

Rule No. 560-X-1-.09 Recipient Identification Number.

(1) The identification number of Medicaid eligible recipients contains 13 digits. The first three will be "500" or "530".

(2) The Medicaid identification number will be embossed on a plastic Medicaid eligibility card issued to each individual entitled to Medicaid.

(3) Providers should question patients aged 65 or older about entitlement to Medicare.

(a) Where a Medicare claim number has not been assigned for those aged 65 or older, the recipient should be referred to the local SSA office to make application for Medicare.

(b) Claims for services covered by Medicare may not be submitted until a Medicare number has been assigned; then claim should be filed first with Medicare with the Medicaid number listed on the Medicare claim as "other insurance".

(c) A Medicare claim number with a suffix "M" indicates there is no Medicare Part A (hospital insurance) entitlement. Hospital claims for this type number may be filed with Medicaid as regular Medicaid claims.

Author: Denise Banks, Medicaid Administrator I, Policy and Training Division.

Authority: State Plan for Medical Assistance.

History: Rule effective October 1, 1982. Amended: May 1, 1983; June 8, 1983 and November 10, 1987. Effective date of this amendment: January 13, 1993. Amended: Filed September 11, 2013; effective October 16, 2013. Amended: Filed October 20, 2014.