

Superior Medicaid and CHIP Balance Billing

Quick Reference Guide



What is Balance Billing?

Balance billing is the practice in which a provider bills members for charges that exceed the amount that will be reimbursed by Superior for a particular service, or the amount that is administratively denied to the provider for failure to comply with contractual obligations for which the member should be held harmless. If you are a Superior contracted provider, balance billing is prohibited.

Member Protection against Balance Billing

Members enrolled in STAR, STAR+PLUS, STAR Kids, STAR Health and CHIP have certain rights and protections. Among those rights is a protection against balance billing. Members are not financially responsible for any covered services, with the exception of applicable cost sharing amounts for some members.

Helpful Reminders:

- If a provider has balance billed a CHIP or Medicaid member, the provider must take prompt action to remedy such situations and avoid these billing practices in the future. **The provider must stop the bill collection process and work with credit reporting agencies to correct any resulting issues for the member.**
- If a STAR, STAR+PLUS or STAR Kids member has group insurance that is the primary payer, the provider must first bill the primary insurance for Medicaid covered services. After the primary insurance has processed the claim, Superior will pay up to the Medicaid allowable. A provider must accept payment in full from the member's Medicaid or CHIP plan and should not deny any services to members for non-payment.
- For STAR+PLUS dual eligible members, the provider must bill Medicare for primary payment of acute care services, and subsequently bill Superior or Texas Medicaid & Healthcare Partnership (TMHP) for coinsurance, deductibles or copayments, and/or for any non-covered Medicare services.
- CHIP members are responsible for their copayments, co-insurance and deductibles, and may be billed for those amounts, as applicable.
- A member cannot be required to make a down payment for a covered service.
- A member should never receive a "balance bill" for any charges that exceed the amount that will be reimbursed by Superior for a particular service, other than applicable copayments, co-insurance can deductibles that are member responsibility.
- A member cannot be charged a fee to complete or file claim forms.
- A member cannot be charged for failing to keep an appointment.
- If the requested health-care service is not covered by the member's program(s), **a provider must obtain a written acknowledgement statement signed by the member for non-covered benefits prior to providing any services to the member.**

Additional Information:

- To access more information about billing claims for Superior members, please visit Superior's website at: www.SuperiorHealthPlan.com
- If you have questions about eligibility or covered benefits for Superior's members, please call the phone number listed on the back of the member's Superior identification card or contact your local Account Manager.