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

Introduction

This chapter tells you how and when to send us a bill to ask for payment. It also tells you how to make an appeal if you do not agree with a coverage decision. Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.

[Plans with an arrangement with the State may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits. Plans may not revise the chapter or section headings except as indicated.]

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

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# Asking us to pay for your services or drugs

[Plans with drug copays insert: Except for any drug copays you owe, you should not get a bill for in-network services or drugs.] [Plans with no drug copays insert: 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.

[Plans with drug copays insert: **If you get a bill for** [plans with cost sharing insert: **the full cost of**] **health care or drugs, except for bills for any drug copays you owe, call Member Services or send the bill to us.**] [Plans with no drug copays insert: **If you get a bill for health care or drugs, call Member Services or send the bill to us**.] To send us a bill, refer to page <page number> [plans may insert reference, as applicable].

* If you have not paid the bill, we will pay the provider directly if the services or drugs are covered and you followed all the rules in the *Member Handbook*.
* If you have paid [*plans with cost sharing insert:* more than your share of the cost*; plans with no cost sharing*, *insert:* the bill], the services or drugs are covered, and you followed all the rules in the *Member Handbook*, it is your right to be paid back.
* If the services or drugs are **not** covered, we will tell you.

Contact Member Services [insert if appropriate: or your care manager] if you have any questions. If [plans with drug copays insert: you get a bill for drug copays that you think you do not owe, or 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 some examples of times when you may need to ask our plan to assist you with a payment you made or a bill you got:

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

You should always tell the provider you are a member of <plan name> and ask the provider to bill the plan.

* If you pay the full amount when you get the care, you can ask to have the full amount refunded. 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 work with the provider to refund your payment [plans with drug copays insert: except for any drug copays you owe].

1. **When a network provider sends you a bill**

Network providers must always bill the plan for covered services. 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.**

* [*Plans with no cost sharing, insert:* Because <plan name> pays the entire cost for your services, you are not responsible for paying any costs. Providers should not bill you anything for these services.]
* [*Plans with cost sharing, insert*: As a member of <plan name>, you only have to pay the copay when you get services covered by our plan. We do not allow providers to bill you more than this amount. This is true even if we pay the provider less than the provider charged for a service. If we decide not to pay for some charges, you still do not have to pay them.]
* 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 work with the provider to refund your payment amount for your covered services [*plans with drug copays insert:* except for any drug copays you owe].

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

* We will cover prescriptions filled at out-of-network pharmacies in emergency situations only. [Plans must provide examples for emergency coverage of drugs at out-of-network pharmacies consistent with Medicare and Medicaid requirements.]

You can always contact Member Services at <phone number> [insert if appropriate: or your care manager at <phone number>] if you are being asked to pay for services, get a bill, or have any questions. You can use the form on page [*insert the page number for the appeal/grievance form*] or ask Member Services to send you a form if you want to send us the information about the bill. You can also submit the information through our website at [*insert the website address – using a direct link if possible – to the page that explains how a member can submit the issue or ask for a copy of the form via the web*].

# How to avoid payment problems

1. **Always ask the provider if the service is covered by <plan name>.**

Except in an emergency or urgent situation, do not agree to pay for a service unless you have asked <plan name> for a coverage decision (refer to Chapter 9 [plans may insert reference, as applicable]), got a final decision that the service is not covered, and decided that you still want the service even though the plan does not cover it.

1. **Get plan approval before going to an out-of-network provider.**

* Exceptions to this rule are:
  + if you need out-of-network emergency or urgent care services, or
  + if you get services at Federally Qualified Health Centers, Rural Health Clinics, [and] qualified family planning providers listed in the *Provider and Pharmacy Directory* [*insert as applicable:* , and certified nurse practitioners and certified nurse midwives].
* If you get care from an out-of-network provider, ask the provider to bill <plan name>.
  + If the out-of-network provider is approved by <plan name>, you should not have to pay anything.
  + If the out-of-network provider will not bill <plan name> and you pay for the service, call Member Services as soon as possible to let us know.
* Please remember that in most situations you must get plan approval before you can go to an out-of-network provider. Therefore, unless you need emergency or urgent care, are in your transition of care period, or the provider does not require prior approval as indicated above, we may not pay for services you get from an out-of-network provider.

If you have questions about your transition of care period, whether you need approval to go to a certain provider, or need help in finding a network provider, call Member Services.

1. **Follow the rules in the *Member Handbook* when getting services.**

Refer to Chapter 3 [plans may insert reference, as applicable] for the rules about getting your health care, behavioral health, and other services. Refer to Chapter 5 [plans may insert reference, as applicable] for the rules about getting your outpatient prescription drugs.

1. **Use the *Provider and Pharmacy Directory* to find network providers.**

If you do not have a *Provider and Pharmacy Directory*, you can call Member Services to ask for a copy or go online at <website address> for the most up-to-date information.

1. **Always carry your Member ID Card and show it to the provider or pharmacy when getting care.**

If you forgot your Member ID Card, ask the provider to [*insert what the provider can do to verify eligibility*]. If your card is damaged, lost, or stolen, call Member Services right away and we will send you a new card.