



Dear healthcare providers:

We would like to draw your attention to important guidelines outlined in your Illinois Medicare-Medicaid Alignment Initiative (MMAI) contract with Humana and the Healthcare and Family Services (HFS) Handbook for Providers, regarding balance billing members. According to the HFS Handbook for Providers:

“Provider shall provide Members all available Health Care Services within the normal scope of and in accordance with Provider’s licenses, certifications and privileges to provide certain services as delineated by Humana. Provider agrees to comply with all requests for information related to Humana’s determination of Provider’s privileging status. **Provider shall not bill, charge, seek payment or have any recourse against Humana or Members for any amounts related to the provision of Health Care Services for which privileges have not been granted to Provider by Humana.**”

The HFS Handbook for Providers, Chapter 100, specifically Section 101.3 – Participation Requirements regarding balance billing members, also outlines the following:

“If a provider accepts an individual eligible for medical coverage from the Department, such provider **must not bill, demand or otherwise seek reimbursement** from that individual or from a financially responsible relative or representative of the individual for any service for which reimbursement would have been available from the Department if the provider had timely and properly billed the Department. For purposes of this requirement, ‘accepts’ shall be deemed to include:

- An affirmative representation to an individual that payment for services will be sought from the Department.
- An individual presents the provider with his or her medical card and the provider does not indicate that other payment arrangements will be necessary.
- Billing the Department for the covered medical service provided an eligible individual.”

Please refer to the references below for additional guidance on member balance billing:

- **HFS customer payment Q&A**
- **Illinois Association of Medicaid Health Plans (IAMHP) Comprehensive Billing Manual**; Page 176 of the IAMHP Comprehensive Billing Manual clarifies balance billing, meaning the provider cannot bill the member.

If you have questions about these requirements, please call Humana provider Customer Care at **800-787-3311** or your Humana provider relations representative. Thank you for the continued care of your Humana-covered patients.

Humana Gold Plus Integrated (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.