



Member Billing Policy- Medicaid

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Payment by Highmark Wholecare is considered payment in full. Under no circumstance, including, but not limited to non-payment by Highmark Wholecare for approved services, may a provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from or have any recourse against a Highmark Wholecare member. Per DHS policy #99-10-14, practitioners may not bill MA recipients for missed appointments.

This provision does not prohibit collection of copayments. Refer to the Member Benefit Limitations and Copayments section of the provider manual for information on copayments. Members cannot be denied a service if they are unable to pay their copayment. Members are responsible up to a maximum of \$90 for adult MA and \$180 for adult GA every six months. Highmark Wholecare will reimburse the member or any applicable copays based upon claims submissions that exceed the maximum from January through June and again from July through December of each year.

This provision shall not prohibit collection of copayments on Highmark Wholecare's behalf made in accordance with the terms of the enrollment agreement between Highmark Wholecare and the member/subscriber/enrollee.