



JOHNSTONE'S JOURNAL is published monthly, and designed to provide topical information of interest not only to plan administrators, but to all employees who enjoy coverage under the benefit plan. Feel free to make copies, and use as a payroll staffer.

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When Will My Claim Be Paid? Is there a Deadline? Extended Health, Dental and Health Spending Accounts

Claim Turnaround Times

Most health and dental claims are submitted to insurers electronically, either directly by the provider or by the member using the insurer's do-it-yourself e-claims submission website or mobile app on a smart phone. Depending on the technology used, you'll know your reimbursement details within a few days, if not immediately. Payment is then deposited directly into your bank account. That being said, there are still situations, such as with health spending account (HSA) claims, where you may not be able to submit electronically and still need to submit a traditional **paper claim**.

For claims that must be submitted by paper, the average **turnaround** time (the time it takes between when a claim is mailed to the insurer and the time you receive reimbursement or an explanation), is **usually two to three weeks**. Keep in mind that mailing time and claims processing times can vary dramatically based on the time of year and the complexity of the claim. Here's an example of a typical paper claim timeline:

	<i>Days</i>	to	<i>Days</i>
Mail to insurer	2	to	4
Processing	5	to	7
Mail from insurer	2	to	4
Weekend days	2	to	4
Total	11	to	19

The time of year will also affect claims turnaround. During holiday periods, insurers have fewer staff available to process claims. We find the slowest claims processing time each year is between Christmas and the end of March, when insurers are inundated with claims that employees have saved up during the year.

Claiming Deadlines

Regardless of how long an insurer takes to process a claim, it is always in your best interest to submit claims immediately so you don't miss a claiming deadline. All insurers strictly enforce their claiming deadlines, and will refuse to pay claims submitted after the deadline. This can become a challenge if you have more than one plan (for example, if you also have coverage through a spouse—see our [August 2014 Journal Coordination of Benefits](#)—or if you have an HSA through another provider). Before paying their portion, the secondary payer needs details from the primary payer. The time it takes the insurer to process the initial claim will delay submissions to the secondary payer.

Unfortunately there isn't one standard deadline between insurers, or even between benefits. Below we note two typical deadlines. Check your booklet or call us if you're unsure.

Extended Health and Dental: 12 months from the date of service or purchase. This means receipts dated December 15, 2014 must be in the insurer's office (not just in the mail) by December 15, 2015.

Health Spending Accounts: 30 or 60 days from the end of the reporting period. If your HSA runs from January to December, all 2014 claims must be at the provider's office by either January 31 or February 28, 2015, depending on your plan.

Get Your Reimbursement Quicker

To ensure a timely response when submitting your claim, make sure all relevant areas of the claim form are complete. Insurers will refuse payment if they do not have the information needed to process the claim.