



Billing Issues for Consumers with both Medicare and Medical Assistance

A guide for dual eligible consumers

What does it mean to have Medicare and Medical Assistance (Medicaid)?

Medicare provides a limited package of health care benefits and services. Consumers must pay premiums, co-pays and deductibles to get most Medicare services.

Medicaid is a comprehensive package of health care benefits and services that is available at no cost to most eligible consumers. Medicaid covers virtually every Medicare covered service plus a lot more.

If you have both Medicare and Medicaid, you have a comprehensive package of health care benefits and services. Medicaid pays all of your Medicare premiums, covers co-payments and deductibles, and provides you with additional services.

Having these two forms of insurance means you have access to virtually everything that is medically necessary for you at very little cost to you. However, since you have two insurances, accessing services and getting payment may be confusing to you and your health care providers.

This guide answers the most common questions about having Medicare and Medicaid. Call us if you have other questions.

If you are unsure whether you have both forms of insurance or want to find out if you might qualify for both, call the Pennsylvania Health Law Project at 1-800-274-3258.

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

For services that are covered by Medicare, you can see any provider who accepts your Medicare coverage [whether it is Traditional Medicare or you are in a Medicare Advantage Plan] and who is registered with the Medicaid program. Always present your provider with your Medicaid ACCESS card (green or yellow) and your Original Medicare card (red, white & blue) or your Medicare Advantage card.

If the service you need is not covered by Medicare but is covered by Medicaid, you will need to see a doctor who participates in Medicaid (accepts the ACCESS card).

How do my doctors get paid?

As a rule, your doctors must bill Medicare before billing Medicaid. This same order of billing applies even if you are in a Medicare Advantage Plan.

First your doctor bills Medicare. Second, your doctor submits the claim for any remaining amount to Medicaid. To bill Medicaid your doctor must register with DPW as a Medicaid provider, even if your doctor does not treat Medicaid patients on a regular basis. Generally, the amount of the balance that Medicaid will pay depends on what Medicaid would have paid for the entire service if it had been the sole payer. Even if the provider does not get as much as he/she wants from Medicare and Medicaid payments, the provider cannot bill you for any deductibles or coinsurances normally charged to consumers by Medicare.

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.

Can my provider ever bill me?

Generally, the only time a provider can bill a Medicaid recipient for a service is if the service is not covered by Medicaid, the provider informed the consumer of this ahead of time, and the consumer consented to paying for the non-covered service out-of-pocket. (Note: you may occasionally be responsible for small Medicaid co-payments, and providers can bill you for those co-pays).

Otherwise, providers cannot bill consumers with Medicaid and must accept whatever payment they receive from Medicare and Medicaid as **payment in full** for services provided - even if the total amount the provider receives from Medicare and Medicaid is less than they normally charge for the service.

What should I do if I get a bill?

The law generally prohibits a provider from billing you for any portion of the cost of a Medicaid covered service, except for the small Medicaid copayment due for some services obtained with an ACCESS card.

If you receive a bill, do not pay it or any portion of it until you check to see if you owe it. Instead, either:

- call the Medicaid Recipient Service Line at 1-866-542-3105 and inform them that you have been billed. Ask them to call your provider to explain how they should bill Medicaid instead;
- call the Pennsylvania Health Law Project at 1-800-274-3258.

About the Pennsylvania Health Law Project

The Pennsylvania Health Law Project (PHLP) is a statewide center of legal expertise and advocacy devoted to helping low income families, the elderly, and Pennsylvanians with disabilities gain access to quality health care. PHLP is a private, nonprofit organization with offices in Philadelphia, Pittsburgh and Harrisburg. PHLP's services are free to qualified individuals.

Call our statewide, toll-free Helpline: **1-800-274-3258**.

For more information, check out our website: **www.phlp.org**.

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 the Helpline at 1-800-274-3258.