Section 1876 and 1833 Cost Plan Enrollee Access to Care through Original Medicare

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This MLN Matters Article is for physicians, non-physician practitioners, other providers, and suppliers who may bill Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries who are enrolled in Health Maintenance Organization (HMO) Medicare Non-Risk plans.

WHAT YOU NEED TO KNOW

This MLN Matters article reinforces existing Medicare policy that allows non-network providers to bill original Medicare for services provided to Medicare cost plan enrollees.

BACKGROUND

The Centers for Medicare & Medicaid Services’ (CMS) has received reports from Medicare cost plans (under Sections 1876 and 1833 of the Social Security Act) that non-network providers sometimes will not treat cost plan members because the providers do not realize that the payer may be either the cost plan or original Medicare.

For example, when a Medicare cost plan enrollee visits a non-network physician, the physician’s office typically queries CMS’ HIPAA Eligibility Transaction System (HETS) to determine the eligibility of the patient. Currently, HETS specifies that cost plan enrollees are an “HM,” where HM refers to a “Health Maintenance Organization (HMO) Medicare Non-Risk” enrollee. As a result, some non-network physicians may not understand that the system is referring to an enrollee in a Medicare cost plan under Section 1876 or Section 1833 of the Social Security Act and therefore the provider will be paid by original Medicare.

CMS is reminding all providers that Medicare cost plan enrollees have coverage both through the Medicare cost plan and through original Medicare. Non-network physicians may bill the CMS MAC and these claims will be processed in the same manner as claims submitted on behalf of original Medicare enrollees.
ADDITIONAL INFORMATION

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

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