



New Claims System- Member FAQ

Will this transition result in any expected delays?

There may be short-term delays in claims processing within the first 30–60 days of go-live. Please expect an initial lag in delivery of Explanation of Benefits (EOBs). We are taking all steps to minimize any disruption and we will keep you informed throughout the process.

Will pended claims be handled differently in the new claim system?

Yes. Currently, if we receive a claim that lacks information necessary to process, it is pended in our system as we attempt to obtain information that is missing. A pended status allows the necessary time for information to be gathered for the claim to be processed. If the information is not received, the claim is then denied, which starts the appeal timeline.

Going forward, the request for additional information will look different to the member. The “pending” verbiage will no longer be used and instead, claims will be denied with an EOB comment requesting the information needed to process the claim. This is categorized as a “soft” denial at the beginning of the process when information is missing. Ultimately, the process will be the same, but the acceptable timeframe to submit the information will be the appeal period provided for in the plan, beginning at the date of the “soft” denial.

How will the member experience change with this transition?

The member experience will look familiar. While some items—like the formatting of EOBs—may look slightly different, key tools such as the member portal will remain the same for now. Any updates will be communicated clearly and in advance.

Are there samples of the new Explanation of Benefits (EOB) available?

Yes! We have developed an example EOB along with a “How to read your EOB” document to better understand benefit details and claim information.