	Phone	
1/1/2013	9/30/2014	10/26/2009	SUPERIOR HEALTH PLAN - BE			
1/1/2013	9/30/2014	11/13/2012	DENTAQUEST			

Limits Segments				
Dental	Hearing Aid	Eye Exam	Eye Glasses	Medical
11/29/2011				

Audit Information	
Created By	CMBHS
Created Date	09/09/2014

...Thank You...

**If you have any questions on
navigating CMBHS, Please contact:**

CMBHS HelpLine 1.866.806.7806

Monday – Friday 8 AM – 5 PM, excluding holidays