

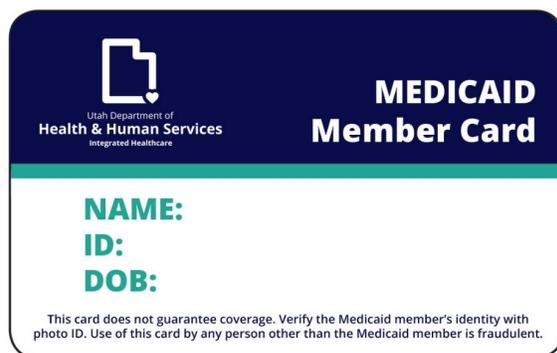
New Medicaid Member Card

frequently asked questions for providers

Q: What will be different about the new Medicaid member card?

A: Starting May 1, the Medicaid member card will have a new look with the newly consolidated Department of Health and Humans Services (DHHS) branding. Each new Medicaid member will get their own card. Existing members will continue using their old Utah Department of Health (UDOH) Medicaid card. Please accept both DHHS and UDOH Medicaid cards. Here is a sample of the new Medicaid card.

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Medicaid Members:

- Show this card with photo ID before you get medical care
- For information about your Medicaid benefits or claims, call toll-free 1-844-238-3091
- To verify your Medicaid eligibility, visit mybenefits.utah.gov
- For changes affecting your eligibility, visit jobs.utah.gov/mycase or call 1-866-435-7414
- If you have other insurance, report changes to ORS at 801-536-8798

Medicaid Providers:

- Most members are enrolled in a health plan
- To verify eligibility, health plan enrollment, coverage dates, and covered benefits, call *AccessNow* at 1-800-662-9651 or visit medicaid.utah.gov/eligibility

Q: What information is on the new card?

A: The wallet-sized cards will have the same information as the previous UDOH cards, including 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.

Q: Who will receive a new card?

A: Each newly enrolled 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. Replacement cards will be issued if a card is lost or damaged.

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

A: Before providing services to card holders, you will need to verify your patients' Medicaid eligibility through 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 copays. In addition, the Eligibility Lookup Tool can be used to verify Children's Health Insurance Program (CHIP) eligibility.

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

A: In order to be in compliance with HIPAA, we must assure that only those that have the right to this information have access. A provider will have to register with UtahID. Upon selecting the [Eligibility Lookup Tool](#) button, you will be prompted to log into [UtahID](#) before accessing the tool. If you have not previously created a UtahID 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 an account" below the sign in box.

Q: What information will I need to verify my patient's eligibility?

A: To verify your patient's eligibility on the portal, you will need the information off of the Medicaid card which includes the member's name, Medicaid ID and date of birth. A provider must also have a Provider ID (NPI or API) known to Medicaid.

Q: Can I still call AccessNow for eligibility information?

A: No, AccessNow is no longer in service. The Eligibility Lookup Tool is faster, with more complete information that can be printed for your records.

Q: What information is produced by the Eligibility Lookup Tool?

A: 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

Q: Why does the card say to "verify the Medicaid member's identity with a photo ID"?

A: 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.

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

A: 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 visit the [MyBenefits website](#) where they can view information about their eligibility status, health or dental plans, and copays.

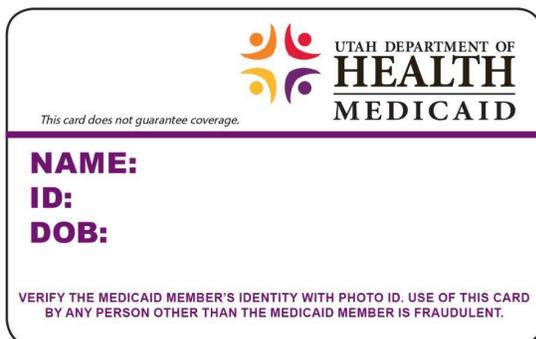
Q: What if my patient's Medicaid card gets lost or damaged?

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

Q: What if a member tries to use the old UDOH Medicaid card?

Only newly enrolled Medicaid members will get the new DHHS Medicaid card. Existing members will continue using their old UDOH Medicaid card. Please accept both DHHS and UDOH Medicaid cards. Here is a sample of the existing Medicaid card.

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