

Administrative Simplification
Policy Statement

Simplification Area: Claims Processing

Topic: Resubmission of Claims Electronically

Objective: Allow electronic resubmission of claims that were submitted but not previously received by health plans.

Expected Impact: *Hospitals & Practitioners* – Preparing and resubmitting a claim on paper, rather than electronically, takes approximately 30 minutes more of staff time. And payment turnaround typically requires an additional 17 days. Electronic resubmission of claims will reduce this administrative burden.

Background:

Occasionally, electronic claims submitted by providers are not received by health plans. In some cases, providers have been instructed to resubmit the claim on paper, as opposed to resubmitting electronically. Resubmission on paper creates additional work for providers and health plans and delays the adjudication of claims.

Participating health plans have established a policy allowing electronic resubmission of claims when a previous submission does not appear to have been received.

This policy in no way prohibits providers from resubmitting claims on paper if that is their choice.

Policy Statement:

When a provider reports a claim as submitted, the **Health Plans will take the steps necessary to determine whether/or not they received the claim.** (When following-up on a missing claim, health plans ask that providers have the appropriate clearinghouse report(s) on hand. Specific information about claim submission will help the health plan to determine if/when they may have received the claim.) If an electronic claim submission cannot be located by the health plan, providers can resubmit the claim electronically. Providers may choose to resubmit the claim on paper but the health plan will not require them to do so. (In some cases, a provider's information system may not have the capability to resubmit electronically).

Health plans will ensure that the appropriate personnel within their organizations fully understand this policy and communicate it to the providers appropriately.

If any provider office staff is advised by a Health Plan representative to resubmit a claim using "paper", providers are encouraged to contact appropriate Plan Provider Representatives so they can investigate, clarify the issues and take appropriate action.