

National Underwriting Services, Inc.

Claim Department Procedures

Large Case Management – review for LCM should be performed as soon as possible. If a case is not recommended for LCM, submit the letter from the LCM company to NUS verifying this. ****Important**** We have found that review of Pre-Certifications daily, to determine possible LCM intervention, has been the most effective means of cost containment.

50% Notification Form – NUS requires this form to be submitted as soon as possible after the claimant has reached 50% of the specific deductible or with a diagnosis that has the potential of exceeding the specific deductible (see enclosed Instructions When to Complete the 50% Notification form). From this notice, NUS computes an estimate of the total charges and sets a reserve amount in case there is a specific claim violation.

Pre-Notification for Audit or Specialized Claims Management - As an added measure to help control the costs of large claims, we require Pre-Notification for Review on any claim that has exceeded \$20,000 or is a Trigger Diagnosis Code, whether it is IN our OUT of a preferred provider network. Please note this includes any ancillary services, not just in-patient, such as surgeon's bills, chemotherapy injections, dialysis equipment, drug therapies, etc. We will need a copy of the UB92 and itemized billing. Also, if possible, copies of the history and physical, medication records, operative reports, physician orders and discharge summary. When this information is received, we will have our audit service conduct a pre-review to determine if the claim costs can best be managed through audit, or if another means of claims management is appropriate.

- NUS utilizes several resources for audit and/or specialized claims management; i.e. transplant management, dialysis, etc. Our reinsurers have preferred resources as well for several national industry services. NUS will coordinate with each TPA to determine the appropriate measures for the best outcome on each claim. Working together for the Plan, we can help control large claims costs that will generate savings for the employee, Plan, and reinsurer, ultimately resulting in fewer lasered claims and better renewals for the group.

Specific Excess Loss Claim Form – is required for filing specific claims. Also attached is a Specific Claim Checklist, which will ensure that all documentation for Proof of Loss is submitted for each claim filing. Any documentation regarding **unusual circumstances** should also be included with the claims submission. Some of the items listed on the "Checklist" will not apply to subsequent claims and should be disregarded.

Aggregate Excess Loss Report – attached is a copy of the report, which must be submitted monthly for each group. **This report needs to be in the NUS office within 15 days of the close of the prior month.**

Monthly and Aggregate Claim Requirements – attached is a list of all the documentation required when filing for a Monthly Accommodation and/or a Year-End Aggregate.

Monthly Aggregate Accommodation Claim Form – is required for filing an Accommodation.

Aggregate Reimbursement Form – is required for filing a Year-End Aggregate Reimbursement.

National Underwriting Services, Inc.

50% Notification/Specific Excess Loss Claim Requirements

50% Notification – NUS requires this form to be submitted as soon as possible after the claimant has reached 50% of the specific deductible or with a diagnosis that has the potential of exceeding the specific deductible (see enclosed Instructions When to Complete the 50% Notification form). From this notice, NUS computes an estimate of the total charges and sets a reserve amount in case there is a specific claim violation.

Specific Excess Loss Claim – If a claimant exceeds their specific retention, the following documentation is required for review in order to issue a reimbursement:

- Completed Specific Excess Loss Claim form
- Copy of Enrollment Card
- Completed Eligibility Questionnaire form, NUS requires this when an employee is absent from work.
- Copy of all itemized bills
- Copy of COBRA election form along with proof of cobra premium payments
- Copies of all correspondence regarding coordination efforts
- Copies of all Checks, EOB's or similar proof of payment for each claim
- Large Case Management Reports
- Pre-Certification forms, NUS requires a copy of all pre-certification's applicable to the specific claim. From this, NUS verifies the Length of Stay and days of confinement.
- If claim will be subrogated, we will need a copy of the signed subrogation agreement from the claimant. If there is a claim filed involving an accident whether subrogated or not, accident details are required. Also if applicable, a police report.
- Any documentation regarding **unusual circumstances** should also be included with the claims submission.

Once NUS has received all the required documentation, we will proceed to process the claim in accordance with the Stop Loss Policy and Group Plan Document.

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Instructions When To Complete The 50% Notification Form

- In any policy year, when a claim reaches 50% of the specific deductible on any one insured, the 50% Notification form must be completed in its entirety, and then forwarded to the Claims Department.
- After a claim has reached 50% of the specific deductible, each month during the policy year and payout period an updated 50% Notification must be forwarded for any additional claims paid.
- Notwithstanding the above, the 50% Notification must be completed in its entirety, and then forwarded to the Claims Department for all cases meeting any of the following criteria:

An insured has been continuously hospitalized for more than one month.

An insured has a possible potential for high dollar with any of the following trigger codes:

A00-B99 Certain infectious and parasitic disease

| | |
|---------|--|
| A40 | Streptococcal sepsis |
| A41 | Other Sepsis |
| B15-B19 | Viral hepatitis |
| B20 | Human immunodeficiency virus [HIV] disease |

C00-D49 Neoplasms

| | |
|---------|---------------------------|
| C00-C96 | Malignant neoplasms |
| D46 | Myelodysplastic syndromes |

D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism

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|---------|---|
| D57 | Sickle-cell disorders |
| D59 | Acquired hemolytic anemia |
| D60-D64 | Aplastic and other anemias |
| D65-D69 | Coagulation defects, purpura and other hemorrhagic conditions |
| D70-D77 | Other diseases of blood and blood-forming organs |
| D80-D89 | Certain disorders involving the immune mechanism |

E00-E89 Endocrine, nutritional and metabolic diseases

| | |
|---------|---|
| E10-E13 | Diabetes mellitus |
| E15-E16 | Other disorders of glucose regulation and pancreatic internal secretion |
| E65-E68 | Obesity and other hyper alimentation |
| E70-E89 | Metabolic disorders |

F01-F99 Mental, Behavioral and Neurodevelopmental disorders

| | |
|-------------|--|
| F10.1 | Alcohol Abuse |
| F11.1 | Opioid Abuse |
| F20 | Schizophrenia |
| F31 | Bipolar Disorder |
| F32.3 | Major depressive disorder, single episode, severe with psychotic feature |
| F33.1-F33.3 | Major Depressive Disorder, recurrent |
| F84.0 | Autistic Disorder |
| F84.2 | Rett's Syndrome |
| F84.5 | Asperger's syndrome |

G00-99 Diseases of the nervous system

| | |
|---------|---|
| G00 | Bacterial Meningitis |
| G04 | Encephalitis Myelitis and Encephalomyelitis. |
| G06-G07 | Intracranial and intraspinal abscess and granuloma |
| G12.21 | Amyotrophic Lateral Sclerosis |
| G35 | Multiple Sclerosis |
| G36 | Other Acute Disseminated Demyelination |
| G37 | Other Demyelinating disease of central nervous system |
| G82.5 | Quadraplegia |
| G83.4 | Cauda Equina Syndrome |
| G92 | Toxic Encephalopathy |
| G93.1 | Anoxic Brain Injury |

I00-I99 Diseases of Circulatory System

| | |
|------------|--|
| I20 | Angina Pectoris |
| I21.09-I22 | Acute myocardial infarction |
| I24 | Acute and Subacute Ischemic Heart Disease |
| I25 | Chronic ischemic heart disease |
| I26 | Pulmonary embolism |
| I27 | Other pulmonary heart disease |
| I28 | Other diseases of pulmonary vessels |
| I33 | Acute & Subacute Endocarditis |
| I34-I38 | Heart Valve Disorders |
| I42-I43 | Cardiomyopathy |
| I44-I45 | Conduction Disorders |
| I46 | Cardiac Arrest |
| I47-I49 | Cardiac Dysrhythmias |
| I50 | Heart Failure |
| I60-I61 | Subarachnoid Hemorrhage / Intercerebral Hemorrhage |
| I63 | Cerebral infarction |
| I65.8-I66 | Occlusion of Precebral / Cerebral Arteries |
| I67 | Other cerebrovascular disease |
| I70 | Atherosclerosis / Aortic Aneurysm |

J00-J99 Diseases of Respiratory System

| | |
|---------------|--|
| J40-J44 | Chronic Obstructive Pulmonary Disease (COPD) |
| J84.10-J84.89 | Postinflammatory Pulmonary Fibrosis |
| J98.11-J98.4 | Pulmonary Collapse / Respiratory Failure |

K00-K95 Diseases of Digestive System

| | |
|---------|--|
| K22 | Esophageal obstruction |
| K25-K28 | Ulcers |
| K31 | Other diseases of stomach & duodenum |
| K50 | Crohn's disease |
| K51 | Ulcerative colitis |
| K55-K64 | Diseases of intestine |
| K65-K68 | Diseases of peritoneum & retroperitoneum |
| K70-K77 | Diseases of liver |
| K83 | Diseases of biliary tract |
| K85-K86 | Diseases of pancreatitis |
| K90-K95 | Other diseases of digestive system/Complications of bariatric procedures |

M00-M99 Diseases of Musculoskeletal System & Connective Tissue

| | |
|---------|---|
| M15-M19 | Osteoarthritis |
| M32 | Systemic lupus erythematosus |
| M34 | Systemic sclerosis |
| M41 | Scoliosis |
| M43 | Spondylolysis |
| M50 | Cervical disc disorders |
| M51 | Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders |
| M72.6 | Necrotizing Fasciitis |
| M86 | Osteomyelitis |

N00-N99 Diseases of the Genitourinary System

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|---------|--|
| N00-N01 | Acute and Rapidly Progressive Nephritic Syndrome |
| N03 | Chronic Nephritic Syndrome |
| N04 | Nephrotic Syndrome |
| N05-N07 | Nephritis and Nephropathy |
| N08 | Glomerular Disorders classified elsewhere |
| N17 | Acute Kidney Failure |
| N18 | Chronic Kidney Disease (CKD) |
| N19 | Renal Failure, Unspecified |

O00-O9A Pregnancy, childbirth and the puerperium

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|---------|---|
| O09 | High Risk Pregnancy |
| O11 | Pre-Existing Hypertension with Pre-Eclampsia |
| O14-O15 | Pre-Eclampsia and Eclampsia |
| O30 | Multiple Gestation |
| O31 | Other complications specific to Multiple Gestations |

P00-P96 Certain conditions originating in the perinatal period

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|----------|--|
| P07 | Disorders of newborn related to short gestation and low birth weight |
| P10- P15 | Birth Trauma |
| P19 | Fetal distress |
| P23-P28 | Other respiratory conditions of newborn |
| P29 | Cardiovascular disorders originating in the perinatal period |
| P36 | Bacterial sepsis of newborn |
| P52-P53 | Intracranial hemorrhage of newborn |
| P77 | Necrotizing enterocolitis of newborn |
| P91 | Other disturbances of cerebral status newborn |

Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities

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|----------|--|
| Q00-Q07 | Congenital malformations of the nervous system |
| Q20- Q26 | Congenital Cardiac malformations |
| Q41-Q45 | Congenital Anomalies of Digestive system |
| Q85 | Phakomatoses, not classified elsewhere |
| Q87 | Congenital malformation syndromes affecting multiple systems |
| Q89 | Other Congenital malformations |

R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

| | |
|--------------|-------------------|
| R07.1-R07.9 | Chest Pain |
| R40-R40.236 | Coma |
| R57-R58 | Shock, Hemorrhage |
| R65.2-R65.21 | Severe sepsis |

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes

| | |
|--------------|--|
| S02 | Fracture of skull and facial bones |
| S06 | Intracranial injury |
| S07 | Crush injury to head |
| S08 | Avulsion and traumatic amputation of part of head |
| S12-S13 | Fracture and injuries of cervical vertebra and other parts of neck |
| S14.0-S14.15 | Injury of nerves and spinal cord at neck level |
| S22.0 | Fracture of thoracic vertebra |
| S24 | Injury of nerves and spinal cord at thorax level |
| S25 | Injury of blood vessels of thorax |
| S26 | Injury of heart |
| S32.0-S32.2 | Fracture of lumbar vertebra |
| S34 | Injury of lumbar and sacral spinal cord and nerves |
| S35 | Injury of blood vessels at abdomen, lower back and pelvis |
| S36-S37 | Injury of intra-abdominal organs |
| S48 | Traumatic amputation of shoulder and upper arm |
| S58 | Traumatic amputation of elbow and forearm |
| S68.4-S68.7 | Traumatic amputation of hand at wrist level |
| S78 | Traumatic amputation of hip and thigh |

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| S88 | Traumatic amputation of lower leg |
| S98 | Traumatic amputation of ankle and foot |
| T30-T32 | Burns and corrosions of multiple body regions |
| T81.11-T81.12 | Postprocedural cardiogenic and septic shock |
| T82 | Complications of cardiac and vascular prosthetic devices, implants and grafts |
| T83-T85 | Complications of prosthetic devices, implants and grafts |
| T86 | Complications of transplanted organs and tissue |
| T87 | Complications to reattachment and amputation |

Z00-Z99 Factors Influencing Health Status and Contact with Health Services

| | |
|-------------|--|
| Z37.5-Z37.6 | Multiple births |
| Z38.3-Z38.8 | Multiple births |
| Z48-Z48.298 | Encounter for aftercare following organ transplant |
| Z49 | Encounter for care involving renal dialysis |
| Z94 | Transplanted organ and tissue status |
| Z95 | Presence of cardiac and vascular implants and grafts |
| Z98.85 | Transplanted organ removal status |
| Z99.1 | Dependence on respirator |
| Z99.2 | Dependence on dialysis |

Any serious claim which is expected to exceed the specific deductible.

- Periodically, the Claims Department will check with you on the status of all outstanding (non-terminated) cases.

50% Notification/Specific Excess Loss Claim CHECKLIST

Group Information:

1. Please check the box to indicate what you are filing.
2. Employer/Group Name – Enter the name of the employer or group to which this claim applies.
3. Current Policy Period – Enter the dates for the current policy period to which this claim applies.
4. Specific Deductible – Enter the specific deductible to which applies to this claimant.

Employee Information:

1. Employee – Enter the employee's name.
2. Social Security Number – Enter the employee's social security number.
3. Date of Birth – Enter the employee's date of birth.
4. Date of Hire – Enter the employee's date of hire.
5. Original Effective Date – Enter the original date the employee became eligible for coverage under the plan.

Employee's Work Status:

1. Please check the appropriate box for which applies to the employee's work status.

Continuation of Coverage:

1. Please check the appropriate box as to how the coverage is being continued and date if applicable.

Claimant Information:

1. Name – enter the claimant's name.
2. Original Effective Date – Enter the original date the claimant became eligible for coverage.
3. Date of Birth – Enter the claimant's date of birth.
4. Relationship to Employee – Enter the relationship to the employee.
5. Gender – Enter whether claimant is male or female.
6. Check the box that would apply to the claimant whether he/she has other coverage.

Claim Data:

1. Requested Amount – Enter the amount being requested for reimbursement within this request.
2. TPA Paid to Date – Enter the total amount of all benefits paid to date for this policy period.
3. Incurred Dates for this request – Enter the dates of service from and through for the claims within this request.
4. Paid Dates – Enter the paid dates from and through for the claims within this request.
5. Diagnosis Code and Description – Enter the claimant's primary diagnosis code # and a detailed description of the diagnosis.
6. Was claimant listed on NUS Disclosure Statement? – Please check the box that applies. If No, state why?
7. Was patient In-Patient confined? – Please check the box that applies. If yes, list the dates of service and procedures performed.
8. Pre-Certification needed? – Please check the box that applies. If you check yes, is this information enclosed?
9. Hospital Audit Performed? - Please check the box that applies. If you check yes, is this information enclosed?
10. Will this claim be Subrogated? - Please check the box that applies. If you check yes, is this information enclosed?
11. Is Pre-existing Condition applicable? - Please check the box that applies. If you check yes, is the HIPPA certification enclosed?

UR/LCM Information:

1. Are Case Management services active? - Please check the box that applies. If you check yes, is this information enclosed?
2. UR/LCM vendor – Enter the name, address, contact name and phone number of the company being utilized by the TPA for Utilization Review/Large Case Management.

Completed By:

1. Please print your name, phone number (to include your extension), and date you are submitting to NUS. So if any questions should arise we will know who to contact.

Failure to complete the form in its entirety could delay claim payments.

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Monthly and Aggregate Claim Requirements

Monthly Aggregate Excess Loss Report – NUS requires this report be filed monthly for each group to include the following:

- Monthly paid claims
- Monthly Single/Family Enrollment
- Monthly amounts excluded from aggregate
- Monthly claims paid total of those claimants “lasered” on the contract

Note: This report must be in the NUS office within 15 days of the close of the prior month.

Monthly Accommodation and Year-End Aggregate – the following is a list of all the information needed:

- Proof of Loss – Aggregate Reimbursement Claim Form.
- Claims Paid Listing indicating the following:
 - Employee Name
 - Name of Claimant
 - Service Dates
 - Type of Service (medical, dental, vision, disability, etc.)
 - Date of Payment
 - Amount of Payment
 - Check and/or Claim Number
 - Diagnosis Codes
 - Procedure Codes
- Information and documentation as relates to the receipt, review and payment of prescription drug claims, if applicable.
- Monthly Check Registers
- Documentation regarding Voids and Refunds processed after the policy period pertaining to payments made during the policy period.
- A Claim Benefit Analysis report and/or similar documentation identifying any out-of-contract payments, medical records fees, and administrative fees.
- A listing of all identified, outstanding overpayments relative to payments made during the policy period.
- Recoveries i.e., Coordination of Benefits, Other Party Liability or Subrogation claims and the status thereof, Specific Reimbursements, Duplicate Payment, etc.
- Eligibility report listing Employees and Dependents, Date of Birth, Effective and Termination dates (to include COBRA participants).
- Financial records documenting the funding of claims during the plan year and reconciled bank statements (to include one month after the policy period).

NOTE: Payments made outside of the Stop Loss contract (i.e., prescription drug card, dental, weekly income, vision, etc.) should not be included with the information listed above.