



## Healthy Connections Prime Member ID Card

When a beneficiary has both Medicare and Healthy Connections Medicaid, he or she is considered “dually eligible”. When dually eligible beneficiaries join Healthy Connections Prime, they are called “members” and no longer have to present a Medicare card, Medicare Part D card, and/or Healthy Connections Medicaid card when visiting a doctor or pharmacy. Instead, Healthy Connections Prime members will only present their Healthy Connections Prime member ID card.

All Medicare beneficiaries received a new Medicare ID card from CMS in 2018. However, **for Healthy Connections Prime members, their Member ID card remains the same.** Providers should still check eligibility to ensure coverage.

### Why Did the Medicare card change in 2018?

Medicare removed Social Security Numbers from Medicare cards. The change helps protect member identity.

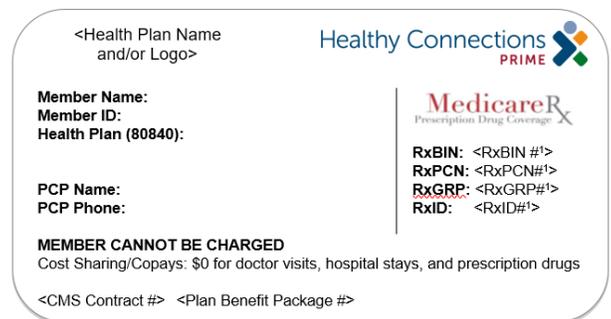
### How are providers affected by the new Medicare card?

Nothing changes for providers in terms of their Healthy Connections Prime patients. Members may potentially present a variety of cards, but to ensure providers have the most current data, it is recommended that they check member eligibility in the WebTool or any other eligibility resource before providing services. For more information, visit the CMS webpage at this link: <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>.

### How should members use their new Medicare card?

Members should keep their new Medicare card in a safe place but **need to continue to use their Healthy Connections Prime Member ID Card** for doctor, hospital, and pharmacy visits. Members will need the new Medicare card if they want to join, leave, or switch to a different plan.

A sample Healthy Connections Prime member ID card is shown here.



### Billing process for Healthy Connections Prime members

Healthy Connections Prime members will present their new co-branded ID card (pictured above) that is representative of Medicare, Medicare Part D and Healthy Connections Medicaid. The provider should then bill to one of the three health plans known as Medicare-Medicaid Plans (MMPs). The three Healthy Connections Prime MMPs are Absolute Total Care, First Choice VIP Care Plus and Molina Dual Options. The MMPs coordinate provider reimbursement of all Medicare, Medicare Part D and Healthy Connections Medicaid services.

**Note: Balance billing is prohibited for Healthy Connections Prime members.**

**Billing process for dually eligible members NOT enrolled in Healthy Connections Prime**

Coordination of Benefits is the policy that deems Healthy Connections Medicaid as the Payer of Last Resort. This means that a provider would bill to each payer before billing to Healthy Connections Medicaid. Providers must sequentially bill to all payers. Dually eligible members who are not enrolled in Healthy Connections Prime will present their doctor or pharmacy with one or all the cards below:



**For More Information**

Please visit the [CMS' page on the new Medicare card](#) for more information. You can visit the Provider FAQs page on our [website](#) to learn more details about the program and how you can participate. Additionally, you can email [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov) for help with a specific question or concern.