

Procedure 1230- Timely Filing

Lines of Business: All

Purpose: To outline Network Health's timely claim filing requirements.

<u>Procedure:</u> Claims must be submitted within 90 days of the date of service, unless otherwise specified in your provider contract with Network Health.

Network Health will only accept written claims submitted in the English language. When Network Health is the secondary payer, claims must be submitted to Network Health within 90 days after the date of processing listed on the primary payer's Remittance Advice, or as specified in your Provider Contract. When a provider's electronic claims are received in our claims department, Network Health will provide proof of receipt to the submitting provider via the electronic claims confirmation report or the rejected claims report.

If a claim is rejected for improper EDI submission, resubmission must be completed by the provider within the filing limit as outlined above.

Please be aware that when a provider fails to submit a claim timely, rights to payment from Network Health are forfeited and the provider may not seek payment from the member as compensation for these covered services. Claim will deny with ANSI code 29 - The time limit for filing has expired. Disputes for timely filing denials must be accompanied by proof of timely filing, evidence of primary payer delays or miss-filings, or other evidence to justify payment beyond the timely filing limit.

This policy is not a guarantee of coverage or payment. The claim(s) will be denied if it does not meet with all the terms and provisions of the members Certificate of Coverage. Actual benefits will be determined when the claim(s) or bill(s) are submitted to NHP/NHIC/NHAS. NHP/NHIC/NHAS reserves the right to periodically review and update all claim guidelines.

HMO plans underwritten by Network Health Plan. POS Plans underwritten by Network Health Insurance Corporation, or Network Health Insurance Corporation and Network Health Plan. Self-funded HMO and POS plans administered by Network Health Administrative Services. LLC.

Revised/approved: 01/2011; 04/2012, 11/2012; 12/2013; 02/2014; 10/2014; 05/2016; 2/2017