

B. Payment to Providers.--Subject to State law, a provider has the right to accept a patient either as private pay only, as a QMB only, or (if the patient is both a QMB and Medicaid eligible) as a full Medicaid patient, but the provider must advise the patient, for payment purposes, how he/she is accepted. **Medicaid payment of Medicare deductible and coinsurance amounts may be made only to Medicaid participating providers, even though a Medicare service may not be covered by Medicaid in the State plan. A provider agreement necessary for participation for this purpose (e.g., for furnishing the services to the individual as a QMB) may be executed through the submission of a claim to the Medicaid agency requesting Medicaid payment for Medicare deductibles and coinsurance for QMBs.** The claim may not be disallowed on the basis that the Medicare service is not covered by Medicaid in the State plan or that the provider accepts the patient as a QMB only. The actual payment made by Medicaid, plus the QMB's Medicaid copayment liability, if any, under the State plan, is payment in full for Medicare deductibles and coinsurance. In this case, the provider is restricted under §1902(a)(25)(C) of the Act, from seeking to collect any amount from a QMB for Medicare deductibles or coinsurance, which is in excess of his/her liability under Medicaid, even if Medicaid's payment is less than the Medicare deductibles and coinsurance.