collabrios HEALTH

Five Checkpoints Every PACE Claim Must Clear

Whether a TPA, your own team, or both run your claims, every outside bill follows the same path. A claim that clears all five is ready for accurate, on-time payment.

TPA Decoded: Making Sense of Claims Administration for Leaders in PACE

01

Intake: Is the bill readable?

EDI 837, paper UB-04, CMS-1500 or ADA, portal, or vendor invoice is converted to clean data.
Watch for: Non-standard invoices from ALF, transportation and personal-care vendors.

02

Eligibility: Was the participant enrolled on the date of service?

The service date needs to fall within the participant's enrollment period.
Watch for: Enrollment updates must be submitted monthly.

03

Authorization: Does an approved authorization match the bill?

Same participant, service, vendor and approved status, with units within what was approved.
Watch for: A matching authorization keeps the claim moving. When there's a gap, the fix usually sits with the clinical team.

04

Pricing and contract: Is the vendor valid and the rate right?

NPI/TIN, W-9, OIG/SAM screening, COB, timely filing, clinical edits, contract and fee schedule.
Watch for: Sequestration can only be recouped when the vendor contract allows it.

05

Delivery and payment: Did the service happen, and is the payee legitimate?

Pay by EFT/ACH, virtual card or check with a remittance advice (835 if electronic). Keep supporting records in the participant's medical record.
Watch for: Holding payment while waiting on records. On-time payment avoids interest, penalties and fines.

Three questions to take back to your team

- What share of our claims arrive on paper forms, and which vendors could move to EDI?
- Does our clinical team know the authorization status the claims system needs to pay?
- Do our vendor contracts include sequestration language?

Learn more and schedule a claims consultation: https://collabrios.com/collabriosone/paceclaims/