

Verifying Eligibility: Medical Assistance Identification Cards

TABLE OF CONTENTS

UTAH DEPARTMENT OF HEALTH LOGO	2
FEE-FOR-SERVICE MEDICAID CARD.....	3
SELECT ACCESS.....	4
HEALTHY U	5
MOLINA AND MOLINA PLUS	6
PRIMARY CARE PROVIDER	8
RESTRICTED MEDICAID ELIGIBILITY.....	9
NON-TRADITIONAL MEDICAID PROGRAM.....	10
PREPAID MENTAL HEALTH PLAN FOR INPATIENT SERVICES ONLY (Foster Care)	11
FORM MEEU ATTACHED TO MEDICAID CARD	12
INSTRUCTIONS FOR FORM MEEU	13
INTERIM VERIFICATION OF MEDICAID ELIGIBILITY: FORM 695	14
FORM MI-706: REQUEST FOR MEDICAL INFORMATION (Administrative Physicals)	16
FORM MI-706: STATE MEDICAL SERVICES PROGRAM (Custody Medical Care/Foster Care)	17
BABY YOUR BABY IDENTIFICATION CARD	18
EMERGENCY SERVICES PROGRAM.....	19
QUALIFIED MEDICARE BENEFICIARY (QMB)	20
PRIMARY CARE NETWORK	21
INDEX	22

UTAH DEPARTMENT OF HEALTH LOGO

Below is a sample of the Utah Department of Health logo that is printed on the cardstock used for Medical Identification Cards. The color of the background and logo varies depending on the type of card.



FEE-FOR-SERVICE MEDICAID CARD

This Medicaid Identification Card has no managed care organization (MCO) or Primary Care Provider identified. The client may receive services from any Medicaid provider of medical, dental, or pharmacy services.

IV-E Medicaid Elig Team
 PO BOX 72
 BEAVER, UT 84713

Promote Prevent Protect

Utah Department of Health

NICL
 ST GEORGE, UT 84770-2733

<p>Special Instructions None</p> <p>Co-Pay Codes N No Co-pay required</p>	<p style="text-align: center;">- SA TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: July 01, 2010 - July 02, 2010 Health Plan: None Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	--

Name/ID	DOB/Age	Co-Pay Provider	Restrictions	TPL/Medicare Information
NIC: 020 Male		N SOUTHWEST MENTAL HEALTH 1-435-634-5600	NONE	

SELECT ACCESS

This Medicaid Identification Card states the name of a Preferred Provider Network below eligibility information and above the client's name. When a client's Medicaid card states SELECT ACCESS as the health plan, the client must use SELECT ACCESS hospitals and doctors. Beginning October 1, 2002, for other types of services, clients may use any provider, regardless of SELECT ACCESS affiliation. For all services, providers should follow the fee-for-services guidelines for billing, prior authorization, complaints, grievances, etc. [SECTION 1 of the Utah Medicaid Provider Manual, Chapter 3, Fee-for-service Medicaid] For example, a provider should contact Medicaid, not SELECT ACCESS, when a service for a SELECT ACCESS member requires preauthorization. [SECTION 1, Chapter 9, Prior Authorization]. Provider should submit claims for SELECT ACCESS members with a date of service on or after October 1, 2002, to Medicaid for reimbursement, not to SELECT ACCESS. Submit claims electronically, as per SECTION 1, Chapter 11, Billing Claims.

Manager 1 Team A ESO
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

CHE
 PLEASANT GRV, UT 84062-2249

<p>Special Instructions None</p> <p>Co-Pay Codes N No Co-pay required</p>	<p>TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: May 01, 2010 - May 31, 2010 Health Plan: SELECT ACCESS Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	--

Name/ID	DOB/Age	Co-Pay Provider	Restrictions	TPL/Medicare Information
MIC F)		N SELECT ACCESS 1-800-662-9651 WASATCH MENTAL HEALTH 1-801-373-4760	NONE	

HEALTHY U

This Medicaid Identification Card states name of the managed care organization below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (MCO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the MCO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist.

Manager 5 Team B ESO
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

KAR. ...
 PROVO, UT 84606-3167

<p>Special Instructions None</p> <p>Co-Pay Codes N No Co-pay required</p>	<p style="text-align: center;">- CH TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: HEALTHY U Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	---

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
AUR 061' ... (F) Female		N	HEALTHY U 1-888-271-5870 WASATCH MENTAL HEALTH 1-801-373-4760	NONE	

MOLINA AND MOLINA PLUS

This Medicaid Identification Card states name of the managed care organization below eligibility information and above the client's name. Card is not valid for services from any other health care supplier or provider (MCO, physician, hospital facility, home health, medical supplier, etc.) without a referral from the MCO identified. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist.

Manager 9 Team B CUP
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

MEL.
 ROY, UT 84067-1920

<p>Special Instructions None</p> <p>Co-Pay Codes N No Co-pay required</p>	<p>PW TRADITIONAL MEDICAID ID CARD The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: July 01, 2010 - July 31, 2010 Health Plan: MOLINA-UT Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	--

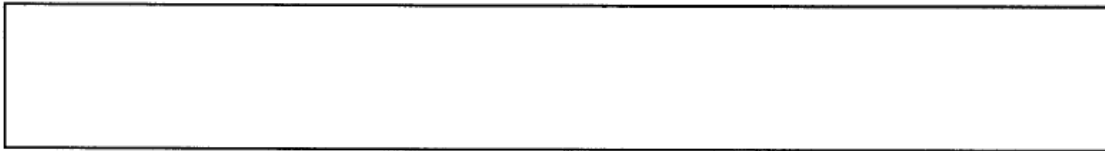
Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
MEL 020 (F) Female		N	MOLINA-UT 1-888-483-0760 WEBER MENTAL HEALTH 1-801-625-3700	NONE	

Manager 4 Team D ESO
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

JE
 CORINNE, UT 84307-9600



<p>Special Instructions None</p> <p>Co-Pay Codes D Co-pay required for non-emergency use of ER, Outpatient Hospital and Physician Services, Pharmacy & Inpatient Hospital</p>	<p>NON TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/pharmacy services.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: MOLINA-PLUS Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	---

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
JESK 020. Female	24	D	MOLINA-PLUS 1-888-483-0760 BEAR RIVER MENTAL HEALTH 1-435-752-0750	NONE	

PRIMARY CARE PROVIDER

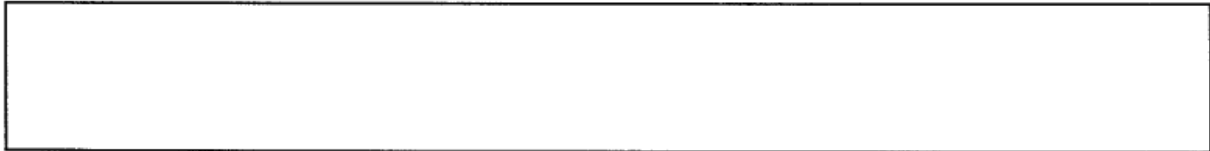
This Medicaid Identification Card states PRIMARY PROVIDER below eligibility information and above the client's name. Name of the Primary Care Provider is printed next to each client's name. Card is not valid for services from any other physician without a referral from the Primary Care Provider. Pharmacy and dental services may be provided by any Medicaid participating pharmacist/dentist.

Manager 2 Team D CBT
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

OL
 LOGAN, UT 84321



<p>Special Instructions None</p> <p>Co-Pay Codes <input type="checkbox"/> Co-pay required for non-emergency use of ER, Outpatient Hospital and Physician Services, Pharmacy & Inpatient Hospital <input checked="" type="checkbox"/> D</p>	<p>- LIFC NON TRADITIONAL MEDICAID ID CARD The people listed on this card are eligible for medical/pharmacy services.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: None Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
--	---

Name/ID	DOB/Age	Co-Pay Provider	Restrictions	TPL/Medicare Information
OL 070 Female		D BEAR RIVER MENTAL HEALTH 1-435-752-0750 IHC BUDGE CLINIC	NONE	

RESTRICTED MEDICAID ELIGIBILITY

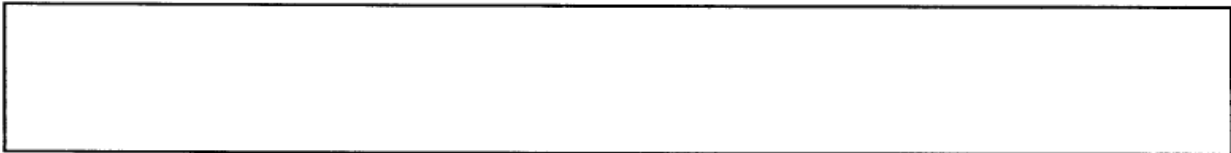
This Medicaid Identification Card states "RESTRICTED" below eligibility information and above the client's name. Client may only receive services from the providers and pharmacy identified, unless there is a referral from the Primary Care Provider. Dental services may be provided by any Medicaid participating dentist.

Manager 3 Team A ESO
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

LYDIA
 WEST VALLEY, UT



<p>Special Instructions None</p> <p>Co-Pay Codes D Co-pay required for non-emergency use of ER, Outpatient Hospital and Physician Services, Pharmacy & Inpatient Hospital</p>	<p>NON TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/pharmacy services.</p> <p>Eligible From: July 01, 2010 - July 31, 2010 Health Plan: SELECT ACCESS Restricted: Yes TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
--	--

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
LYDIA 43 Female		D	SELECT ACCESS 1-800-662-9651 VALLEY MENTAL HEALTH 1-801-263-7100 DAVID L AUNE MD SMITHS FOOD & DRUG #137	Prescriber: SUSANKA MATTHEW Urgent Care: IHC TAYLORSVILLE INSTACARE	

PREPAID MENTAL HEALTH PLAN FOR INPATIENT SERVICES ONLY (Foster Care)

This Medicaid Identification Card states name of Prepaid Mental Health Plan under the Mental Health Services information. The plan is responsible for *inpatient psychiatric services only*. The client may obtain *outpatient* mental health services from any participating Medicaid provider.

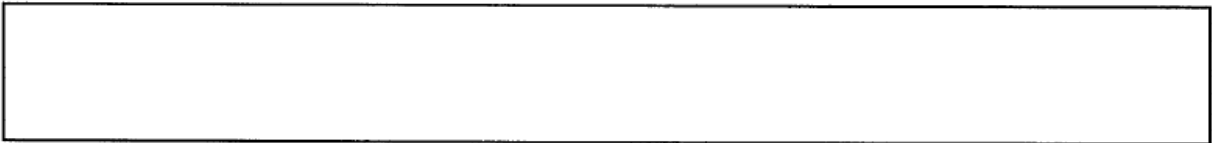
Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 13 - 5, Children in State Custody (Foster Care); SECTION 2, MENTAL HEALTH SERVICES.

Salt Lake IV-E Medicaid Elig Team
 3452 S 8400 W
 MAGNA, UT 84044

Promote Prevent Protect

Utah Department of Health

ME.
 4500 W
 WEST VALLEY CITY, UT 84120



<p>Special Instructions Inpatient Psych: VALLEY MENTAL HEALTH 1-888-949-4864 Outpatient Psych: Any Medicaid Provider</p> <p>Co-Pay Codes N No Co-pay required</p>	<p>FC TRADITIONAL MEDICAID ID CARD The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: HEALTHY U Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
--	--

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
MEK 11 (F) Female		N	HEALTHY U 1-888-271-5870 VALLEY MENTAL HEALTH 1-888-949-4864	NONE	

FORM MEEU ATTACHED TO MEDICAID CARD

This Medicaid Identification Card has message "IMPORTANT! MEDICAID WILL NOT PAY FOR SERVICES ON ATTACHED FORM "MEEU"! below eligibility information and above the client's name. Client may receive services from any Medicaid provider. However, providers whose services are listed on the attached MEEU will not be reimbursed by Medicaid for the patient's financial obligation.

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 6 - 8, Exceptions to Prohibition on Billing Clients, item 2.

0101004777

#REP
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

Address Test
 st, UT 84114

<p>Special Instructions PROVIDERS: This medical card includes a client responsibility notification. See the back of the card for specific client and provider information. Submit claims for the total claim amount. Medicaid may not pay the total claim.</p> <p>Co-Pay Codes B Co-pay required for non-emergency use of ER & Pharmacy</p>	<div style="border: 1px solid black; padding: 2px;"> [REDACTED] FM </div> <p style="text-align: center; font-weight: bold;">TRADITIONAL MEDICAID ID CARD</p> <p>The people listed on this card are eligible for medical/dental/pharmacy services.</p> <p>Eligible From: November 01, 2010 - November 30, 2010 Health Plan: Healthy U Restricted: Yes TPL: Yes</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-538-8798. If you have any questions about coverage or how to use this card, call Medicaid information at 801-538-6156 or 1-800-862-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	--

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
<div style="border: 1px solid black; background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Male	<div style="border: 1px solid black; background-color: black; width: 50px; height: 20px; margin-bottom: 5px;"></div>	B	Healthy U 1-801-444-2222 Wasatch Mental Health Center 1-801-444-3333 JOSEPH H. KARLING MD SMITHS #888	Hospital: Lakeview Hospital Prescriber: Henry B. Tall Urgent Care: West Jordan Urgent Care	Select Health 159 S. Main Street, Salt Lake City, UT 84553333 Policy Holder: Dad MMCS ID#: BB222222 Group#: JJ88888899

INSTRUCTIONS FOR FORM MEEU

The Medicaid client has assumed responsibility to pay a portion of their medical bills. Medicaid will NOT pay the portion of the bill that is the client's financial obligation. Form MEEU lists the bills and the amount of the client's obligation. Form MEEU is titled "Medical Expenses Used." It lists each medical service for that month for which the client has financial responsibility.

INTERIM VERIFICATION OF MEDICAID ELIGIBILITY: FORM 695

Form 695 is printed on 8 ½ x 11 white paper. Card is a substitute for the Medicaid card. If a stamped message “NOT VALID WITHOUT MEEU ATTACHED” appears on form, refer to instructions for Form MEEU. Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 5 - 2, Interim Verification (Form 695).

Utah-DOH-BES	UTAH DEPARTMENT OF HEALTH	DWS-BO	E
Form 695P	INTERIM VERIFICATION OF MEDICAL ELIGIBILITY		
Rev. 04/10			
<p>TO MEDICAL PROVIDERS: This form serves as interim verification of eligibility while a medical card is being produced for newly approved recipients or to replace a stolen/lost card.</p> <p>The eligibility period cannot extend more than 30 days past the day the form is signed.</p> <p>If the Primary Physician, HMO area is blank, then any physician may render service. If an HMO is identified, then services must be provided by that HMO. These areas do not apply to any other provider types.</p> <p>When you submit your claim to Medicaid, be sure to include the correct ID Number of the patient on your claim form.</p> <p>A Play Type and Co-Pay Code must be listed for each individual on this form.</p> <p>Please return the Form 695P to the Medicaid client.</p> <p>The following persons are eligible to receive Title XIX Medicaid services during the period. (Not to exceed 30 days.).</p>			
Valid From:		Through	
Name	ID Number	Primary Physician or HMO	Plan Type (Required field)
Co-pay Code (Required field)			
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
*PLAN TYPE	Traditional Medicaid	Non-Traditional-NT	PCN-PC

**CO-PAY CODES:	
A: Non-Emergency Use of the ER, Outpatient Hospital & Physician Services & Pharmacy	
B: No Co-Pay Required	
Other Insurance	N/A
Pharmacy	N/A
November 23, 2010	
Signature of Authorized Representative	
Date	

FOR STATE USE ONLY

Case Name	Case #	Team/Worker
eREP Program N/A	PACMIS Program N/A	
Address	City	UT Zip

HMO is Inactive

MEEU information from PACMIS:									
Spendedown detail information from eREP:									
Action	Order	Received Service	Type	Classification	Member	Balance	Available	Current	
					Obligation Owed		Used		

**FORM MI-706: REQUEST FOR MEDICAL INFORMATION (Administrative
Physicals)**

The Department of Workforce Services uses a unique form to request an administrative physical required to determine Medicaid eligibility based on the applicant's ability to work. The completed medical information form should be returned to the eligibility worker as directed, and the reimbursement agreement should be retained by the provider for his or her records. The form is printed on 8 1/2 x 11 white paper. For more information, please refer to Section 1, 13-6 *Administrative Physicals*.

Utah Department
of Health

Bureau of
Eligibility Services

REQUEST FOR MEDICAL INFORMATION
(MI-706)

The State of Utah is in need of medical and/or psychiatric information about the person named below. We ask your help in providing the information that we need, as indicated below. If you cannot provide the requested information without doing tests, x-rays, etc., not listed please call the person who has signed this form (phone # provided below). They will determine whether or not reimbursement can be authorized for the additional services. Brief instructions regarding reimbursement procedures are provided on the back side of this form.

[Redacted]

Prior Authorization Number: [Redacted]

NAME: [Redacted]
CLIENT-ID: [Redacted]

BIRTH-DATE (MM/DD/YY): 08/18/ SEX: F
DATES-OF-ELIG: 11/17/10 to 12/15/10 COUNTY-CODE: 25

DHCF requests the following:
PHYSICAL EXAM

AUTHORIZATION FOR REIMBURSEMENT			
IDENTIFICATION OF AUTHORIZED SERVICES	UNITS	CODE	
OFFICE / OUTPAT VISIT ESTAB. 2/3 H:CM	1	99215	
SPECIAL REPORTS (EG INS, MED DATA) OVER USU	1	99390	

PROVIDER NAME
MR. DOCTOR JONES

DATE-ISSUED: 11/17/2010 REV-ID: 260
DISTRICT: PHONE:

CERTIFYING SIGNATURE

FORM MI-706: STATE MEDICAL SERVICES PROGRAM (Custody Medical Care/Foster Care)

The Department of Human Services uses a unique form to authorize health care services for a person eligible for a State Medical Services Program. When Form MI-706 titled STATE MEDICAL SERVICES is authorized, the claim is processed and reimbursed as if it were a Medicaid claim. The form is printed on 8 1/2 x 11 white paper. As an example of a State Medical Services Program, refer to SECTION 1, Chapter 13 - 4, Custody Medical Care Program, and Chapter 13 - 5, Children in State Custody (Foster Care).

State Medical Services (SMS)
 Reimbursement Agreement
 (MI-706)

STATE MEDICAL SERVICES

1 The individual named below has been found eligible to receive service under the Division of Medicaid and Health Financing - State Medical Services Program (SMS), for the dates indicated. The Division of Medicaid and Health Financing agrees to provide reimbursement for treatment, at Medicaid rates. Brief instructions regarding reimbursement procedures are provided on the reverse side of this form.

2 Prior Authorization Number
N=0000000

3

1. Last Name	2. First Name	3. Initial	4. Date of Birth	5. Sex
6. Client I.D. Number	4 7. Date of Eligibility From: to:			8. County Code

5 SMS will provide reimbursement for treatment of the following condition(s) and/or symptoms:

Line No.	10. Description of condition(s) and/or symptoms(s):
1	
2	
3	

6 SMS will provide reimbursement for the following services:

Line No.	12. Identification of Authorized Service(s)	13. Unit(s)	14. code(s)
1			
2			
3			
4			

7 15. Provider Name

8 17. _____ 18. _____ 19. _____
 M M D D Y Form and Program Reviewer ID

20. _____

- 1 Instructions to provider
- 2 Preprinted authorization number
- 3 Client information
- 4 Dates of Eligibility – strictly limited
- 5 Patient symptoms indicated
- 6 Authorized services
- 7 Health Care Provider identified.
- 8 Date, office, telephone number and signature of certifying worker

BABY YOUR BABY IDENTIFICATION CARD

The “Baby Your Baby” Form is printed on pink cardstock, size 8.5" by 5.5". This form entitles the eligible woman to outpatient pregnancy related services. Note the expiration date on the form. **Card must be shown every time service is given! Dates of eligibility strictly limited to the dates on client’s card.**

Reference: Utah Medicaid Provider Manual, SECTION 1, Chapter 13 - 1, Presumptive Eligibility Program

- ❶ Dates of eligibility (See also ❷)
- ❸ Client name
- ❹ Client I.D. number which ends with “V”
- ❺ TPL Information (Insurance)
- ❻ Reminder of service limitations
- ❼ Name, address, & phone number of provider who determined client eligibility
- ❼ A Medicaid worker may extend the end date of eligibility. If so, worker enters new expiration date and signature in this area.
- ❽ Billing information

UTAH DEPARTMENT OF HEALTH COMMUNITY and FAMILY HEALTH SERVICES DIVISION PRESUMPTIVE ELIGIBILITY/ PERINATAL PROGRAM		
Utah Department of Health	IDENTIFICATION CARD	Baby Your Baby
❶ Eligibility from ____/____/____ thru: ____/____/____ M M D D Y Y M M D D Y Y		
❷ Client Name _____ ❸ I.D. No: ____ - ____ - ____ V Birthdate: ____/____/____		
❹ Health Insurance: _____ ❻ Address: _____ _____ Address _____		
Name of Insured: _____ Phone #: _____ Group #: _____ I.D. #: _____		
Employer: _____		
❺ I certify that the above information is correct. I understand that this card entitles me to outpatient Pregnancy related services. No delivery/childbirth Expenses are covered by this card.		❼ Signature of the Qualified Provider Worker ❽ SEND claims to: Utah Department of Health Bureau of Medicaid Operations PO Box 143106 Salt Lake City UT 84114-3106 For billing of eligibility questions: Salt Lake area (801) 538-6155. Outside Salt Lake area call: 1-800-662-9651
_____ Signature of Client	_____ Date	
WARNING: ANY ALTERATION OF THIS CARD VOIDS THE CARD IMMEDIATELY.		

BACK OF CARD

BILLING INSTRUCTIONS		
To the client:		
1. You need to apply for Medicaid at the Department of Workforce/Eligibility Services by the expiration date on the front of this card. You are urged to do this as soon as possible. 2. You must take this card with you for services to be provided. 3. If your card is nearing expiration and you have not been approved or denied Medicaid, contact your caseworker at the Department of Workforce/Eligibility Services. 4. This card must be returned to your qualified provider when: a. You have been notified of approval or denial for Medicaid, or b. It expires. 5. Always take this card with you to any appointments with the Department of Workforce/Eligibility Services		
To the provider:		
1. Reimbursement for services will be paid through the Utah Medicaid billing system utilizing Medicaid’s reimbursement policies and payment rates. Send all claims to the address noted on the front of this card. 2. Only outpatient pregnancy related services will be reimbursed. No claims for deliveries, global fees, or any inpatient services will be reimbursed under the Presumptive Eligibility (Baby Your Baby) Program. 3. No reimbursement for covered Medicaid services will be made by this program if payments for such services can be obtained from other third party sources. 4. Any extension of eligibility can be granted only by the client’s Department of Workforce/Eligibility Services caseworker and must be indicated by the authorized stamp on the front of this card. 6. If you have any questions on the client’s eligibility, please contact:		
_____ Qualified Provider	_____ Phone # (Please type or print)	_____ Prenatal Care Coordinator

QUALIFIED MEDICARE BENEFICIARY (QMB)

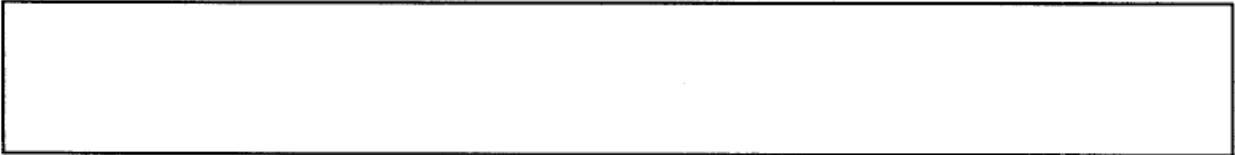
This Medicaid Identification Card is printed on white card stock with peach background behind name and address and a peach logo for the Department of Health on the background. The words "QUALIFIED MEDICARE BENEFICIARY" are printed below the eligibility information and above the client's name. This card is valid for Medicare co-payments and deductibles. It is not valid for Medicaid services.

Manager 9 Team E ABD
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

BEN: [REDACTED]
 [REDACTED]
 ROY, UT 84067-3656



<p>Special Instructions Submit the claim first to insurance company, then to Medicare. Any eligible portions of co-insurance and deductible will be processed at the same time the Medicare portion is processed. Payment will be shown on your Medicaid remittance statement.</p> <p>Co-Pay Codes N No Co-pay required</p>	<p>MCSP QUALIFIED MEDICARE BENEFICIARY The people listed on this card are eligible for Medicare cost sharing payment to be made by the Utah QMB program and are not eligible for Medicaid benefits.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: None Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	---

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
BEN: [REDACTED] [REDACTED] Male	[REDACTED]	N	None	NONE	HIB#: 467 [REDACTED] Medicare Part A and Medicare Part B

PRIMARY CARE NETWORK

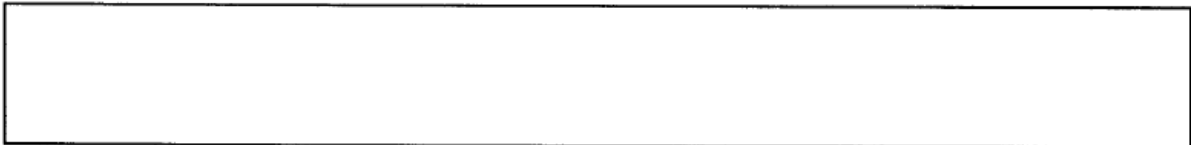
Below is a sample Identification Card for clients enrolled in the Primary Care Network Plan. The top third of the card is a tear-away with the client's name and address. The Card is printed on white card stock with a yellow background behind the name and address and a yellow Department of Health logo on the background of the card. Reference: Utah Primary Care Network Provider Manual, available through the Division of Medicaid and Health Financing, Utah Department of Health. NOTE: The first month this card was issued was July 1, 2002.

Manager 6 Team B CUP
 PO BOX 143245
 SALT LAKE CITY, UT 84114-3245

Promote Prevent Protect

Utah Department of Health

BRE
 lehi, UT 84043



<p>Special Instructions None</p> <p>Co-Pay Codes C Co-pay required for Primary Care Services, Dental, Pharmacy & ER</p>	<p>PCN PRIMARY CARE NETWORK ID CARD The people listed on this card are eligible for primary care/pharmacy services/basic dental services. This program does not provide inpatient hospital care/specialty care.</p> <p>Eligible From: August 01, 2010 - August 31, 2010 Health Plan: None Restricted: No TPL: No</p> <p>PROVIDER and CLIENT: The Medical Card should be presented before receiving services. Keep a copy of this card for your records. If there are any changes on insurance coverage, call the TPL Unit 801-536-8798. If you have any questions about coverage or how to use this card, call Medicaid Information at 801-538-6155 or 1-800-662-9651.</p> <p>Attempts to modify this card in any way or allowing use by people not listed on this card is illegal.</p>
---	---

Name/ID	DOB/Age	Co-Pay	Provider	Restrictions	TPL/Medicare Information
BRE 090 Female		C	----- ----- -----	NONE	

INDEX

<p>A</p> <p>Administrative Physicals16</p> <p>C</p> <p>Custody Medical Care/Foster Care17</p> <p>D</p> <p>Department of Health logo.....21 DEPARTMENT OF HEALTH LOGO.....2</p> <p>E</p> <p>EMERGENCY SERVICES PROGRAM19</p> <p>F</p> <p>FEE-FOR-SERVICE MEDICAID CARD.....3 FORM 69514 FORM MEEU ATTACHED TO MEDICAID CARD.12 FORM MI-706: REQUEST FOR MEDICAL INFORMATION...16 FORM MI-706: STATE MEDICAL SERVICES PROGRAM17 Foster Care.....17</p> <p>I</p> <p>instructions for Form MEEU14 INSTRUCTIONS FOR FORM MEEU.....13</p>	<p>INTERIM VERIFICATION OF MEDICAID ELIGIBILITY..... 14</p> <p>M</p> <p>managed care organization 3, 5, 6 MCO 3, 5, 6 MOLINA AND MOLINA PLUS 6</p> <p>N</p> <p>NON-TRADITIONAL MEDICAID PROGRAM 10</p> <p>P</p> <p>PRIMARY CARE NETWORK 21 Primary Care Provider..... 3 PRIMARY CARE PROVIDER 8</p> <p>Q</p> <p>QUALIFIED MEDICARE BENEFICIARY (QMB)..... 20</p> <p>R</p> <p>RESTRICTED MEDICAID ELIGIBILITY..... 9</p> <p>S</p> <p>SELECT ACCESS 4 SELECT CARE..... 4</p>
---	---