- Special Needs Plan (SNP-Medicare) Apple Health (Medicaid)
- Training Attestation

# MEMBER BILLING POLICES FOR MEDICARE SNP AND MEDICAID



# Medicare and Medicaid Balance Billing

**Providers are prohibited from billing** a patient for the difference between Apple Health or Medicare reimbursement and the providers billed charges.



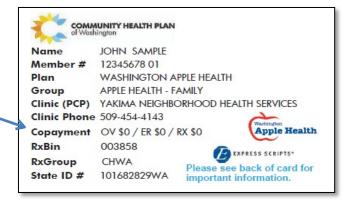


#### Medicaid and Medicare Client Billing

Community Health Plan of Washington Member ID Cards (Apple Health and Special Needs Plan):

#### **Washington Apple Health**

Member ID Card (example)



MA Special Needs Plan (Group 014)

Member ID Card (example)





### **Medicare Dual-Eligibles**

#### Special Needs Plan (SNP)

**CHPW** offers a Dual Eligible Special Needs Plan to beneficiaries eligible for both Medicare and Medicaid benefits.

- Dual eligible Special Needs Plans (SNP) are a special Medicare Advantage planthat enrolls only dual-eligibles.
- SNP provides beneficiaries with more intensive coordination of care and services than those offered by traditional Medicare and Medicare Advantage plans.
- Medicaid covers their Medicare premiums or cost-sharing, or both.

When a member presents to your clinic or hospital with a CHPW Medicare Advantage ID card with a **Group 014** plan type, the member should be registered in your billing system as follows:

Community HealthFirst™ as *primary* Medicaid (DSHS FFS) as *secondary* 



### **Medicare Dual-Eligibles**

#### **Dual-Eligibles**

- Dual-eligible beneficiaries refers to those qualifying for both Medicare and Medicaid benefits.
- Medicare is the primary payer for most services, but Medicaid covers benefits not offered by Medicare.
- Medicare coverage for dual-eligibles includes:
  - Hospitalizations,
  - physician services,
  - prescription drugs,
  - skilled nursing facility care,
  - home health visits, and
  - hospice care.
- Under Medicaid, states are required to cover certain items and services for dualeligibles, including long-term nursing facility services and home health services.



#### **Medicare Dual-Eligibles**

CHPW's Special Needs Plan is a "zero cost share" plan; meaning we only enroll dual-eligible beneficiaries (people eligible for both Medicare and Medicaid) who have Medicare cost sharing protection under their Medicaid benefits.

- The provider may not seek payments for cost sharing from dual-eligible SNP members for health care services; cost sharing is handled by Medicaid this plan.
- Providers cannot bill SNP members for services not reimbursed by Medicaid.
- Providers cannot balance bill for the difference between what has been paid and the billed charges.
- Medicare cost sharing is paid according to WA state's Medicaid reimbursement logic.
- Medicaid does not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.



#### A provider must not bill an Apple Health clientfor:

- Any services for which the provider failed to satisfy the conditions of payment described in the agency's or MCO (CHPW) rules.
- A covered service even if the provider has not received payment from the agency or the client's MCO.
- A covered service when the agency or its designee denies an authorization request for the service because the required information was not received from the provider orthe prescriber. See WAC <u>182-501-0165</u>





#### The provider is responsible for:

- Verifying whether the client is eligible to receive medical assistance services on the date the services are provided;
- Verifying whether the client is enrolled with a medicaid managed care organization (MCO);
- Knowing the limitations of the services within the scope of the eligible client's medical program (see WAC <u>182-501-0050</u> and <u>182-501-0065</u>);
- Informing the client of those limitations;
- Exhausting all applicable medicaid agency or agency-contracted MCO processes necessary to obtain authorization for requested service(s);
- Ensuring the translation or interpretation is provided to clients with limited English proficiency (LEP) who agree to be billed for services in accordance with this section;
- Retain all documentation which demonstrates compliance.



WAC <u>182-502-0160</u> will specify the **limited** circumstances in which a member can choose to self-pay for medical services; and when providers have the authority to bill CHPW members.

Billing an Apple Health client is defined in WAC's 182-501-0050 and 182-501-0070.

The client and provider must sign and date the HCA form 13-879, Agreement to Pay for Healthcare Services, before the service is furnished.





#### **SCENARIO**

A Medicaid member misses their appointment without notifying your office and/or did not follow your appointment cancelation policy. The patient:

- a) Can be billed without an HCA 13-879
- b) Can be billed with an HCA 13-879
- c) Cannot be billed for this service



Members cannot be billed for no show appointments.





#### **SCENARIO**

A provider claim is denied by the Agency/Managed Care Organization (MCO) for missing or invalid taxonomy. The patient:

- a) Can be billed without an HCA 13-879
- b) Can be billed with an HCA 13-879
- c) Cannot be billed for this service



Patients cannot be billed for denied claims that need to be corrected and resubmitted to the Agency/MCO.





#### **SCENARIO**

A new patient comes in for an appointment, states she has Medicaid, but does not have his/her member services ID card available. The patient:

- a) Can be billed without an HCA 13-879
- b) Can be billed with an HCA 13-879
- c) Cannot be billed for this service



Please visit the ProviderOne Billing and Resource Guide for more information on checking eligibility at:

http://www.hca.wa.gov/medicaid/provider/Pages/providerone\_billing\_a
nd\_resource\_guide.aspx





#### **Attestation Required**

Thank you for completing the Member Billing Training Program.

Please take a moment to complete the required attestation, by clicking the following link:

**Attest Now** 

