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Requirements for BlueCard Medicaid claims

Questions and Answers

Background

Effective March 1, 2016, all claims for out-of-state Blue Plan Medicaid members must include certain data elements (i.e., form locators). Depending on the plan, these could include, national drug code, rendering and billing taxonomy codes, or rendering and billing national provider identifiers (NPIs). In addition, some states will require providers to enroll with their patient's plan prior to submitting claims.

Questions and Answers

Q1. How do I submit Medicaid claims?

A1. Medicaid claims should be submitted to your local BCBS Plan in the same manner as you submit claims for other BCBS members. You will also receive your payment in the same manner, although the payment amount may be different from your contracted rate with your local BCBS Plan, or different from the Medicaid rate in the state in which you practice.

Q2. How do I know that I am seeing a Medicaid member?

A2. Members enrolled in a BCBS Medicaid product are issued BCBS Plan ID cards. BCBS Plan Medicaid ID cards do not always indicate that a member is enrolled in a Medicaid product. Important information about BCBS Plan ID cards includes:

- A suitcase logo does not appear on the card; and
- Depending on the state that holds the member's coverage, the disclaimer language on the back of the ID card may indicate benefit limitations. For example, "This member has limited benefits outside Kentucky. Providers should request eligibility/benefit information."

If the Plan ID card has no suitcase logo and includes a disclaimer indicating benefit limitations, please use the same tools you would use to find out about eligibility for other BlueCard members. These include:

- Out-of-area feature in Wellmark's [Check Member Information](#) tool (i.e. BlueExchange); and
- BlueCard Eligibility Line 800-676-2583.

Plan member ID cards may not always indicate that the member is enrolled in a Medicaid product. Therefore, you should always obtain eligibility and benefit information using one of the tools above. With an eligibility response from the member's plan, you should receive information on the member's Medicaid coverage.

- Q3. What reimbursement amount should I expect to receive for members who reside outside a specified state's service area (e.g., Anthem Blue Cross and Blue Shield Virginia)?**
- A3. When billing for services rendered to an out-of-state Medicaid member, you will be reimbursed according to the member's home-state Medicaid fee schedule, which may or may not be equal to the amount you are accustomed to receiving for the same service in your state.
- Q4. My state does not require me to include certain elements such as a national provider identifier (NPI), national drug code (NDC) code, etc. on Medicaid claims. Why do I have to include these codes?**
- A4. For encounter data reporting purposes, most state Medicaid programs require the national provider identifier (NPI), national drug code (NDC) and the additional data elements (when applicable) to be populated on claims submitted for Medicaid members. To ensure compliance with state Medicaid requirements, providers who bill for Medicaid members should include these data elements on applicable Blue Cross Blue Shield Medicaid claims. Failure to do so may result in the claim being denied or placed in pended status.
- Q5. I do not see Medicaid members from other states often. Why must I enroll as a Medicaid provider outside my own state when billing for some Medicaid members from other states?**
- A5. Many 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. Please refer to the [Medicaid Provider Enrollment Requirements](#) on the Wellmark [BlueCard Program](#) Web page.
- Q6. Whom do I contact if I have questions about benefits or eligibility?**
- A6. If you have questions about benefits or eligibility, please contact the number on the member's ID card.
- Q7. Whom do I contact if I have questions about claims?**
- A7. If you have questions about a claim that was submitted to Wellmark, please start by finding your claim in the [Check a Claim](#) tool. Then select "Inquire or Submit Documents on this Claim" from the drop-down menu.