STATE OF MARYLAND
DHMH
Office of Health Services
Medical Care Programs
Maryland Department of Health and Mental Hygiene
Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 81
Managed Care Organizations Transmittal No. 104
June 25, 2015

TO: Physicians
Nurse Practitioners
Nurse Midwives
Local Health Departments
Federally Qualified Health Centers
General Clinics
Hospitals
Managed Care Organizations

FROM: Susan J. Tucker, Executive Director
Office of Health Services

RE: Incorrect Billing of Participants with Medicaid

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

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The following Transmittal refers to two billing issues of concern to the Department: balance billing and billing of participants for covered services. This Transmittal supersedes General Provider Transmittal No. 51 and Hospital Transmittal No. 174. Please review the following information and implement accordingly.

Balance Billing

Participants have reported certain Medicaid providers are practicing balance billing ("Balance Billing" is the practice of billing the participant for the difference between the amount charged by the provider and the amount paid by the payor). Medicaid regulations require that a provider "*[a]ccept payment by the Program as payment in full for covered services rendered and make no additional charge to any person for covered services.*" COMAR 10.09.36.03. Any Medicaid provider that practices balance billing is in violation of its agreement with the State's Medical Assistance Program and is thus subject to sanctions, including termination from the Program. A provider is responsible for educating and supervising staff on this prohibition so that balance billing does not occur.

Billing of Participants for Covered Services

A Medicaid provider may bill only the Medicaid program for covered services; providers are prohibited from billing any other person, including the Medicaid participant or the participant's family members, for covered services. Eligible participants receive medical care according to the guidelines and limitations of the programs to which they are assigned. To obtain accurate daily information, all providers must access the Medicaid Eligibility Verification System (EVS) by phone at 1-866-710-1447 or online at www.emdhealthchoice.org. EVS is accessed using a participant's Medical Assistance number or social security number and allows users to obtain the participant's current status with the Medical Assistance Program, including coverage information for billing and contract purposes. Any provider who is unfamiliar with EVS may receive a brochure on the system by contacting the Provider Enrollment Unit at 410-767-5340.

The prohibition on billing enrollees applies with equal force to MCO providers. Medicaid's EVS provides the name and phone number of the enrollee's assigned MCO. Primary care provider assignments, which are not available on EVS, can be verified by contacting the MCO. Except in an emergency situation, specialists should check with the MCO to determine if referrals or authorizations are required before serving the enrollee. Enrollees may not pay a Medicaid provider that is outside of their MCO provider network for covered services. To ensure compliance, all Medicaid providers servicing Medicaid participants for covered services must obtain necessary preauthorizations and then bill only the appropriate entity. The provider may not bill the participant.

The restriction prohibiting a Medical Assistance provider from receiving payment from a Medical Assistance participant does not apply to the provision of services that are not covered by the Medical Assistance Program.

To summarize: under no circumstances may a Medicaid fee-for-service provider or an MCO provider bill a participant for a service that is covered by the Medical Assistance Program. State regulations prohibit providers from seeking payment from participants to avoid working through the assigned MCO network or doctor. Additionally, a provider shall not accept payment (other than from the Medicaid Program) for services covered by the Program from the participant or any other person, including a family member of the participant.

Questions concerning this transmittal may be directed to:
dhmh.healthchoiceprovider@maryland.gov