



All Provider Types

Important Medicare Part C Reimbursement Changes Effective 6/1/2017



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Medicaid reimbursement of Medicare Part C (Medicare Advantage or Medicare managed care) copayment and/or coinsurance liabilities for outpatient services provided to dually eligible Medicaid beneficiaries (individuals having both Medicaid and Medicare coverage) will change on June 1, 2017.

For Dates of Service on and after July 1, 2016, Medicaid will reimburse at the rate of eighty-five percent (85%) of the Medicare Part C copayment or coinsurance amount for the following accepted claim scenarios:

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- **Institutional and professional claims:** When submitting claims for Medicaid reimbursement of a Medicare Part C copayment or coinsurance.
- **Pharmacy claims:** For drugs and supplies submitted via an NCPDP transaction or by a professional claim.
- All applicable claims with dates of services on or after July 1, 2016, shall be retroactively adjudicated by Medicaid to reflect the new cost-sharing limits.

No reimbursement changes are being made for ambulance providers and psychologists. Medicaid will continue to reimburse full Medicare Part C copayment/coinsurance amounts.

Remember: Providers of Medicare Part C benefits cannot seek to recover any copayment or coinsurance amount from Medicare/Medicaid dually eligible beneficiaries. The provider is required to accept the Medicare Part C health plan payment and any Medicaid payment as payment in full for the service. The Medicaid beneficiary may not be billed for any Medicare Part C copayment/coinsurance amount that is not reimbursed by Medicaid.

Please see the April 2017 issue of the Medicaid Update for more information:

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http://www.health.ny.gov/health_care/medicaid/program/update/2017/apr17_mu.pdf

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