Chapter 7: Asking us to pay a bill you have gotten for covered services, items, 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 *Participant Handbook*.

[The plan should refer Participants 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 [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[The 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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# A. Asking <plan name> to pay for your services, items, or drugs

You should not get a bill for any in-network services, items, or drugs. Our network providers must bill <plan name>for the services, items, and drugs you already got. A network provider is a provider who works with the FIDA-IDD Plan.

**If you get a bill for health care or drugs, do not pay the bill.** Instead, send the bill to <plan name> or your Interdisciplinary Team (IDT). To send <plan name> or your IDT a bill, see page <page number> [plan may insert reference, as applicable].

* If the services, items, or drugs are covered, <plan name> will pay the provider directly.
* If the services, items, or drugs are covered and you already paid the bill, it is your right to be paid back.
* If the services, items, or drugs are **not** covered, <plan name> or your IDT will tell you. You may appeal the decision.

Contact Participant Services or your Care Manager if you have any questions. If you get a bill and you do not know what to do about it, Participant Services can help. You can also call if you want to give more information about a request for payment you already sent to <plan name> or your IDT.

The Independent Consumer Advocacy Network (ICAN) can also give you free information and assistance about your FIDA-IDD Plan coverage and rights. To contact ICAN, call 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800).

Here are examples of times when you may get a bill and may need to ask <plan name> or your IDT to decide if the plan will pay you back or pay the bill that 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 <plan name>.

* If you pay the full amount when you get the care, ask us to pay you back. Send <plan name> or your IDT 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 <plan name> or your IDT the bill and proof of any payment you made.
* If the provider should be paid, <plan name> will pay the provider directly.
* If you have already paid for the service, <plan name> will pay you back.

1. When a network provider sends you a bill

Network providers must always bill <plan name>. Show your <plan name> Participant 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 Participant Services if you get any bills**.

* 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.
* Whenever you get a bill from a network provider, send us the bill. <Plan name> will contact the provider directly and take care of the problem.
* If you have already paid a bill from a network provider, send <plan name> or your IDT the bill and proof of any payment you made. <Plan name> will pay you back for your covered services, items, and drugs.

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 some cases, <plan name> or your IDT will approve prescriptions filled at out-of-network pharmacies. Send <plan name> or your IDT a copy of your receipt when you ask <plan name> to pay you back.
* Please see 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 Participant ID Card with you

If you do not have your Participant ID Card with you, you can ask the pharmacy to call <plan name> 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 <plan name> or your IDT a copy of your receipt when you ask <plan name> 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 <plan name>’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 from <plan name> or your IDT (see 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 from <plan name> or your IDT (see Chapter 9 [plan may insert reference, as applicable]).
* Send <plan name> or your IDT a copy of your receipt when you ask for <plan name> to pay you back. In some situations, <plan name> or your IDT may need to get more information from your doctor or other prescriber in order for <plan name> to pay you back for the drug.

When you send <plan name> or your IDT a request for payment, your request will be reviewed and a decision will be made as to whether the service, item, or drug should be covered. This is called making a “coverage decision.” If <plan name> or your IDT decides it should be covered, <plan name> will pay for the service, item, or drug. If <plan name> or your IDT denies your request for payment, you can appeal the decision.

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

# B. Sending a request for payment

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

[The plan may edit this section as necessary to describe its claims process.]

Send <plan name> or your IDT 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 Manager for help.

[If the plan has developed a specific form for asking for payment, insert the following language: To make sure you are giving <plan name> or your IDT all the information needed 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 <plan name> or your IDT process the information faster.
* You can get a copy of the form on our website (<web address>), or you can call Participant 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 Participants to submit oral payment requests, insert the following language:

You may also call <plan name> 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.]

# C. Coverage decisions

When <plan name> or your IDT gets your request for payment, it will be reviewed and a coverage decision will be made. **This means that <plan name> or your IDT will decide whether your health care or drug is covered by the plan.** <Plan name> or your IDT will also decide the amount, if any, you have to pay for the health care or drug.

* <Plan name> or your IDT will let you know if it needs more information from you.
* If <plan name> or your IDT decides that the service, item, or drug is covered and you followed all the rules, the plan will pay for it. If you have already paid for the service, item, or drug, <plan name> will mail you a check for what you paid. If you have not paid for the service, item, or drug yet, <plan name> 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 <plan name> or your IDT decides the plan should not to pay for the service, item, or drug, the plan 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 [plan may insert reference, as applicable].

# D. Appeals

If you think <plan name> or your IDT made a mistake in turning down your request for payment, you can ask <plan name> to change the decision. This is called making an appeal. You can also make an appeal if you do not agree with the amount <plan name> or your IDT decides that the plan will pay.

The appeals process is a formal process with detailed procedures and important deadlines. To learn more about appeals, see Chapter 9 [plan may insert reference, as applicable].

* If you want to make an appeal about getting paid back for a service or item, go to page <page number> [plan may insert reference, as applicable].
* If you want to make an appeal about getting paid back for a drug, go to page <page number> [plan may insert reference, as applicable].
* ICAN can also give you free information and assistance with any appeals you may file with <plan name>. To contact ICAN, call 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800).