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EAST COAST UNDERWRITERS

CLAIM NOTICES AND FILING PROCEDURES

Revised

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CLAIMS

ADVANCE NOTICE OF CATASTROPHIC CLAIMS

We consider notification of claims that are potential catastrophic to be an integral function of the TPA. These guidelines apply for EZ AGG™, Spaggregate and traditional Specific and Aggregate contracts. The following items **must** be forwarded to us as soon as they become available. Notices may be sent via e-mail to notices@ecumgu.com.

1. If an individual is in case management (case management notes **must** be sent)
2. When a specific claim reaches 50% of the Specific Retention (or \$10,000 for EZ AGG™ or Spaggregate groups)
3. When there are multiple inpatient stays, an extended inpatient stay of more than 5 days
4. For any claim with the following diagnosis, **regardless** of cost:

- **Major Trauma**

Head trauma (800-803.99) (850-854.19)
Spinal cord injury (806-806.99, 952-952.99)
Amputation (887.4-897.7)
Multiple fractures (804.0-829.1)
Burns over 20% (941.09) (948.2-948.99)
Trauma Complications (958-958.99)
Automobile accidents and all other serious injuries

- **Nervous System Disorders**

Cerebral degenerations (330-330.9)
Motor neuron diseases (335-335.9)
Demyelinating diseases (340-341.9)
Paralytic conditions (342-344.9)
Epilepsy (345-345.91)
Other conditions of the brain (348-349.9)
Inflammatory and toxic neuropathies (357-357.9)
Myoneural disorders (358-358.9)
Muscular dystrophies and myopathies (359-359.9)

- **Malignant Neoplasms requiring chemotherapy/radiation**

Malignant neoplasms (140-209.79)

Malignant neoplasms in situ (230-234.9)

Neoplasms of uncertain behavior (237-238.9)

- **Cardiac Diseases**

Hypertensive disease with complications (403-404.93)

Acute myocardial infarction (410-410.92)

Ischemic heart disease (411-414.9)

Chronic pulmonary heart disease (416-416.9)

Cardiac valve disorders (424-424.99)

Cardiomyopathy (425.0-425.9)

Cardiac dysrhythmias (427-427.9)

Congestive heart failure (428-428.9)

Other cardiovascular conditions (440-448.9)

- **Cerebral Vascular Disease**

Intracranial injury/Cerebrovascular disease (430-438.9)

- **Respiratory Diseases**

Cystic fibrosis (277.0-277.09)

Pneumonia (480-486)

Emphysema COPD (492-492.8)

Chronic obstructive asthma (493.2-493.22)

Extrinsic allergic alveolitis (495-495.9)

COPD NOS (496)

Pneumoconiosis (500)

Asbestosis (501)

Pulmonary fibrosis (515)

Pneumonopathy (516-516.9)

Other lung disease (518-518.89)

Respiratory arrest (799.1)

- **Organ and Bone Marrow Transplants**

Organ transplant status (V42-V43.89)

- **Chronic Psychiatric Disorders**

Schizophrenia (295-295.95)

Mood disorders (296-296.89)

Personality disorders (301-301.9)

Anorexia nervosa (307.1)
Bulimia (307.5-307.51)

- **Complications of Pregnancy**

Antepartum hemorrhage (640-641.93)
Hypertension/Hyperemesis (642-643.93)
Threatened premature labor (644-644.21)
Diabetes mellitus (648.04)
Multiple gestation pregnancy (651-651.93)
Fetal abnormalities (655-655.93)
Premature rupture of membranes (658-658.13)
Anesthesia/sedation complications (668-668.94)
High risk pregnancy (V23-V23.9)

- **Neonates with complex needs**

Multiple congenital anomalies (740-759.9)
Extreme immaturity (765-765.29)
Birth trauma (767-767.9)
Newborn hypoxia/asphyxia (768-768.9)
Newborn respiratory conditions (769-770.9)

- **Infectious Diseases**

Tuberculosis (010-010.96)
Septicemia (038-038.9)
Bacterial diseases (040-041.85)
HIV (042)
Central nervous system infections (046-049.9)
Hepatitis (070-070.9)
Cytomegaloviral disease (078.5)
RSV (079.6)
Coccidioidomycosis (114-114.9)
Toxoplasmosis (130-130.9)
Other infectious and parasitic diseases (136-136.9)

- **Renal Disease**

Renal failure (584-586)
Dialysis status (V56-V56.8)

- **Metabolic and Endocrine Disorders**

Diabetes with complications (250.1-250.93)
Metabolism disorders (270-273.9)

Amyloidosis (277.3-277.39)

- **Blood and Coagulation Disorders**

Anemias (282-285.9)

Coagulation defects (286-286.9)

Purpura and Other Hemorrhagic Conditions (287.0-287.9)

Diseases of white blood cells (288-288.9)

- **Intestinal and Digestive Disorders**

Enteritis (555-555.9)

Peritonitis (567-567.9)

Liver disease (571-573.9)

Pancreas disease (577-577.9)

- **Other**

Morbid obesity (278.01)

Immune disorders (279-279.9)

Chronic skin ulcers (707-707.9)

Diffuse connective tissue diseases (710-710.9)

Spinal disorders (720-724.09) (737.0-737.9)

Bone infections (730-730.99)

Procedure complications (996-998.9)

Unspecified treatments (V58.0-V85.45)

It is essential that all available information be reported. Please answer all questions on the notification form completely.

SPECIFIC CLAIMS

Specific claims will be reimbursed according to the stop loss contract, the plan document benefits and provisions, payment accuracy, investigative results and claimant eligibility. If an investigation was conducted we will require a copy of all correspondence and responses.

Claimant eligibility will be based on employment status, underwriting disclosure, COBRA participation and dependent eligibility provisions of the plan.

On claims involving a third party we will require accident details, police report, other insurance information, a signed subrogation agreement and the name and phone number of the claimant's attorney.

FILING A SPECIFIC CLAIM

Please complete our Specific Stop Loss Claim form in its entirety. Please be sure to note on the claim form if advance reimbursement is being requested. Mail the completed form, including a cumulative paid claims report for the policy period, to our office. You may use our Specific Claim Submission checklist to ensure that your submission is complete. Claims may also be sent via e-mail to claims@ecumgu.com.

Once the specific retention has been exceeded, the TPA should submit the claim to East Coast Underwriters for review of the claim. If the claim is in compliance with the certificate provisions and plan document, East Coast Underwriters will issue a reimbursement check payable to the employer for eligible amount exceeding the specific retention. All checks will be sent directly to the TPA.

In order for a check to be issued, the TPA must provide copies of their checks, drafts or other claim payment verification.

Additional eligible expenses should be processed by the TPA and submitted to East Coast Underwriters.

AGGREGATE/STOP LOSS CLAIMS INFORMATION AND PROCEDURES

Aggregate Stop Loss coverage provides protection for an employer if claims paid under Self-Funded Medical Plan for the combined employees exceed the Annual Aggregate Loss Fund. The Annual Aggregate Loss Fund is based upon the monthly factor times the total number of covered employees for each month during the contract period; or the minimum aggregate attachment point noted in the stop loss policy, whichever is greater. Please note that this applies only to traditional stop loss policies with aggregate coverage (not to EZ AGG™ or Spaggregate policies).

All aggregate claims under the stop loss coverage should be mailed to East Coast Underwriters.

WHEN TO FILE A CLAIM AND WHAT TO SUBMIT

At the end of the contract period, if the Annual Aggregate Loss Fund is exceeded, an Aggregate Stop Loss claim should be submitted, again to East Coast Underwriters.

Expenses, which may be applied to the Annual Aggregate Loss Fund, are those incurred and paid according to contract terms.

Submission of the following materials is necessary to claim reimbursement on an aggregate claim:

- Complete loss history including the following:
- Name of the employee and the claimant
- Incurred dates
- Amount of claim paid
- Date claim paid
- Type of service
- Amount of charge
- Check number