

Claims and Reimbursements

In this section, you'll find the basics on claim filing, including information about the Claim Summary and the Coordination of Benefits (COB) process. The information that follows is an overview; for more details, refer to the Membership Agreement, or other Plan document for your plan.

Receipt and Processing

We need to receive claims within 180 days from the date services or supplies were received; otherwise we will not provide reimbursement.

Care Received from Participating Providers

In general, members should not receive bills from participating providers. This is because participating providers bill ConnectiCare directly for their services, which eliminates paperwork for our members. If a member does receive a bill from a participating provider, it probably means more information is needed. The member should call the provider immediately to find out what is required. The participating provider will then bill us directly and remove the member's name from the billing system if the member has no financial responsibility.

If the member receives a second billing notice, he or she should call Member Services at **(860) 674-5757** or **1-800-251-7722**. For members covered under self-funded plans, call **(860) 674-2075** or **1-800-846-8578**. You can also visit our website at www.connecticare.com.

Care Received from Non-participating Providers

Members may receive care from non-participating providers if:

- They are members of a Point-of-Service plan.
- They need emergency care (as defined under the Emergency Care section.)

These claims must be submitted to us within 180 days at the following address:

Massachusetts:

ConnectiCare of Massachusetts, Inc. & Affiliates
175 Scott Swamp Road
P.O. Box 522
Farmington, CT 06034-0522

Connecticut:

ConnectiCare, Inc & Affiliates
175 Scott Swamp Road
P.O. Box 546
Farmington, CT 06034-0546

Information Required

The claim should include:

- The subscriber's name.
- The name and ConnectiCare ID number of the person who received the care.
- A complete, itemized bill that describes the services provided and the diagnosis. Note that charge card receipts and "balance due" statements are not acceptable.
- A copy of the written pre-authorization letter issued by us or our Behavioral Health Program. If the care did not require pre-authorization, an explanation of why care was sought from a non-participating provider (i.e., that the care was emergency or urgent care received 30 miles outside the ConnectiCare service area) should be provided.



Foreign Claims

If the claim is for emergency or urgent care received outside the United States, the member will need to ensure:

- The itemized bill is written or translated in English, and
- It shows the amount paid in U.S. dollars.

It also can be helpful for the member to provide a charge receipt with the itemized bill.

Coordination of Benefits

If a member is eligible to receive benefits under another plan — including group HMOs, Medicare, Workers' Compensation and employer-sponsored medical plans — Coordination of Benefits will apply. A member's ConnectiCare benefits will be coordinated with the other plan's benefits.

When ConnectiCare is the secondary plan, the member must send us a copy of the Claim Summary statement received from the primary plan, along with the claim form. If we receive a claim without an Claim Summary from the primary plan, we will deny the claim. It is the member's responsibility to ensure that the claim is processed with the primary plan. If we are the secondary carrier, the member has 180 days from the date the primary plan processed the claim to submit the claim to us. The rules and guidelines for Coordination of Benefits are described in the Membership Agreement, or other Plan document for your plan.

The Claim Summary

Members will receive a Claim Summary statement according to the following guidelines:

1. For claims from in-network providers, a Claim Summary is issued whenever the member has financial responsibility other than a fixed cost (e.g., coinsurance, deductibles, etc.)
2. All claims from non-participating providers will generate a Claim Summary.

➤ Claims and Reimbursements



How to Read Your Claim Summary

If you receive health services and you need to pay a portion of the costs other than a copayment, you will get a Claim Summary statement (formerly called Explanation of Benefits or EOB). Your Claim Summary will give you an overview of your claims, as well as detailed information so you can easily see how it all adds up.

Overview Page:

ConnectiCare
You know us by

175 Scott Swamp Road, P.O. Box 4050
Farmington, CT 06034-4050

Electronic Service Requested

<BARCODE>
JOE SAMPLE
PO BOX 123456
SOMEWHERE, CT 00000-0000

Statement Date: 06/01/13
Member Name: JOE SAMPLE
Member ID#: 12345678901
1 Plan Year: 06/1/13 - 05/31/14

Member Services:
1-800-251-7722
8:00 am - 6:00 pm, Monday - Thursday
8:00 am - 5:00 pm, Friday

▶ For all claims & benefit information go to www.connecticare.com/members

▶ Go online for **convenient, self-service** capabilities and other helpful information.

YOUR CLAIM SUMMARY includes claims processed by ConnectiCare in the week prior to the statement date noted above. If you owe your health care provider for services, the provider will bill you directly. *This statement is not a bill.*

AMOUNT BILLED by your health care providers (physicians, hospital, etc.) for services rendered.	\$x.xx 2
PLAN DISCOUNTS are savings we pass along to you when you go to participating providers. This is the amount participating providers have agreed to reduce their charges for ConnectiCare members.	- \$x.xx 3
CONNECTICARE PAID this amount for billed services.	- \$x.xx 4
AMOUNT YOU PAY to your health care provider(s), including deductibles, copays, coinsurance or non-covered services as outlined in your plan. This amount may include charges you have already paid to your provider.	= \$x.xx 5

For claim details see the following page(s).

6 DEDUCTIBLES & MAXIMUMS AT-A-GLANCE

	You Owe per Plan Year	You Paid to Date
In-Network Deductible	\$1500.00	\$x.xx
Out-of-Network Deductible	\$3000.00	\$x.xx
Out-of-Pocket Maximum	\$2500.00	\$x.xx

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1 of 3

- 1 Plan Year:**
The 12-month coverage period for your benefit plan.
 - 2 Amount Billed:**
The actual amount you would have had to pay if you did not have health care coverage.
 - 3 Plan Discounts:**
The value you receive by using ConnectiCare participating providers.
 - 4 ConnectiCare Paid:**
What ConnectiCare paid for your claims.
 - 5 Amount You Pay:**
The total amount you owe for the services you receive. It includes all your out-of-pocket costs and non-covered services.
 - 6 Deductibles & Maximums At-a-Glance:**
This only shows for plans with a deductible or similar out-of-pocket costs. It lets you know how much you have paid toward these costs during your plan year.
- Wait, there's more...**
On the back of the Overview Page, you will find additional definitions and important appeal information.

Claims and Reimbursements

Detail Page:

1 Payment Detail				2 Your Payment Responsibility							
3 Amount Billed	4 Plan Discount	5 Amount Allowed	6 ConnectiCare Paid	7 Deductible	8 Copay	9 Coinsurance	10 Not Covered	11 You Pay	12 Claim Notes		
Non-participating Provider)											
XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	03		
XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	03		

Payment Detail				Your Payment Responsibility					
Amount Billed	Plan Discount	Amount Allowed	ConnectiCare Paid	Deductible	Copay	Coinsurance	Not Covered	You Pay	Claim Notes
Non-participating Provider)									
06/01/13 PHYSICIANS VISITS	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	03
06/01/13 SURGERY	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	03
Subtotal:	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	

Payment Detail				Your Payment Responsibility					
Amount Billed	Plan Discount	Amount Allowed	ConnectiCare Paid	Deductible	Copay	Coinsurance	Not Covered	You Pay	Claim Notes
Non-participating Provider)									
06/01/13 PHYSICIANS VISITS	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	03
Subtotal:	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	XX.XX	

Provider Name: Dr. Jones (Participating Provider)		Claim Number: 12345622222
06/01/13 PHYSICIANS VISITS	XX.XX	
Subtotal:	13	XX.XX
TOTAL:	14	\$XX.XX

Provider Name: Dr. Jones (Participating Provider)		Claim Number: 12345622222
06/01/13 PHYSICIANS VISITS	XX.XX	
Subtotal:	XX.XX	
TOTAL:	\$XX.XX	

Claim Notes									
03	AMOUNT ALLOWED IS WHAT THE PROVIDER HAS AGREED TO ACCEPT AS PAYMENT								

3 of 3

- 1 Payment Detail:**
The detail on how much the services you received cost and what ConnectiCare paid.
- 2 Your Payment Responsibility:**
Information about how your various out-of-pocket costs have been applied to your total costs.
- 3 Amount Billed:**
The amount your health care provider billed for the service listed.
- 4 Plan Discount:**
The savings we pass along to you when you use ConnectiCare participating providers.
- 5 Amount Allowed:**
The amount the participating provider has agreed to accept as payment. When you use non-participating providers you may be responsible for the difference between Amount Billed and Amount Allowed.
- 6 ConnectiCare Paid:**
Amount ConnectiCare paid toward each claim.
- 7 Deductible:**
The portion of the claim you had to pay as part of your plan deductible. If your plan does not have a deductible or if you have already met your deductible for the year, you will not see any dollar amounts in this column.
- 8 Copay:**
The flat dollar amount you pay at the time of service for certain services as outlined in your Benefit Summary.
- 9 Coinsurance:**
The portion of costs you have to pay for certain services as outlined in your Benefit Summary.
- 10 Not Covered:**
The cost for services not covered under your plan. You are responsible for 100% of the costs for non-covered services.
- 11 You Pay:**
Total costs you pay for services you receive. This amount equals the Deductible + Copay + Coinsurance + Not Covered.
- 12 Claim Notes:**
Information about why a service paid the way it did.
- 13 Subtotal:**
Total costs billed by each health care provider for the listed dates of service.
- 14 Total:**
Total costs for all services billed by all health care providers for all the listed dates of service included on the Claim Summary.



Questions, Grievances and Appeals

The information that follows is an overview. For more details, refer to the Membership Agreement, or other Plan document for your plan.

Questions and Complaints

Most questions or complaints can be resolved informally. If a member has a question or complaint, his/her first step should be to call our Member Services Department at **(860) 674-5757** or **1-800-251-7722**. You can also visit our website at www.connecticare.com.

Or you can write to us at:
ConnectiCare, Inc.
Member and Provider Services
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

Representatives are available Monday through Friday during regular business hours.

The Appeals Process

If the question or complaint can't be resolved informally, the member may use the appeals process. This process is available to members who disagree with a decision we've made regarding:

- covered health services,
- benefits,
- pre-authorization or pre-certification, or
- claims processing.

Details regarding the appeals process are provided within the Membership Agreement, Certificate of Coverage, or other Plan documents. Representatives are available Monday through Friday during regular business hours.