Bulletin/Update
8/11/2026

REMINDER: SOUTH COUNTRY MEMBER BILLING REQUIREMENTS

South Country Health Alliance (South Country) has recently seen an increase in providers inappropriately billing members. As a reminder, South Country members are Minnesota Health Care Programs (MHCP) members, and providers are required to follow MHCP billing requirements as well as the guidance outlined in the South Country Provider Manual.

To help prevent member complaints, billing errors, and compliance concerns, South Country is sharing the following reminders.

Billing South Country Members

South Country members cannot be billed for covered services. Providers may only collect member payments when specifically allowed under MHCP policy, such as applicable copayments.

Providers may not bill members for covered services because:

- A claim was denied for timely filing.
- Prior authorization requirements were not met.
- The provider failed to submit the claim correctly.
- Payment was not received from the health plan due to provider error.

In these situations, the provider remains financially responsible for the service and may not transfer that responsibility to the member.

Example

A provider submits a claim after the timely filing limit and the claim is denied. Because the service was otherwise covered, the provider may not bill the South Country member for the denied amount.

If the provider believes there were extenuating circumstances that impacted timely filing, they may submit an appeal and include supporting documentation for review. However,

while the appeal is being reviewed, and regardless of the appeal outcome, the member may not be billed for the covered services.

Balance Billing

Balance billing of South Country members is prohibited.

Providers must accept South Country's payment, along with any applicable member copayment, as payment in full for covered services. Providers may not bill the member for any remaining balance.

Examples

A provider bills $250 for a covered service and receives $180 from South Country according to the contracted reimbursement rate. The provider may not bill the member for the remaining $70 difference.

- If a provider receives payment for a covered service but believes the reimbursement is insufficient. The provider may dispute or appeal the payment through the appropriate appeal process; however, the provider cannot bill the member for any portion of the unpaid balance.

Non-Covered Services

A member may only be billed for a non-covered service when all MHCP requirements have been met before the service is provided.

This includes obtaining a signed Advance Recipient Notice (ARN), or equivalent documentation, advising the member that:

- The service is not covered by MHCP or South Country.
- The member will be financially responsible for the service.
- Appropriate alternatives have been discussed, offered to, and declined by the member.
- Member agree that neither provider nor member will seek reimbursement from MHCP or South Country.

- The member chooses to receive the service with that understanding.

If the required documentation is not obtained prior to the service being furnished, the provider cannot bill the member and is responsible for the cost of the service.

Examples

Example 1:
A member requests a service that is not covered by MHCP or South Country. Before providing the service, the provider obtains a signed ARN explaining the member's financial responsibility. The provider may bill the member for the service if all MHCP requirements are met.

Example 2:
A provider performs a non-covered service but does not obtain a signed ARN before the service is provided. The provider may not later bill the member, even if the claim is denied as non-covered.

When to Contact South Country

If you are unsure whether a service is covered, whether a member may be billed, or what documentation is required, please contact the South Country Provider Contact Center (PCC) at **1-888-633-4055** before billing the member. Taking this step can help avoid member complaints, claim disputes, and compliance concerns.

For additional guidance, please refer to:

- South Country Provider Manual, Chapter 4 – Provider Billing
- MHCP Provider Manual – Billing the Member (Recipient)

Key Reminder: In most situations, South Country members cannot be billed for covered services. When in doubt, contact South Country before seeking payment from a member.

South Country HEALTH ALLIANCE

Bulletin/Update

South Country Provider Contact Center

1-888-633-4055

Hours: 8 a.m. - 4:30 p.m.

The Provider Contact Center staff are available as your first point of contact to assist with the following.

Member benefit coverage
Authorization verification
Website questions
Provider web portal issues
Claim rejection guidance
General information
Claims billing and processing guidelines
Remittance adjustment code details and payment information

South Country wants to ensure providers are reimbursed for services provided to our members and following all billing guidelines. Our staff are committed to support and guide you in understanding all South Country processes and procedures. In addition, callers that utilize our Provider Contact Center are provided a reference number that identifies your call in our system. Please keep the reference number in your records to refer to if you have any additional questions or need to check the status of an open issue. The reference number will help the representative locate your issue quickly.