PEOPLES HEALTH

A UnitedHealthcare Company

Peoples Health Secure Complete (HMO-POS D-SNP) Cost-Sharing Provider Frequently Asked Questions

The [Peoples Health Secure Complete (HMO-POS D-SNP) Cost-Sharing Reference Sheet for Providers and Employees](#) offers an overview of how member cost-sharing applies. The reference sheet is also available on the Provider Portal, under Resources > Educational Resources > Dual-Eligible Cost-Sharing Information.

Q: **I received an Explanation of Payment for services provided to a Peoples Health Secure Complete patient that shows my payment reduced by an amount indicated as a patient cost-sharing responsibility. Coverage documents show patient cost-sharing for this plan is $0. <Is this accurate? OR Can I bill the patient for this amount? OR Why is this amount excluded?>**

A: Peoples Health Secure Complete is for people with full Medicaid benefits, based on being in one of the following Medicare Savings Programs on the date of service: FBDE, QMB, QMB+ or SLMB+. Cost-sharing may not be collected from patients in these classifications because they aren't responsible for Medicare cost-sharing under CMS regulations. If the "Reason Code Descriptions" section on your Explanation of Payment indicates "QM – member is dual eligible QMB and may not be billed for cost share," this means the patient had full Medicaid on the date of service, and you may not bill the patient for the listed cost-sharing. You may bill Medicaid as secondary.

If a Peoples Health Secure Complete patient loses full Medicaid benefits and is reclassified into one of the Medicare Savings Programs for people with partial Medicaid—which are SLMB Only, QI or QDWI—the patient is allowed to remain enrolled in the plan for a grace period; however, plan cost-sharing, including deductibles, will apply during the grace period and may be collected. The plan cost-sharing listed on your Explanation of Payment may be billed to the patient **only** if the patient's status was SLMB Only, QI or QDWI on the date of service.

*If provider would like assistance confirming Medicaid status on the date of service, use Member Viewer. Members with a category of **QMB Only**, **QMB Plus**, **SLMB Plus** or **Full Medicaid (Non QMB, SLMB, QDWI or QI)** as of the date of service had full Medicaid on the date of service, and members with all other categories as of the date of service had partial Medicaid on the date of service. For cost-sharing, open the member's record in Member Viewer, and click the blue plan-name link at the top of the screen to access a copay reference sheet.*

Q: **How do I get paid for services provided to Peoples Health Secure Complete patients?**

A: We will reimburse you according to your existing contracted rates. As the primary payer, we're responsible for the management and payment of Medicare-covered and supplemental services. Since these patients are dually eligible for Medicare and Medicaid, they'll have Louisiana Medicaid as their secondary payer.

Patients who had full Medicaid on the date of service are not responsible for cost-sharing for plan-covered services; you may bill Medicaid as secondary. You may not balance bill these patients for Medicare cost-sharing, regardless of whether Medicaid reimburses for the full cost-sharing amounts; billing the patient for these charges is not allowed unless the benefit is excluded in the plan's *Evidence of Coverage*.

Patients who had partial Medicaid on the date of service can be billed for plan cost-sharing. Find cost-sharing values in the Provider Portal under the **Eligibility & Benefits** tab. Search for the patient, and on the patient's details screen, click the blue plan-name link under the **Coverages** section to view a copay reference sheet. The sheet includes cost-sharing amounts for patients with **partial** Medicaid coverage. All Original Medicare and Medicare Advantage providers must abide by balance billing prohibitions.

Q: **How do I know before I provide services whether a Peoples Health Secure Complete patient is classified as having full or partial Medicaid status?**

A: Check Medicaid status in the Provider Portal under the **Eligibility & Benefits** tab or call Medicaid's Recipient Eligibility Verification System at 1-800-776-6323. Follow the prompts to access eligibility information; you can use the patient's 16-digit card control number and eight-digit birth date or Social Security number, or use the patient's 13-digit Medicaid ID number valid during the last 12 months. Please note that calling Medicaid will always provide you with the most up-to-date information.

Q: **How do I bill Louisiana Medicaid?**

A: As the primary insurer, Peoples Health is billed first. Once you've received remittance advice from us, you can then bill Medicaid, the secondary insurer. You should collect the patient's Medicaid information, such as a copy of the Medicaid card, at the time of service, so that you can bill Medicaid as the secondary payer.

Q: **Do I need to be enrolled in Medicaid to receive the remaining reimbursement?**

A: At a minimum, you are required to enroll or register with the Louisiana Medicaid program for Medicare secondary cost-share billing purposes. If you decide not to enroll or re-enroll in the program, you'll give up your ability to seek the secondary payer reimbursement.

Q: **If the Peoples Health Secure Complete patient has partial Medicaid coverage instead of full Medicaid coverage, how do I know the appropriate cost-sharing to collect?**

A: If you have confirmed partial Medicaid coverage on the date of service and you are collecting cost-sharing owed after the patient has already received the services, the patient's share of the cost will be listed on your Explanation of Payment for the associated claim.

If you have confirmed partial Medicaid coverage and you are collecting cost-sharing prior to the patient receiving services, log in to the Provider Portal, then locate the patient under the **Eligibility & Benefits** tab. On the patient's details screen, click the blue plan-name link under the **Coverages** section to view a copay reference sheet. The sheet includes cost-sharing information for **partial** Medicaid coverage; as a reminder, you may not collect cost-sharing from patients with **full** Medicaid coverage, that is, patients with a status of FBDE, QMB, QMB+ or SLMB+.