

PACE Claims Processing

Happy Flow with COB Exception

Single Exception Case: Medicare Secondary Payer Discovery

PATIENT: Robert J. Anderson | Age: 67 | Member ID: UHC-7924681 SERVICE: Office Visit + EKG for Hypertension | **BILLED: \$450.00** EMPLOYER: Anderson & Associates CPA (15 employees)

Processing Flow Overview

STEP 1: Claim Ingestion & Data Normalization [1.1 seconds]

- ✓ EDI 837P received from Austin Cardiology Associates
- ✓ All SNIP Type 1-6 validations passed
- ✓ 2 service lines parsed: 99214 (\$250) + 93000 (\$200)
- ⚠ Patient age 67 flagged for Medicare eligibility check

STEP 2: Eligibility Verification [1.2 seconds]

- ✓ Member verified in Facets: ANDERSON, ROBERT J
- ✓ Coverage active: Choice Plus PPO, Group ACPA2024
- ✓ Employer size: 15 employees (< 20 threshold)
- ⚠ **COB FLAG RAISED: Age 67 + Small employer = MSP check required**

STEP 3: Provider Validation [1.1 seconds]

- ✓ Billing: Austin Cardiology Associates (NPI: 1357924680) - IN-NETWORK
- ✓ Rendering: David W. Chen, MD (NPI: 1928376540) - IN-NETWORK
- ✓ No Surprises Act: Not applicable (all in-network)

STEP 4: Clinical Review (Medical Necessity) [1.4 seconds]

- ✓ 99214 (Office Visit) + I10 (Hypertension) = Medically necessary
- ✓ 93000 (EKG) + I10 (Hypertension) = Medically necessary
- ✓ No LCD/NCD restrictions, no prior auth required

STEP 5: Pricing & Adjudication (Preliminary) [1.3 seconds]

- ✓ 99214: Billed \$250 → Allowed \$165 (contractual adj \$85)
- ✓ 93000: Billed \$200 → Allowed \$75 (contractual adj \$125)
- ✓ Total: Billed \$450 → Allowed \$240

II **FINAL ADJUDICATION ON HOLD - Awaiting COB determination**

STEP 6: Coordination of Benefits ⚠ EXCEPTION [3.8 seconds]

EXCEPTION DETECTED: Potential undisclosed Medicare coverage

PACE Agentic Resolution:

1. **SENSE:** Flagged primacy conflict (Age 67, Employer 15 employees)
2. **ACT:** B2B portal bot queried CMS HETS database (1.2s)
3. **HETS Response:** Medicare Part A & B ACTIVE since 03/01/2022
4. **REASON:** Applied MSP rule 42 CFR § 411.100
5. **DETERMINATION:** Employer <20 employees → MEDICARE IS PRIMARY
6. **AUTO-UPDATE:** Facets COB record updated automatically

✓ **EXCEPTION RESOLVED:** 3.8 seconds (vs 3-5 days traditional RPA)

STEP 7: Denial & Remittance Generation [1.2 seconds]

- ✓ Claim DENIED with CARC OA-23 (other payer primary)
- ✓ RARC N218: Submit to primary payer (Medicare) first
- ✓ EDI 835 denial remittance generated and transmitted
- ✓ Provider notice: Bill Medicare ID 1EG4-TE5-MK72 first
- ✓ Member EOB: Explains COB update, no payment due yet

Processing Summary

CLAIM OUTCOME	
Total Processing Time	11.1 seconds
Exceptions	1 (COB - Medicare Primary)
Exception Resolution	3.8 seconds (automated)
Human Interventions	0
Final Status	DENIED - Bill Medicare First
Facets Update	COB record auto-updated

Time Saved vs Traditional RPA

	Traditional RPA	PACE Agentic
COB Exception	3-5 business days	3.8 seconds
Total Claim	3-5 business days	11.1 seconds

KEY BENEFITS DEMONSTRATED: • Autonomous Medicare discovery via HETS integration • Automatic MSP rule application (42 CFR § 411.100) • Real-time Facets COB record update • Future claims will route correctly without intervention • **3-5 days reduced to 3.8 seconds**