

# BRMS Claims Administration

BRMS is focused exclusively on providing easy-to-use, fully compliant services to employers of all sizes.

## Claims Administration and Auditing

BRMS processes and manages all Medical, Dental, Vision and Retiree claims efficiently and accurately with an impeccable turnaround time. With eligibility transferred from our Virtual Benefits Administration System (Vbas) nightly, eligibility is completely current. And, with PPO negotiation expertise, we specialize in reducing employer claims costs.

## End-to-End Administration

Each and every claim we receive is examined and adjudicated. Processors review claims for potential TPL, COB, appropriateness based on age, fender, diagnosis and procedure.

## Exceptional Turn-Around Time

For clients who request weekly check runs, claims are typically processed within 5-7 business days of receipt. Claims payment for clients who request bi-weekly check runs is 14-21 days — providing funding is timely.

Our quick turn-around time results in:

- Your employees perceive your health plan as being a true benefit, therefore morale among your workforce remains high
- Eliminating unnecessary phone calls from employees and/or providers asking for claim status.
- Preventing providers from harassing your employees for payment
- Assuring maximum reimbursement from your stop-loss coverage

## Claims Audit Review

BRMS offers supplemental Auditing Services as part of our standard claims administration service. BRMS utilizes ARC Review for retrospective claims audit and review. Ongoing third party audits by ARC Review determines compliance, assesses timelines of claims payment, determines monetary penalties, evaluates accuracy of payments, and assesses for potential fraudulent and abusive claim submissions, duplicates and other errors. An examination of the prior administrator's claim processing procedures is done to ensure claims were paid properly and calculated correctly.

