



CALIFORNIA HEALTH ADVOCATES

Three blue circles of varying shades (dark, medium, and light) are arranged horizontally to the left of a vertical black line. The line extends from the top of the circles down to the top of the main title.

Balance Billing Concierge Medicine

Senior Medicare Patrol
California Medicare Coalition
June 25, 2015

This special regional educational effort is supported by funding provided by the California HealthCare Foundation and The California Wellness Foundation



Our Focus

California Health Advocates

provides quality Medicare and related healthcare coverage information, education and policy advocacy.

www.cahealthadvocates.org

- **Policy** – Conduct public policy research to support recommendations for improving rights and protections for Medicare beneficiaries and their families
- **Training** – Provide timely and high-quality information on Medicare through our website, fact sheets, workshops and webinars
- **Advocacy** – Bring the experiences of Medicare beneficiaries to the public, and especially legislators and their staff at federal and state levels, through media and educational campaigns



Our Projects

- **Senior Medicare Patrol, 1-855-613-7080**
 - *Empowering Seniors to Prevent Fraud*
- **Counseling Tools**
 - *Fact sheets*
 - *Comparison charts*
- **California Medicare Coalition**
 - *Provides a forum for all who serve Medicare beneficiaries to get updates on Medicare and to improve education and outreach*



Can provider bill beneficiary?

- What is balance billing
- Who cannot be balance billed
 - QMB and dual
- What can providers bill for
- What are provider's options
 - Assignment, non-assignment, opt-out
- What is “concierge medicine”



Learning objectives

- Explain what balance billing is
- Identify QMB and dually eligible beneficiary
- Describe situations when provider may bill beneficiary
- Distinguish among assignment, non-assignment and opt-out
- Explain what “concierge medicine” is



What is balance billing?

- “When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.”

See <https://www.healthcare.gov/glossary/balance-billing/>



What can **Medicare beneficiaries** be billed for?

- No Medi-Cal (not dually eligible, no QMB)
- Specified Low Income Medicare Beneficiary only (SLMB-only)
- Qualifying Individual (QI)

What can Medicare beneficiaries **be billed for?** *(cont.)*

	Medicare-covered services
Original Medicare	
• Doctor accepts assignment	Deductible, 20% coinsurance (most Part B services)
• Doctor does not accept assignment	<ul style="list-style-type: none"> • Deductible, 20% coinsurance (most Part B services) • Limiting or excess charge (15%)
MA plan	Copayment, coinsurance, deductible
Concierge medicine	
Doctor opted out	Private contract fee

Can provider bill Medicare beneficiary for \$30?

Assume beneficiary's annual Part B deductible has been met and service is covered by Medicare.

Provider's charge	\$100	
Medicare approved amount	\$70	
Medicare pays 80%	\$56	
Beneficiary's cost-sharing	Doctor accepts assignment	Doctor does not accept assignment
	20% = \$14	20% = \$14 15% = \$10.50 Total = \$24.50

What can Medicare beneficiaries **be billed for?** *(cont.)*

	Services not covered by Medicare
Original Medicare	
<ul style="list-style-type: none"> • Doctor accepts assignment 	<ul style="list-style-type: none"> • Advance Beneficiary Notice (ABN) • Fee determined by doctor
<ul style="list-style-type: none"> • Doctor does not accept assignment 	
Concierge medicine	Membership fee
Doctor opted out	Private contract fee
MA plan	Supplemental benefit?



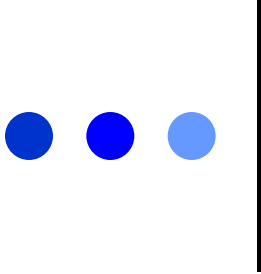
What is “concierge medicine”?

boutique medicine, retainer practice

Sample benefits to patient	Advantages for doctor
<ul style="list-style-type: none">• Access<ul style="list-style-type: none">• Same-day appointment• After-hours and weekends	<ul style="list-style-type: none">• Membership fee• Smaller practice
<ul style="list-style-type: none">• Attention<ul style="list-style-type: none">• Longer appointments• “More comprehensive” physical exam• House calls	
<ul style="list-style-type: none">• Service<ul style="list-style-type: none">• Coordinate care• Fill out forms	

Can concierge doctor bill Medicare beneficiary?

No ✘	Yes ✔
<p data-bbox="227 496 948 548">Services covered by Medicare</p> <p data-bbox="227 578 1051 625">Case: Contract for annual fee included</p> <ul data-bbox="227 639 1136 796" style="list-style-type: none">• Coordination of care with other providers• Comprehensive assessment• Extra time spent on patient care <p data-bbox="227 863 1184 1078">Office of Inspector General (OIG) found, based on specific facts of the case, some contracted services were already covered by Medicare.</p>	<ul data-bbox="1226 496 1779 806" style="list-style-type: none">• Additional services beyond what is already covered by Medicare• Missed appointments



HICAP - Health Insurance Counseling & Advocacy Program

1-800-434-0222

Statewide toll-free

- HICAP is the State Health Insurance Assistance Program (SHIP) in CA
- Medicare benefits counseling
- 25 local HICAPs service 58 counties



When to call HICAP?

- Whenever you have a Medicare Q, *examples*
 - Applying for Extra Help/LIS
 - Deciding between Medigap or Medicare Advantage
 - Comparing Part D or Medicare Advantage plans
 - Beneficiary needs a drug not covered by his/her Part D plan
 - Beneficiary discharged from hospital when he/she needs more inpatient care



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