- 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.



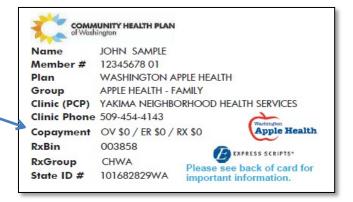


Medicaid and Medicare Client Billing

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

