QUESTIONS TO CONSIDER BEFORE ACCEPTING A PATIENT WHO HAS MEDICARE/MEDICAID

Solo practitioners have not traditionally been Medicaid providers. Instead most Medicaid patients have been served by mental health centers which bill at an institutional rate and can often command higher fees from Medicaid than from commercial insurance plans.

As more private practitioners are invited to become providers for Medicaid managed care plans such as CHCS, America's Choice (UBH), or WellCare, more of us will be seeing Medicaid patients. (Note: Medicaid managed care rates may vary widely.)

If you are already a Medicare provider there are two major ways to become a Medicare/Medicaid provider: as a managed care Medicaid provider and as a provider for traditional Medicaid.

The traditional, non-managed care Medicaid pays a Medicare copayment through the NYS Department of Health and patients are called QMBs (Qualified Medicaid Beneficiaries). QMBs are persons who receive SSD because of age or long-term disability and your patient will have to apply to become one. For you to become a provider for traditional Medicaid and get a Medicaid ID number go to https://www.emedny.org/info/ProviderEnrollment/index.aspx. This may also make you eligible to see regular Medicaid patients in your office.

In billing until recently there has been no "crossover" between Medicare and Medicaid (a new exception is with electronic billing). After receiving payment from Medicare you must submit the claim to the State Medicaid agency.

The Medicare/Medicaid patient represents a particular problem. We are told by National Government Services that the provider should not accept such a patient if they are not a Medicaid provider and that one cannot simply let the patient pay the copayment after Medicare has paid. In addition, with the traditional Medicaid portion so low (under $7 for 90806) there is a balance remaining which the provider is not allowed to bill the patient. Balance billing of QMBs is a violation of the provider's Medicare agreement according to Centers for Medicare and Medicaid Services.

Some providers may choose to accept the Medicare portion only and waive the copay, but in this case it is very important to document indigence.

For these reasons you need to think twice before accepting a Medicare/Medicaid patient if you are not an in-net-work Medicaid provider, for example, as a Medicaid managed care provider.

The bottom line is: When making or accepting a referral of a Medicare/Medicaid patient it is essential to find out what secondary insurance plan is covering the Medicaid portion.

Helen T. Hoffman LCSW

Chair, Vendorship and Managed Care Committee

2/20/12