



Cost-share-protected members are exempt from balance billing for Medicare-covered services

As a reminder, The Centers for Medicare & Medicaid Services' (CMS) guidelines and state Medicaid guidelines prohibit Medicare-contracted providers from collecting cost-share for Medicare-covered services, including Part B prescription services provided at point-of-sale from members who are protected by the state from cost-sharing. This includes some Humana Medicare Advantage and Dual Eligible Special Needs Plan (D-SNP) members.

Cost-share-protected members have no legal obligation to make further payment to a provider for Part B-covered medications/supplies. Balances should be billed to Medicaid as the secondary payer, following Medicaid guidelines for claim submission. The cost-share cannot be collected from the member. Per CMS guidelines, if a full or partial balance remains after billing Medicaid, or if the provider is unable to bill Medicaid, the provider is still required to dispense the medication/supply without balance billing the member. Providers who inappropriately bill cost-share-protected patients may be subject to sanctions as established in Section 1902(n)(3)(C) of the Social Security Act.

Pharmacies are asked to confirm the information on the member's plan ID card and Medicaid ID card prior to submitting prescription claims.

Pharmacies with questions can contact Humana Customer Service at 1-800-457-4708 from 8 a.m. to 8 p.m. local time.