

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

# **MEMBER BILLING POLICES FOR MEDICARE SNP AND MEDICAID**



**COMMUNITY HEALTH PLAN**  
of Washington™

# Medicare and Medicaid

## Balance Billing

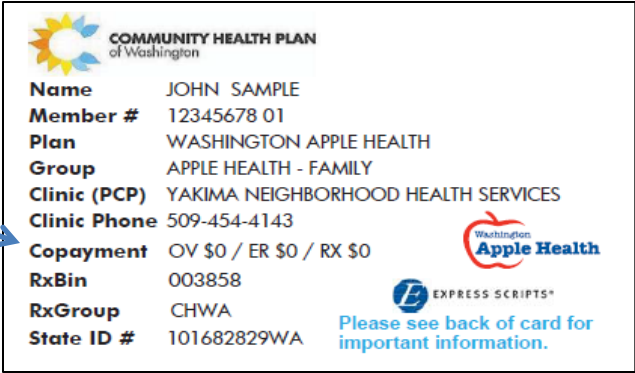
**Providers are prohibited from billing** a patient for the difference between Apple Health or Medicare reimbursement and the providers billed charges.



# 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 plan that 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***

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**COMMUNITY HEALTH PLAN**  
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# 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 dual-eligibles, 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.

# Medicaid Client Billing

## A provider must not bill an Apple Health client for:

- 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 or the prescriber. See WAC [182-501-0165](#)



# Medicaid Client Billing

## 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 [182-501-0050](#) and [182-501-0065](#));
- 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.



# Medicaid Client Billing

WAC [182-502-0160](#) 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.



# Medicaid Client Billing

## SCENARIO

A Medicaid member misses their appointment without notifying your office and/or did not follow your appointment cancellation 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.



# Medicaid Client Billing

## 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.



# Medicaid Client Billing

## 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\\_and\\_resource\\_guide.aspx](http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx)



# Attestation Required

**Thank you for completing  
the Member Billing Training Program.**

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





**First Name\***

**Last Name\***

**Email Address\***

**TIN #\***

**Did you complete the Member Billing Polices for Medicare and Medicaid training program?\***

yes

no

**Did you understand the information in the training program?\***

yes

no

**1. When a member/patient is enrolled in the Special Needs Plan, they are covered by Medicare and Medicaid?\***

True

False

**2. A Special Needs Plan member/patient should not be billed for co-pays, co-insurances and/or deductibles .\***

True

False

**3. Apple Health member/patients could be billed for covered services :\***

True

False

**Your feedback is important to CHPW. Please provide your comments and/or suggestions on our training programs: \***

