

PRISM Frequently Asked Questions for Providers (FAQ): New Medicaid Member Card



What will be different about the new Medicaid member card?

Starting July 2014, Medicaid and PCN members will start receiving a new wallet-sized plastic Medicaid card. The new card will replace the current color-coded, full sheet of paper that shows the member's eligibility each month. You will no longer see a card for each month of a Medicaid member's eligibility.

What information is on the new card?

The new wallet-sized cards will not have eligibility information listed on them. Instead, they will have the member's name, Medicaid ID number, and date of birth. The back of the card has helpful contact information and websites for both providers and members.

Who will receive a new card?

Each Medicaid member in a household will receive their own card. The new Medicaid member card will be used whenever the member is eligible for Medicaid. A new card will NOT be mailed each month. Replacement cards will be issued if a card is lost or damaged.

How do I know if my patients are eligible for Medicaid?

Before providing services to card holders, you will need to verify your patients' Medicaid eligibility. There are two ways to help you do so:

- 1) The Eligibility Lookup Tool: <https://medicaid.utah.gov/eligibility>
- 2) In PRISM, for the EXT Admission/PA Provider Access, EXT CM MCO Provider Access, EXT Member Provider Access, EXT PA Provider Access, and EXT TPL Provider Access profiles use the Member dropdown menu and select Eligibility Inquiry.

What is the Eligibility Lookup Tool?

The Eligibility Lookup Tool is a website that allows a provider to electronically view a member's Medicaid eligibility and plan enrollment information. The Eligibility Lookup Tool will also tell you if the patient is restricted to a specific provider and if the patient is responsible for co-pays. In addition, the Eligibility Lookup Tool can be used to verify Primary Care Network (PCN) and Children's Health Insurance Program (CHIP) eligibility.

Why does the new card say "Verify the Medicaid member's identity with a photo id"?

To prevent someone else from fraudulently using a Medicaid card to get health care services, please verify your patient's identity. It is up to each provider to decide how to verify identity; one example is a photo ID.

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What do I need to do to get access to the Eligibility Lookup Tool?

In order to be in compliance with HIPAA, we must assure that only those that have the right to this information have access.

If you have not previously created a Utah-ID and password, you can create an account from the login screen. The system will walk you through the activation process after you have selected "Create Account".

What information is produced by the Eligibility Lookup Tool?

Providers can view:

- Member demographics
- Member eligibility (including the past 36 months)
- Eligibility for the next month (after benefit issuance which is 6 business days before the end of the month)
- Plan enrollment information
- Provider restrictions
- Patient co-pays
- TPL and other health insurance

How will my patients know their health/dental plans, co-payments or benefit information?

Members will receive a Benefit Letter in the mail that contains all their plan information. When there are changes, Medicaid will send a new Benefit Letter. In addition, members can call the Medicaid Member Services hotline at 1-844-238-3091 to check eligibility. In the near future, they will also have a web tool, similar to the Eligibility Lookup Tool, to check their eligibility online.

What if my patient's Medicaid card gets lost or damaged?

A Medicaid member can call the Department of Workforce Services at 1-866-435-7414 for a new card.

What will the new card look like?

