

PROVIDER Bulletin



December 1, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> PHP (Medicare) | <input checked="" type="checkbox"/> Primary Care Physicians | <input checked="" type="checkbox"/> Specialists |
| <input type="checkbox"/> PHC (Medicaid) | <input checked="" type="checkbox"/> Ancillary | <input checked="" type="checkbox"/> Hospitals |

Annual Reminder – PHP’s Medicare Line of Business

PHP operates as a Medicare Advantage Special Needs Plan and has members enrolled in our Health Maintenance Organization (HMO) lines of business.

As a MA Organization, we must comply with applicable federal and state statutes, regulations, and policies. In turn, a provider contracting to furnish services to Medicare Advantage members must comply with applicable federal and state statutes, regulations and requirements, and our policies and procedures.

When a Medicare beneficiary enrolls in a Medicare Advantage plan, it takes the place of Original Medicare benefits. Medicare Advantage members receive a document called the Medicare Advantage Evidence of Coverage (EOC). It explains the covered services and defines the rights and responsibilities of the member and PHP.

- ❖ For those services covered by PHP, PHP members are responsible for copayments, and deductibles and coinsurance (*if applicable*) only. PHP providers may not balance bill qualified Medicare beneficiaries for Medicare cost share amounts. Federal law prohibits Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, co-insurance or copayments from those enrolled in a Qualified Medicare Beneficiaries (QMB) program, a dual eligible program which exempts individuals from Medicare cost-sharing liability. Balance billing prohibitions may also apply to other dual eligible beneficiaries in MA plan if the State Medicaid Program holds these individual harmless from Part A and Part B cost sharing and Low Income Subsidy copayment still apply for Part D benefits. (42 CFR § 422.504(g)(1)(iii))
- ❖ Additionally, PHP Providers may not discriminate against enrollees based on their payment status, e.g. QMG. Specifically, PHP Participating Provider may not refuse to serve PHP members because they receive assistance with Medicare cost-sharing from a State Medicaid Program.
- ❖ Participating hospitals and critical access hospital (CAHs) please be reminded to implement the provisions of the NOTICE Act. Under the NOTICE Act, hospitals and CAHs must deliver the Medicare Outpatient Observation Notice (MOON) to PHP members who receive observation services as an outpatient for more than 24 hours. For additional information surrounding MOON, <https://www.federalregister.gov/articles/2016/08/22/2016-1847/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-etc>

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org