

Payment Policy | Provider Guidelines for Requesting Point of Service Payment and Maintaining Patient Credit Card Information



EFFECTIVE DATE: 05|01|2017

POLICY LAST UPDATED: 10|17|2017

OVERVIEW

The intent of this policy is to address when participating provider offices request payment at the point of service, or that members provide their financial information (credit card, debit card or HSA/FSA card) to be kept on file at the office.

NOTE: This policy is not applicable to any services which are determined to be not medically necessary or not covered (i.e. cosmetic) for which the member has been notified in writing prior to the service being performed that the services is non-covered/not medically necessary and the member has provided their signed consent regarding their financial obligation.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Blue Cross & Blue Shield of Rhode Island does not allow for a patient's care, scheduling of care, or any services to be compromised and/or disrupted if a member chooses not to provide the requested financial information prior to a service being rendered.

For consumer-driven health (CDH) plans including health savings accounts (HSAs), health reimbursement accounts (HRAs), and flexible spending accounts (FSAs), Blue Cross & Blue Shield of Rhode Island does not allow in-network participating providers to require payment for services that are applied toward the patient's health plan deductible or coinsurance benefit, at the point of service and before the claim is submitted to BCBSRI. Patient's care, scheduling of care, or any services cannot be compromised and/or disrupted if a member chooses not to pay the deductible or coinsurance amount prior to a service being rendered. The provider should only bill the member for the service after receiving the BCBSRI remittance advice stating the amount applied towards the member's health plan deductible or coinsurance benefit.

If the patient chooses to pay at the point of service, which they are not required to do, the provider must inform the member that the amount being billed is an estimate, and that the true member responsibility for the service may be different.

When the provider receives the formal response (remittance advice) from BCBSRI stating the amount applied toward the patient's deductible or coinsurance benefit for the corresponding service, the provider must automatically send any applicable refunds to the patient in a timely manner. The refund should be sent without requiring any communication from the member. Additionally, the refund should be made back to the original source of payment.

If a member chooses to provide financial payment information, which they are not required or obligated to do, the provider must inform the member of an option that clearly outlines they have a right to indicate that

no charges can be applied to their financial information on file without their written consent, and the provider shall comply with such a request.

If charges are applied without the member's written consent (even if the charges are determined to be the members liability), the provider will be responsible for any bank incurred penalties such as overdraft/overlimit due to insufficient funds.

The provider has the ability to follow their standard collection procedures in the event of an outstanding balance as long as such procedures meet all BCBSRI standards.

Exception: If a member owes an outstanding balance to the provider the provider has the right to not schedule any future routine or non-urgent appointments until the balance is paid in full.

COVERAGE

Not applicable

BACKGROUND

Increasingly more healthcare purchasers are selecting insurance plans that include higher deductibles and those with higher co-payments which have caused providers to evaluate and adjust their office policies related to the collection of patient cost share for services rendered. As a result, provider practices may ask that members provide financial information (credit card, debit card or HSA/FSA card) to be kept on file.

As noted in provider contracts, physicians/providers shall not deny, limit or condition the furnishing of health care services or otherwise discriminate in the treatment of members in the quality of services provided to member on the basis of race, sex, age, religion, disability, national origin, place of residence, health status (including but not limited to medical condition; claims experience; receipt of health care; medical history; genetic information; or evidence of insurability, including acts arising out of domestic violence) or source of payment and shall observe, protect and promote the rights of members as patients.

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, December 2017

Provider Update, April 2017

REFERENCES

Not applicable

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

