

Balance Billing of Members is Prohibited

Please note that balance billing (also known as extra billing) of Healthfirst members for any covered services is *strictly prohibited*. A participating provider cannot bill a member for the difference between the amount charged for services rendered and the amount reimbursed by Healthfirst. Any such billing violates the provider's contract with Healthfirst and will result in the application of relevant Federal and New York State laws. Providers can bill our members for the following:

- Applicable copays,
- Coinsurance, and/or
- Deductibles

According to the Centers for Medicaid and Medicare Services (CMS), dual-eligible members will not have any cost-sharing responsibilities for Medicare services when the state is responsible for paying those amounts:

- Providers must accept Healthfirst's payment as payment in full or bill the appropriate state source (i.e., Medicaid Fee-For-Service (FFS))
- This requirement applies to all dual-eligible members, not just to members enrolled in a Dual-Eligible Special Needs Plan (D-SNP), or Medicare-Medicaid Plan (MMP), also known as a Fully Integrated Duals Advantage (FIDA) plan

For more information, we invite you to browse and download our Provider Manual, which can be found at hfprovidermanual.org. If you have any additional questions, please contact your Healthfirst Network Account Manager or call Provider Services at **1-888-801-1660**, Monday to Friday, 9am–5pm.