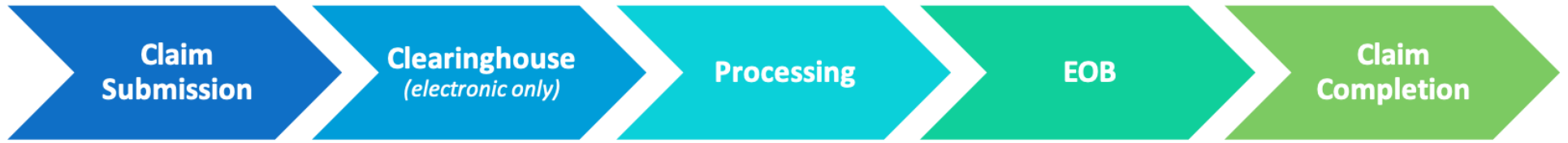


5 Stages of Claim Processing



Claim Submission	Clearinghouse	Processing	Explanation of Benefits (EOB)	Claim Completion
<ul style="list-style-type: none">Charges submitted to medical insurance or dental insuranceClaims may be sent electronically via software, by paper form via mail, or entered directly on insurance website	<ul style="list-style-type: none">Electronic submissions from software are sent via 3rd party clearinghouse (ex. <i>Change Healthcare, Availity</i>)Claim is 'accepted' or 'rejected'Once accepted, claim is forward to insurance company identified by payer ID on claim	<ul style="list-style-type: none">Claim is received by insurance companyClaim is now 'on file' and assigned a claim # (claims must be 'of file' within payor's timely filing limit)	<ul style="list-style-type: none">Claim is processed and an Explanation of Benefits (EOB), along with any payment, is producedSome EOB/payments are mailed, some are sent electronically via 3rd party vendor (ex. <i>PaySpan, Availity</i>)	<ul style="list-style-type: none">Claim is completed when a copy of a "clean" EOB is obtained

Claims rejected by clearinghouse are not sent to insurance and need to be fixed and resubmitted

Claims denied for errors in the name/ID# are not 'on file' until resolved to correctly link to member

Claims denied for reason other than "not covered" should be followed up on for clarification

Replacement/Corrected Claims
Use replacement/corrected claims to correct information on claims that are 'on file'

Reconsiderations & Appeals
Use payor's appeal process to dispute how a correctly filed claim has been adjudicated