

Cost-Share Grace Period for Dual SNP Members Frequently Asked Questions

What is a cost-share grace period?

The Centers for Medicare & Medicaid Services (CMS) require that Special Needs Plans for dual eligible members (eligible for both Medicare and Medicaid) pay the cost-share for members who temporarily lose their Medicaid coverage. During the first 6 months of a patient's loss of Medicaid coverage, the Dual Eligible Special Needs Plan will pay the cost-share amount. For example, if a patient has a claim for date of service 8/22/09 with a \$10.00 copay and they lose Medicaid eligibility on 8/1/09, the Dual Eligible Special Needs Plan will pay the \$10.00 copay since the date of service is within the first 6 months of Medicaid eligibility loss. However, if this same patient has a claim for date of service 2/15/10 with a \$10.00 copay, then you may bill the patient for the \$10.00 copay since their loss of Medicaid coverage was more than 6 months ago.

What if my patient's Medicaid coverage is provided through a private insurer?

The Dual Eligible Special Needs Plan will pay the cost share amount for dual eligible Special Needs Plan members within the first 6 months of their loss of Medicaid coverage regardless of their Medicaid coverage provider. Medicaid coverage could have been provided through the state or a private insurance company. It doesn't matter.

I've submitted a secondary claim with my patient's Medicaid coverage provider and received a denial. Now what?

If the denial is for loss of Medicaid eligibility, please contact the Dual Eligible Special Needs Plan Customer Service Department to alert them to the denial. The phone number is located on the back of the member's health care identification card. The Dual Eligible Special Needs Plan will confirm the patient's loss of Medicaid coverage and determine if the patient is within the 6-month grace period (an EOB showing denial of your secondary claim may be required). If so, the Dual Eligible Special Needs Plan will send your claim for rework to pay the patient's cost-share. You will receive a new Explanation of Benefits (EOB) along with any applicable payment.

If the claim is denied for something other than loss of Medicaid coverage, please contact the Medicaid coverage provider for your patient directly for further assistance.

After the 6-month grace period is over, can I bill the patient for all unpaid copays that my patient's Medicaid coverage provider does not pay?

Yes. If the patient's date of service with you is more than 6 months from the date of their loss of Medicaid coverage, you may bill them for their cost-share amount. The Dual Eligible Special Needs Plan pays only the cost-share during the first 6 months after a patient's Medicaid coverage loss.

Will the patient ever get their Medicaid coverage back?

In most, but not all, cases, the patient will regain their Medicaid eligibility and coverage. Many even regain their coverage within the 6-month grace period. For this reason, please seek cost-share payment from the patient's Medicaid coverage provider or the Dual Eligible Special Needs Plan for all future dates of service before seeking payment from the patient. If the member does not regain Medicaid coverage within the 6-month grace period, that member will be disenrolled from the Dual Eligible Special Needs Plan.

What patients are eligible and what will their ID card look like?

Patients enrolled in Dual Eligible Special Needs Plans offered by Evercare[®], SecureHorizons[®], AmeriChoice and Unison Advantage are eligible for this 6-month cost-share grace period. These plans are for patients who are eligible for both Medicare and Medicaid (i.e. “dual eligible”). The CMS requirement only pertains to Special Needs Plans for dual eligible members. The ID card samples given below should help you identify these patients.

Evercare
by UnitedHealthcare

Health Plan (80840) 911-87726-04
Member ID: -00 Group Number 10252
Member:

Payer ID 87726

Medicare^R
Prescription Drug Coverage X

RxBin: 610097
RxPCN: 9999
RxGrp: COS

Evercare Plan DH (HMO)
H3659 PBP# 056

SecureHorizons
by UnitedHealthcare

Health Plan (80840) 911-87726-04
Member ID: -00 Group Number 02211
Member:

Payer ID 87726

Medicare^R
Prescription Drug Coverage X

RxBin: 610097
RxPCN: 9999
RxGrp: COS

SecureHorizons MedicareComplete (HMO)
H0151 PBP# 015

Unison Advantage

Health Plan (80840) 911-25175-XX
Member ID: 999999876
Member:
SUBSCRIBER BROWN

Payer ID 25175

Medicare^R
Prescription Drug Coverage X

Rx Bin 610097
Rx Grp MPDACU
Rx PCN 9999

Unison Advantage[®] Plus (HMO)
H3920 003 Administered by Unison Health Plan of Pennsylvania, Inc.

AmeriChoice
by UnitedHealthcare

Health Plan (80840) 911-87726-XX
Member ID: 999999876 Group Number: 98765
Member:
SUBSCRIBER BROWN

Payer ID: 87726

Medicare^R
Prescription Drug Coverage X

Rx Bin 610097
Rx Grp ACUNY
Rx PCN 9999

Personal Care Plus
H3387-005 Administered by UnitedHealthcare of New York, Inc.

ARIZONA PHYSICIANS IPA
by UnitedHealthcare

Health Plan (80840) 911-03432-XX
Member ID: 999999876
Member:
SUBSCRIBER BROWN

Payer ID: 03432

Medicare^R
Prescription Drug Coverage X

Rx Bin 610097
Rx Grp ACUAZ
Rx PCN 9999

Personal Care Plus
H0321-002 Administered by Arizona Physicians IPA, Inc.

UnitedHealthcare
A UnitedHealth Group Company

Health Plan (80840) 911-87726-XX
Member ID: 999999876 Group Number: 987654
Member:
SUBSCRIBER BROWN

Payer ID: 87726

Medicare^R
Prescription Drug Coverage X

Rx Bin 610097
Rx Grp ACUIWI
Rx PCN 9999

Personal Care Plus
H4837-001 Administered by UnitedHealthcare of Wisconsin, Inc.

AmeriChoice
A UnitedHealth Group Company

Health Plan (80840) 911-86047-XX
Member ID: 999999876
Member:
SUBSCRIBER BROWN

Payer ID: 86047

Medicare^R
Prescription Drug Coverage X

Rx Bin 610097
Rx Grp AMCNJ
Rx PCN 9999

Personal Care Plus
H3164-003 Administered by AmeriChoice of New Jersey, Inc.

Who can I contact to get more information about the cost-share grace period?

Please use the Provider Customer Service Phone Number located on the back of the member’s health care identification card to contact the Dual Eligible Special Needs Plan.