CARING FOR BLUE PLAN MEDICAID MEMBERS

As a Blue plan, Massachusetts doesn't administer benefits to Medicaid members, but is a **Host** plan to other Blue plans' Medicaid members. If you care for Medicaid members whose benefits are administered by another Blue Plan, you must submit claims to Blue Cross Blue Shield of Massachusetts.

Reimbursement will be at the Medicaid rate set by the member's **Home** plan state.

These Blue plans participate with Medicaid and serve as Medicaid **Home** plans:

California, Delaware, Hawaii, Illinois, Indiana, Kentucky, Michigan, Minnesota, New Jersey, New Mexico, New York, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and Wisconsin.

How to identify Medicaid members

Blue Cross plan ID cards don't always show that a member has Medicaid. To identify a Medicaid member, note that:

- Medicaid cards do not include the suitcase logo seen on most Blue Cross ID cards.
- There should be a disclaimer on the back of the ID card providing information on benefit limitations.
  - Example: This member has limited benefits outside of New York. Providers should request eligibility/benefit information.
- Some of these members may have Medicaid benefits administered by the Blue plan, plus Medicare. These are dual eligible. Medicare is generally the primary payer.

Benefits & eligibility

Remember to obtain eligibility, benefit information, and prior authorization using the same tools you use for BlueCard members:

- Call the BlueCard Eligibility Line at **1-800-676-BLUE (2583).**
- Submit an eligibility inquiry using ConnectCenter (accessible through Provider Central).
- Obtain pre-service review using the Electronic Provider Access (EPA) tool.

Medicaid members usually have limited benefits for out-of-state services that include:

- Emergent situations.
- Continuity of care, children attending college out-of-state, or lack of specialists in the member's home state (special cases only).

Prior authorization is usually required.

If services not covered by Medicaid are provided to a Medicaid member, they will not be reimbursed.

Remember: You may bill the Medicaid member for the non-covered services only if you tell them the service won't be covered and get written approval from the member before the services are rendered.

Some states require you to enroll in their networks

- Some Medicaid Home plans require that providers enroll with them to be reimbursed for services.
- When you check benefits and eligibility, you can find out if the member is part of a plan that requires enrollment.

These plans require enrollment:

STATE	PLAN
Indiana	Blue Cross Blue Shield
Kentucky	Anthem Blue Cross Blue Shield
Pennsylvania	Independence Blue Cross
South Carolina	Blue Cross Blue Shield of South Carolina
Tennessee	Blue Cross Blue Shield of Tennessee
Virginia	Anthem Blue Cross Blue Shield

When you call for member eligibility and benefits, please confirm if enrollment is required as this list may change.

Claims

- Claims for all Blue Plan Medicaid members should be submitted to Blue Cross Blue Shield of Massachusetts.
- Medicaid Home plans may require different data elements to be filed with the claim. It's important for you to submit the required information.
- If required data is missing, the claim may be denied or pended.

Medicaid billing requirements

When billing a service for these members, please check the Medicaid website of the state where the member lives for information on Medicaid billing requirements. Each state is different. Based on individual requirements, if required information is missing, claims may pend or deny.

Reimbursement

When you see a Medicaid member from another state, reimbursement is according to the Medicaid fee schedule that applies in the member's home state.

- For services covered by Medicaid, you cannot balance bill Medicaid members for the difference between the allowed amount and charges.
- For services not covered by Medicaid, you will not be reimbursed if services are rendered, however, providers in some states can bill the member for services received but not covered by Medicaid if the provider has obtained approval from a member in writing before services are rendered.

You may collect copayment, deductible, or coinsurance if required under the member's Medicaid plan.

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