

**Provider delivered authorized service**

**2**



***Submit Claims***

***Online or via 837 File Submission in Vendor Web Portal***

***Business Rules***

***&***

***Edit Checks***

**Provider Claims**

**Muni share**

**Bi-Weekly report on payment owed for non-covered services**

**Escrow Account**

Provider Payments not covered by Third Party Payout

**Payments for partial**

**non-covered services**

**3**

**$ Payment**

**6**

**1**

**$ Payment**

**Vendor Web Portal**

**-Provider Data**

**-Child Data including Service Planning and Authhorizations**

**Municipality**

**State share – 49% back to municipality**

**$ Payment**

**4**

**Remittance**

**Muni deposit to cover 100% owed to providers**

**Commercial Insurance**

**Claim**

**7**

**$ Payment**

**5**

**Medicaid**

**(3) Report to DOH**

***100% County funds in first instance***

**Remittance**

**State contributes state share (lag remains in effect)**

**Claim**