IMPORTANT REMINDERS

Dual members with Medicaid and the Qualified Medicare Beneficiary program should not be balanced billed

- Providers should bill EmblemHealth/ConnectiCare (EH/CCI) Medicare Advantage Plan as the primary insurer for services for members with dual Medicare/Medicaid coverage
- Providers should bill the member's Medicaid or Medicaid managed care plan(s) for any applicable balance(s) of covered services or services denied under EH/CCI Medicare Advantage Plan but considered under Medicaid
- Medicare and Medicaid payment(s) must be accepted as payment in full for covered services
- For Integrated Benefits for Dual Eligible Program (IB Dual) members, EmblemHealth will make a single payment to the providers that includes the Medicare and Medicaid payments, inclusive of any applicable Medicare deductibles and coinsurance
- Providers should submit a preservice/prior authorization request if there is a question on coverage. This should be submitted with all necessary documentation prior to rendering any services to the member. The member will receive an Integrated Denial Notice (IDN) for any non-covered services. Once the member has received the denial notice indicating a service is not going to be covered, discussions with the member on payment for the full service can occur.
- For more information, visit (https://www.healthplex.com/doc/no/HEALTHPLEX_PROVIDER_MANUAL

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