

Medicaid Coverage of Medicare Cost Sharing

1. **Q:** If I am a Medicare provider, but not enrolled as a Medicaid participating provider, can I bill individuals that have Medicaid for their remaining Medicare cost sharing balances?

A: No. If a provider is a Medicare participating provider, then they are not allowed to bill members who have full Medicaid (as well as QMB-Only members) for cost sharing related to services under Medicare Parts A and B (including pharmacies providing Part B medications and DME). See [QMB Billing Rules FAQ](#) and [MLN Matters Article](#).

For dental, because most of the typical dental services (cleanings, dentures, extractions, implants, fillings, etc.) are not covered under Medicare Parts A and B, Medicare participating providers are not prohibited from billing a member the Medicare cost sharing for most of the dental services. However, this is on a benefit-by-benefit basis and should be reviewed as such before billing a patient.

2. **Q:** If a patient has both Medicare Advantage and Medicaid, which insurance should be billed first?

A: Providers must bill a member's Medicare Advantage (MA) plan first before billing Medicaid. The provider should exhaust any available benefit through the MA plan.

3. **Q:** If I am a participating provider with RI Medicaid, and I am rendering a service that is covered by RI Medicaid but is not covered by Medicare Part A or B services, such as dental, can I bill the patient for the difference between the RI Medicaid reimbursement and the actual cost of the service?

A: No. The provider must accept the Medicare payment (which may be \$0) plus the RI Medicaid payment as "paid in full" for covered services and must not bill the member for any remaining costs. See pg 11 of [RI Medicaid Provider Reference Manual General Guidelines](#)

4. **Q:** If I am a participating provider with RI Medicaid, and I am rendering a service that is NOT covered by RI Medicaid and is also not covered in part or in full by Medicare, can I bill the patient for the full cost of the service?

A: BCBSRI recommends that the provider notify the individual of this in writing and receive signatory confirmation that the patient agrees to pay out of pocket for the service (that is not covered by, and so therefore will not be billed to, RI Medicaid) prior to rendering the service. BCBSRI also recommends that the provider requests a determination by contacting BCBSRI. See RI Medicaid's various provider manuals for more guidance on what services are covered by RI Medicaid [here](#).

5. **Q:** If I am not a participating provider with RI Medicaid, and my patient is seeking a service that is covered by RI Medicaid, but is NOT covered by Medicare, can I bill the patient for the full cost of the service?

A: If a member is seeking a service that is not covered in full by MA but would be covered by RI Medicaid, and the provider is NOT a RI Medicaid provider, the provider has an option to bill RI Medicaid out of network (see this page of EOHHS' website for more info [Third Party Liability | Executive Office of Health and Human Services \(ri.gov\)](#)). If the provider is not planning to bill RI Medicaid for the service, then BCBSRI recommends that the provider notify the individual of this in writing and receive signatory confirmation that the patient agrees to pay out of pocket for the service (that is covered by, but will not be billed to, RI Medicaid, due to the provider's non-participating status with RI Medicaid).

6. **Q:** If a patient who has both Medicare and Medicaid misses an appointment, can I charge the patient a missed appointment fee?

A: No. The provider is prohibited from charging individuals that have Medicaid a missed appointment fee, regardless of the type of service. For more information, see [RI Medicaid Provider Reference Manual General Guidelines](#)

7. **Q:** If a BlueRI for Duals (D-SNP HMO) member does not have active Medicaid eligibility, such as when they are in their 60-day Grace Period after having lost their Medicaid eligibility, can the individual be billed for cost sharing?

A: Yes. Because the individual is no longer Medicaid eligible, they are responsible for, and can be billed, for any remaining Medicare cost sharing.

8. **Q:** There are so many different types of full and partial Medicaid duals; how do I know which types can be billed for cost sharing?

A: For services rendered to **QMB and QMB+** enrollees, contracted providers must: (1) accept the BCBSRI's Medicare reimbursement as payment in full or bill Rhode Island Medicaid as applicable for any additional Medicare cost sharing payments that may be reimbursable by Medicaid, and (2) refrain from collecting any cost sharing from the QMB or QMB+ enrollees.

For services rendered to **SLMB+ and Other FBDE** enrollees, contracted providers must: (1) accept BCBSRI's Medicare reimbursement as payment in full or bill Rhode Island Medicaid for services that are covered under Rhode Island's Medicaid state plan or a Rhode Island Medicaid waiver, and (2) refrain from collecting cost sharing from SLMB+ and Other FBDE enrollees for those services.

For services rendered to **SLMB, QI, and QDWI** enrollees, contracted providers may charge the enrollees for cost sharing, but it must be no more than the cost-sharing amounts established within BCBSRI's BlueRI for Duals plan benefit package.