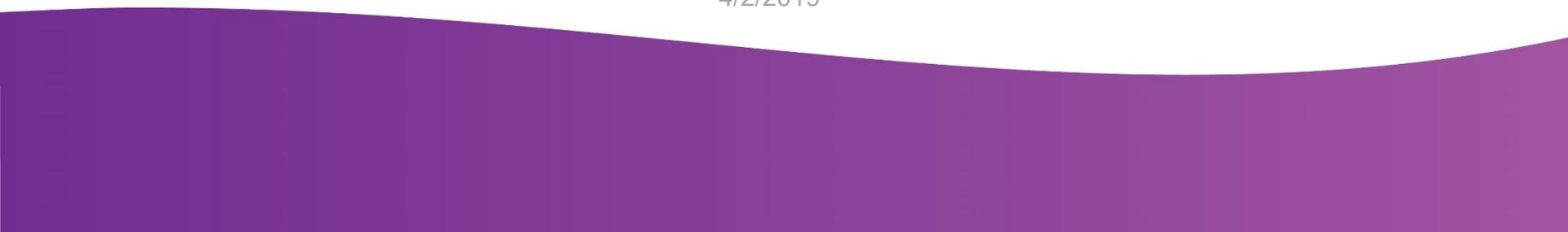




QMB Billing

Qualified Medicare Beneficiaries

4/2/2019



What is balance billing?

- Balance billing occurs when a participating provider bills a member for fees and surcharges above and beyond the member's copayment and coinsurance responsibilities for services covered under the member's benefit program, or for claims for such services denied by *Allwell from Home State Health* or the affiliated participating provider.



Can I balance bill Medicare patients?



- No. Balance billing is strictly prohibited by state and federal law and in accordance with the *Allwell from Home State Health PPA*.
- Federal law does not allow providers to collect Medicare Parts A and B deductibles, coinsurance or copayments from members enrolled in the (QMB) program, which exempts members from Medicare cost-sharing liabilities.
- Participating providers are prohibited from initiating or threatening to initiate a collection action against a member for nonpayment of a claim for covered services.
- Participating providers agree to accept *Allwell from Home State Health's* fee for these services as payment in full, except for applicable coinsurance or deductibles.



Are there exceptions when billing Medicare patients?

- Participating providers may bill a member for non-covered services when the member is notified in advance that the services to be provided are not covered and the member requests in writing that the services be rendered.

What are the ramifications if I balance bill patients?

- Participating providers who exhibit a pattern and practice of billing members will be contacted by *Allwell from Home State Health* and are subject to disciplinary action.



Which Medicare providers are impacted by this prohibition?

- This applies to all MA providers, not just those who accept Medicaid.
- These balance billing restrictions apply regardless of whether the state Medicaid agency is liable to pay the full Medicare cost sharing amounts.



Is this covered in my Participating Provider Agreement?

- Yes. In accordance with standards established by 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 legal obligation of an MAO or participating providers.

Is this covered in my Participating Provider Agreement? Cont'd

- In no event, including, but not limited to, nonpayment, termination, non renewal, 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 can't take any recourse against a member, or a person acting on behalf of a member, for services provided.



Is this covered in my Participating Provider Agreement? Cont'd

- 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.



Whom should I contact with questions about balance billing?

- Provider Services can be reached at 855-766-1452 (HMO) or 833-298-3361 (D-SNP) with any questions.