



Timely Filing Payment Policy

Policy

Claim Filing Limit

The filing limit for claim submission to Fallon Community Health Plan (FCHP) is 120 days from the date of service. If the contract with FCHP specifies a different time limit, that limit will apply. Follow the guidelines outlined in the FCHP *Provider Manual*, Claims Guidelines and Submission sections.

Adjustments and Provider Appeals

All adjustment requests and provider appeals must be received in writing within 120 days from the date of the initial claim denial/Remittance Advice Summary (RAS) in order to be considered for review. Follow the guidelines outlined in the FCHP *Provider Manual*, Adjustments and Provider Appeals section.

Prompt Payment

FCHP'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.

Definitions

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".

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

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 in all settings.

Policy history

Origination date:	02/13/2002
Previous revision date(s):	05/14/03, 04/28/04, 04/13/05, 04/12/06, 3/14/07
Connection date & details:	May 2010 - Moved to new template; expanded to include information on claim, adjustment, and appeal time submission requirements.

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.