PROVIDER GUIDELINES FOR BILLING COUNTYCARE MEMBERS

Providers should follow the standard billing guidelines outlined below when considering whether to directly bill CountyCare health plan members.

General Rules:

- **Providers are NOT ALLOWED to bill members (with limited exceptions noted below),** even if the provider's usual and customary charge for the covered services provided to the member is greater than what is allocated in the CountyCare fee schedule. In most cases, Federal and Illinois state law, along with provider guidance from the Illinois Department of Healthcare and Family Services (HFS), **PROHIBITS** the act of billing Medicaid patients for costs beyond what CountyCare has paid for the treatment.
- Providers **MAY NOT** make arrangements to provide more costly services or items than those covered by CountyCare on the condition that the member supplements payments made by CountyCare.
- When you accept the patient as a CountyCare patient, you agree that you **WILL NOT** charge the patient for copayments, participation fees, deductibles, coinsurance, or any other form of patient cost sharing related to CountyCare covered services.
  - In other words, you **CANNOT** bill, demand, or otherwise seek reimbursement from the member, or from a financially responsible relative or representative of the member, for any service for which CountyCare reimbursement would have been available.
  - You also **CANNOT** ask the member to pay the difference between the discounted fees, negotiated fees, and your usual and customary fees.
- CountyCare will only reimburse providers for services that are medically necessary and covered through the CountyCare program.
- Payments made to providers by CountyCare for Medicaid covered services for CountyCare members are considered **PAYMENT IN FULL.**

Exceptions:

- There are only a few very narrow cases where it is permissible for a provider to bill a CountyCare member, including instances where the bill is for services provided to the member that are not covered under CountyCare, a specific service limitation has been exceeded, or certain LTC services where a member is included on the HFS patient credit file. In these cases, you **MUST** inform the member **BEFORE** services are provided that the member may be responsible for payment, thereby preventing undue costs to the patient.
- Providers **MUST** obtain a written acknowledgement following this language:

I understand that, in the opinion of (provider's name), the services or items that I have requested to be provided to me on (dates of service) may not be covered under the Integrated Care Program as being reasonable and medically necessary for my care. I understand that CountyCare through its contract with the Illinois Department of Healthcare and Family Services determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

- A reduction in payment as a result of claims policies and/or processing procedure **IS NOT** an indication that the service provided is a non-covered service.

Penalties:

- The knowing acquisition of, or attempt to obtain, a prohibited payment could result in a Class B misdemeanor under Illinois law.

Federal and Illinois Law References:

The following laws, regulations and guidance address the federal and state requirements for billing Medicaid patients:

- Medicaid Managed Care – Liability for Payment. 42 CFR §438.106(b).
  http://www.ecfr.gov/cgi-bin/text-idx?SID=07ba622e593a23716bca8e766d73850d&mc=true&node=se42.4.438_1106&rgn=div8
- Conditions for Receipt of Vendor Payments – Limitation Period for Vendor Action and Penalty for Violation. Illinois Public Aid Code. 305 ILCS 5/11-13.
  http://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1413&ChapterID=28
- Illinois Participation Requirements for Medical Providers. 89 Ill Admin Code 140.12(i).
  ftp://www.ilga.gov/JCAR/AdminCode/089/089001400B00120R.html
- Illinois HFS. Handbook for Providers of Medical Services. Chapter 100, Section 114. General Policy and Procedures regarding Patient Cost Sharing.
  https://www.illinois.gov/hfs/SiteCollectionDocuments/100.pdf

If you have questions or concerns related to claims and billing, please contact your CountyCare Provider Services Representative or contact the Provider Services Department at 1-312-864-8200 Option 6 (Toll Free 1-855-444-1661 Option 6).