Front Desk Insurance Card & Profile Cheat Sheet

Use this when registering a new patient, updating insurance, or when eligibility fails.

One rule: Card + eligibility. Never card alone.

1. Card-Reading Steps (any payer)

1. Collect **every** card: Medicare, Medicare Advantage, Medicaid, commercial, and any claim info (injury cases).
2. Read the logo, plan name, and plan-type words: "Medicare," "Advantage," "Dual," "D-SNP," "Medicaid," "TennCare," "HMO/PPO," or "Community Plan."
3. Note member ID, group number, and the payer phone/claims address on the back.
4. Ask: "Do you have any other coverage? Is this visit for an injury at work or a car accident?"

STOP AND ASK BILLING IF:

- Eligibility shows two active Medicaid MCOs or two Medicare plans.
- A "Dual"/D-SNP card but no Medicaid coverage found (or the reverse).
- The card does not match the eligibility result, or the patient "just got a new card."

2. Recommended EHR Profiles

One clean profile per real payer/plan. No duplicates.

- **Medicare Part B** (red, white & blue Medicare card)
- **Medicare Advantage**, one per carrier/plan type, e.g. Humana, UnitedHealthcare, BlueAdvantage, Aetna, Wellcare
- **Dual-eligible / D-SNP** plans as their own Medicare Advantage profiles
- **TennCare MCOs:** BlueCare, Wellpoint (formerly Amerigroup), UHC Community Plan
- **Commercial:** BCBST, Cigna, Aetna, UnitedHealthcare
- **Workers' comp / auto** (claim-specific) and Self-pay

Billing confirms the payer setup for each profile.

3. Eligibility Check Steps

- Run eligibility on the suspected profile before the visit or at check-in.
- Confirm active on the date of service and the plan/product name.
- Confirm primary vs. secondary order.
- Dual-eligible: verify the Medicare side (Part B or Advantage/D-SNP) **and** the Medicaid/TennCare MCO.
- Document the result (screenshot or note) if it differs from the card.
- Mismatch: hold registration for billing review.

4. Secondary / Coordination of Benefits

- Medicare Advantage replaces Original Medicare as primary; don't bill both.
- Medicaid/TennCare is generally the payer of last resort; it is billed after other coverage.
- Working patient on Medicare with employer coverage: ask about employer size; billing decides order.
- Work injury or auto accident: workers' comp or auto/no-fault may be primary for related care. Get claim number, adjuster, and date of injury.
- Never bill the wrong secondary "just to get it out." Escalate.

CARD CLUE	LIKELY PROFILE	USUALLY	ACTION
Red/white/blue Medicare card	Medicare Part B	Primary*	Ask about supplement, Medicaid, or employer plan
Carrier logo + "Medicare" / "Advantage"	Medicare Advantage (that carrier)	Primary	Verify plan; ask about Medicaid
"Dual," "D-SNP," "Medicare-Medicaid"	D-SNP (Medicare Advantage)	Primary	Verify the Medicaid/TennCare MCO too
BlueCare / Wellpoint / UHC Community Plan	TennCare MCO	Secondary if other coverage	Confirm the MCO active on DOS; billing confirms order of benefits
BCBST, Cigna, Aetna, UHC (employer/individual)	Commercial	Primary*	Check for other coverage
Work injury / car accident	Workers' comp / auto	Primary for injury	Get claim # and adjuster; tell billing

*Order of benefits depends on the patient's situation; billing confirms. This is a training aid. Final insurance setup and billing decisions are made by billing staff. Payer rules change. Review this sheet periodically.