

# Dual-Eligible Patient Cost-Sharing Quick Reference

## Peoples Health Dual-Eligible Plan Members

Some Medicare Advantage plan members are considered dual-eligible—meaning they qualify for both Medicare and Medicaid. These members may be enrolled in a special needs plan (SNP) or otherwise receive Medicare-cost assistance from the state. Use this guide to determine when cost-sharing applies, based on dual-eligible status.

## Verify Medicaid eligibility in the Provider Portal prior to each visit.

Doing so ensures appropriate billing and collection of patient cost-sharing as applicable. For some services, cost-sharing varies depending on Medicaid coverage level.

Check the patient's Medicaid card if available and Peoples Health ID card at every visit. Verify Medicaid status in the Provider Portal, under the **Eligibility & Benefits** tab. The Member Responsibility field shows whether a copay applies. Do not collect a copay if "no copay" is shown. Medicaid status is available in the **Coverages** section.

You can also verify eligibility and cost-sharing levels by calling Medicaid's **Recipient Eligibility Verification System** at 1-800-776-6323. Follow the prompts and access eligibility information with the patient's 16-digit card control number and 8-digit birth date or Social Security number and 13-digit Medicaid ID number (valid during the last 12 months).

Per your provider contract, you may not balance bill Peoples Health dual-eligible patients for Medicare cost-sharing, regardless of whether the state reimburses for the full cost-sharing amounts. All Original Medicare and Medicare Advantage providers—not only those accepting Medicaid—must abide by balance billing prohibitions.\*

## Know when to collect cost-sharing.

Some Medicaid programs help pay Medicare premiums, deductibles, coinsurance or copays. You can collect cost-sharing only from patients in certain programs.

Patient Medicaid Status	Collect Cost-Sharing?	
	Yes	No
Full Medicaid (Full Benefit Dual Eligibles, or FBDE)		✓
Qualified Medicare Beneficiary (QMB) Plus		✓
Qualified Medicare Beneficiary (QMB) Only		✓
Specified Low-Income Medicare Beneficiary (SLMB) Plus		✓
Specified Low-Income Medicare Beneficiary (SLMB) Only	✓	
Qualifying Individual (QI)	✓	
Qualified Disabled and Working Individual (QDWI)	✓	

Medicaid status can change frequently. Verify status prior to every visit with a SNP patient.

## Know who to bill first.

As the the primary insurer, Peoples Health is billed first. Once you've received remittance advice from us, then bill Medicaid, the secondary insurer. Review the remittance advice for a QM claim adjustment code to know when services are billable to Medicaid.

## Know what Peoples Health covers and what Medicaid covers.

Reference the **Peoples Health SNPs and Louisiana Medicaid Benefit Comparison Chart** on our website under the **Providers** tab and **Provider Plan Documents and Forms** link. Look under Other Resources.

For more about Medicaid, visit [www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov).

## Questions?

Contact your provider representative at  
**1-800-631-8443**

\*For more information, reference CMS' MLN Matters bulletin Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program or the MLN presentation Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs.