

Provider Alert

Billing Guidance for Dual-Eligible Special Needs Plan (D-SNP) Members Under Healthfirst's Plans

Healthfirst aims to ensure that our billing policy maintains compliance with state and national industry standards. This alert provides billing information for Healthfirst Dual-Eligible Special Needs Plan (D-SNP) members.

• Life Improvement Plan (HMO D-SNP) (LIP): Healthfirst LIP is a Medicare Advantage Dual-Eligible Special Needs Plan that offers members the benefits of Original Medicare and Medicaid, and more. This plan is designed for people who have both Medicare and Medicaid.

As a reminder, <u>federal law prohibits balance billing</u> of Qualified Medicare Beneficiaries (QMBs). Under current law, Medicare providers cannot balance bill a QMB. Section 1902(n)(3)(B) of the Social Security Acts prohibits Medicare providers from balance billing QMBs for Medicare cost-sharing.

For D-SNP members, providers should bill Medicaid secondary insurance using CIN (Medicaid ID).

For billing purposes, please remember to reference the LIP Member ID card below to identify the CIN:

Sample LIP card



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Resources:

- New York State Medicaid Update May 2012 Volume 28 Number 3 (ny.gov)
 - This article provides guidance to Medicare providers to help them avoid inappropriately billing Qualified Medicare Beneficiaries (QMBs) for Medicare cost-sharing, including deductible, coinsurance, and copayments. This practice is known as "balance billing."
- New York State Medicaid Update October 2019 Volume 35 Number 10 (ny.gov)
 - Reminder to all providers on billing requirements for Medicare Part C claims that are submitted to Medicaid for payment of patient responsibility
- Dually Eligible Beneficiaries Under Medicare and Medicaid (cms.gov)
 - Billing Prohibitions for QMBs: All original Medicare and Medicare Advantage providers and suppliers – not only those that accept Medicaid - cannot charge QMBs for Medicare cost-sharing for covered Parts A and B services
- Prohibition Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program (cms.gov)
 - o Reminder for all Medicare providers and suppliers, including pharmacies, that they may not bill beneficiaries enrolled in the QMB program for Medicare cost-sharing

If you have any questions, contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

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