Title:	ASO Claims Payment Policy				
Line of Business:	Self-Funded (ASO)				
Approver(s):	Vice President of Operations				
Location/Region/Division:	Scott & White Health Plan				
Document Number:					
Effective Date:	5/21/16	**Last Review/ Revision Date:**	**11/30/2016**	**Origination Date:**	5/21/16

LINE OF BUSINESS

This document applies to the following line(s) of business:
Self-Funded (ASO)

DEFINITIONS

Redetermination: The review of a previously adjudicated / processed claim at the request *of a provider to assess* if the original determination/decision was correct or should be reversed based on additional information not previously available during the original determination.

Recoupment: The recovery of previously paid expenses for a legitimate reason through a written request to the provider or facility OR a reduction or withholding of part or all of an owed amount to a provider or facility.

Administrative Services Only (ASO) Plan: An ASO plan is a self-funded Employer Health Insurance Plan. The employer is exclusively liable for all the Financial (Claim and related expenses) and legal aspects of the group benefit plan. The SWHP is paid a fee to administer the ASO Health Plan.

Summary Plan Description (SPD): The document that outlines all the benefits available to the Member under the specific Health Plan

Employee Retirement Income Security Act (ERISA): The regulatory guidelines (laws) which govern the operation and administration of Self-funded ASO plans. ERISA regulatory guidelines are regulated by the Department of Labor.

POLICY

Provider/Facility Claims Processing, Payment and Redetermination Policy for an ASO Medical Health Plan.

PROCEDURE

The following metrics will be followed for Claims Submission, Processing, Payment and Redeterminations:

I. Provider/Facility Claims Submission, Processing & Payment:

1. Claims Submission / Timely Filing: The provider/facility has **1 year** from the date of service to submit a claim. If not submitted within **1 year** from date of service the claim will be denied for non-timely filing.
2. Process and Payment of a Claim:
   a. Non Contract Provider Claims: A claim must be processed and paid within **30 days** from receipt for electronically submitted claims, **45 days** from receipt for non-electronically submitted claims.

b. Contract Provider Claims: A claim must be processed and paid within **30 days** from receipt for electronically submitted claims, **45 days** from receipt for non-electronically submitted claims unless otherwise stated within an executed contract by the Provider of Services and the Health Plan

3. Claim will be processed and paid in accordance with the members Benefit Schedule as outlined in the SPD.(*Policy & Procedures are subject to specifics of provider contract.)
4. ASO Employer (Client) may make exceptions (approval in writing) to standard contractual processing guidelines for covered or non-covered services on a case by case basis.

II. Provider/Facility Request for Redetermination (Refer to Policy SWHP.CLM.043P for specifics):

Provider / Facilities may a single (one time) request for a redetermination of previously processed claim based on the following criteria:

1. Provider must complete a Provider Claims Redetermination Request Form, failure to do so will result the request being returned to the requestor for completion.
2. Requests for Redeterminations must be submitted within **90 days** from the original determination date.
3. Multiple requests submitted on a single claim will not be processed and will be returned as "previously reviewed".
4. Processing time for redeterminations is 30 days from date of receipt
5. Payment within 15 days of decision (45 days from date of receipt of request)

III. Requests for Provider or Facility Recoupment and Refunds Actions:

1. Provider Recoupments / Corrected Claims:
   a. Recoupment actions for overpayment of claims may occur for corrected claim submissions. No refund request will be sent to the provider, since the submission of a corrected claim is considered a request from the provider/facility to reprocess the claim with the corrected claim.

2. Provider Refund Requests:
   a. Request to a Provider for refunds of overpayment of a claim will be requested in writing within 180 days from the payment date.
   b. Providers have **45 days** from the date of receipt of the refund request to dispute or make arrangements to refund the overpayment to the Health Plan.
   c. If no action is taken to dispute or refund the overpayment within the **45 day period, recoupment actions will be taken.**
   d. BSW contract requires that a written request for overpayment be presented and no offsetting of member accounts is permitted.

RELATED DOCUMENTS

Redetermination Policy: SWHP.CLM.043.P
Provider Claim Redetermination Request Form - Final 11-15-16
Provider Web Portal to ASO SPDs: https://swhp.org/en-us/prov

REFERENCES

ERISA regulatory guidelines