



## Reminder: Balance Billing Is Not Allowed

Parkland Community Health Plan (PCHP) is reminding providers of their obligations regarding balance billing for Medicaid and CHIP members.

Members enrolled in STAR and CHIP have important rights and protections, including protection from balance billing. Members are not responsible for payment of covered services. (CHIP members remain responsible for applicable copayments, coinsurance, and deductibles.)

Balance billing is prohibited under state and federal law. Federal Medicaid protections include Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997.

Covered services include healthcare services and supplies that are medically necessary and covered under a member's PCHP benefit plan, including emergency services.

Under the terms of the PCHP Provider Agreement, providers agree that under no circumstances shall a PCHP member be liable to the provider for any amount that is the legal obligation of PCHP. Providers should verify member eligibility and obtain prior authorization for services that require authorization. Prior authorization requirements are available on the PCHP website.

### Examples of Balance Billing

The following are examples of prohibited balance billing practices:

- Denying or withholding covered services because a member cannot pay an amount that is not the member's responsibility. Providers must accept payment in full from the member's Medicaid or CHIP health plan.
- Requiring a member to pay the difference between discounted or negotiated fees and the provider's usual and customary charges.
- Charging PCHP members for covered services beyond applicable copayments, deductibles, or coinsurance.
- Charging a member because prior authorization was not obtained.
- Requiring a member to pay for a covered service that was denied or rejected by the health plan for valid or appropriate reasons.
- Charging a member a fee to complete or file Medicaid claim forms.
- Charging a member for failing to keep an appointment.
- Charging a member for emergency services because the facility is out of network. Emergency services remain covered in accordance with Medicaid and CHIP requirements.

### Corrective Action Required

If a provider has balance billed a Medicaid or CHIP member, the provider must take prompt action to remedy the situation and prevent future occurrences. This includes:

- Stopping the bill collection process immediately.
- Refunding any improperly collected amounts, as applicable.
- Working with collection agencies and credit reporting agencies to correct any resulting issues for the member.
- Taking steps to prevent future balance billing incidents.

### Exception for Non-Covered Services

A provider may only bill a member for non-covered services when a determination has been made that the service is not covered and a written Client Acknowledgement Statement has been signed by the member before services are provided.

**For additional guidance, please refer to the Texas Medicaid Provider Procedures Manual (TMPPM), Section 1.7.12, Billing Clients.**

Thank you for your partnership  
in protecting members and  
maintaining compliance with  
Medicaid and CHIP requirements.



### Questions?

Members and providers should call  
**1-888-672-2277**

Providers can also email  
**PCHP.ProviderRelations@phhs.org**