Policy Number: CSCL0031
Manual Name: SMSO Policy Manual
Policy Name: Prompt Payment of Claims-FI, MP & MEWA
Approved By: Stephen Adamson
Last Revised: 04/30/2019

SMSO Policy Manual
Prompt Payment of Claims - Fully Insured, Marketplace and MEWA

Executive Sponsor:	Stephen Adamson, Chief Operations Officer
Issuing Department:	Claims
Gate Keeper:	Melissa Rusk, Director Claims

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- ☒ SummaCare
- ☐ Summa Management Service Organization (SMSO)
- ☒ Apex
- ☐ Summa Insurance Company

Line of Business:

- ☒ Commercial Groups
- ☒ Medicare Supplemental
- ☒ Off-Exchange
- ☐ Medicare
- ☒ On-Exchange
- ☐ Self-Funded
- ☒ MEWA

1.0 Purpose:

1.1 To ensure that claims are processed in an efficient manner, and in accordance with any regulatory guidelines specific to the plan

2.0 Policy:

2.1 All claims are processed within the time frames established for the particular line of business by the regulatory entities and/or the time frames contracted with individual accounts.

3.0 Procedure:

3.1 Time Service Procedure

3.1.1 Time service goals for "clean" claims are as follows:
- 3.1.1.1 100% of clean EDI claims within 30 days
- 3.1.1.2 100% of unclean EDI claims within 45 days
- 3.1.1.3 100% of clean paper claims within 21 days

3.1.2 Time service goals for processing requests for information for incomplete claims that are materially deficient:

- 3.1.2.1 Requests must be generated within 15 days of receipt of the claim.

3.1.3 Time service goals for processing requests for supporting documentation on incomplete claims:

- 3.1.3.1 Requests must be generated within 30 days of receipt of the claim.

3.1.4 Time service goals for processing claims after required information is received:

- 3.1.4.1 Claim must be processed within a total of 45 days (includes claim received date to date of information request + date additional information received to finalized date)

3.1.5 Time service goals for adjustments relating to benefit or contract interpretation and/or system configuration.

- 3.1.5.1 Claim must be processed within a total of 45 days (includes claim received date to date of information request + clean date to finalized date)

3.2 Tracking of Time Service

3.2.1 To ensure time service is accurately reported, the clean date must be populated correctly on each service line of the claim. The clean date for external notification of an issue will be the date of the notification. The clean date for internal identification of an issue will be the date of identification.

3.2.2 It is the responsibility of the requestor to supply the clean date information to the Claims Department at the time a request for a claim adjustment is made. Requests for adjustments without this information will be returned to the requestor.

3.3 Reporting of Time Service

3.3.1 Reporting of time service results will be provided to any regulatory body or self-funded client upon request. Time Service will be monitored to ensure compliance with governing regulations

3.4 The Claims Director has the authority and responsibility for the activities in this policy.

3.5 The Director of Claims is responsible for monitoring/enforcing the compliance with this policy.

4.0 References:

4.1 SB4 – OCR 3901.381-3901.3814

5.0 Definitions:

None

6.0 Key Words or Aliases (Optional):

6.1 Prompt Pay, Claims

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