



Healthy Blue

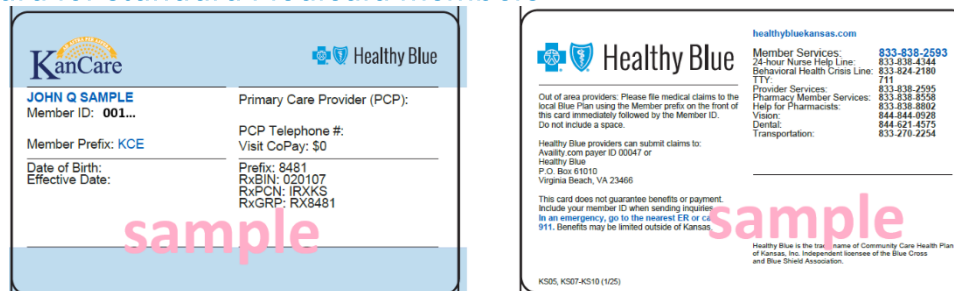
Eligibility and billing reference guide

Kansas | Healthy Blue | Medicaid • Medicare Advantage

To help reduce billing errors and ensure timely reimbursement, we created a reference guide you can use to verify eligibility and accurately submit claims for services provided to Healthy Blue members.

Standard Medicaid members

Sample ID card for standard Medicaid members



Sample ID card images are subject to change.

Member eligibility

Verify member eligibility through the Eligibility and Benefits Inquiry application in Availity Essentials (log in to <https://Availity.com>) or contact Provider Services at **833-838-2595** (Medicaid) or **800-676-2583** (Medicare Advantage).

Claim submission

To ensure payment, submit claims using the member's Medicaid ID, which begins with 001 and consists of 11 digits. Do not include the Healthy Blue member prefix (KCE) on the claim.

Submit claims electronically with our preferred method, Availity Essentials, or by mail:

- Preferred: Submit via <https://Availity.com> and use Payer ID 00047.
- Mailing address:
Healthy Blue
P.O. Box 61010
Virginia Beach, VA 23466

Note: If you use a clearinghouse, please coordinate with them directly to include Healthy Blue for claim submissions.

Dual eligible members

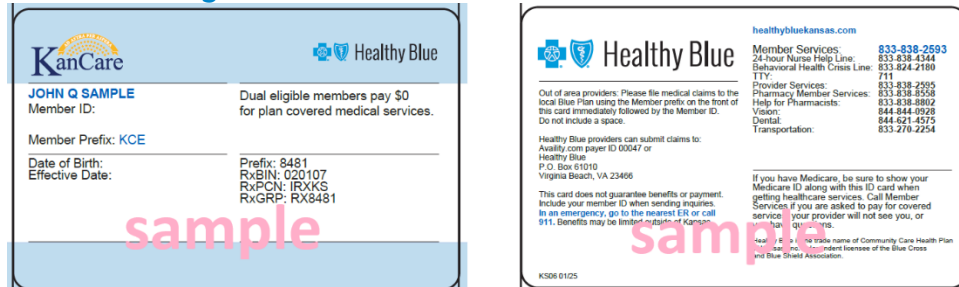
Dual eligible member enrollment options

Members who are eligible for Medicaid and Medicare in Kansas are not obligated to enroll in a Dual Eligible Special Needs Plan (D-SNP). They may retain their Original Medicare coverage and use the standard red, white, and blue Medicare member ID card.

However, members who do choose to enroll in a D-SNP:

- Can choose either the same managed care organization (MCO) for both Medicare and Medicaid, or choose two different MCOs.
- May also choose a Medicare Advantage/D-SNP plan and participate in the Program of All-Inclusive Care for the Elderly (PACE).

Sample ID card for dual eligible Medicaid members



Sample ID card images are subject to change.

If a member presents our dual eligible Medicaid ID card, it should be accompanied by an Original Medicare, Medicare Advantage, or D-SNP ID card.

Note that our dual eligible Medicaid member ID closely resembles our standard Medicaid member ID; however, they are distinct and are used differently for billing purposes. This ID card is used for billing as the secondary payer (payer of last resort) for covered D-SNP claims as follows:

- If the dual eligible Medicaid member is enrolled with us for both Medicaid and Medicare Advantage/D-SNP, additional instructions are provided in the next section.
- If the dual eligible Medicaid member is enrolled in a different MCO for Medicare, first submit the Medicare Advantage/D-SNP claim to that MCO, then submit the Explanation of Benefits (EOB) and claim details to Healthy Blue as the secondary plan (payer of last resort).

Full dual eligible members

Sample ID card for full dual eligible Medicare Advantage members

This card replaces the member's red, white, and blue standard Medicare ID card.



Sample ID card images are subject to change.

Member eligibility

Verify member eligibility through the Eligibility and Benefits Inquiry application in Availity Essentials (<https://Availity.com>) or contact Provider Services at **833-838-2595** (Medicaid) or **800-676-2583** (Medicare Advantage).

Claim submission

Submit claims using the member ID number found on the ID card, which begins with *HBA*.

Submit claims electronically with our preferred method, Availity Essentials, or by mail:

- Preferred: Submit via <https://Availity.com> and use Payer ID 00047.
- Mailing address:
Healthy Blue
P.O. Box 105187
Atlanta, GA 30348-5187

If you use a clearinghouse, please coordinate with them directly to include Healthy Blue for claim submissions.

If a member holds Healthy Blue plans for both Kansas Medicaid and Kansas Medicare Advantage/D-SNP, the initial claim will automatically process to Medicaid as the payer of last resort:

- In this situation, you do not need to submit a secondary claim with the EOP.
- Note: The back of the ID card *incorrectly* indicates to send all claims to the local blue plan. Instead, submit all local claims as described above.

If the dual eligible Medicare Advantage member is enrolled in a different MCO for Medicaid, first submit the claim to Healthy Blue as the primary payer, then submit the Explanation of Payment (EOP) along with the claim to the other MCO as the secondary payer. Medicaid serves as the payer of last resort.