



EFFECTIVE DATE: 11|15|2011
POLICY LAST UPDATED: 11|15|2011

OVERVIEW

Description:

This reimbursement policy was written to document member cost sharing payment.

MEDICAL CRITERIA

Not applicable.

PRIOR AUTHORIZATION

Not applicable.

POLICY STATEMENT

Copayments

Fixed Dollar:

1. Fixed dollar deductibles and copayments are deducted from BCBSRI's inpatient or outpatient allowance; and
2. Billed to the member by the hospital, up to the hospital's allowance amount.

Percentage coinsurance:

1. Percentage coinsurance for inpatient or outpatient services are applied to the lower of BCBSRI's payment allowance(s) or covered charges and billed to the member by Hospital.

After reduction of allowance by the appropriate copayments, deductibles and coinsurance, the balance is paid to the Hospital by BCBSRI; and Hospital may only bill the member the amount of the applicable copayments, deductibles and coinsurance.

Non-Covered Services

Non-covered services are defined as services and supplies excluded from coverage or subject to a limitation of coverage by a member's benefit plan. This includes nonemergency services obtained by member outside of any applicable limited provider network without prior authorization of BCBSRI.

1. Covered Health Services may be updated at any time to maintain compliance with federal or state laws or regulations, or any reason at the discretion of BCBSRI; and
2. Compensation as a result of any such change or amendment will not be adjusted; and
3. A minimum of thirty (30) days' advance notice on material changes to those covered health services likely to be performed by a hospital will be provided; and
4. If member is provided non-covered health services, then a representative of the hospital, must, prior to the provision of such services inform member in writing:
 - a. of the type of service(s) to be provided; and
 - b. that the services are not covered by BCBSRI and
 - c. the Member is personally responsible for the payment of such service(s).
5. When a member with full semiprivate coverage occupies a private room, the hospital may bill a member the private room differential only when the member requests a private room and

acknowledges in advance in writing the obligation to pay such differential. The hospital agrees not to bill a member the private room differential if:

- a. A private room is medically necessary; or
- b. The member is placed in a private room because of convenience to the hospital.

Any such writing must be signed by the member or member's legal guardian prior to the time that hospital renders the non-covered health services. Member is then responsible for payment of such services, and BCBSRI will not reimburse any portion of these non-covered services. If the provider fails to have member sign the notice of non-coverage prior to the services being rendered, the member is held harmless for these non-covered services.

COVERAGE

Not applicable.

BACKGROUND

Not applicable.

CODING

Not applicable.

RELATED POLICIES

None

PUBLISHED

Provider Update, January 2012

REFERENCES

None

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