

REAL-TIME CLAIMS ADJUDICATION

Frequently Asked Questions

What is Real-Time Claims Adjudication?

Medical Mutual's Real-Time Claims Adjudication (RTCA) system allows providers to submit claims for our members at the point of service. The claim is processed in the same manner as a claim submitted via conventional methods, the only difference being that both you and the provider receive an immediate result of the claim's adjudication, including benefit determinations and financial responsibility, prior to your leaving the office.

How can I be sure that the amounts on the Explanation of Benefits (EOB) are correct?

The claim is processed in the exact same manner as a claim submitted via conventional methods. The amounts you see on the real-time EOB are the same amounts that will appear on the EOB you will receive at your mailing address as well as through our online paperless EOB option or Quicken Health.

What if I am not prepared to pay these amounts – or – I cannot afford to pay them at the time of service?

The Real-Time Claims Adjudication system provides you the opportunity to know your financial obligations sooner, thereby allowing you to make any necessary payment arrangements with your provider.

Why is my doctor allowed to collect my deductible and coinsurance while I am at the office?

With the Real-Time Claims Adjudication system, a doctor may collect your deductible and coinsurance amounts at the time of your office visit after services have been provided and the claim has been processed. Providers agree to accept an amount for the services they render. That amount is the responsibility of the plan sponsor and the patient. The Real-Time Claims Adjudication system assists you in understanding the cost of services at the time those services are rendered and can assist the provider in collecting the amount to which he or she has a contractual right. Through this system, a doctor can bill for a service immediately after it is rendered, giving you the opportunity to ask questions about the bill and satisfy your financial obligations at the point of service. If you have no out-of-pocket liability for the services provided, then this new system will have no impact on you.

My doctor's office told me that my claim pended – what does this mean?

A claim may pend for a number of reasons, most commonly clinical review and benefit determinations. Should your claim pend, it will be processed in the normal course of business.