


CLAIMS	 ASPIREHEALTHPLAN	<u>Effective Date</u> 01/01/2026	
	RECEIPT AND ACKNOWLEDGEMENT OF CLAIMS	<u>Policy #</u> AHP ASO – CL002	
		<u>Review Date</u> 03/24/2025	<u>Applicable to:</u> <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Commercial ASO <input checked="" type="checkbox"/> Anthem Health HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u> Elisabeth Fagan, Director of Operations		

1.0 PURPOSE

- 1.1 To outline the process regarding the receipt and acknowledgement of claims.

2.0 POLICY

- 2.1 Date of receipt means the working day when a claim, by physical or electronic means, is first delivered to either delegate's specified claims payment office, post office box, or designated claims processor or to delegate's capitated provider for that claim.
- 2.2 In the situation where a claim is sent to the incorrect party, the "date of receipt" is the working day when the claim, by physical or electronic means, is first delivered to the correct party responsible for adjudicating the claim.
- 2.3 Providers must submit claims, either electronically or on paper, using current industry-standard claim forms UB-04 and CMS-1500.
 - 2.3.1 The standard claim form shall include the following statement: "NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."
 - 2.3.2 If mandated information is not contained on a received claim, or the claim is received from a provider using a non-standard form, the claim will be returned to the provider.
- 2.4 Claims submitted electronically via EDI can be acknowledged via phone call to Customer Service within 2 business days of receipt.
- 2.5 Claims submitted on paper claims are scanned and converted to an electronic claim and can be acknowledged via phone call to Customer Service within 15 business days of receipt.

2.6 Paper claims that are not scannable are manually entered.

2.6.1 These paper claims must be manually entered into the claim system within 15 business days of receipt.

3.0 DEFINITIONS

3.1 Refer to the Definitions Manual.

4.0 PROCEDURE

4.1 Every incoming claim is stamped or dated with the date of receipt. Paper and electronic claims received by 5:00 PM local time are considered as received on that date.

4.1.1 Paper claims are hand stamped on the day they are received in the office and are converted to an electronic claim upon receipt.

4.1.2 Electronic claims are dated by the clearinghouse upon receipt.

4.2 Claims are assigned a document control number (DCN) upon receipt and this is the claim identification throughout pre-processing.

4.3 Once the claim is loaded into the claims system, it is assigned a claim number in addition to the DCN.

4.4 Claims that are received on paper but not scannable, either due to poor ink quality or form type used, are batched for manual data entry. Those claims are manually entered into the claims system.

4.5 Claims submitted without the required mandatory information will be sent back to the provider:

4.5.1 Paper claims will be returned with a coversheet notating the required information.

4.5.2 Electronic claims will be rejected by the clearinghouse.

4.6 The clearinghouse will perform eligibility and provider file matching on each claim. If a member is not eligible or a provider is not found, the clearinghouse will route the claim to a reject queue.

4.6.1 If the claim can be corrected, the claim is resubmitted to the clearinghouse and the process continues.

4.6.2 If the claim is not correctable, it is printed and returned to the provider with a coversheet noting the required information.

5.0 TRAINING

5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

6.0 REVIEW PERIOD

6.1 Annually.

7.0 REGULATORY REQUIREMENTS AND REFERENCES

7.1 Health and Safety Code Section 1371

7.2 California Code of Regulations (CCR) Title 28, Rule 1300.71

8.0 POLICY VIOLATION

8.1 Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.