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Balance Billing Quick Reference Guide

Member Rights & Protections:

- Members enrolled in Absolute Total Care 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 authorized services, including in-network services and authorized out-of-network services.
 - This includes services that are covered and services not cover under the SC State Plan for Medical Assistance (unless an organizational determination has happened and a prior written agreement has been signed by both the provider and the Absolute Total Care member for non-covered services).
- Balance billing is prohibited under the terms of your provider agreement with Absolute Total Care, in the Absolute Total Care Provider Manual, and under the terms of the demonstration.

This Means:

- 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 Absolute Total Care.
- Absolute Total Care members cannot be billed, nor can any deposits be collected from Absolute Total Care members, for any amounts other than allowable cost-sharing.
- If a member does not keep a scheduled appointment, you are not permitted to bill Absolute Total Care for the missed appointment.

- Members cannot be assessed cost sharing for Medicare Parts A and B services.
- 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 because the ABN applies only to those individuals enrolled in Original Medicare.
- Existing Medicare limitations on beneficiary liability set out in Social Security Act s.1879 apply to members enrolled in Absolute Total Care.

Absolute Total Care Members Can be Billed for:

- Medicaid participation in cost of care amounts for long-term services and supports as determined by SCDHHS.
- Medicaid copay for Medicaid only covered DME items.

How Absolute Total Care Resolves Balance Billing Issues with the Provider:

- Absolute Total Care informs the provider that the member has been inappropriately balance billed and educates the provider on balance billing.
- If Absolute Total Care 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, Absolute Total Care identifies ongoing inappropriate balance billing activities, Absolute Total Care may take disciplinary action up to and including termination of the Provider Agreement.