

PERFORMANCE

Commerce Benefits Group upholds performance standards that exceed expectations. All claims above \$1,000 are audited to help control escalating health care costs. We also update our system on a regular basis to reflect the most current reasonable and customary charges. Our system automatically preserves all data electronically, which greatly increases proficiency when referencing historical data.

AUTO-ADJUDICATION

Our system evaluates services for usual and customary charges, unbundling, gender and age appropriateness, duplicate submissions, and validates ICD9 and CPT/HCPC codes, charges and providers. Claims are automatically adjudicated based on the client's plan design, repricing structure and coordination of benefits. If the system detects conditions that require clarification, they are automatically routed to a claims processor. The system or processor completes the adjudication and claims payment, then the explanation of benefits are issued automatically. This process results in a claims payment accuracy rate of above 98%.

STANDARD SERVICES:

- Claims adjudication according to industry practices/standards. Claims processed on behalf of covered employees are adjudicated according to the terms of the governing plan document.
- Process and distribute claim checks in timely fashion and issue EOB's as required.
- Maintain all necessary materials associated with claims adjudication including ID Cards, miscellaneous forms, checks, etc.
- Generate the Certificate of Coverage and Summary Plan Descriptions.
- Provide periodic check registers and management reports related to the plan's claim payments.
- Provide necessary forms and IRS report filing of provider payments (1099).
- Provide and capture data for IRS 5500 filing.
- Maintain the lawful confidentiality or plan participant data.