

**STOP LOSS CLAIM REIMBURSEMENT  
ADMINISTRATION GUIDE**

**THANK YOU FOR SELECTING GREENWOOD INTERNATIONAL INSURANCE AND BOSTON  
MUTUAL LIFE INSURANCE COMPANY FOR YOUR STOP LOSS PROGRAM.**

We are pleased to present in the next few pages a short summary of our procedures for claims administration of your client's policies. We have included sample forms for your continued reference throughout each policy term. Please feel free to copy these forms as needed.

GreenWood International Insurance Services, Inc., serving as a Managing General Underwriter on behalf of Boston Mutual, is committed to providing sound, professional claim service. We look forward to servicing you and your clients in all aspects of reinsurance policy administration.

If you have any questions or comments after reviewing the following pages, please contact:

**GreenWood International Insurance Services, Inc.**

**Attention: Denise Ard  
77 Main Street, 3<sup>rd</sup> Floor  
Hopkinton, MA 01748**

**Toll Free Phone #: 800-272-7488 Ext. 131**

# STOP LOSS CLAIM REIMBURSEMENT ADMINISTRATION GUIDE

## **PART I - 50% AND DIAGNOSIS NOTIFICATION FORM:**

Please note the listing of Diagnosis Codes which require notification to GreenWood International. 50% and Diagnosis Notification forms are **required** monthly. This form must be sent by regular mail in addition to sending via facsimile.

## **PART II - COMPLETING THE CLAIM FORM:**

The SPECIFIC STOP LOSS CLAIM FORM must be completed fully and we ask the individual signing the form to also legibly print his or her name. If the person signing the form is not the contact person, please include that person's name and telephone number.

## **PART III- INFORMATION REQUIRED:**

Every claim submitted for reimbursement must include a cumulative listing of your payments from the policy effective date to the current filing date. If your company has a computer generated payment listing, that should be submitted as the payment listing.

The Enrollment Form and Claim Form must be included. We must have legible copies of all the bills and an Explanation of Benefits for each payment must accompany the claim. We need verification that other insurance has been investigated. A copy of the check should be included if it is not combined on the EOB. We would appreciate the bill and related EOB attached or in the same sequential order. Hospital bills should include a full itemization along with the UB82/92.

Documentation, reports, PPO savings reports, records or investigative materials required in processing the claim is needed with each claim submission.

A Plan Document should be on file for all policyholders Please be sure to continue to submit Plan Document updates and amendments, when applicable. Claims cannot be reviewed or reimbursed without a Plan Document.

## **PART IV- AUDITS:**

An audit may be requested when deemed appropriate. You will be informed which claims have been submitted for independent review and we will keep you updated on the review and results, as necessary. The audit process may delay reimbursement of the claim.

If a hospital audit has been performed prior to the claim reaching the specific stoploss deductible, the results should be forwarded to our office along with the claim.

**Please note**, audit and other claim administration expenses are not automatically reimbursable under the stoploss contract. Please call the stoploss claims department for information when the need arises.

# **STOP LOSS CLAIM REIMBURSEMENT ADMINISTRATION GUIDE**

## **PART V – AGGREGATE CLAIMS PROCEDURES:**

Aggregate claims are almost always performed on-site. All submissions for aggregate reimbursement should be sent to GWI for initial review. We will contact you should we note any immediate discrepancies. We will then arrange a date for the audit and a request list of documentation needed on the audit date.

Aggregate claim submissions should include:

1. Your monthly calculation of the Aggregate Excess Claim Reimbursement (this calculation should be net of specific claims paid, pending or denied, any refunds, voids, credits or recoveries, and any extra-contractual payments);
2. A complete eligibility listing of all active & terminated individuals covered during the policy period;
3. A cumulative listing of eligible paid claims, totaled by claimant, which should include the following figures:
  - Employee Name
  - Claimant Name
  - Service Dates
  - Type of Service
  - Total Charge
  - Amount Paid
  - Date Paid
  - Check Number
  - Claim Number
4. Check registers for the policy period.
5. Documentation of adequate funding of the claims. (Funding transaction registers or reports and bank statements for the group's claim account for the policy period and for the month following the policy period.)

## **PART VI - GWI's FUNCTIONS**

Once the initial request for reimbursement is received, we will send you an acknowledgment letter indicating any additional information required, and our continuing progress on the claim.

Reimbursement will be made payable to the policyholder and sent to you, as the TPA, when validity has been determined. As noted in the reinsurance contract wording, the policyholder will be reimbursed promptly for such valid amounts due.

## **PART VII - MONTHLY CLAIMS SUMMARY**

These forms **must be** submitted monthly. Please complete by the 15th of the following month and submit to the stoploss claim department.

## GreenWood International Trigger ICD 9's and DRG's

### CARDIAC

Acute Rheumatic Fever and Chronic Rheumatic Heart Disease	ICD – 9 codes 390 - 392, 393 - 398; DRG 104, 105
Hypertensive Disease	ICD – 9 codes 401 - 406, DRG 103, 124
Ischemic Heart Disease	ICD – 9 codes 410 - 414; DRG 106, 108, 122, 144
Diseases of Pulmonary Circulation	ICD – 9 codes 415 - 417; DRG 108, 144
Other Forms of Heart Disease	ICD – 9 codes 420 - 429; DRG 104, 105, 108, 110, 138
Congenital Cardiac Anomalies	ICD – 9 codes 746 - 748; DRG 103, 104, 105, 108
Surgical Intervention	DRG 103, 106, 107
In addition	cardiac condition which could result in a claim > \$50,000.00

### TRANSPLANT

Renal	ICD – 9 codes 250.4, 250.9, 271.4, 581-591, 401-405; DRG 294, 302, 316, 317
Liver	ICD – 9 codes 570-573.9, 960-967, 980; DRG 205, 449, 451, 454, 480
Pancreas	ICD – 9 codes 250; DRG 204, 294-295
Lung	ICD – 9 codes 277, 493, 494, 500-508, 518, 519; DRG 79, 88, 92, 93, 101, 102
Heart Transplant	see Cardiac Referral Guidelines/Criteria
Bone Marrow Transplant	ICD – 9 codes 170-176, 195, 198.3-199, 200-208.08; DRG 257-258, 274, 275, 400-406
In addition	any condition within these diagnostic categories you feel could result in a catastrophic claim.

### HIGH RISK MATERNITY AND PRE-TERM/NEONATAL

High Risk Maternity	ICD – 9 codes 760-763, 761; DRG 379, 383
Pre-term infants/Neonates	ICD – 9 codes 751, 756, 760-763, 764-779, 783.4; DRG 385, 386, 387

## CANCER

Malignant Neoplasm of Lip, Oral Cavity and Pharynx	ICD – 9 codes 140-149; DRG 82
Malignant Neoplasm of Digestive Organs and Peritoneum	ICD – 9 codes 150-159; DRG 172, 203
Malignant Neoplasm of Bone, Connective Tissue, Skin and Breast	ICD – 9 codes 170-176, 179-189; DRG 274, 239, 240, 244, 366, 346
Malignant Neoplasm of Other and Unspecified Sites	ICD – 9 codes 190-199; DRG 10, 11, 400, 401, 405, 406, 409, 410, 492, 413
Malignant Neoplasm of Lymphatic Tissue	ICD – 9 codes 200-208; DRG 400, 405, 408, 409, 410, 473
Neoplasm Classified by Site	ICD – 9 codes 235-238; DRG 473, 492

## ACQUIRED IMMUNE DEFICIENCY SYNDROME (related diagnoses)

Leukoencephalopathy, multifocal, Progressive	ICD – 9 code 046.3
Pneumocystosis	ICD – 9 code 136.3
Central Nervous System Disease, Unspecified	ICD – 9 code 049.9
Toxoplasmosis	ICD – 9 code 130
Kaposi's Sarcoma	ICD – 9 code 176
Lymphosarcoma	ICD – 9 code 202.6
Encephalitis	ICD – 9 code 323.9
Myocarditis, acute	ICD – 9 code 422.9
Pneumococcal pneumonia	ICD – 9 code 481

## GreenWood International Trigger DRG's

DRG	DESCRIPTION
<b>CANCER</b>	
10	Nevous System Neoplasm w/ Cc
11	Nervsou System Neoplasm w/o Cc
82	Respiratory Neoplasm's
172	Digestive Malignancy w/ Cc
173	Digestive Malibnancy w/o Cc
203	Malignancy of Hepatobiliary System or Pancreas
274	Malignant Breast Disorder w/ Cc
275	Malignant Breast Disorder w/o Cc
400	Lymphoma & Leukemia w/ Major O.R. Procedure
401	Lymphoma & Non-Acute Leukemia w/ other O.R. Procedure w/ Cc
402	Lymphoma & Non-Acute Leukemia w/ other O.R. Procedure w/o Cc
403	Lymphoma & Non-Acute Leukemia w/ Cc
404	Lymphoma & Non-Acute Leukemia w/o Cc
405	Acute Leukemia w/o Major O.R. Procedure Age 0-17
406	Myeloprolif Disorder or Poorly Diff Dioplasm w/ major O.R. Procedure w/ Cc
407	Myeloprolif Disorder or Poorly Diff Neoplasm w/ major O.R. Procedure w/o Cc
408	Myeloprolif Disorder or Poorly Diff Neoplasm w/ other O.R. Procedure
410	Chemotherapy
411	History of Malignancy w/o Endoscopy
412	History of Malignancy w/ Endoscopy
413	Other Myeloprolif Disease or Poorly Diff Neoplasm Diagnosis w/ Cc
414	Other Myeloprolif Disease or Poorly Diff neoplasm Diagnosis w/o Cc
473	Acute Leukemia w/o major O.R. Procedure > 17
172	Chemotherapy with Acute Leukemia as Secondary Diagnosis
<b>CARDIOVASCULAR</b>	
104	Cardiac Valve Procedure w/ Cardiac Cath
150	Cardiac Valve Procedure w/o Cardiac Cath
106	Coronary Bypass w/ Cardiac Cath
108	Other Cardiothoracic Procedures
110	Major Cardiovascular Procedures w/ Cc
121	Circulatory Disorder w/ Ami & C.V. Comp Disoh Alive
123	Circulatory Disorder w/ Ami, Expires
124	Circulatory Disorders Except Ami, w/ card Cath & Complex Diagnosis
135	Cardiac Congenital & Valvular Disorders Age > 17 w/ Cc
137	Cardiac Congenital & Valvular Disorders Age 0-17
138	Cardiac Arrhythmia & Conduction Disorders w/ Cc
144	Other Circulatory System Diagnosis w/ Cc
172	Percutaneous Cardiovascular Procedures
125	Circulatory Disorders Except Ami, w/ Card Cath w/o Complex Diagnosis

## HIGH RISK MATERNITY/NEONATES

385	Neonates, Died or Transferred to Another Acute Care Facility
386	Extreme Immaturity or Respiratory Distress Syndrome, Neonate
387	Prematurity w/ Major Problems

## ORGAN TRANSPLANT

103	Heart Transplant
302	Kidney Transplant or Kidney/Pancreas Transplant
316	Renal Failure
480	Liver Transplant
481	Bone Marrow Transplant

## BURNS AND TRAUMA

439	Skin Grafts for Injuries
440	Wounded Debridements for Injuries
442	Other O.R. procedures for Injuries w/ Cc
172	Traumatic Injury Age > 17 w/ Cc
446	Traumatic Injury Age 0-17
484	Craniotomy for Multiple Significant Trauma
485	Limb Reattachment, Hip and femur Procedures for Multiple Significant Trauma
486	Other O.R. Procedures for Multiple Significant Trauma
456	Burns, Transferred to another Acute Care Facility
457	Extensive Burns w/o O.R. Procedure
472	Extensive Burns w/o O.R. Procedures

# 50 % AND DIAGNOSIS NOTIFICATION FORM

*Please print or type*

Policyholder Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Effective: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Specific Deductible: \_\_\_\_\_

Amount to be paid: \$ \_\_\_\_\_  
Amount Outstanding: \$ \_\_\_\_\_  
PROJECTED TOTAL PAYMENTS: \$ \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date First Treated: \_\_\_\_\_

Prognosis:

Projected treatment plan:

Has Large Claim Management been implemented?  YES  NO

Name of LCM Facility: \_\_\_\_\_

If yes, what type(s)?

- Pre-Certification, Concurrent Review
- Discharge Planning
- Large Case Management Monitoring
- Negotiated Cost Savings

If no, why not?

- Not Good Candidate
- LCM Not Included in Group Plan
- Extensive PPO Network
- Other

*If LCM is not included in the Plan, please contact GWI as soon as possible*

Name of Case Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

The majority of these charges:  were  were not incurred in PPO facilities

Name of PPO Network: \_\_\_\_\_

Will the hospital bills be audited?  YES  NO Negotiated?  YES  NO

Stop Loss Coordinator: \_\_\_\_\_

TPA Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM BY REGULAR MAIL TO:**

GreenWood International Insurance Services, Inc.  
77 Main Street, 3<sup>rd</sup> Floor  
Hopkinton, MA 01748

Toll Free Phone Number: 800-272-7488  
Facsimile Number: 508-497-9279



**SPECIFIC STOP LOSS CLAIM FORM**

Initial Claim       Supplemental       Advanced Funding       Other

Employer Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Plan Year/Type: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

EE Eff. Date: \_\_\_\_\_ EE Hire Date: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ COBRA Eff. Date: \_\_\_\_\_

Claimant DOB: \_\_\_\_\_ Claimant Eff. Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Diagnosis/ICD9: \_\_\_\_\_

Lifetime Max PTD: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Total Eligible Benefits this Submission: \$ \_\_\_\_\_

Less Specific Deductible: \$ \_\_\_\_\_

Reimbursement Requested: \$ \_\_\_\_\_

Estimated Future Liability: \$ \_\_\_\_\_

YOUR REIMBURSEMENT REQUEST SHOULD INCLUDE THE FOLLOWING INFORMATION (if applicable)

**Copies of:**

Enrollment form/documentation of continuing eligibility; eg FMLA  
 Employee claim form/current  
 COBRA election form/payments  
 Medicare election form  
 EOBs/claim checks/registers  
 Itemized bills  
 Deductible/coinsurance proof  
 Precertification form  
 Hospital records/audits/reviews  
 R&C calculations

**Investigation Materials For:**

COB  
 Full time student status  
 Pre-existing  
 Large case management reports  
 Physician's statements  
 Subrogation (accident detail/police report)  
 Workers' compensation

TPA Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Submitted by (print): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: GreenWood International Insurance Services, Inc.

77 Main Street, 3<sup>rd</sup> Floor  
Hopkinton, MA 01748  
Phone: 1-800-272-7488  
Fax: 1-508-497-9297