A Guide on Medical Billing for Older Adults with both Medicare and Medicaid

What does it mean to have Medicare and Medicaid (ACCESS card)?

If you have both Medicare and Medicaid, you have a complete package of health care benefits and services. Medicaid covers co-payments and deductibles and provides you with additional services that Medicare does not cover. You should only have to pay small co-pays for any services you receive. You may also have to pay Medicare premiums if you do not qualify for this help from Medicaid.

When you have these two insurances, you are called a “dual eligible”. Since you have two insurances, accessing services and getting payment may be confusing to you and your health care providers.

If I have Medicare and Medicaid, what health care providers can I see?

For all services that Medicare covers, you can see any provider who accepts your Medicare coverage -- whether you have Original Medicare using the red, white and blue card or you are in a Medicare Advantage Plan. You should also try to see a provider who is registered with the Medicaid program. Always tell the provider about both of your insurances when you make an appointment and show both your Medicare card and your Medicaid ACCESS card (green or yellow) when you go to the provider’s office.

If the service you need is not covered by Medicare but is only covered by Medicaid (for example, dental care or an eye exam), you will need to make sure you are going to a provider who accepts the Medicaid ACCESS card.

How do my doctors get paid?

As a rule, your doctors must bill Medicare before billing Medicaid. This is true whether you are in Original Medicare or you have a Medicare Advantage Plan.
First your doctor bills Medicare. Second, your doctor submits the claim for any remaining amount owed to Medicaid. To bill Medicaid, your doctor must register with the state as a Medicaid provider, even if your doctor does not treat Medicaid patients on a regular basis. If your provider is unsure how to bill your Medicaid coverage for balances owed, tell him/her to call the Fee-For-Service Provider Inquiry Line at 1-800-537-8862.

Though the provider may not get as much as he/she wants from Medicaid, the provider generally cannot bill you for any Medicare deductibles or coinsurances. Please note that you can be charged small Medicaid co-pays (no more than $4) for most services.

What about paying for prescriptions at the pharmacy?

When you have Medicare and Medicaid, your prescription drug coverage is through Medicare Part D and you automatically qualify for Full Extra Help with your prescription drug costs. That means your prescription co-pays should be no more than $2.95 for a generic medication and $7.40 for a name brand medication.*

* The only people with Medicare and Medicaid who do not have to pay Part D co-pays are those who are in nursing homes or who are getting home and community-based Waiver services.

Medicaid will not help with these Part D co-pays. The only time Medicaid will pay for a medication at the pharmacy is if you are prescribed an over-the-counter medication that Medicare Part D does not cover and that the ACCESS card does cover.

What should I do if I get a bill from my provider?

The law generally prohibits a provider from billing you for services except for small Medicaid co-pays (no more than $4 per service).

If you receive a bill from your health care provider, do not pay it or any portion of it until you check to see if you owe it. You can:

- call the Statewide Customer Service Center at 1-877-395-8930 and inform them that you have received a medical bill. Ask them to call your provider to explain how they should bill Medicaid instead;
- call APPRISE at 1-800-783-7067; or
- call the Pennsylvania Health Law Project at 1-800-274-3258.

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please consult a lawyer or call PHLP's Helpline at 1-800-274-3258.