

PROVIDER Bulletin



November 15, 2017

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

- PHP (Medicare) Primary Care Physicians Specialists
 PHC (Medicaid) Ancillary Hospitals

CMS' - Qualified Medicare Beneficiary (QMB) Program

The QMB Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. Federal law prohibits Medicare providers from collecting Medicare Part A and Part B coinsurance, copayments, and deductibles from those enrolled in the QMB Program, including those enrolled in Medicare Advantage and other Part C plans such as PHP.

PHP Enrollees are limited to out-of-pocket maximum amount each year for in-network medical services that are covered under Medicare Part A and Part B. PHP's Enrollee maximum out-of-pocket for in-network covered Part A and Part B services in 2017 is \$5,000 for copayments and coinsurance.

As participating provider of PHP, please be reminded that ***PHP/PHC dual members are not subject to copay and Providers may not add additional separate charges, called "balance billing."***

Copay and cost share are limited to PHP (Medicare) members only.

PHP 2017 - Member Co-payments	
Service/Benefit	Co-payment Amount
Ambulance	\$150 copay
Emergency Room	\$65 copay
Inpatient Hospital Coverage	\$100 copay per day for days 1 through 6
	\$0 copay per day for days 7 - 90
	\$0 copy per day for: lifetime reserve days 91 - 150
Mental Health Services	\$100 copay per day for days 1 through 6
	\$0 copay per day for days 7 - 90
	\$0 copy per day for: lifetime reserve days 91 - 150
Skilled Nursing Facility	\$0 copay per day for days 1 - 20
	\$100 copay per day for days 21 - 100

Nondiscrimination Reminder- Provider shall not differentiate or discriminate on providing Covered Services to Members because of race, color, religion, national origin, ancestry, age, sex, marital status, sexual orientation, physical, sensory or mental handicap, socioeconomic status, or participation in publicly financed programs of health care. Specifically, Medicare Advantage may not refuse to serve Members because they receive assistance with Medicare cost-sharing from a State Medicaid program. Providers shall render Covered Services to Members in the same location, in the same manner, in accordance with the same standards, and within the same time availability regardless of payer.

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