



**TOKIOMARINE**  
**HCC**

**Tokio Marine HCC - Stop Loss Group**

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# Notification & Specific & Aggregate Stop Loss Claims Guide

This guide can be used as a reference when submitting potential claim notifications or stop loss reimbursement requests to:

## **Tokio Marine HCC – Stop Loss Group**

This guide contains links to various forms that are updated periodically to keep pace with technology and industry advances as well as to enable Tokio Marine HCC – Stop Loss Group to operate more efficiently.

For your convenience, we have made this guide available Online at: [www.tmhcc.com/life](http://www.tmhcc.com/life)

### **Special Note**

Nothing in this guide changes the terms of any stop loss policy. The stop loss policy language will take precedence if there is any conflict between this guide and the policy, the policy will control.

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# SPECIFIC CLAIM NOTIFICATION

## A. Notification Requirements

The earlier notification of large or potentially large claims are received, the sooner management of the associated costs can be implemented. TPAs should notify Tokio Marine HCC – Stop Loss Group of possible catastrophic or large claims according to the procedures indicated below.

Utilization Review Vendors, Brokers and Third Party Administrators should submit information directly to Tokio Marine HCC – Stop Loss Group regarding claimants with catastrophic conditions or claimants who have exceeded or have the potential to exceed 50% of their specific deductible. The [Specific Notification / Reimbursement Claim](#) Form can be emailed to [stoplossnotifications@tmhcc.com](mailto:stoplossnotifications@tmhcc.com) or uploaded to our secure website. Retrieval of notifications from a vendor's site or using other third party software must be approved. The minimum requirements for notification are:

- **Group Name**
- **Stop Loss Effective Date**
- **Employee Name - Date of Birth and/or Social Security Number or Identification Number**
- **Claimant Name - Date of Birth**
- **Primary Diagnosis**
- **Claims Paid to Date**
- **Claims pending**

Providing additional details such as secondary diagnosis, prognosis, clinical updates, eligibility details and confinement dates are very helpful and most appreciated.

To further discuss reporting requirements, please contact the Claim Support Unit at 800-447-0460.

### **Catastrophic Claims (See the Trigger Diagnosis List)**

Conditions and procedures likely to exceed specific deductibles are outlined in the Trigger Diagnosis list. These conditions tend to be chronic, require extensive ongoing treatment, hospitalization, case management and/or high cost medications.

### **Other Large Claims (50% of the Specific Deductible)**

When a claimant reaches or has the potential to reach 50% of their specific deductible, notification should be submitted. This will allow us to appropriately establish reserves in preparation for claim submissions. Examples of instances that could exceed 50% of specific deductibles would be traumas, lengthy in-patient stays of 7 days or more, multiple admissions (3 in 2 months), surgery or complications of surgery

## B. ICD Trigger List

### Suggested Categories and Guidelines for Identifying Potential Catastrophic Claims

The ICD-10 codes and diagnoses listed below are key indicators of potential catastrophic claims. Codes should be referred and or disclosed to Tokio Marine HCC – Stop Loss Group.

<b><u>A00-B99</u></b>	<b><u>Certain infectious and parasitic disease</u></b>	160-161	Subarachnoid hemorrhage / Intercerebral hemorrhage
A40	Streptococcal sepsis	163	Cerebral infarction
A41	Other sepsis	165.8-166	Occlusion of precerebral /cerebral arteries
B15-B19	Viral hepatitis	167	Other cerebrovascular disease
<b><u>C00-D49</u></b>	<b><u>Neoplasms</u></b>	170	Atherosclerosis
C00-C96	Malignant neoplasms	171	Aortic aneurysm & dissection
D3A	Benign neuroendocrine tumors	181	Portal vein thrombosis
D42-D43	Neoplasm of uncertain behavior of meninges, brain & central nervous system	185	Esophageal varices
D46	Myelodysplastic syndromes	<b><u>J00-J99</u></b>	<b><u>Diseases of the respiratory system</u></b>
<b><u>D50-D89</u></b>	<b><u>Diseases of the blood/blood-forming organs &amp; disorders involving the immune mechanism</u></b>	J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
D55-D59	Hemolytic anemias	J84	Other interstitial pulmonary diseases
D60-D64	Aplastic and other anemias	J98	Other respiratory disorders
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions	<b><u>K00-K95</u></b>	<b><u>Diseases of digestive system</u></b>
D70-D77	Other diseases of blood and blood-forming organs	K50	Crohn's disease
D80-D89	Certain disorders involving the immune mechanism	K51	Ulcerative colitis
<b><u>E00-E89</u></b>	<b><u>Endocrine, nutritional and metabolic diseases</u></b>	K70-K77	Diseases of liver
E30	Disorders of puberty, not elsewhere classified	K83	Diseases of biliary tract
E34	Other endocrine disorders	K85-K86	Diseases of pancreatitis
E70-E89	Metabolic disorders	<b><u>L00-L99</u></b>	<b><u>Diseases of the skin &amp; subcutaneous tissue</u></b>
<b><u>G00-G99</u></b>	<b><u>Diseases of the nervous system</u></b>	L40	Psoriasis
G00-G09	Inflammatory diseases of the central nervous system	L51	Erythema multiforme
G10-G13	Systemic atrophies primarily affecting the CNS	<b><u>M00-M99</u></b>	<b><u>Diseases of musculoskeletal system &amp; connective tissue</u></b>
G35	Multiple sclerosis	M05-M06	Rheumatoid arthritis
G36	Other acute disseminated demyelination	M15-M19	Osteoarthritis
G37	Other demyelinating disease of central nervous system	M30-M35	Systemic connective tissue disorders
G47.4	Narcolepsy and cataplexy	M41	Scoliosis
G61	Inflammatory polyneuropathy	M43	Spondylolysis
G70	Myasthenia gravis & other myoneural disorders	M50	Cervical disc disorders
G71	Primary disorders of muscles	M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
G73.1	Lambert-Eaton syndrome in neoplastic disease	M72.6	Necrotizing fasciitis
G93.1	Anoxic brain injury	M86	Osteomyelitis
<b><u>I00-I99</u></b>	<b><u>Diseases of circulatory system</u></b>	<b><u>N00-N99</u></b>	<b><u>Diseases of the genitourinary system</u></b>
I12	Hypertensive chronic kidney disease	N01	Rapidly progressive nephritic syndrome
I13	Hypertensive heart and chronic kidney disease	N03	Chronic nephritic syndrome
I20-I25	Ischemic heart diseases	N04	Nephrotic syndrome
I27	Other pulmonary heart disease	N05-N07	Nephritis and nephropathy
I28	Other diseases of pulmonary vessels	N08	Glomerular disorders classified elsewhere
I30-I52	Other forms of heart disease	N17	Acute kidney failure
		N18	Chronic Kidney Disease (CKD)
		N19	Renal failure, Unspecified

<b><u>O00-O09A</u></b>	<b><u>Pregnancy, childbirth and the puerperium</u></b>	S32.0	Fracture of lumbar vertebra
O09	Supervision of high risk pregnancy	S34	Injury of lumbar and sacral spinal cord and nerves
O10-O16	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium	S35	Injury of blood vessels at abdomen, lower back and pelvis
O30-O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems	S36-S37	Injury of intra-abdominal organs
O60.1	Preterm labor with preterm delivery	S48	Traumatic amputation of shoulder and upper arm
O69	Labor and delivery complicated by umbilical cord complications	S58	Traumatic amputation of elbow and forearm
<b><u>P00-P96</u></b>	<b><u>Certain conditions originating in the perinatal period</u></b>	S68.4-S68.7	Traumatic amputation of hand at wrist level
P07	Disorders of newborn related to short gestation and low birth weight	S78	Traumatic amputation of hip and thigh
P10- P15	Birth trauma	S88	Traumatic amputation of lower leg
P19-P29	Respiratory & cardiovascular disorders specific to the perinatal period	S98	Traumatic amputation of ankle and foot
P36	Bacterial sepsis of newborn	T30-T32	Burns and corrosions of multiple body regions
P52-P53	Intracranial hemorrhage of newborn	T78.3	Angioneurotic Edema
P56	Hydrops fetalis due to hemolytic disease	T81.11-T81.12	Postprocedural cardiogenic and septic shock
P77	Necrotizing enterocolitis of newborn	T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
P91	Other disturbances of cerebral status newborn	T83-T85	Complications of prosthetic devices, implants and grafts
<b><u>Q00-Q99</u></b>	<b><u>Congenital malformations, deformations and chromosomal abnormalities</u></b>	T86	Complications of transplanted organs and tissue
Q00-Q07	Congenital malformations of the nervous system	T87	Complications to reattachment and amputation
Q20-Q28	Congenital malformations of the circulatory system	<b><u>Z00-Z99</u></b>	<b><u>Factors influencing health status and contact with health services</u></b>
Q41-Q45	Congenital anomalies of digestive system	Z37.5-Z37.6	Multiple births
Q60	Renal agenesis and other reduction defects of kidney	Z38.3-Z38.8	Multiple births
Q79	Congenital malformations of the musculoskeletal system	Z48.2-Z48.298	Encounter for aftercare following organ transplant
Q85	Phakomatoses, not classified elsewhere	Z49	Encounter for care involving renal dialysis
Q87	Congenital malformation syndromes affecting multiple systems	Z94	Transplanted organ and tissue status
Q89	Other congenital malformations	Z95	Presence of cardiac and vascular implants and grafts
<b><u>R00-R99</u></b>	<b><u>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</u></b>	Z98.85	Transplanted organ removal status
R18	Ascites	Z99.1	Dependence on respirator
R57-R58	Shock, hemorrhage	Z99.2	Dependence on dialysis
R65	Symptoms & signs specifically associated with systemic inflammation and infection	<b><u>Additional disclosure information to be referred to Tokio Marine HCC – Stop Loss Group</u></b>	
<b><u>S00-T88</u></b>	<b><u>Injury, poisoning and certain other consequences of external causes</u></b>	•	Transplants – Transplants should be referred to our Specialty Claims Unit (SCU) for cost containment assistance prior to transplantation
S02	Fracture of skull and facial bones	•	Pre-certifications and utilization reviews
S06	Intracranial injury	•	Rx Prescription Drugs and Specialty Drugs
S07	Crush injury to head	•	Large Case Management – LCM reports
S08	Avulsion and traumatic amputation of part of head	•	Specific claims at 50% of group deductible
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		

# SPECIFIC CLAIM REIMBURSEMENT REQUESTS

## A. Filing Guidelines

Claim forms can be found on our website, [www.tmhcc.com/life](http://www.tmhcc.com/life).  
Or follow this link: [Specific Notification/Reimbursement Claim Form](#)

All completed claim forms should be submitted secure email to [stoplossspecclaims@tmhcc.com](mailto:stoplossspecclaims@tmhcc.com).

A complete claim request for reimbursement must be filed with Tokio Marine HCC – Stop Loss Group on the customary Reimbursement Claim form within 90 days after the last date for which a claim can be reimbursed under the terms of the Stop Loss Policy. A complete claim must include the items listed under Claim Submission below. *(The Specific Notification/Reimbursement Claim Form is no required when submitting an Excel or PDF Claim report with all qualifying criteria. Excel being the preferred method for claim reports.)*

Any claims for reimbursement received by Tokio Marine HCC – Stop Loss Group more than 90 days after the last date for which a claim can be reimbursed under the terms of the stop loss policy, or request will be denied.

Consult the stop loss policy for additional details.

## B. Claim Filing

Specific claims will be requested in a system generated format, preferably Excel. This report provides information in a format that captures all required data to ensure the timely process of auditing reimbursement requests. Please note, we require that **copies of bills and EOBs be provided for all charges exceeding \$100,000**.

## C. Filing a Reimbursement Request

Once a claimant's eligible paid charges exceed the Specific Deductible, a request for reimbursement should be sent to Tokio Marine HCC – Stop Loss Group.

TMHCC is requiring all claims administrators to submit claim reports in an Excel format; those that are unable to submit claims on a system generated report are required to send copies bills.

### Claim Submission Requirements

- Copy of participant's Enrollment Card including the hire date and the original effective date of coverage, or the claims administrator's eligibility screen prints that has all of the information.
- Other eligibility information as applicable, to include:
  - a. A Confirmation of Eligibility form completed by the employer group.
  - b. Annual Coordination of Benefits (COB) verification
  - c. COBRA Election Form and verification of premium payment for all months, if applicable.
- Complete accident details including how, when and where the accident occurred. In addition:
  - a. Subrogation and Right of Recovery Reimbursement Agreement form and Liability Questionnaire.
  - b. Police report for motor vehicle accidents.
  - c. Completed Simultaneous Funding Form, if applicable.

## Claim Reporting Requirements

- System generated reports will require the following criteria:
  - a. Report Date
  - b. Policyholder
  - c. Insured name
  - d. Employee SSN or
  - e. Employee Member ID Number
  - f. Claimant name
  - g. Service From Date
  - h. Service To Date
  - i. Primary ICD-10 Code
  - j. CPT/Revenue/HCPC Codes
  - k. ICD-10 Procedure Codes
  - l. Submitted/Billed Amount
  - m. Discount Amount
  - n. Ineligible Amount
  - o. Deductible Amount
  - p. Coinsurance Amount
  - q. Copayment Amount
  - r. Paid Amount
  - s. Payee Name
  - t. Provider TID
  - u. Paid Date

## **D. Filing Supplemental Reimbursement Claims**

After the initial claim has been filed, a supplemental claim may be submitted by completing a the *Specific Notification/Reimbursement Claim* form This is the same form used to file the initial claim, however, only new information or changes need to be entered.



## E. Filing Simultaneous Funding Requests

Tokio Marine HCC – Stop Loss Group recognizes that occasionally groups may have difficulty paying extremely large provider bills, especially when a prompt pay discount is involved. In an effort to assist in these situations, the Simultaneous Funding option, a **value added** service, is available. This option can provide cash-flow assistance in these instances. All Simultaneous Funding reimbursement requests will be processed in received date order. These requests will not be rushed or expedited, unless negotiated discounts are at stake and might be lost.

Tokio Marine HCC – Stop Loss Group must receive written notice of Simultaneous Funding requests no more than (10) ten calendar days after the expiration date of the stop loss policy. A fully completed and signed [Specific Notification/Reimbursement Claim Form](#), including the **Simultaneous Funding section** must be completed for the Initial claim. If submitting a supplemental claim, the [Simultaneous Funding Request](#) Form can be used in lieu of the standard claim form.

The Simultaneous Funding Request form certifies that:

1. Prior to the expiration of the stop loss policy, the claims administrator processed all eligible bills related to the Simultaneous Funding request.
2. Checks totaling at least the amount of the Specific Deductible were processed, paid, and **released** to the providers indicated, **prior** to the expiration of the stop loss policy, or prior to the Simultaneous Funding Reimbursement Request, whichever is earlier.
3. The Plan Sponsor has unconditionally paid all other claims for the Claimant.

The Simultaneous Funding option is a value added service that can be changed or withdrawn at our discretion without prior notice.

Simultaneous Funding requests **will not** be accepted if received within (30) thirty days of the date of the Policy's cancellation or premature termination. For example, if a group's Policy Year runs from 4/01/16 – 3/31/17 and the Policy is cancelled prematurely on 2/01/17, Simultaneous Funding requests would be prohibited beginning January 2017.

**Policies are written on a reimbursement basis only.** This means, the Plan Sponsor is responsible for paying all eligible expenses. Subsequently, Tokio Marine HCC – Stop Loss Group processes requests for reimbursement of these expenses. The only mechanism that allows amendment of this provision, to assist clients with payment of large medical charges is via our Simultaneous Funding option.

Therefore, if requesting Simultaneous Funding, it is critical that all guidelines outlined in Section III. – Part E (Filing a Simultaneous Funding Request) of this guide be followed. If these guidelines are not followed, the Specific Claim Reimbursement submission will be handled on a reimbursement basis, which could mean that part or all of the claims request could be denied.

# GENERAL INFORMATION

## A. Eligibility

In order for a Covered Person's claims to be eligible under the stop loss policy, they must first satisfy the eligibility requirements of the Employee Benefit Plan. Most Plan Documents contain definitions for Employees and Dependents, including waiting periods for new hires, as well as outlining termination provisions.

Since the stop loss policy reinsures the Policyholder's Employee Benefit Plan, the policy provides for reimbursement based on the exact wording of the Plan Document. Therefore, it is extremely important that all parties understand the Plan benefits and that Tokio Marine HCC – Stop Loss Group be provided with information that clearly and precisely indicates how a person is eligible under the Plan.

## B. Leave of Active Service

Guidelines regarding continuation of benefits when an employee stops working for reasons other than termination of employment are outlined below. Generally an individual's benefits cease when active service ceases. Active service is considered to cease on the last day worked unless due to a temporary layoff, a bona fide leave of absence, or a temporary disability.

When submitting an initial reimbursement request, the [Confirmation of Eligibility/Work Status](#) form should be included.

## C. Miscellaneous Expenses

Because cost containment is an essential function in our industry, each section below outlines which costs associated with these functions are and are not reimbursable under the stop loss policy.

Fees that are assessed by claims administrators for reviews and determinations associated with their role as administrator in the adjudication of claims on behalf of the plan are not reimbursable. Such fees include activities such as claims administrator initiated medical reviews, medical records fee, reasonable and customary (R&C) determinations, procedure reviews, experimental/investigation reviews, PPO access fee, or custodial care reviews. Tokio Marine HCC – Stop Loss Group will reimburse claim related expenses based on the following:

### 1. Repricing Fees

Recognizing the benefits of the savings for the plan participant, Tokio Marine HCC – Stop Loss Group will reimburse re-pricing fees up to a maximum of 25% of the savings up to a maximum of \$50K provided the claim payments, plus the fees, exceeds the Specific Deductible. We believe this is a generous compromise as this is outside the provisions of the stop loss policy.

## 2. Capitated Rate

PPO fees billed at a flat rate per employee per month (capitated) are **not** eligible under the Specific or Aggregate stop loss coverage.

## 3. Large Case Management (LCM) Fees

Similar to claims administrator fees assessed for cost containment efforts, those associated with large case management (LCM) that are considered operational/administrative functions are not reimbursable under the stop loss policy. This would include the cost for sending e-mails, faxes, eligibility determination, clerical fees, or capitated fees that are charged to the group as per member, per month fees. Large case management, as we understand it, is directly associated with the management of an ongoing catastrophic claim.

Proper management results in savings and the cost of that management is reimbursable under the stop loss policy provided the claim payments, in addition to the LCM fees, exceed the Specific Deductible and those fees are Incurred and Paid in accordance to the Policy's Contract Basis.

**Note: Copies of LCM reports must be submitted when Tokio Marine HCC – Stop Loss Group pays LCM fees.**

## 4. Drug Card Administrative Fees

Administrative fees for Drug Card programs (similar to PCS) are not eligible for reimbursement under the Specific or Aggregate stop loss coverage.

## 5. State Surcharges

Certain states levy surcharges on in-patient and outpatient hospital bills for uncompensated care pools, training, etc. Tokio Marine HCC – Stop Loss Group will allow certain state surcharges (i.e. New York) where the courts have ruled that ERISA does not prevent the imposition of the state surcharge. Please consult your Tokio Marine HCC – Stop Loss Group Claims Specialist for more information on these charges.

## D. Legal Matters/Complaints

Tokio Marine HCC – Stop Loss Group should be advised immediately by phone of any legal matter in which Tokio Marine HCC – Stop Loss Group is named. The summons and complaint, along with the complete file and any supplemental documentation, should be forwarded to the Compliance Department in the Kennesaw, GA office.

Tokio Marine HCC – Stop Loss Group should be advised immediately of any lawsuit in which Tokio Marine HCC – Stop Loss Group is not named, but could become involved because of Specific or Aggregate stop loss coverage. The complete file and any supplemental documentation should be forwarded to us for review.

Tokio Marine HCC – Stop Loss Group must be advised of all Insurance Department Complaints in which our coverage is involved. The original complaint and complete claim file should be forwarded to us for our immediate review. Please fax complaints to our Compliance Department at (770) 973-9854 or send by email to

[hcclcompliance@tmhcc.com](mailto:hcclcompliance@tmhcc.com)

## **E. Subrogation/Third Party Liability**

Subrogation/Third Party Liability involves situations where a claimant incurs medical expenses that have been caused by a negligent third party. It provides the Plan and the Policyholder with an opportunity to shift the costs of the claimant's medical care onto the responsible party (their insurance company or other responsible entity).

### **Preparing claim documentation**

In order for us to review and issue reimbursement on cases involving subrogation/third party liability, we must first have the following documentation:

- a. Liability Questionnaire (or the claims administrator's form that contains the same data) must be completed and should include any appropriate attachments. A copy of this form may be found in the Forms section of this guide.

## **F. Funding & Timely Payment of Claims**

Reimbursement of any stop loss claim (Specific or Aggregate), depends not only on when eligible charges are incurred, but also when they are paid. The Incurred and Paid dates represent the essence of stop loss coverage. Therefore, it is critical everyone understands precisely what "Paid" means. The stop loss policy should be consulted for the exact "Paid" definition. The printing of and subsequently "holding" a check does not constitute "payment" of or a "paid" claim.

Because the rules are slightly different for Simultaneous Funding requests, please review Section III., Part E if a Simultaneous Funding request is being made for all or part of the reimbursement claim.

## **G. Overpayments & Refunds**

All refunds should be forwarded to our Kennesaw, GA office if the overpayment pertains to a specific or aggregate claim payment.

Please be aware that often refunds are not received until after the policy year has expired. Even so, if the overpayments apply to the Incurred and Paid dates of the specific and/or aggregate coverage and reimbursement claims have been paid, these refund checks may rightfully belong to Tokio Marine HCC – Stop Loss Group.

## **H. Dental, Vision, Weekly Income & Drug Card Charges**

Stop loss policies are written to suit the individual needs of each Policyholder. Therefore, not all contracts include the same types of coverage. In order to know exactly which coverage options the Policyholder has elected, please review the Policyholder's Application for complete detail.

## **AGGREGATE CLAIM REIMBURSEMENT REQUESTS**

### **Reporting Responsibilities**

TPAs are required to report full aggregate claims data within 15 days after the close of any calendar month. Information should include monthly and *Year-To-Date* claims summaries (i.e. census, paid amounts, ineligible claims, etc.). The report should indicate the appropriate contract dates and type of contract (e.g. "Paid", "12/15", etc.)

## **Monthly Deductible Advance Reimbursement (MDAR)**

*(Also known as Monthly Aggregate Accommodation)*

Monthly Deductible Advance Reimbursement is offered as an option to our stop loss policies. The Monthly Deductible Advance reimbursement is designed to assist the Policyholder with cash flow during the term of the contract. It does not replace the funding requirements. The plan sponsor, prior to receiving a monthly accommodation, must pay all claims.

MDAR is an endorsement to the stop loss policy. Review the policyholder's Policy Endorsement for a complete list of requirements/qualifications.

## **Filing a Monthly Deductible Advance Reimbursement**

In order to file a Monthly Deductible Advance Reimbursement; please submit the following documentation:

- a. Completed [Monthly Aggregate Accommodation Reimbursement Form](#).
- b. Monthly Loss Summary Reports showing the Policyholder's paid claims data and Aggregate census information as noted in section A.
- c. Paid Claims Analysis showing employee name, claimant name, service date, type of service, amount of charges and amount paid.

### **Please Note the Following:**

Monthly Deductible Advance Reimbursement must be received within 15 days following the end of the month for which the accommodation is requested. For example, if you are filing for the month of June, then we must receive your request no later than July 15.

Monthly Deductible Advance Reimbursement is not available in the last month of the contract or during a run-out provision. Please refer to the Policy Endorsement for further clarification.

If year to date claims fall below the accumulated aggregate deductible in a given month, all accommodation payments must be refunded in the following month. If the Policyholder has not incurred an aggregate claim at the end of the contract year, Tokio Marine HCC – Stop Loss Group must be refunded all Monthly Deductible Advance Reimbursement payments at contract termination/expiration.

## **Year End Aggregate Claims**

**You must file reimbursement requests within 90 days after the end of the time specified for payment of claims under the stop loss policy. Failure to do so will result in claim denial.**

## **Filing a Year End Aggregate Claim**

In order to file a year-end aggregate claim, please submit the following documentation for your contract period:

- a. Completed [Year End Aggregate Claim Form](#).

- b. Paid Claims Analysis report indicating claimant's name, incurred date, charged amount, paid amount and paid date
- c. Eligibility listing which identifies birth date, effective date, termination date and coverage type
- d. Proof of funding to include bank statements and/or deposit slips \*
- e. Void & Refund report \*
- f. Benefit/Service Code report
- g. Aggregate report (Monthly Loss Summary Reports)
- h. Specific report- showing claimants that have exceeded the Specific Deductible/Loss Limit
- i. Listing of payments made outside the Aggregate contract (i.e. Dental, Weekly Income, Vision, PPO Fees-capitated, PCS Administrative Fees)
- j. Check Register
- k. Outstanding overpayment and subrogation log
- l. Rx invoices if Rx is covered under the Aggregate contract

**\*We also request this information the month following expiration of your stop loss contract to review for retroactive adjustments.**

### **Aggregate Claim Forms**

A copy of the *Aggregate Claim Forms* can be found on our website on the Forms page.

## **Claim Forms - SPECIFIC & AGGREGATE**

Claim forms are on our website at [tmhcc.com/life](http://tmhcc.com/life) - Use the following link: [Forms](#)