Chapter 7: Asking us to pay a bill you have gotten for covered services or drugs

[Plans should refer members to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

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# When you can ask us to pay for your services or drugs

You should not get a bill for in-network services or drugs. Our network providers must bill the plan for the services and drugs you already got. A *network provider* is a provider who works with the health plan.

**If you get a bill for health care or drugs, send the bill to us.** To send us a bill, see page <page number>[plans may insert reference, as applicable].

* If the services or drugs are covered, we will pay the provider directly.
* If the services or drugs are covered and you already paid the bill, it is your right to be paid back.
* If the services or drugs are **not** covered, we will tell you.
* Contact Member Services or your Care Coordinator if you have any questions. If you get a bill and you do not know what to do about it, we can help. You can also call if you want to tell us information about a request for payment you already sent to us.

Here are examples of times when you may need to ask our plan to pay you back or to pay a bill you got:

1. When you get emergency or urgently needed health care from an out-of-network provider

You should ask the provider to bill the plan.

* If you pay the full amount when you get the care, ask us to pay you back. Send us the bill and proof of any payment you made.
* You may get a bill from the provider asking for payment that you think you do not owe. Send us the bill and proof of any payment you made.

If the provider should be paid, we will pay the provider directly.

If you have already paid for the service, we will pay you back.

1. When a network provider sends you a bill

Network providers must always bill the plan. Show your <plan name> Member ID Card when you get any services or prescriptions. Improper/inappropriate billing occurs when a provider (such as a doctor or hospital) bills you more than the plan’s cost sharing amount for services. Call Member Services if you get any bills you do not understand.

* Because <plan name> pays the entire cost for your services, you do not owe any cost sharing. Providers should not bill you anything for these services.
* Whenever you get a bill from a network provider, send us the bill. We will contact the provider directly and take care of the problem.
* If you have already paid a bill from a network provider, send us the bill and proof of any payment you made. We will pay you back for your covered services.

1. When you use an out-of-network pharmacy to get a prescription filled

If you go to an out-of-network pharmacy, you will have to pay the full cost of your prescription.

* In only a few cases, we will cover prescriptions filled at out-of-network pharmacies. Send us a copy of your receipt when you ask us to pay you back. Please see Chapter 5 [plans may insert reference, as applicable] to learn more about out-of-network pharmacies.

1. When you pay the full cost for a prescription because you do not have your Member   
   ID Card with you

If you do not have your Member ID Card with you, you can ask the pharmacy to call the plan or to look up your plan enrollment information. If the pharmacy cannot get the information they need right away, you may have to pay the full cost of the prescription yourself.

* Send us a copy of your receipt when you ask us to pay you back.

1. When you pay the full cost for a prescription for a drug that is not covered

You may pay the full cost of the prescription because the drug is not covered.

* The drug may not be on the plan’s *List of Covered Drugs* (Drug List), or it could have a requirement or restriction that you did not know about or do not think should apply to you. If you decide to get the drug, you may need to pay the full cost for it.

If you do not pay for the drug but think it should be covered, you can ask for a coverage decision (see Chapter 9 [plans may insert reference, as applicable]).

If you and your doctor or other prescriber think you need the drug right away, you can ask for a fast coverage decision (see Chapter 9 [plans may insert reference, as applicable]).

* Send us a copy of your receipt when you ask us to pay you back. In some situations, we may need to get more information from your doctor or other prescriber in order to pay you back for the drug.

When you send us a request for payment, we will review your request and decide whether the service or drug should be covered. This is called making a “coverage decision.” If we decide it should be covered, we will pay for the service or drug. If we deny your request for payment, you can appeal our decision.

To learn how to make an appeal, see Chapter 9 [plans may insert reference, as applicable].

# How and where to send us your request for payment

[Plans may edit this section to include a second address if they use different addresses for processing health care and drug claims.]

[Plans may edit this section as necessary to describe their claims process.]

Send us your bill and proof of any payment you have made. Proof of payment can be a copy of the check you wrote or a receipt from the provider. It is a good idea to make a copy of your bill and receipts for your records. You can ask your Care Coordinator for help.

[If the plan has developed a specific form to ask for payment, insert the following language: To make sure you are giving us all the information we need to make a decision, you can fill out our claim form to make your request for payment.

* You do not have to use the form, but it will help us process the information faster.
* You can get a copy of the form on our website (<MMP web address>), or you can call Member Services or your Care Coordinator and ask for the form.]

[Plans with different addresses for Part C and Part D claims may modify this paragraph as needed and include the additional address.] Mail your request for payment together with any bills or receipts to us at this address:

[Insert address.]

[If the plan allows enrollees to submit oral payment requests, insert the following language:

You may also call our plan to ask for payment.] [Plans should include all applicable numbers and days and hours of operation.]

[Insert if applicable: **You must submit your claim to us within <number of days> days** of the date you got the service, item, or drug.]

# We will make a coverage decision

When we get your request for payment, we will make a *coverage decision.* This means that we will decide whether your health care or drug is covered by the plan. We will also decide the amount, if any, you have to pay for the health care or drug.

* We will let you know if we need more information from you.
* If we decide that the health care or drug is covered and you followed all the rules for getting it, we will pay for it. If you have already paid for the service or drug, we will mail you a check for what you paid. If you have not paid for the service or drug yet, we will pay the provider directly.

Chapter 3 [plans may insert reference, as applicable] explains the rules for getting your services covered. Chapter 5 [plans may insert reference, as applicable] explains the rules for getting your Medicare Part D prescription drugs covered.

* If we decide not to pay for the service or drug, we will send you a letter explaining why not. The letter will also explain your rights to make an appeal.

To learn more about coverage decisions, see Chapter 9 [plans may insert reference, as applicable].

# You can make an appeal

If you think we made a mistake in turning down your request for payment, you can ask us to change our decision. This is called *making an appeal.* You can also make an appeal if you do not agree with the amount we pay.

* The appeals process is a formal process with detailed procedures and important deadlines. To learn more about appeals, see Chapter 9 [plans may insert reference,   
  as applicable].
* If you want to make an appeal about getting paid back for a health care service, go to page <page number> [plans may insert reference, as applicable].
* If you want to make an appeal about getting paid back for a drug, go to page <page number> [plans may insert reference, as applicable].