

# Medical Stop Loss MGU CLAIMS ADMINISTRATION MANUAL GUIDELINES

*Excess Loss and Agreggate Submissions*



For more information visit:  
[www.One80.com](http://www.One80.com)



## 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 One80 Intermediaries 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** – One80 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, One80 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.

- ✓ One80 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. One80 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 One80 Intermediaries 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.

## 50% Notification/Specific Excess Loss Claim Requirements

**50% Notification** – One80 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, One80 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, One80 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, One80 requires a copy of all pre-certification's applicable to the specific claim. From this, One80 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 One80 Intermediaries has received all the required documentation, we will proceed to process the claim in accordance with the Stop Loss Policy and Group Plan Document.

## 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

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 hyperalimentation
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 the nervous 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 Precerebral /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***

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***

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***

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***

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
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 One80 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 One80 Intermediaries. So if any questions should arise we will know who to contact.

***Failure to complete this form could delay claim payments.***



# Monthly and Aggregate Claim Requirements

**Monthly Aggregate Excess Loss Report** – One80 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 One80 Intermediaries 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.**



**FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

Rev 02/23

**GENERAL FRAUD NOTICE: NOTE TO ALL PARTIES COMPLETING THIS FORM:**

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**CALIFORNIA FRAUD NOTICE:**

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**STATE FRAUD NOTICE: For the states of AL, AZ, AR, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NH, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:**

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
<b>Arizona</b>	For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>Arkansas, Louisiana, Rhode Island, West Virginia</b>	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Colorado</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Delaware</b>	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>District of Columbia</b>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<b>Florida</b>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<b>Georgia, Oregon, Vermont</b>	Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
<b>Indiana</b>	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>Kansas</b>	Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING:**

Rev 02/23

**STATE FRAUD NOTICE (CONTINUED):**

<p><b>Maine, Tennessee, Washington</b></p>	<p>It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p>
<p><b>Nebraska</b></p>	<p>Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.</p>
<p><b>New Hampshire</b></p>	<p>Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.</p>
<p><b>New Jersey</b></p>	<p>Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p>
<p><b>New Mexico</b></p>	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.</p>
<p><b>North Carolina</b></p>	<p>Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.</p>
<p><b>Oklahoma</b></p>	<p>WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<p><b>Pennsylvania</b></p>	<p>Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p>
<p><b>Texas</b></p>	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p>
<p><b>Virginia</b></p>	<p>Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.</p>