

Understanding the Lifecycle of a Claim

CLAIM SUBMISSION

Electronic claims are submitted. If we receive a paper claim, they are turned into an electronic claim by manually entering data into the claims system.



Turnaround Time: 5 to 7 Days



Clean Claim:

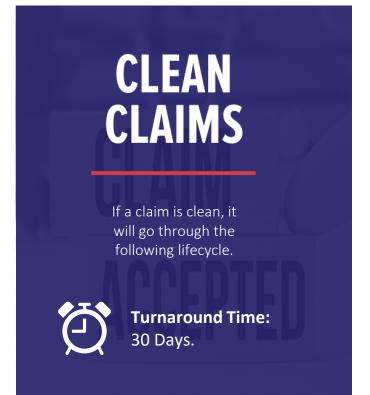
One that is submitted correctly and accurately the first time, without any errors or other issues, including incomplete documentation.



Unclean Claim:

A claim missing mandatory information, such as:

- Invalid Member ID
- Invalid Provider data
- Incorrect Claim Form
- Missing Provider Information
- Missing Member Information



Sent electronically to be priced.

Claim comes back with pricing and system applies plan benefits and any plan-specified system pends that require review.

Pended claims route to a specific queue to be manually reviewed.

If no pends, system auto-adjudicates the claim and waits to become batched in a weekly check run.



Understanding the Lifecycle of a Claim (continued...)



Claims will pend to a specified queue for review.

Processor will review and see if claim information can be corrected and processed.

If not, depending on the incomplete claim information, claim will be denied or pended longer until information is received.

Letter will be sent to provider/member.
Advocates will call the provider/member to

obtain incomplete information.

Once all information is received/corrected, claim is then routed electronically to be priced by the network and follows the clean claims process.



First, compare your bill to your Explanation of Benefits (EOB) and pay your patient responsibility.

Contact Vault Admin Services to verify if what you've received is a balance bill or not.

Once the balance bill is confirmed, Vault Admin Services will work with all necessary parties until the balance bill is resolved.

Vault will make sure you are setup in the Member Portal so that you can see real-time updates on the status of your balance bill.