



timely filing payment policy

description of procedure/service

This policy applies to the timely payment or notification of the reasons for nonpayment of claims submitted to Fallon Community Health Plan (FCHP).

policy

Fallon Community Health Plan's policy is to make payment or notify the provider in writing of the reason for nonpayment within the appropriate timeframes as dictated by CMS, Massachusetts Division of Insurance, the Federal Division of the Department of Labor, and/or the prompt payment clause stated in the Managed Care Act or other applicable regulations. For fully insured products, a legislated interest payment will be made by FCHP for those claims paid outside of the mandates.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment
- Fallon Preferred Care
- Fallon Senior Preferred Care

coverage and reimbursement criteria

A claim that has no defect, impropriety, lack of any required substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment is considered a "clean claim".

preauthorization guidelines

Not applicable

billing/coding guidelines

Follow the guidelines as outlined in the *FCHP Provider Manual*, Claims Submission section.

place of service

This policy applies to services rendered at all places of service.

policy implementation

Policy number: ADM0016
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