

Member Liability Payment Policy

Policy

Members can only be held liable for non-covered services if they agreed to pay for the non-covered service by signing a valid waiver accepting financial responsibility if the services are non-covered. The waiver must clearly demonstrate that the member agreed in writing and in advance to pay for those services after being informed. A general member statement agreeing to pay for services not paid by the insurer is not sufficient.

Unless otherwise stated in the provider contract, contracted providers must advise a member in writing prior to the provision of services that service(s) not covered by the plan will be the member's financial liability. Unless explicitly classified as a non-covered service in the member's *Evidence of Coverage (EOC)*, Fallon Community Health Plan (FCHP) must make a determination of non-coverage prior to the member being billed. Non-covered services may include self-referrals to specialists for services that require a primary care physician (PCP) referral or plan prior authorization.

A sample waiver is appended to this policy. In order to seek payment from the FCHP member, the provider must retain and be able to produce documentation demonstrating that a valid member waiver of liability was obtained.

Benefits application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCareSM

Place of service

This policy applies to services rendered in all settings.

Policy history

Origination date: 10/01/2002
Previous revision date(s): 03/19/2003, 3/31/2004, 03/15/2006, 3/14/2007
Connection date & details: March 2010 - moved to new template, added sample liability waiver for providers to use.

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.



Notice of Financial Liability
PLEASE READ CAREFULLY

Date: _____

Dear Fallon Community Health Plan Member:

Your signature below indicates that you understand that if you receive non-covered services from

Name of provider

then you will be financially responsible for the costs of the services.

Your signature below acknowledges that you have been notified that if Fallon Community Health Plan denies payment of the services as non-covered, you will be responsible for payment.

Estimated charge for service: \$ _____

Member signature and date: _____

Member ID number: _____

This is valid only if member signs and receives a copy.