

About the Medicare Balance Billing Program

Administered by the Ohio Department of Health, the program works to protect Medicare beneficiaries from being billed by health care providers for amounts above those approved by Medicare. The program investigates complaints and takes action against providers who violate the law.

Practitioner Penalties

If the health care provider refuses to reimburse the Medicare beneficiary, the practitioner will be progressively disciplined. The first offense is a public reprimand, repayment of the overcharge plus interest and a \$500 fine. The second offense is the same but with an increased fine of \$2,000.

Balance billed? File your Complaint with the Ohio Department of Health

Feel you were overbilled by your health care practitioner for a Medicare supply or service? To file a complaint or for information about the Medicare Balance Billing Program, call the Ohio Department of Health.



1-800-899-7127
www.odh.ohio.gov

Contact OSHIIP at the Ohio Department of Insurance with Medicare issues

For other questions about Medicare, call the Ohio Senior Health Insurance Information Program (OSHIIP) at the Ohio Department of Insurance.



ODI
Ohio Department of Insurance



1-800-686-1578
www.insurance.ohio.gov

Understand the Medicare Balance Billing Law



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ODI
Ohio Department of Insurance

John R. Kasich
Governor

Mary Taylor
Lt. Governor / Director

What is Balance Billing?

“Balance billing” means charging or collecting an amount in excess of the Medicare approved amount for covered services or supplies unless Medicare is the secondary insurer.

When Medicare is the secondary insurer, the health care practitioner may pursue full reimbursement under the terms and conditions of the primary insurer.

The Medicare beneficiary cannot be balance billed above the Medicare approved amount.

“Balance billing” includes charging or collecting Medicare’s deductibles or co-insurance.

How to File a Complaint

If a health care provider has charged you more than Medicare’s approved amount.

- Gather copies of statements and bills showing itemized billing and denial codes for each instance of alleged balance billing.
- Submit a Health Insurance Portability and Accountability (HIPAA) medical information release to the various carriers so the Ohio Department of Health can obtain necessary information to investigate.
- The Ohio Department of Health will send you a release that must be completed and returned.
- Complete the Medicare Balance Billing complaint form, which can be downloaded at www.odh.ohio.gov — or can be mailed to you. Attach copies of the statements and bills.

• **Mail or fax the completed forms to:**
Ohio Department of Health
Medicare Balance Billing
246 N. High St.
Columbus, OH 43215
Fax: (614) 564-2422

- If it’s determined balance billing has occurred, the Ohio Department of Health will first notify the health care provider by letter and extend a period of 10 days to correct the alleged violation by reimbursing the Medicare beneficiary or crediting the beneficiary’s account.

Is Med Sup Still Needed?

Yes. The practitioner will bill for the full amount that Medicare approves. Medicare, however, will pay only 80% of that amount. The remaining 20% must be paid by the patient or by the patient’s Medicare supplemental insurance. Supplemental insurance is also needed for expenses not covered by Medicare or for health care delivered in states which do not prohibit balance billing.

Should a Beneficiary Purchase “Excess Charges” Coverage?

“Excess charges” are balance billing and as such are prohibited by Ohio law. For this reason, it is not necessary to purchase this coverage when shopping for Medicare Supplemental Insurance, unless you anticipate needing medical care outside of Ohio.