

NHP/NHIC-Sufficient Access and Freedom of Choice to services for members of all NHP/NHIC PFFS Medicare Advantage plans

Abstract/Purpose:

To ensure NHP/NHIC compliance with the CMS Managed Care Manual Chapters 4 and 6 and the CMS Monitoring Guide for PFFS MA plans (Elements AA201, AA202, PR201, PR202, PR203, PR204 and PR205).

I. POLICY:

To ensure NHP/NHIC compliance with the CMS Managed Care Manual Chapters 4 and 6, and the CMS PFFS Monitoring Guide (Elements AA201 and AA202, PR201, PR202, PR203, PR204 and PR205). NHIC Private Fee For Service Medicare Advantage plans have established a provider “deeming” process to provide access to its enrolled beneficiaries. Providers are considered deemed if they provide services to members that are covered under the plan and the provider was informed that the member is enrolled the NHIC PFFS Medicare Advantage plan. Information regarding the terms and conditions of payment are available to providers at www.nppdrugplans.com or by calling NHIC Medicare Customer Service. The amounts paid to providers will be based on the Medicare payment rate. The payments rules provided in this policy will assure uniform payment of providers. The deeming grid and payment rules below do meet the requirement that providers are reimbursed at or above Medicare payment rate. Further, members may choose to obtain services from any entity that is authorized to provide services under Medicare Part A and Part B and agrees to provide services under the terms and conditions of the NHIC PFFS Medicare Advantage plans. Providers who accept the terms and conditions must accept plan payment as payment in full and may charge the member no more than the cost sharing permitted under the plan. Providers will be paid up to the limiting charge and therefore may not balance bill the member for any charges except the member cost sharing as defined in the plan.

II. PROCEDURE:

Provider Configuration & Payment Rules:

New provider identified on claim: Provider always set to pay Deemed. If claim is received, provider considered to accept deeming unless otherwise specifically identified.

A. Deeming Categories

1. Deemed-Par:
 - Provider sees a patient knowing that they are a member of a PFFS plan and is a participating provider with Medicare
2. Deemed-Non-Par:
 - Provider sees a patient knowing they are a member of a PFFS plan and provider is not participating with Medicare
3. Not Deemed-Non Emergent-Par:

- Provider sees a patient not knowing they are a PFFS member and is a participating provider with Medicare
4. Not Deemed-NonEmergent-Non-Par:
 - Provider sees a patient not knowing they are a PFFS member and is not a participating provider with Medicare (payment amount dependent on if provider accepts assignment, see field 27 on claim)
 5. Not Deemed-Emergent-Par:
 - Provider sees a patient not knowing they are a PFFS member and is a participating provider with Medicare
 6. Not Deemed-Emergent-Non Par:
 - Provider sees a patient not knowing they are a member of a PFFS and is not a participating provider with Medicare (payment amount dependent on whether provider accepts assignment, see field 27 on claim)

C. Payment Grid

	<u><i>Par with Medicare</i></u>	<u><i>Non-Par with Medicare/ Accepts Assignment</i></u>	<u><i>Non-Par with Medicare/Does not accept assignment</i></u>
<u><i>Deemed</i></u>	100% MFS	100% MFS	100% Medicare Non-Par Fee Schedule
<u><i>Not Deemed/Non Emergent</i></u>	100% MFS	100% MFS	Either non-par rate or limiting charge. Member will not be balance billed to the limiting charge amount because NHIC will pay non par rate.

<p><u>Not Deemed/Emergent</u></p>	<p>100% MFS</p>	<p>100% MFS</p>	<p>Either non-par rate or limiting charge. Member will not be balance billed to the limiting charge amount because NHIC will pay non par rate.</p>
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Medicare Advantage Private Fee for Service (PFFS) Provider Reimbursement Conditions

<p>Plan Definition of Deeming:</p>	<p>“Deemed” Provider (Knows patient is PFFS enrollee, had access to Plan’s terms and conditions, chooses to furnish treatment = deemed provider for that specific enrollee.)</p>	<p>“Non-Contracting” Provider (Deeming requirements were not met - Did not know patient was PFFS enrollee, and/or did not have access to Plan’s terms and conditions.)</p>
<p>Reimbursement from Member</p>	<p>Member is responsible for cost sharing per the Plan’s rules. Limiting charge not applicable.</p>	<p>Member is responsible for cost sharing per the Plan’s rules. Limiting charge will be paid by the plan.</p>
<p>Note: PFFS enrollees can obtain Plan covered services from any eligible provider in the U.S. willing to furnish services. Providers/physicians voluntarily agree to furnish treatment to PFFS enrollees on a patient-by-patient basis. Providers/physicians who have furnished treatment to PFFS enrollees are not obligated to do so in the future for same or other PFFS enrollees. However, as a provider furnishes services to an established PFFS patient, they are considered deemed. Providers may not balance bill the member above the limiting charge. If the provider is not deemed the plan will pay the limiting charge.</p>		

Regulatory Body: CMS

Chapter 4 and Chapter 6 of the Medicare Managed Care Manual and the CMS PFFS Monitoring Guide Elements AA201, AA202, PR201, PR202, PR203, PR204, and PR205.

JC Functional Category

Policy Discipline

- NHIC Medicare

Policy Entity

- NHP/NHIC

Origination Date

01/01/2008

Replaces Policy

- NEW as of 01/01/2008

Next Review

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Approval Information

- COO/Business Operations Committee (BOC) on 1-17-2008.

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AHS Values

- Service
- Integrity