CLAIM SUBMISSION FORMATS AND TIMEFRAMES

1. **Submission Timeframe:**

   i. Non-contracted Providers must submit claims within 12 months from the date of service

   ii. Contracted providers must submit claims in accordance to their contractual agreement with Vitality Health Plan or 12 months from the date of service if timely filing is not established in the agreement.

2. **Submission Formats:**

   Providers must submit claims using the current paper or electronic format.

   i. **Electronic Claims**

   - Vitality has contracted with Trans Union to accept electronic claims. Submission via Trans Union is free. Trans Union offers a robust portal to submit, correct and manage transactions.

     Trans Union Contact information:

     Email: PDL_DDDCSR@transunion.com (Preferred)
     Phone Number: 310-337-8530
     Payer ID: **TU127**

     Transactions supported:

     - ANSI X12 837P (Professional)
     - ANSI X12 837I (Institutional)
     - ANSI X12 999
     - ANSI X12 277

   - If you are already an Office Ally submitter, you may continue to submit via Office Ally using the following payer ID:

     Payer ID: **TU127 Vitality Health Plan of CA FFS**

   - Electronic claims must be submitted in HIPAA compliant format and meet all requirements for Electronic Data Interchange (EDI) transactions.
   - Vitality encourages each provider to submit claims electronically. Electronic claims submission has substantial benefits which include: decrease submission cost, faster processing and reimbursement and timely filing documentation.

   ii. **Paper Claims**

   - Paper claims must be submitted to the following address:

Vitality Health Plan
Attn: Claims Dept.
P.O. Box 94340
Lubbock, TX 79493

- Providers must submit paper claims using the current versions of CMS-1450 (UB) for facility claims (excluding Ambulatory Surgical Centers) and CMS- 1500 forms for professional claims.
    - Ambulatory Surgical Centers must submit claims using the current CMS-1500 forms
- Claims that require submission of supporting documents must be submitted in paper. In order to avoid delays in claims processing, submit the appropriate supporting documentation which include but not limited to:
    - Medical/emergency records
    - Invoices
    - Explanation of benefits from Other Health Insurance or primary payer
- When submitting paper claims, all required/mandatory fields in the current CMS- 1450 or UB format adopted by the National Uniform Billing Committee and CMS- 1500 adopted by the National Uniform Claim Committee (NUCC) as applicable to the service must be included.
- Providers must ensure all claims submitted to Vitality are clean and accurate. Clean claim means a claim that has no defect, impropriety, lack of any required substantiating documentation, or particular circumstance requiring special treatment that prevents timely payment. Claims submitted in paper must be legible in order for Vitality to accurately process claims. Claims that are not legible and/or containing invalid or incomplete information may be returned as unprocessable.