Chapter 7: Asking us to pay [plan with cost sharing, insert: our share of] 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*.

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

[Plan 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 [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[Plan 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

[If the plan has cost sharing delete the next sentence.] 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** [if the plan has cost sharing insert: **the full cost of**] **health care or drugs, send the bill to us.** To send us a bill, refer to page <page number> [plan 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 [plan with cost sharing, insert:more than your share of the cost; plan with no cost sharing, insert:the bill], it is your right to be paid back.
* If the services or drugs are **not** covered, we will tell you.
* If you are getting long-term services and supports, you may have to pay part of the cost of the services. This is called “cost-share,” and the amount is determined by Rhode Island Medicaid.

Contact Member Services [insert if appropriate: or your care manager] if you have any questions. If [plan with cost sharing insert: you do not know what you should have paid, 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 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 [plan with cost sharing, insert: for our share of the cost]. 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 [plan with cost sharing, insert: more than your share of the cost] for the service, we will [plan with cost sharing, insert: figure out how much you owed and] pay you back [plan with cost sharing, insert: for our share of the cost].

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.**

* [Plan 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.]
* [Plan 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 [plan with cost sharing insert: that you think is more than you should pay], send us the bill. We will contact the provider directly and take care of the problem. However, if you are getting long-term services and supports, you may have to pay part of the cost of the services. This is called “cost-share,” and the amount is determined by Rhode Island Medicaid.
* If you have already paid a bill from a network provider, [plan with cost sharing, insert: but you feel that you paid too much,] send us the bill and proof of any payment you made. We will pay you back [insert as appropriate: for your covered services **or** for the difference between the amount you paid and the amount you owed under the plan].

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

If you use 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 [plan with cost sharing, insert: for our share of the cost].
* Please refer to Chapter 5 [plan 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 [plan with cost sharing, insert: for our share of the cost].

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 (refer to Chapter 9 [plan 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 (refer to Chapter 9 [plan 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 [plan with cost sharing, insert: our share of the cost of] 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 [insert if the plan has cost sharing: our share of the cost of] the service or drug. If we deny your request for payment, you can appeal our decision.

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

# Sending a request for payment

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

[Plan 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.** [Plan that has a care manager inserts: You can ask your care manager for help.]

[If the plan has developed a specific form for requesting 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 (<web address>), or you can call Member Services and ask for the form.]

[If the plan has different addresses for Part C and Part D claims, 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.] [Plan 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.]

# Coverage decisions

**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 [plan with cost sharing, insert: our share of the cost] for it. If you have already paid for the service or drug, we will mail you a check for [insert as applicable: what you paid **or** our share of the cost]. If you have not paid for the service or drug yet, we will pay the provider directly.

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

* If we decide not to pay for [plan with cost sharing, insert: our share of the cost of] 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, refer to Chapter 9 [plan may insert reference, as applicable].

# Appeals

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, refer to Chapter 9 [plan may insert reference, as applicable].

* If you want to make an appeal about getting paid back for a health care service, refer to page <page number> [plan may insert reference, as applicable].
* If you want to make an appeal about getting paid back for a drug, refer to page <page number> [plan may insert reference, as applicable].