

CLAIMS PROCESSING AND PAYMENT



1. Payment Timelines

Vitality Health Plan of California will make every effort to ensure clean claims from non-contracted providers are processed and paid within 30 calendar days from date of receipt. All other claims are processed (paid or denied) within 60 calendar days from date of receipt.

2. Reimbursement

- Contracted providers will be reimbursed in accordance with the agreement with Vitality Health Plan of California.
- Non-contracted providers will be reimbursed according to the prevailing Medicare fee schedules and Prospective Payment Systems (PPS). Two percent (2%) or current mandatory sequestration payment reduction will be deducted from non-contracted provider's payment. Facilities/Providers who will be reimbursed based on Medicare PPS must submit their Medicare IDs in order to reimburse claims based on Medicare PPS
- Medicare fee schedules and PPS pricers will be updated quarterly or as CMS post the updates.
- Reimbursements of non-contracted providers will be based on the latest [Medicare Advantage Payment Guide of Out of Network Payments](#).