

CLAIMS		<u>Effective Date</u> 4/24/2026	<u>Review Date</u> 04/24/2026
		<u>Document #</u> AHP ASO – CL005	
	<u>Document Title:</u> CLAIMS TURNAROUND TIME	<u>Applicable to:</u> ☐ Medicare Advantage ☐ Self-funded ☒ Anthem HMO ☒ Blue Shield HMO	
	<u>Approver's Name & Title:</u> Elisabeth Fagan, Director of Operations		

1.0 PURPOSE

- 1.1 To outline the claims processing turnaround standards.

2.0 POLICY

- 2.1 Claims will be processed according to the timely turnaround time standards as required by the California Department of Managed Health Care.
- 2.2 Payment for emergency services are processed utilizing a standard where emergency medical condition(s) exist from the member's/enrollee's subjective point of view.

3.0 DEFINITIONS

- 3.1 Refer to the Definitions Manual.

4.0 PROCEDURE

- 4.1 All Clean Claims shall be processed and finalized as follows:
- 4.1.1 Contracted Providers: All ERISA claims, including ER claim denials, must be finalized within 30 Calendar Days of receipt.
 - 4.1.2 Contracted Providers: All non-ERISA claims, including ER claim denials, must be finalized within 30 Calendar Days of receipt.
 - 4.1.3 Non-Contracted Providers: All ERISA claims, including ER claim denials, must be finalized within 30 Calendar Days of receipt.
 - 4.1.4 Non-Contracted Providers: All non-ERISA claims, including ER claim denials, must be finalized within 30 Calendar Days of receipt.
- 4.2 Claims are monitored by production and lag reports for timeliness.
- 4.3 Weekly check runs are performed in the Claims Department in coordination with the Finance Department, to ensure compliance with the regulated turnaround time. The

following steps would apply:

- 4.3.1 The first step issuing claim payments is to process the weekly check run in the claims system to create a check register and invoice the client for funding via encrypted email.
- 4.3.2 The check run is submitted to a third party EOB/EOP check vendor for processing. The payments that result from the weekly check run are placed on hold until funding has been received by the client. Once funding has been received, the payments are released.
- 4.3.3 The accounting system is updated accordingly and check reconciliations are done monthly to ensure proper accounting.
- 4.4 All misdirected claims are logged into the Misdirected Claims tracking sheet and rerouted in accordance with the [AHP ASO CL010 Misdirected Claims Routing Policy & Procedure](#).

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 REFERENCE

- 7.1 Health and Safety Code Sections 1371 and 1371.35 et al.
- 7.2 Title 28 California Code of Regulations Rules 1300.71 et al.
- 7.3 29 CFR 2560.503 the Employee Retirement Income Security Act of 1974
 - 7.3.1 29 CFR 2560.503-1(b)(3)
 - 7.3.2 29 CFR 2560.503-(f)(i)(2)(iii)(B)
 - 7.3.3 29 CFR 2560.503-(g)(1)

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.