Keystone First VIP Choice

FASTFACTS Important Information for Our Providers

BALANCE BILLING FAQ

Keystone First VIP Choice is receiving many grievances against providers due to providers balance billing our members. To help minimize these grievances, we wanted to share this FAQ in hopes it will help you understand why you may not balance bill our members.

What is Balance Billing? For members of Keystone First VIP Choice, a Dual Eligible Special Needs Plan, balance billing is billing the patient for any balances left after what Medicare and Medicaid pays for your services, such as remaining cost share balances or contractual disallowances. **Providers must accept payments from Medicare and Medicaid as payment in full.**

Why can't providers bill members of Keystone First VIP Choice? Federal law bars Medicare providers from balance billing a Qualified Medicare Beneficiary (QMB) under any circumstances. QMB is a Medicaid program for Medicare beneficiaries that exempt them from paying any Medicare Part A or Part B cost-sharing for deductibles, coinsurance, and co-payments related to Medicare-covered services and prescription drugs. Most members enrolled in our plan are considered QMBs. Please note, providers who inappropriately balance bill are subject to sanctions.

How do providers collect Medicare cost-share balances? Since all members of our plan have Medicaid as secondary coverage, providers may submit secondary claims to Medicaid for possible payment of the Medicare cost-sharing. If a member is aligned with our Community HealthChoices plan we automatically process the Medicaid claim for you and there is no need to file a secondary claim. However, keep in mind Medicaid allowables may not be enough to pay any or all of the Medicare cost-share, but be advised it is still unlawful for providers to balance bill any remaining amounts to members.

Why are you sending this notice? Despite Federal law, providers and suppliers continue to improperly bill individuals enrolled in our plan. Many members are unaware of the billing restrictions (or concerned about undermining provider relationships) and simply pay the cost-sharing amounts. Others may experience undue distress when unpaid bills are referred to collection agencies or fear providers may deny services for non-payment.

What can providers do to prevent balance billing? Learn which Medicare Advantage plans are considered DSNPs or what patients have both Medicare and Medicaid and if possible, suppress patient billing in your accounts receivable system for any patients with this type of plan. Remember to always bill the Medicaid payer for any balances after the Medicare payment.

What can be billed to members? Non-covered items and services, however, providers must give members advanced notice that such items or services will be non-covered and have a written agreement with the member for these non-covered items or services. If such notice is not given and the agreement is not in place, providers may not bill members for such items or services.

What if I have questions regarding balance billing or payment of a claim? Please contact your Account Executive or Provider Services at 1-800-521-6007. You may also use the claims inquiry/disputes process to resolve any outstanding claims payment issues. Additionally, for more information from the Centers for Medicare & Medicaid Services see MLN Matters SE1128.