

Prohibition on Balance Billing Members



- Through the Michigan Department of Community Health demonstration program, the Michigan Department of Community Health (MDCH) and the Centers for Medicare and Medicaid Services (CMS) are testing an integrated payment and service delivery model.
- MDCH has selected Integrated Care Organizations to alleviate fragmentation and improve coordination of services.

- Age 21 or older at the time of enrollment;
- Eligible for full benefits under Medicare Part A, and enrolled under Parts B and D, and receiving full Medicaid benefits.
 - (This includes individuals who are eligible for Medicaid through expanded financial eligibility limits under a 1915(c) waiver or who reside in a nursing facility and have a monthly patient pay amount.); and
- Reside in a Demonstration region.
 - AmeriHealth Caritas VIP Care Plus members reside in Macomb and Wayne counties.

- Members enrolled in AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan) have certain rights and protections.
- All Members are free to exercise those rights and protections without negative consequences.
- Among those rights and protections is the prohibition on balance billing .

- No member may be balance billed by any provider for any reason for services.
- This includes covered and non-covered services.

This means:

- Members **cannot** be billed for the difference between the provider's usual and customary charge and the provider's contracted rate.
- Members **cannot** be billed the difference between the amount billed by the provider and paid by AmeriHealth VIP Care Plus .

Balance billing is prohibited under the terms of your provider agreement with AmeriHealth Caritas VIP Care Plus and in the AmeriHealth Caritas VIP Care Plus Provider Manual and is prohibited under the terms of the demonstration.

- AmeriHealth Caritas VIP Care Plus members cannot be billed, nor can deposits be collected from AmeriHealth Caritas VIP Care Plus members, for any amounts other than the members' allowable cost-sharing.
- Members may not be billed for missed appointments.
- If a member does not keep a scheduled appointment, you are not permitted to bill AmeriHealth Caritas VIP Care Plus for the missed appointment.
- Members cannot be assess cost-sharing for Medicare Parts A and B services.

- Existing Medicare limitations on beneficiary liability set out in Social Security Act s. 1879 apply to Members enrolled in AmeriHealth VIP Care Plus .
- These protections require that providers give Members advanced notice when the provider believes that certain otherwise covered items or services will be non-covered.
- If such notice is not given, providers may not bill Members for such items or services.
- Providers must use the Advanced Beneficiary Notice of Non-coverage (ABN) Form CMS-R-131.

Members can be billed for:

- Co-pays for drugs and pharmacy products not to exceed Medicare Part D Low Income Subsidy and Medicaid co-payment amounts.
- Medicaid participation in cost of care amounts for long-term services and supports, as determined by MDCH.

Balance Billing Example

- Mrs. Smith sees her Primary Care Physician, Dr. Jackson for an office visit for her flu symptoms.
- Dr. Jackson submits a bill to AmeriHealth VIP Care Plus for \$150.
- The Medicare allowable amount for this service is \$100. The Medicaid allowable amount for this service is \$80.
- Dr. Jackson's has a contracted rate of 82% with AmeriHealth VIP Care Plus for this service.
- AmeriHealth VIP Care Plus pays \$82. There is no additional payment.

- Balance Billing could occur in this scenario if Dr. Jackson attempts to charge Mrs. Smith for:
 - The difference between the plan payment and the Medicare allowable amount.
 - Or
 - The difference between the Provider's billed amount and the amount paid.

Balance Billing Example

- Mrs. Smith is a new member and she sees Dr. Jones for an office visit for her flu symptoms.
- Dr. Jones does not participate with AmeriHealth VIP Care Plus physician.
- Mrs. Smith has seen Dr. Jones in the past with her Medicare and Medicaid coverage.

Balance Billing Example

- Dr. Jones calls AmeriHealth VIP Care Plus and is told that for continuity, he may see Mrs. Smith or be paid for a service already provided to Mrs. Smith.
- AmeriHealth VIP Care Plus staff explain that he will be paid by the plan like he would have been through Medicare and Medicaid and that balance billing is not allowed.
- Dr. Smith agrees and is instructed to bill AmeriHealth VIP Care Plus for his service. Dr. Jones sends in a bill for \$150.
- The Medicare allowable amount for this service is \$100 Medicaid allowable is \$80.

- AmeriHealth VIP Care Plus pays the provider like Medicare and Medicaid would have paid:
- 80% of the Medicare allowable amount or \$80 and assesses the 20% OR \$20 coinsurance to the Medicaid benefits.
- Because AmeriHealth VIP Care Plus paid at or above the amount allowed under the Medicaid benefit, there will be no additional benefit payment from the Medicaid part of the benefit.

Balance Billing Example

- Balance Billing could occur in this scenario if Dr. Jackson attempts to charge Mrs. Smith for:
 - The 20% Co-Insurance that was over the Medicaid allowable amount.
 - Or
 - The difference between the Provider's billed amount and the Medicare allowable amount.
 - Or
 - The difference between the Provider's billed amount and the amount the plan paid.

- If a provider inappropriately balance bills a member, the member may:
 - File a grievance with AmeriHealth Caritas VIP Care Plus
 - File a complaint with the Michigan Department of Community Health Ombudsman
- If the member files a grievance with AmeriHealth Caritas VIP Care Plus , the plan will investigate the grievance.
- If the member files a complaint with the Ombudsman, AmeriHealth Caritas VIP Care Plus will work in conjunction with the Ombudsman and provide any requested information.

How the Plan Resolves Balance Billing Problems: Members

- If upon investigation of a grievance, AmeriHealth Caritas VIP Care Plus determines that the member was inappropriately balance billed...
 - AmeriHealth Caritas VIP Care Plus informs the member of the outcome in writing, including an explanation that the member is not responsible for paying the balance billed amount.
 - If payment has been made to the provider, the written notice informs the member to submit a copy of the bill and documentation of payment to AmeriHealth Caritas VIP Care Plus and the Plan will reimburse the member for covered services.

How the Plan Resolves Balance Billing Problems: Providers

- AmeriHealth Caritas VIP Care Plus informs the provider that the member has been inappropriately balance billed and educates the provider on balance billing.
- If the plan reimbursed the Member for an inappropriately balance billed amount, the plan will notify the provider and request reimbursement be made to the plan.
- If, after outreach and education efforts to the provider, AmeriHealth Caritas VIP Care Plus identifies ongoing inappropriate balance billing activities, AmeriHealth Caritas VIP Care Plus may take disciplinary action up to and including termination of the Provider Agreement.

- If you are not sure if you may bill a member for services provided, contact AmeriHealth VIP Care Plus Provider Services at 1-888-667-0318 or your AmeriHealth Caritas VIP Care Plus Account Executive.
- All providers are encouraged to use AmeriHealth Caritas VIP Care Plus claims inquiry processes to resolve any outstanding claims payment issues.



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