

SECTION 9 - HOW TO IDENTIFY MEMBER COVERAGE

Eligibility

PHP issues a Member identification (ID) card to all Members upon enrollment in the Program. All Members must be eligible for Medicaid to enroll in the Program; however, many Members are also eligible for Medicare. The Member ID card indicates if the Member is eligible for Medicaid only, or both Medicaid and Medicare as follows:

- **Medicaid:** ID cards for Members who are only eligible for Medicaid will show a Medicaid effective date only, and is absent of reference to any Medicare coverage
- **Medicaid and Medicare:** ID cards for Members who are eligible for both Medicaid and Medicare will include a valid Medicare effective date and indicate Medicare prescription drug coverage

Dual-Eligible Members

“Dual-eligible” Members enrolled in the Program have both Medicare and Medicaid coverage. PHP reimburses Medicare co-insurance and deductibles for dual-eligible Members. An exception to this rule is when the Member is covered under another primary insurance, in which PHP is then not the primary payer and reimburses all Medicare and Medicaid covered services accordingly.

Effective Dates of Member Eligibility

PHP becomes responsible for payment of Member services as follows:

- Medicaid covered services are the responsibility of PHP the date the Member enrolls in the Program
- Medicare covered services for Members who are *dual eligible* are the responsibility of PHP the first day of the first month following the date the Member enrolls in the Program

Example: *Jane Doe enrolls in the Program on March 16. Partnership Health Plan, Inc. is responsible for the payment of all Medicaid and long-term support services on March 16. Partnership Health Plan, Inc. then becomes responsible for the payment of all Medicare covered services on April 1.*

The date on the Member’s ID card helps to determine which claims to submit to Security Administrative Services (SAS), PHP’s third party administrator.

Member Termination


A Member may terminate his or her enrollment in the Program at any time. If the Member is confined as an inpatient in a hospital on the date of termination PHP continues to cover Medicare Part A benefits until the Member is discharged from the hospital.

- Medicare coverage for terminated Members ceases at 12:00 midnight on the last day of the month in which the Member disenrolled
- Medicaid coverage for terminated Members ceases at 12:00 midnight on the day of disenrollment

Member Identification Cards



Each Member is assigned his/her own unique identification number which is included on the Member ID card that is issued to them upon enrollment. Each Member will have a Medicare card and a Medicaid Forward swipe card. Although Providers may choose to make a copy of the Medicare and Medicaid card, it is especially important to ask to see the PHP Member ID card to verify that the person is a Member enrolled in the Program. If the Member does not have an ID card when arriving for services and you need to determine eligibility, you may call a Claims Specialist at PHP or reference the SAS website at www.securityhealth.org to verify Member eligibility. Below are copies of each type of PHP Member ID card:

Medicaid Only ID Card

	This plan is a contracted Medicaid managed care program.	
	RxBin 005996	Effective Date
Issuer (80840)		
ID 123456789123		_____ - Medicaid
Name John Doe		
Medicaid limiting charges may apply.		

In an emergency, call 911 immediately.		
All services performed by non-network providers, except emergency and urgent care services, require prior authorization. Please call Community Health Partnership, Inc. within 24 hours of an emergency hospital admission. If you are calling after regular business hours, please leave a message. Benefit questions, please call Community Health Partnership, Inc.		
Community Health Partnership, Inc. 2240 EastRidge Ctr. Eau Claire, WI 54701 (800) 842-1814 (715) 838-2900/TTY	Pharmacy Claims: PharmaStar PO Box 3217 Eau Claire, WI 54702 (715) 552-4320 or (888) 298-7770	Medical Claims: Security Administrative Services PO Box 8000 Marshfield, WI 54449 (800) 548-1224

Dual Eligible (Medicare & Medicaid) ID Card

	This plan is a contracted Medicare and Medicaid managed care program.	
	RxBin 005996	Effective Date
Issuer (80840)		_____ - Medicare
ID 123456789123		_____ - Medicaid
Name John Doe		
 Medicare and/or Medicaid limiting charges may apply.		
CMS-H5206-002		

In an emergency, call 911 immediately.		
All services performed by non-network providers, except emergency and urgent care services, require prior authorization. Please call Community Health Partnership, Inc. within 24 hours of an emergency hospital admission. If you are calling after regular business hours, please leave a message. Benefit questions, please call Community Health Partnership, Inc.		
Community Health Partnership, Inc. 2240 EastRidge Ctr. Eau Claire, WI 54701 (800) 842-1814 (715) 838-2900/TTY	Pharmacy Claims: PharmaStar PO Box 3217 Eau Claire, WI 54702 (715) 552-4320 or (888) 298-7770	Medical Claims: Security Administrative Services PO Box 8000 Marshfield, WI 54449 (800) 548-1224