

- *Apple Health (Medicaid)* • *Special Needs Plan (Medicare)* • *Balance Billing Q&A*
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# **BALANCE BILLING**






**COMMUNITY HEALTH PLAN**  
of Washington™

# Balance Billing

Providers may not bill members for co-payments, coinsurances, deductibles or covered services for the following lines of businesses:

## Washington Apple Health

	<b>COMMUNITY HEALTH PLAN</b> of Washington
<b>Name</b>	JOHN SAMPLE
<b>Member #</b>	12345678 01
<b>Plan</b>	WASHINGTON APPLE HEALTH
<b>Group</b>	APPLE HEALTH - FAMILY
<b>Clinic (PCP)</b>	YAKIMA NEIGHBORHOOD HEALTH SERVICES
<b>Clinic Phone</b>	509-454-4143
<b>Copayment</b>	OV \$0 / ER \$0 / RX \$0
<b>RxBin</b>	003858
<b>RxGroup</b>	CHWA
<b>State ID #</b>	101682829WA

  
 EXPRESS SCRIPTS®  
Please see back of card for important information.

## MA Special Needs Plan (005)

	<b>COMMUNITY HEALTH PLAN</b> of Washington		
<b>Community HealthFirst™</b> Medicare Special Needs Plan			
<b>Name</b>	JOHN R. SAMPLE	<b>PCP</b>	SEA MAR ANYTOWN
<b>ID</b>	HP1000000052	<b>PCP Phone</b>	999-999-9999
<b>Group</b>	005	<b>Copay</b>	OV 20% / ER \$30
<b>Issuer</b>	(80840)	<b>Specialist Copay</b>	20%
<b>RxBin</b>	003858	<b>MedicareRx</b> Prescription Drug Coverage	
<b>RxPCN</b>	A4	<b>CMS</b>	H5826 005
<b>RxGrp</b>	CHWA	Please See Back Of Card For More Information	

**Balance billing is not permitted by Federal and State agency guidelines.**



# Balance Billing



- Providers must accept payment by CHPW as payment in full.
- Balance billing is not permitted unless the provider and member fully complete and sign an HCA 13-879 form--*Agreement to Pay for Healthcare Services*.
- Services must be rendered within 90 days from signing the HCA 13-879 form, otherwise a new form must be completed and signed.
- The HCA 13-879 form must be translated into the member's primary language if he or she has limited English proficiency, and if necessary, an interpreter must be provided for the member. If an interpreter is used to complete and sign the form, the interpreter's signature must also be obtained.
- All other requirements for the HCA 13-879 form apply, as outlined in WAC 182-502-0160, 42 CFR 447.15, and HCA Memo #10-25.



# Balance Billing

Community **HealthFirst**<sup>™</sup>  
Medicare Advantage Plans

## Special Needs Plan (SNP)

***SNP members should not be billed***, as they are dual covered by Medicare and Medicaid.

When a member presents to your clinic or hospital with a CHPW Medicare Advantage ID card with a **Group 005** plan type, the member should be registered in your billing system as follows:

- **Community HealthFirst<sup>™</sup> as *primary***
- **Medicaid (DSHS FFS) as *secondary***



# Balance Billing: Q&A

## Washington Apple Health and Medicare Advantage Special Needs Plan

***Q: When a Provider bills an Apple Health or MA Special Needs Plan member, do they need to contact CHPW and report the incident?***

***A:*** Yes, providers must contact CHPW's Customer Service and report balance billing the member.

***Q: What happens when a Provider or a Member reports a balance billing incident?***

***A:*** The incident is recorded and Providers are given information on balance billing guidelines.

***Repeated offenses can lead to corrective action.***



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# Balance Billing

If you have any questions regarding Balance Billing, please contact our Provider Relations department, one of the following ways:

General Email: [Provider.Relations@chpw.org](mailto:Provider.Relations@chpw.org)

Carmen Switzer--Provider Relations Administrator:

Email: [Carmen.Switzer@chpw.org](mailto:Carmen.Switzer@chpw.org)

Phone: 206 613-8827



# Sign-up for CHPW Updates/Notifications

*You will conveniently receive:*

- Semiannual Provider Network Newsletter
- Latest News and Important Announcements
- Training and Compliance Notifications
- Other Communications

**Provide us with your email addresses from the following staff/departments:**

- Payor Contract Managers
- Billing Managers
- Clinic Managers
- Team Members (billers, receptionists, medical record clerks, etc.)

Sign-up now at: <http://bit.ly/1n9zUJj>



# Attestation Required

Thank you for completing the Balance Billing Training. Please take a moment to submit the required attestation, by clicking the following link:

[Attest now](#)



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