

PROVIDER BULLETIN

PROVIDER INFORMATION



February 26, 2016

Medicaid Claims Handling for Out of State Medicaid Members

The purpose of this Bulletin is to provide more information regarding Medicaid Members enrollment requirements for states where Blue Cross and Blue Shield Plans (BCBS) offer Medicaid Products.

Blue Cross and Blue Shield Plans currently administer Medicaid programs in California, Delaware, Hawaii, Illinois, Indiana, Kentucky, Michigan, Minnesota, New Jersey, New Mexico, New York, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Virginia and Wisconsin as a Managed Care Organization (MCO), providing comprehensive Medicaid benefits to the eligible population. Because Medicaid is a state-run program, requirements vary for each state, and thus each BCBS Plan. Medicaid members have limited out-of-state benefits, generally covering only emergent situations. In some cases, such as continuity of care, children attending college out-of-state, or a lack of specialists in the member's home state, a Medicaid member may receive care in another state, and generally the care requires prior authorization.

Identifying Medicaid Members to Determine Eligibility and Benefits

BCBS Plan ID cards do not always indicate that a member has a Medicaid product. BCBS Plan ID cards for Medicaid members should not include the suitcase logo. They do include a disclaimer on the back of the ID card providing information on benefit limitations. For members with such ID cards, you should obtain eligibility and benefit information and prior authorization for services using the same tools as you would for other BCBS members.

- Submit an eligibility inquiry by calling the BlueCard Eligibility Line at **1-800-676-BLUE**.
- Submit an eligibility inquiry by sending a 270 electronic HIPAA transaction, or by using the Availity portal website at **Availity.com**.

Provider Enrollment Requirements

Some states require that out-of-state providers enroll in their state's Medicaid program in order to be reimbursed. **Program enrollment is required for the following BCBS plans: Illinois, Indiana, Kentucky, New Mexico, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas and Virginia.**

If a provider is required to enroll in another state's Medicaid program, the provider should receive notification upon submitting an eligibility or benefit inquiry. Insurance Type Code EB04. Providers should check enrollment requirements in that state's Medicaid program before submitting the claim.

Effective April 17, 2016, if a provider submits a claim without enrolling, their Medicaid claims will be denied and they will receive the following CARC 96 (non-covered) and RARC N193 (Specific federal/state/local program may cover this service through another payer) on your provider remittance. This indicates that the state where the member is enrolled in Medicaid, requires providers to enroll in their Medicaid program before the Plan can pay the provider.

Commonly Asked Questions

How do I submit Medicaid claims?

Medicaid claims should be submitted to your local BCBS Plan in the same manner as you submit claims for other BCBS members.

How do I know that I am seeing a Medicaid member?

Members enrolled in a BCBS Medicaid product are issued BCBS Plan ID cards. BCBS Plan Medicaid ID cards may not always indicate that a member is enrolled in a specific Medicaid program.

Providers should always submit an eligibility inquiry if the Plan ID card has no suitcase logo and includes a disclaimer with benefit limitations, using the same tools available for BlueCard:

- Submit an eligibility inquiry by calling the BlueCard Eligibility Line at **1-800-676-BLUE**.
- Submit an eligibility inquiry by sending a 270 electronic HIPAA transaction, or by using the Availity portal website at **Availity.com**.

I do not often see Medicaid members from another state. Why must I enroll as a Medicaid provider outside of my own state when billing for some Medicaid members in other states?

Some state Medicaid programs require providers to enroll before reimbursement may be provided by the Plan. If you do not enroll with the state where required, the claim could be denied.

Who do I contact if I have questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.