

**EVOLENT HEALTH LLC  
POLICY AND PROCEDURE**



POLICY NUMBER: PFE.001.E.KY  
 REVISION DATE: 1/20  
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**POLICY TITLE:** Claims Adjudication  
**DEPARTMENT:** Provider Claims  
**ORIGINAL DATE:** January 2020

**Approver(s):** Delilah Foreman, Sr. Manager, Claims

**Policy Review Committee Approval Date:** January 17, 2020

**Product Applicability:** mark all applicable products below:

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Large <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. States: <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
<b>GOVERNMENT PROGRAMS</b>	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All <input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
<b>OTHER</b>	<input type="checkbox"/> Self-funded/ASO

**Regulatory Requirements:** KRS 304.17A-700-730, KRS 205.593, KRS 304.14-135, KRS 304.99-123, 907 KAR 17:030, 42 U.S.C. 1396a (a) (37), 42 C.F.R. 447.45, Balanced Budget Act (BBA) Section 4708 and the Department for Medicaid Services Contract

**Related Documents:** N/A

**PURPOSE**

The purpose of this policy is to detail the requirements of front end claims adjudication.

**DEFINITIONS**

**Front End Claims** – FE Claims is the department that handles the processing of first pass provider claims.

**Claim** – A bill from a provider or facility of a medical service or product.

**HIPAA** - Health Insurance Portability and Accountability Act of 1996. A federal law that outlines the requirements that employer-sponsored group insurance plans,

insurance companies, and managed care organizations must satisfy in order to provide health insurance coverage in the individual and group health care markets.

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## **POLICY**

It is the policy of Evolent Health (Evolent) to work in accordance with the Balanced Budget Act (BBA) Section 4708, Evolent shall implement claims payment procedures that ensure 90% of all provider claims for which no further written information or substantiation is required in order to make payment are paid or denied within thirty (30) calendar days of the date of receipt of such claims and that 99% of all claims are processed within ninety (90) calendar days of the date of receipt of such claims.

## **PROCEDURE**

The claims processing system is programmed to auto adjudicate claims unless additional intervention is required. The system will assign those claims that do not auto adjudicate to the appropriate queue to be processed by a front end adjudicator.

The front end adjudicators assess the data provided on the claims and determine whether the claim should be paid or denied. Determination is based on the accuracy of the data on the claim and the criteria (business rules) for payment of the particular type of claim.

If the front end adjudicator determines it is appropriate to pay the claim, he/she will process the claim for payment. If the front end adjudicator determines it is not appropriate to pay the claim, he/she will deny the claim. If a claim cannot be processed because of incomplete or inaccurate information, the front end adjudicator will pend the claim and route the claim to another department for research. Outside departments include the following:

- Utilization Management – if an authorization is needed
- Provider Enrollment – if a provider setup is missing or incorrect
- Member Enrollment – if there is a question about member eligibility

Each day, front end adjudicators review information returned from the above sources. Using the information provided, the adjudicators again assess the claim and determine if the claim should be paid or denied.

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**RECORD RETENTION**

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE REVISED
New Policy	01/20