

## Improper Billing of Healthy Connections Prime Members



### Key Message to Providers

Payment from Healthy Connections Prime Medicare-Medicaid Plans (MMPs) represents payment in full from both Medicare and South Carolina Healthy Connections Medicaid.

- **Do not bill Healthy Connections Prime members for any Medicare Part A and B costs.** Healthy Connections Prime members do not owe any Medicare deductibles, coinsurance or copays for covered medical services. This includes services or items furnished by out-of-network providers, including emergency and urgent care services.
- **Do not bill Healthy Connections Prime members for any Medicaid-covered medical services or items with the exception of allowable copays/cost-sharing.<sup>1</sup>**

### Billing Healthy Connections Prime Members is Not Permitted

The Healthy Connections Prime program applies no deductibles, coinsurance or copays to its members for medical services.<sup>1</sup> Health plans and providers are responsible for ensuring that Healthy Connections Prime members are not improperly billed. Improper billing is grounds for termination of the Medicare-Medicaid Plan (MMP) provider agreement. Using the South Carolina Medicaid Web-based Claims Submission Tool (also known as “WebTool”), providers can confirm the patient is a member of Healthy Connections Prime

<Health Plan Name and/or Logo>		Healthy Connections PRIME
Member Name:	Member ID:	<b>MedicareRx</b> <small>Prescription Drug Coverage</small> RxBIN: <RxBIN #!> RxPCN: <RxPCN#!> RxGRP: <RxGRP#!> RxID: <RxID#!>
Health Plan (80840):		
PCP Name:	PCP Phone:	
<b>MEMBER CANNOT BE CHARGED</b> Cost Sharing/Copays: \$0 for doctor visits, hospital stays, and prescription drugs		
<CMS Contract #> <Plan Benefit Package #>		

### How to Bill MMPs for Services Provided to Healthy Connections Prime Members

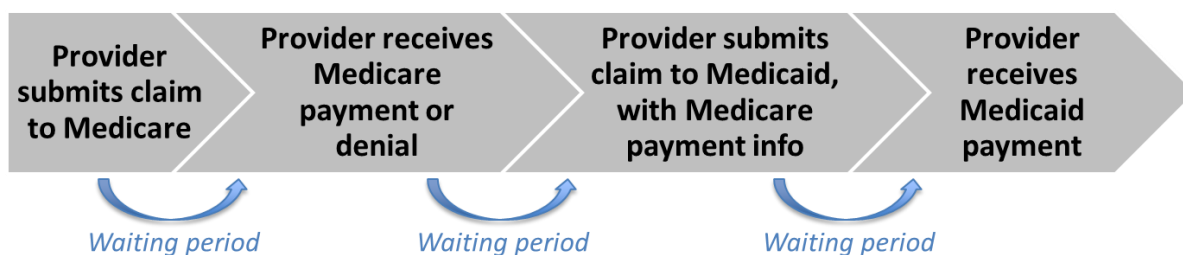
Providers bill directly to the MMP. Provider reimbursement from an MMP constitutes payment in full regardless of the type of service. All coordination of benefits happens internally within the MMP. The patient cannot be billed for any balance after the MMP pays<sup>1</sup>.

<sup>1</sup> A nominal Medicaid copay can apply to durable medical equipment, home health care and dental care. For nursing facility services for a Medicaid-sponsored Long Term Care (LTC) stay, members may also be responsible for some payment, based on their income.

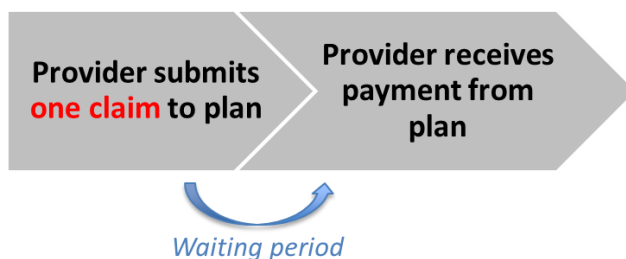
## How to Bill for Services Provided to Dually Eligible Patients Not Enrolled in Healthy Connections Prime

- Keep in mind that billing for dual eligibles outside of Healthy Connections Prime works differently. First, providers bill to Medicare. Healthy Connections Medicaid may be billed only after Medicare (or another primary payer) pays or presents a valid denial of the claim.
- Please note that Medicare providers may not bill Qualified Medicare Beneficiary (QMB) individuals for Medicare cost-sharing, regardless of whether the State reimburses providers for the full Medicare cost-sharing amounts. Further, all Original Medicare and Medicare Advantage providers--not only those that accept Medicaid--must refrain from charging QMB individuals for Medicare cost-sharing. Providers who inappropriately bill QMB individuals are subject to sanctions. Please refer to the [May 12, 2017 issue of MLN Matters](#) for more information.
- The picture below further illustrates the simplified claims payment process under Healthy Connections Prime.

### Without Healthy Connections Prime



### With Healthy Connections Prime



### For More Information

For more information about Healthy Connections Prime, you can visit the [Healthy Connections Prime website](#), where you will find a [Provider Toolkit](#) with helpful information about the program. The website includes contact information for the MMPs and other resources. You can also email [PrimeProviders@scdhhs.gov](mailto:PrimeProviders@scdhhs.gov) with questions.