



An important
message from
Provider Relations



March, 2019

Thank you for your continued partnership with Allwell *from Home State Health*. We value the care that you provide to our members.

As a reminder, charging a Dual Special Needs member at point-of-sale is strictly prohibited by state and federal law and in accordance with the Allwell *from Home State Health* Provider Participation Agreement (PPA). Allwell's Dual Special Needs Plan is a zero-cost share plan. These members are not responsible for any cost sharing or deductibles. The "Payors" for this plan are Allwell *from Home State Health* and MOHealthNet.

Regardless of whether or not the member has an obligation to meet a monthly spend-down, providers must follow the claims procedures in order collect any cost share or spend-down. That process is outlined below:

- Member receives product and/or services and pays nothing out-of-pocket.
- Provider submits a claim to Allwell *from Home State Health*
- Allwell's Claims Department reviews the claim and either pays the claim in full or (as applicable) submits an Evidence of Payment (EOP) to the provider
- Provider submits the EOP to the State of Missouri (MOHealthNet)
- The state reviews the documentation and then either pays or denies the claim
- If the state denies a claim for any reason, in order to expedite the full payment, please submit a paper, corrected claim along with a copy of the denial from the state to the following:

Allwell from Home State Health
16090 Swingley Ridge Road, Suite 500
Chesterfield, MO 63017
ATTN: Medicare Operations

This prohibition applies to all MA providers, not only those that accept Medicaid. In addition, these restrictions apply regardless of whether the state Medicaid agency is liable to pay the full Medicare cost-sharing amounts. It also applies to providers who are unable or unwilling to bill the state.

In accordance with standards established by the Centers for Medicare & Medicaid Services (CMS), under the terms of the PPA, participating providers agree to hold the member harmless, and protect the member from incurring financial liabilities that are the legal obligation of a Medicare Advantage Organization (MAO) or its participating providers. In no event, including, but not limited to, nonpayment, termination, nonrenewal, insolvency, or breach of an agreement by Allwell from Home State Health, may the provider or any intermediary bill, charge, collect a deposit from, or receive other compensation or remuneration from a member. Participating providers cannot take any recourse against a member, or a person acting on behalf of a member, for services provided.

➤ **Keep Up with Our Latest News and Announcements!** All of Home State's News and Announcements are located on our website at www.HomeStateHealth.com. Here you can also find our annual provider manual, provider training opportunities, quarterly provider newsletters, and so much more!

Questions? Contact Provider Relations

MAPD: 1-855-766-1452 • D-SNP: 1-833-298-3361 • TTY: 711

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This provision does not prohibit the following:

- Collection of applicable coinsurance, deductibles or copayments, as specified in the member's Evidence of Coverage (EOC).
- Collection of fees for non-covered services, provided that the member was informed in advance and in writing of the cost and elected to have non-covered services rendered.

Please do not hesitate to reach out to our D-SNP Provider Services at 833-298-3361 with any questions you may have.

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