



## How to Handle Cost-Sharing for Dual Eligible Patients Frequently Asked Questions

### **Why can't I bill dual eligible patients for the cost-share that I am able to collect from my other patients?**

The Balanced Budget Act of 1997 prohibits the collection of cost-share amounts directly from dual eligible individuals (i.e. individuals who have both Medicare and Medicaid). Providers who serve patients that are dual eligible must either accept the payment received from Evercare®, SecureHorizons®, AmeriChoice® or Unison Advantage as payment in full or seek reimbursement for any cost-share from the appropriate state source.

### **What does “the appropriate state source” mean?**

Depending on the state, you may need to seek reimbursement from the state Medicaid agency, a Medicaid managed care organization, or another entity, like Evercare, SecureHorizons, AmeriChoice or Unison Advantage, with whom the state has contracted to pay cost-share on its behalf.

### **Is every dual eligible patient included?**

No, there are certain categories for whom the state is required to pay Medicare Part A and Part B cost-share. In most states, this is limited to individuals that are full-benefit dual eligibles or Qualified Medicare Beneficiaries (QMBs). If your patient **does not** fall into these categories, you are able to collect any member responsibility payment from the member directly. For more information about your particular state, please contact your state Medicaid agency.

### **Are dual eligible patients enrolled in all UnitedHealthcare Medicare products?**

Many of our dual eligible members are enrolled in a UnitedHealthcare Special Needs Plan (Health Plans for People with Limited Incomes), others may be enrolled in more traditional Medicare Advantage plans under the brand names of Evercare, SecureHorizons, or AARP MedicareComplete. AmeriChoice and Unison Advantage offer primarily dual eligible health plans. It is always best to confirm with your patient if they have additional coverage, including Medicaid coverage.

### **I am not a participating Medicaid provider, can I refuse to see a dual eligible patient?**

No, as a Medicare participating provider and as a contracted provider in UnitedHealthcare's Medicare network you cannot discriminate against individuals for their economic status.

**Can I bill Evercare, SecureHorizons, AmeriChoice or Unison Advantage for the cost-share amount instead of billing Medicaid?**

No, Evercare, SecureHorizons, AmeriChoice or Unison Advantage may only be billed if it has entered into a contract with the state Medicaid agency to pay cost-share on the state's behalf. If you do not seek reimbursement from the state, then you must accept payment from Evercare, SecureHorizons, AmeriChoice or Unison Advantage as payment in full.

**Can I write the amount that I can't collect as "bad debt"?**

No. CMS does not reimburse providers for bad debt for uncollectible co-payments, coinsurance, and deductibles of Medicare Advantage (MA) Plan members. This is different from Original Medicare (Medicare FFS) where CMS will cover unpaid deductibles and coinsurance for dual eligibles in certain circumstances.

**Will the Medicaid agency reimburse me for the full amount I am owed under the UnitedHealthcare Medicare contract?**

It depends on the state Medicaid program. Some states have elected to reimburse providers up to the Medicare fee schedule, while other states have elected to pay no more than the Medicaid fee schedule in place for individuals that are not dual eligible. This means that you may or may not receive additional monies from the state. If the state Medicaid fee schedule is higher than the amount Evercare, SecureHorizons, AmeriChoice or Unison Advantage has paid, the state will typically reimburse you up to the Medicaid fee schedule. If the state Medicaid fee schedule is less, then it is unlikely that you will receive any additional payment from the state for that particular service.

**The service I provided is not covered by Medicaid, will the state still reimburse me for the cost-share?**

Yes, the state or appropriate state source is obligated to pay on behalf of its eligible dual-eligible residents, the cost-share portion of a medical claim, even if the service provided is not covered under the traditional Medicaid program.

**Where do I go for more information about dual eligible patients?**

You may go to the CMS Web site for more information on dual eligible patients - [www.cms.hhs.gov/DualEligible](http://www.cms.hhs.gov/DualEligible). If you have questions about a dual eligible patient enrolled in a UnitedHealthcare Medicare product, please call the phone number listed on the back of the member's health care identification card.