

Eligibility in Promise

In order to receive either HCBS or NF services, participants must be eligible with the County Assistance office (CAO). In order for an SC to work with the participant they must have waiver/NF eligibility **AND** have PA Health and Wellness as their MCO. Promise is the state's website, where eligibility can be checked.

1. Once logged in, click the "Eligibility" tab and enter the Recipient ID and Date of birth
2. Enter the dates of service that need to be checked, this should be one month in length
3. Hit the "Search" button

The screenshot displays the 'PROMISE Internet' portal for the Pennsylvania Department of Human Services. The page is titled 'Eligibility' and shows a 'Recipient Eligibility Verification' form. The form includes several input fields for recipient information and service dates. The 'Date of Service From' and 'To' fields are pre-filled with '06/01/2023' and '06/30/2023' respectively. The 'Date of Birth' field is pre-filled with '11/10/1951'. The 'Recipient ID' field is pre-filled with '5901713080'. The 'Card Number' field is empty. The 'Name First/Mi/Last' field is empty. The 'Procedure/Drug Type' dropdown menu is set to 'Select One'. The page also shows a navigation menu with 'My Home', 'Claims', 'Eligibility', 'Trade Files', 'Reports', 'Outpatient Fee Schedule', 'Hospital Assessment', and 'Help'. The date and time 'Thursday 06/01/2023 12:10 PM EST' are displayed in the top right corner.

Log out

My Home Claims **Eligibility** Trade Files Reports Outpatient Fee Schedule Hospital Assessment Help

Eligibility Thursday 06/01/2023 12:10 PM EST

Recipient Eligibility Verification

Recipient Eligibility Verification Information

(Required) Recipient ID: 5901713080 Card Number:

(or) Recipient ID: 5901713080 Date of Birth: 11/10/1951

(or) SSN: Date of Birth: 11/10/1951

(or) Name First/Mi/Last: Date of Birth: 11/10/1951

(Required) Date of Service From: 06/01/2023 To: 06/30/2023

(Optional) Procedure/Drug Type: Select One

4. When you scroll down on the same screen you will see similar to the following

Recipient

Name:	ABDALLAH, HALIMAH
Recipient ID:	5901713080
Date of Birth:	11/10/1951
Gender:	Female

Eligibility Summary

Type	Name	Begin	End
Medicaid	Category: A Program Status: 00 Service Program: HCB50-ADULT	06/01/2023	06/30/2023
Managed Care	CH2E-PA HEALTH AND WELLNESS COMMUNITY HEALTHCHOICES	06/01/2023	06/30/2023
Managed Care	BHPH-PHILADELPHIA COUNTY - CBH	06/01/2023	06/30/2023
Managed Care	Category: A Program Status: 00 Service Program: CHC20-COMMUNITY HEALTHCHOICES WAIVER	06/01/2023	06/30/2023
Other or Additional Payor	MEDICARE PART B	06/01/2023	06/30/2023
Other or Additional Payor	MEDICARE PART A	06/01/2023	06/30/2023
Co-Insurance	PA Medicaid-No Co-insurance: 0%		
Co-Payment	MA-Pharmacy Generic Prescriptions/Refills: \$1.00	06/01/2023	06/30/2023
Co-Payment	MA-Pharmacy Brand Name Prescription/Refills: \$3.00	06/01/2023	06/30/2023
Co-Payment	MA-Inpatient Hospital/Rehab/Private Psych: \$3.00	06/01/2023	06/30/2023
Co-Payment	MA-Diagnostic Radiology/X-ray (Tech Component): \$1.00	06/01/2023	06/30/2023
Co-Payment	MA-Outpatient Psychotherapy Services: \$0.50	06/01/2023	06/30/2023
Co-Payment	MA-Sliding scale: \$0.65	06/01/2023	06/30/2023
Deductible	PA Medicaid-No Deductible: \$0		
Limitations	PA Medicaid-Limitations: Limitation Desk Reference		

5. Under “Managed Care” you must see the following:
 - a. “CHC20- Community Healthchoices Waiver” for HCBS participants
 - b. “CH2E- PA Health and Wellness Community Healthchoices” for all participants

6. If the participant does not have the required Waiver or PHW as the MCO, then they should reach out to their local County Assistance Office.