Chapter 7: Asking us to pay [plans 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*.

[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

You should not get a bill for in-network services [insert as applicable: 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.

We do not allow <plan name> providers to bill you for these services [insert as applicable:or drugs]. We pay our providers directly, and we protect you from any charges.

**If you get a bill for** [plans with cost sharing insert: **the full cost of**] **health care services or drugs, send the bill to us.** **You should not pay the bill yourself.** To send us a bill, refer to Section <section letter> of this chapter [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 **not** covered, we will tell you.
* Remember, if you get a bill from a provider, you should not pay the bill yourself.

Contact Member Services [insert if appropriate: or your care coordinator] [plans should replace the term “care coordinator” with the term they use] if you have any questions. If [plans 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 a bill you got or to pay you back:

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

You should ask the provider to bill the plan.

* You may get a bill from the provider asking for payment that you think you do not owe. Send us the bill.
* If the provider should be paid, we will pay the provider directly.

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 your share of the cost for services. **Call Member Services at the number at the bottom of this page 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 [copayment/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 [plans 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.

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 Medicare Part D prescription.

* In only a few cases, we will cover Medicare Part D prescriptions filled at out-of-network pharmacies. Send us a copy of your receipt when you ask us to pay you back [plans with cost sharing insert: for our share of the cost].
* Please refer to 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 Medicare Part D 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 Medicare Part D prescription yourself.
* Send us a copy of your receipt when you ask us to pay you back [plans with cost sharing insert: for our share of the cost].

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

You may pay the full cost of the Medicare Part D 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 [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 (refer to 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 [plans 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 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 drug. If we deny your request for payment, you can appeal our decision.

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

# Sending a 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.]

We do not allow <plan name> providers to bill you for services or drugs. We pay our providers directly, and we protect you from any charges.

**You should not pay the bill yourself.** Send us the bill. You can also ask your care coordinator 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 (<Internet address>), or you can call Member Services and ask for the form.]

[Plans with different addresses for Medicare Part C and Medicare 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.]

# 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 do not allow <plan name> providers to bill you for covered services or drugs. We pay our providers directly, and we protect you from any charges.

We will let you know if we need more information from you.

Chapter 3 [plans may insert reference, as applicable] explains the rules for getting your service covered.

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

Chapter 9 [plans may insert reference, as applicable] explains how to learn more about coverage decisions.

# 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 [plans may insert reference, as applicable].

* If you want to make an appeal about a health care service, refer to Section <section number> [plans may insert reference, as applicable].
* If you want to make an appeal about a Medicare Part D drug, refer to Section <section number> [plans may insert reference, as applicable].