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A Guide for Medicaid Clients who Have Other Health Insurance

*Colorado Department
of
Health Care Policy &
Financing
(HCPF)*



Department of Health Care Policy &
Financing
Third Party Resources Section

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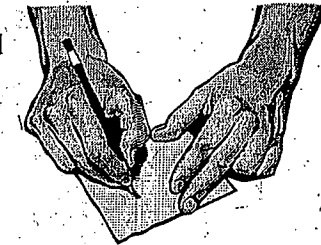
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PLEASE READ CAREFULLY: IT'S THE LAW!

An important new law has been passed. You need to know about it if you are on Medicaid and have other health insurance coverage.



1. Unless it is an emergency, you must always see your Primary Care Physician. This is the doctor named on your health insurance card. If you don't go to your Primary Care Physician first, you may end up paying the other doctor.
2. You cannot go to another doctor for a non-emergency medical treatment unless your Primary Care Physician refers you. If you do, Medicaid may not pay this other doctor.
3. When you sign up for your health insurance coverage, the company has to give you written rules to follow. Please contact your health insurance company if you did not receive these rules. The phone number should be on your health insurance card.
4. You may sign a contract with a doctor for services not covered by Medicaid. You have to pay for these services yourself. The agreement must say what the services are, the cost and how you will pay. The agreement must be signed and dated by you and your doctor before services can be given.

If you have any questions about your Primary Care Physician, please call the number on your health insurance card. If you have questions about Medicaid, please call (303) 866-3513 or 1-800-221-3943.

Rules for Clients Who Have Medicaid and Other Insurance



If You Have a Private Health Insurance

Medicaid is the payer of last resort. This means that Medicaid pays your medical bills after other health insurance has been billed. Colorado law requires you to report any other health insurance coverage to your county technician. Also, you must follow the rules of your health insurance plan. This includes group, COBRA, CHAMPUS or individual health insurance. You must use their providers. If you see doctors or pharmacies outside your plan's network or otherwise fail to follow the rules of your health insurance plan—and it's not an emergency situation—Medicaid will not pay for those services and you may be responsible for those bills.

If you follow the rules of your health insurance plan, you **DO NOT** have to pay more than the Medicaid copay—no matter what your health insurance deductible, copay, or coinsurance is. Remember that you must **stay in network!**

If any health care provider asks you to pay more than the Medicaid copay, call Medicaid Customer Service immediately. The phone numbers are 303-866-3513 (inside the Denver Metro area) or 1-800-221-3943 (outside the Denver Metro area). A customer service representative will be happy to help you.

You can receive any service that Medicaid allows, even if your health insurance won't pay for it. Go through your Primary Care Physician (PCP) first.

THREE SIMPLE (BUT IMPORTANT!) THINGS TO REMEMBER:

1. Choose doctors, pharmacies, and other health care providers who can bill **BOTH** Medicaid **AND** your health insurance plan.
2. **ALWAYS** show **ALL** your cards. Please show your current Medicaid card, your Medicare card, and your health insurance card(s).
3. Pay **ONLY** the Medicaid copay for each service you receive. If you are copay-exempt, you pay nothing.

How Medicaid Coordinates with Your Health Insurance Plan

Medicaid is always the last payer after other insurance. This means that health care providers must bill any and all other health insurance before they bill Medicaid. This is called "Third Party Liability", or "TPL." In addition, Medicaid doctors and pharmacies have agreed to accept as payment in full the amount that Medicaid allows. The law won't let providers bill Medicaid clients for any charges, except the Medicaid copay for any Medicaid-covered service.

FOR EXAMPLE:

(The dollar amounts are imaginary; we made them up just to show you how it works.)

Let's say you have a typical 80/20 major medical health insurance plan with a \$100 deductible.

In January, you break your leg. Your doctor charges \$100 to fix your broken leg. Medicaid's allowed amount to fix a broken bone is \$60.

A. The doctor bills \$100 to your health insurance plan.

- B. Your health insurance denies the claim. Reason for denial: "Services applied to the deductible."
C. The doctor bills \$100 to Medicaid. Medicaid sees that the doctor did bill your health insurance and received \$0. Medicaid pays the doctor \$60. The doctor cannot bill you for the remaining \$40!

In July, you break your other leg. Your doctor charges \$100 to fix your broken leg.

- A. The doctor bills \$100 to your health insurance plan.
B. The deductible has been met, so your health insurance pays 80%, or \$80.
C. The doctor bills \$20 to Medicaid. Medicaid sees that the doctor received \$80 from your health insurance, which is more than Medicaid's allowed amount (\$60). Medicaid pays the doctor \$0. The doctor cannot bill you for the remaining \$20!



What You Need To Do

1. Report any health insurance you currently have, and any changes in your health insurance plan (termination, new plan, change in carrier or plan benefits, etc.) to your county technician.
2. Follow the requirements of your insurance plan.
3. Choose health care providers who can bill BOTH Medicaid AND your health insurance plan.
4. **ALWAYS** show **ALL** your cards: your current Medicaid card, your health insurance card(s), and your Medicare card (if you have one).
5. Pay **ONLY** the Medicaid copay for each Medicaid service you receive. If you are copay-exempt, you pay nothing.

You are not required to keep your private health insurance **UNLESS** the Department of Health Care Policy and Financing (HCP&F) decides it would save taxpayer dollars for Medicaid to pay your health insurance premiums for you. This is called the Health Insurance Buy-In (HIBI) program. If HCP&F staff does not tell you that your health insurance plan is cost-effective (cheaper than paying all of your medical costs), it is your decision whether to enroll in or keep your private health insurance. For more information, contact your county technician, or call 303-866-2031 (Denver Metro) or 1-800-221-3943 (outside Denver Metro).

What You Can Expect Your Provider to Do

1. Bill your other insurance before billing Medicaid.
2. Charge only the Medicaid copay for each Medicaid-covered benefit.
3. Tell you if he or she can bill your health insurance plan.
4. If your doctor or pharmacy is not able to bill your health insurance plan, he or she may refuse to see you. He or she may send you to a provider who can bill your health insurance plan.

A health care provider (doctor, pharmacy, etc.) may refuse to give you services if he or she is not a member of your health insurance plan network. He or she may send you to another provider, but no provider is allowed to give you Medicaid-covered services and then charge you for them.