

Allwell from Superior HealthPlan and STAR+PLUS MMP Balance Billing

Quick Reference Guide



What is Balance Billing?

Balance billing is a prohibited practice in Superior's Provider Participation Agreement (PPA) for Allwell from Superior HealthPlan (Medicare Advantage HMO and HMO SNP), STAR+PLUS and STAR+PLUS Medicare-Medicaid Plan (MMP).

- 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, in addition to any copayments, coinsurance or deductibles that may be collected from the member.
- Members that are eligible for both Medicare and Medicaid (dual eligible), should never be charged any amount for Medicare or Medicaid-covered services, including copayments, co-insurance and deductibles.

Member Protection against Balance Billing:

In accordance with standards established by the Centers for Medicare & Medicaid Services (CMS), contracted 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 Superior, 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. This provision does not prohibit 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.

Helpful Reminders:

- Federal law does not allow providers to collect Medicare Parts A and B deductibles, coinsurance or copayments from Qualified Medicare Beneficiaries (QMB). All Allwell HMO SNP, STAR+PLUS and STAR+PLUS MMP and some Allwell HMO members are QMBs, and therefore exempted from Medicare cost-sharing liability.
- If a provider has balance billed a dual-eligible member, the provider is expected to 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 beneficiary.**
 - Allwell HMO members who are only eligible for Medicare (non-dual eligible) can be billed for copayments, co-insurance and deductibles **only**. They cannot be charged for any other amount that exceeds the amount that will be reimbursed by Superior for a particular service.
- Non-dual eligible Allwell HMO or HMO SNP, or MMP members should never receive a bill for acute Medicare services from a provider, other than billings for copayments, coinsurance or deductibles, including covered and non-covered services.
 - **Exception:** If an organizational determination has been made and a prior written agreement has been signed by both the provider and the Superior member for **non-covered** services.
- MMP members receive benefits and services for both Medicare and Medicaid programs through Superior.
 - Medicare provides coverage for most acute health-care services and prescription drugs.
 - Medicaid covers additional benefits, such as Long-Term Services and Supports (LTSS) services, and Medicaid covered prescription drugs.
- Medicaid benefits for Allwell HMO SNP and MMP members (and some Allwell HMO members, if dual eligible) include additional services, such as LTSS, and cover the coinsurance, copayments and deductibles that may be deducted from reimbursed Medicare services.

- Allwell HMO SNP members may receive Medicaid benefits through Superior's STAR+PLUS program, another STAR+PLUS Managed Care Plan (MCO) or traditional Medicaid through Texas Medicaid & Healthcare Partnership (TMHP).
- For Superior Allwell HMO SNP members, the Medicare cost sharing amounts are paid by Superior.
- Medicaid provides help to pay Medicare premiums and cost sharing.
- Participating providers:
 - Are prohibited from initiating or threatening to initiate a collection action against a member for nonpayment of a claim for covered services.
 - Agree to accept Superior's fee for these services as payment in full, except for applicable copayments, coinsurance or deductibles.
 - 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.
 - Who exhibit a pattern and practice of billing members will be contacted by Superior and are subject to disciplinary action.
- A provider must accept payment in full from MMP and should not withhold any services to members for non-payment.

Crossover Claims:

- For QMB members and Allwell HMO or HMO SNP members enrolled in Superior's STAR+PLUS Program, Superior is also responsible to reimburse Medicaid covered services that are not Medicare covered benefits..
- For QMB members, providers must file the Medicare acute care claim with Superior in order to process the Medicaid covered amount. Providers must file the claim with Superior for Medicare covered services. The cost sharing amount that is not covered by Medicare will "cross over" for payment through the Medicaid benefit to pay the cost sharing amount.
- The provider should receive 2 checks from Superior. Due to the cross-over process, these checks may have a 3-5 day delay between them.
- Any payment a provider receives (Medicare or Medicaid claims payment) will be from Superior.
 - **Exception:** If an Allwell HMO or HMO SNP member has Medicaid coverage with another health plan or through Fee for Service through TMHP, the provider should bill that carrier for all services that are only covered by Medicaid.
- The state has no liability for Superior members.

Additional Information:

- For more information on Superior requirements, review the **Allwell from Superior HealthPlan Provider Manual** and the **STAR+PLUS Medicare-Medicaid Plan (MMP) Provider Manual** found on [Superior's Provider Training and Manuals webpage](#).
- To access additional information about balance billing and dual-eligible beneficiaries, please visit the CMS website at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1244469.html>
- 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](#).