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Balance Billing Quick Reference

Member Rights & Protections

Members enrolled in Michigan Complete Health Medicare-Medicaid Plan (MMP) have certain rights and protections.

- ✓ All members are free to exercise those rights and protections without negative consequences.
- ✓ Among those rights and protections is the prohibition on balance billing.
- ✓ Members **cannot** be balance billed by any provider for any reason for services.
 - Ø This includes covered and non-covered services (unless an organizational determination has happened and a prior written agreement has been signed by both the provider and the Michigan Complete Health (MMP) member for **non-covered** services).
- ✓ Balance billing is prohibited under the terms of your provider agreement with Michigan Complete Health, in the Michigan Complete Health Medicare-Medicaid Provider Manual, and under the terms of the demonstration.

This means:

- ✓ Members **cannot** be assessed cost sharing for Medicare Parts A and B services.
- ✓ Members **cannot** be billed for the difference between the provider's usual and customary charge and the provider's contracted rate.
- ✓ Members **cannot** be billed for the difference between the amount billed by the provider and the amount paid by Michigan Complete Health.
- ✓ Michigan Complete Health (MMP) members **cannot** be billed, nor can any deposits be collected from Michigan Complete Health (MMP) members, for any amounts other than allowable cost-sharing.

- ✓ If a member does not keep a scheduled appointment, you are **not** permitted to bill Michigan Complete Health for the missed appointment.
- ✓ These protections require that providers give members advanced notice when the provider believes that certain otherwise covered items or services will be non-covered. If such notice is not given, providers may **not** bill members for such items or services.
- ✓ Providers may **not** use the Advanced Beneficiary Notice of Non-Coverage (ABN) Form CMS–R–131.
- ✓ Existing Medicare limitations on beneficiary liability set out in Social Security Act s.1879 apply to members enrolled in Michigan Complete Health (MMP).

Michigan Complete Health (MMP) Members can be billed for:

- ✓ The Patient Pay Amount (PPA) for nursing facility services as determined by the Michigan Department of Health and Human Services.

How Michigan Complete Health Resolves Balance Billing Issues with the Provider:

- ✓ Michigan Complete Health informs the provider that the member has been inappropriately balance billed and educates the provider on balance billing.
- ✓ If Michigan Complete Health reimbursed the member for an inappropriately balance billed amount, the plan will notify the provider and request reimbursement be made to the plan.
- ✓ If after outreach and education efforts to the provider, Michigan Complete Health identifies ongoing inappropriate balance billing activities, Michigan Complete Health may take disciplinary action up to and including termination of the Provider Agreement.