

DUALLY ELIGIBLE PARTICIPANTS

MEDICAID / MEDICARE BILLING

Pennsylvania is changing how it delivers Medicaid services for participants who are dually eligible for Medicare and Medicaid. While this will not change how you bill for Medicare services, it will change how you bill Medicaid for Medicare coinsurance and deductibles.

Community HealthChoices (CHC) is Pennsylvania's new, mandatory Medicaid managed care program for individuals who are dually eligible for both Medicaid and Medicare, as well as for other older adults and individuals with physical disabilities who have Medicaid. The commonwealth designed CHC to serve more people in communities while giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. The program's implementation began rolling out on Jan. 1, 2018, in the counties of the commonwealth's Southwest Region, followed by the counties of the Southeast on Jan. 1, 2019, and will cover the rest of the state in 2020.

► *More information on CHC is available at www.healthchoices.pa.gov.*

UNDER CHC, PARTICIPANTS' MEDICARE COVERAGE WILL NOT CHANGE AND THEY MAY KEEP THEIR PRIMARY CARE PHYSICIAN

Promoting improved coordination between Medicare and Medicaid is a key goal of CHC.

Better coordination between these two payers can improve participant experiences and outcomes. Both Medicare and Medicaid cover physical health services such as doctors' visits, hospital stays, lab tests, and pharmaceuticals. Medicaid is the payer of last resort. Once Medicare — and any of the patient's other health insurance coverages — have paid or denied the claim, Medicaid can be billed for the remainder of the claim. This does not change under CHC.

BILLING MEDICARE AND MEDICAID: How it works under CHC

- Dually eligible participants continue to have all of the Medicare options they had prior to CHC, including Original Medicare and Medicare Advantage. A participant's Medicare coverage does not change unless the participant decides to change it.
- Medicare continues to be the primary payer for any service covered by Medicare. Providers should continue to bill Medicare for eligible services prior to billing Medicaid. CHC does not change the services that are covered by Medicare.
- Under CHC, all Medicaid bills for participants are submitted to the participant's CHC managed care organization (CHC-MCO), including bills that are submitted after Medicare has denied or paid part of a claim. Medicare and Medicaid providers no longer send these bills directly to the Pennsylvania Department of Human Services.
- Providers cannot bill dually eligible participants for Medicare cost-sharing when Medicare or Medicaid do not cover the entire amount billed for a service delivered.

IMPROVING BILLING COORDINATION



Frequently Asked Questions

1. How can a provider check whether a Medicare beneficiary is also a CHC participant or has other supplemental insurance coverage?

Providers can check the Eligibility Verification System (EVS) to determine if a beneficiary is eligible for Medicaid and whether the beneficiary is also enrolled in CHC. EVS will identify the participant's CHC-MCO and will identify any third-party resource (TPR), including Medicare information. Since not all Medicaid beneficiaries will be dually enrolled in Medicare, at the time of service, providers should always ask participants to show all forms of insurance including their Medicare card (Original or Medicare Advantage), CHC-MCO insurance card or ACCESS card or Medigap insurance card, a type of insurance that supplements Original Medicare coverage

2. What is the billing procedure for Medicare cost-sharing, and how can providers test the claims process?

Providers will need to send a claim to the appropriate CHC-MCO to receive payment for any covered cost-sharing for Medicare services. CHC-MCOs are required to train providers on claims submission, EVS, and other software systems, such as service coordination system. Please note: providers are prohibited from billing the patient for cost-sharing.

3. Do providers have to join a CHC-MCO's network in order to bill the CHC-MCO for the Medicaid portion of a Medicare-covered service?

No. CHC-MCOs must pay participants' Medicare co-insurance or deductible, whether or not the Medicare provider is included in the CHC-MCO's network.

4. How can providers find out more about CHC-MCO?

Additional information about CHC is available at www.healthchoices.pa.gov. If providers find that they have unanswered questions after using the information provided on the website, they may call the CHC Provider Hotline at 833-735-4417.