

Billing and Medicaid (Apple Health)

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Last Review Date

April 29, 2025

Read this if your medical provider didn't bill Medicaid for services when you think they should have. Includes form letters you can use to try to resolve the situation.

1. Protection from billing

If you're on Medicaid, in Washington State called Apple Health

(https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid), a medical provider usually can't bill you, or someone related to you, such as your family, a friend, or helper, for services. Providers who take part in Apple Health must accept payment from the agency as payment in full

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- A provider can't bill you for the cost of services over and above what Apple Health pays.
- A provider generally can't bill you for any service Apple Health covers even if the provider hasn't gotten payment from Apple Health or your



managed care provider.

There are exceptions to these rules. This guide discusses the exceptions. If no exception applies to you, the provider can't bill you.

If the provider tries to bill you anyway, try <u>using one of our form letters</u>. And try to talk to a lawyer.

2. You didn't sign

If you don't sign documents the provider gives you, such as insurance forms, billing documents, or other forms the provider needs to bill a third-party insurance carrier, the provider may bill you for the service.

3. Out-of-state services

Generally, an out-of-state provider can bill you for services. But Apple Health will pay for services you traveled to receive in these **bordering cities** the same as in-state care:

- Coeur d'Alene, Moscow, Sandpoint, Priest River, and Lewiston, Idaho.
- Portland, The Dalles, Hermiston, Hood River, Rainier, Milton-Freewater, and Astoria, Oregon.

Apple Health will also pay for emergency and non-emergency out-of-state care that meets state requirements

(https://app.leg.wa.gov/WAC/default.aspx?cite=182-501-0180).



4. Canadian providers

If you received services in British Columbia, Canada, the provider may be able to bill you directly. Apple Health will pay only if your situation meets other requirements. For example, you live in Point Roberts, or in a community along the Washington/British Columbia border. Or you're a member of the Canadian First Nations and live in Washington State.

Providers in other Canadian provinces can always bill you if you're on Apple Health.

5. Noncovered services

A provider can bill you for services that Medicaid doesn't cover if you agreed to pay the provider after it did all these:

- 1. Checked if you could get Medicaid coverage for the dates of service.
- 2. Checked if you had coverage under a Managed Care Organization.
- 3. Told you the limits of your coverage and services available to you.
- 4. Signed a written agreement with you. The provider generally should use this agency form (https://www.hca.wa.gov/assets/billers-and-providers/13_879.pdf).
- 5. Provided translation into another language if needed.
- 6. Did everything Medicaid or your Managed Care Organization required of it to authorize services, if coverage or authorization was available.



A provider who didn't complete the right paperwork at the right times can't bill you if Medicaid or your Managed Care Organization won't pay the provider.

If the provider should have had a written agreement with you, ask them to give you a copy. Compare the agreement you signed to what <u>WAC 182-502-0160(5)</u> (https://app.leg.wa.gov/WAC/default.aspx?cite=182-502-0160) requires. If the agreement doesn't say what it should, you can <u>send the provider a letter explaining why they shouldn't bill you</u>, and try to <u>talk to a lawyer</u>.

6. Provider doesn't take Medicaid

A provider who doesn't take Medicaid may bill you if you chose to receive their services even after they informed you that they don't contract with Medicaid, and Medicaid wouldn't pay for the services.

7. Cost sharing

If your Medicaid plan includes cost sharing, your medical provider can bill you for some costs. The provider can also bill you directly for

• Costs such as deductibles, coinsurance, or copayments.



 Services <u>within your spend down amount</u>, if you get Medically Needy Medicaid.

8. Managed Care Organization (MCO)

If you're in an MCO, and you go to an out-of-network provider for services, the provider can bill you if both are true:

- You knew the provider was outside your MCO's network.
- You chose to get nonemergency services from that provider anyway without the MCO's authorization.

9. Third parties

A medical provider can bill a "third party" who is legally responsible for paying any of the cost of your health care. This can be

- A person or entity that has caused you mental or physical harm.
- The insurance company covering that person or entity.
- Both.

Example: You're in a car accident. The other driver is at fault. Medicaid pays for the medical services for your injuries. It will then try to recover the cost of your medical services from the other driver or their insurance company.



You must "assign" (give) the State any right you have to payment from a liable third party for medical expenses, assistance, or residential care.

10. Dates not covered

A provider can bill you if you didn't have Medicaid for the dates you received services. Compare the dates of services to notices you got from Apple Health, your online account, or call the number on the back of your ProviderOne card. If the provider is billing you for any dates that you had Medicaid, you can <u>send</u> them a letter explaining why they should stop billing you, and try to <u>talk to a lawyer</u>.

If you tell the provider you're a private pay client and not getting medical assistance, the provider will bill you directly, even if you do in fact get Medicaid.

To check if you were covered by Medicaid for the dates of service, <u>contact the Medical Assistance Customer Service Center (MACSC)</u>
(https://www.hca.wa.gov/free-or-low-cost-health-care/contact-washington-apple-health-medicaid).

11. Form letters



Form attached:

Letter to health care provider re: Medicaid coverage (NJP Health 782)

Form attached:

Letter to collection agency re: Medicaid coverage (NJP Health 783)

Tips for using form letters

Keep a copy of the letters you send. Make a note on your copy of how you delivered the letter and the date you delivered it. For example, "sent on 8/22/2024 by regular US mail" or "hand-delivered to [provider name] billing dept. on 8/22/2024".

NJP Health 782 - Letter to health care provider re: Medicaid coverage: Use this if you're getting bills from a provider even though you told them at the time of service that you had Medicaid.

NJP Health 783 - Letter to collection agency re: Medicaid coverage: Use this letter to a collection agency if Medicaid covered some, but not all, of your bills, and the provider claims you signed a waiver allowing them to bill you.

WashingtonLawHelp.org gives general information. It is not legal advice. Find organizations that provide free legal help on our <u>Get legal help</u> page.

Date:	
То:	
Name of provider	
Street address	
City, state and zip	
Re: Account Number	
on (<i>dates of service</i>) those services. I'm getting bills on this account	for services I got from you I had Medicaid when I got even though I told you I was on Medicaid at the records to reflect that I have no liability for this
	no bill Medicaid recipients, up to three times the sponsibility to verify coverage. You can't charge
	vill cease any efforts to collect this bill, or any le. If you've notified any credit reporting agencies I send me proof that you've done so. Thank you
Sincerely,	
Sign here	Print name
Street address	
City, state and zip	
 Phone number / Email - optional	

Date:	
То:	
Name of collection agency	_
Street address	_
City, state and zip	- -
Re: Account Number	
Some or all the bills listed in the letter you	sent me from (name of health care provider)
	dated detailing
the charges at issue were for Medicaid-elig	jible services.
	Health Care Authority showing that, of the dates in through (<i>date</i>) I They knew I had Medicaid.
	t I didn't disclose my Medicaid status, it doesn't erify medical coverage. WAC 182-502-0160(2).
	d may not have covered the services, and that I e. The waiver forms I signed don't comply with WAC
(a) The agreement must:	
(i) Indicate the anticipated date the ninety calendar days from the date	service will be provided, which must be no later than of the signed agreement;
(ii) List each of the services that will	l be furnished;
(iii) List treatment alternatives that r contracted MCO;	may have been covered by the agency or agency-
(iv) Specify the total amount the clie	ent must pay for the service;
	are included in this amount (such as pre-operative WAC <u>182-501-0070(</u> 3) for payment of ancillary

- (vi) Indicate that the client has been fully informed of all available medically appropriate treatment, including services that may be paid for by the agency or agency-contracted MCO, and that he or she chooses to get the specified service(s);
- (vii) Specify that the client may request an exception to rule (ETR) in accordance with WAC <u>182-501-0160</u> when the agency or its designee denies a request for a noncovered service and that the client may choose not to do so;
- (viii) Specify that the client may request an administrative hearing in accordance with chapter <u>182-526</u> WAC to appeal the agency's or its designee denial of a request for prior authorization of a covered service and that the client may choose not to do so;
- (ix) Be completed only after the provider and the client have exhausted all applicable agency or agency-contracted MCO processes necessary to obtain authorization of the requested service, except that the client may choose not to request an ETR or an administrative hearing regarding agency or agency designee denials of authorization for requested service(s); and
- (x) Specify which reason in subsection (b) below applies.
- (b) The provider must select on the agreement form one of the following reasons (as applicable) why the client is agreeing to be billed for the service(s). The service(s) is:
 - (i) Not covered by the agency or the client's agency-contracted MCO and the ETR process as described in WAC <u>182-501-0160</u> has been exhausted and the service(s) is denied;
 - (ii) Not covered by the agency or the client's agency-contracted MCO and the client has been informed of his or her right to an ETR and has chosen not to pursue an ETR as described in WAC <u>182-501-0160</u>;
 - (iii) Covered by the agency or the client's agency-contracted MCO, requires authorization, and the provider completes all the necessary requirements; however the agency or its designee denied the service as not medically necessary (this includes services denied as a limitation extension under WAC 182-501-0169); or
 - (iv) Covered by the agency or the client's agency-contracted MCO and does not require authorization, but the client has requested a specific type of treatment, supply, or equipment based on personal preference which the agency or MCO does not pay for and the specific type is not medically necessary for the client.
- (c) For clients with limited English proficiency, the agreement must be the version translated in the client's primary language and interpreted if necessary. If the agreement is translated, the interpreter must also sign it.
- (d) The provider must give the client a copy of the agreement and maintain the original and all documentation which supports compliance with this section in the client's file for six years from the date of service. The agreement must be made available to the agency or its designee for review upon request; and
- (e) If the service is not provided within ninety calendar days of the signed agreement, a new agreement must be completed by the provider and signed by both the provider and the client.

This situation doesn't fall into one of WAC 182-502-0160(6)'s limited exceptions where a provider may bill a patient without executing the Agreement to Pay for Healthcare Services.

For the period I had Medicaid, representing \$\foatstart{3}\$ the provider violated the law by billing or tryin coming from the provider for all improperly cl	ng to collect the charges from me. I	have a refund
Please cease all further collection attempts in	mmediately. Thank you.	
•		
Sign here	Print name	
Street address		
City, state and zip		
Phone number / Email - optional		