

SPECIFIC EXCESS LOSS REIMBURSEMENT

GENERAL GUIDELINES

1. Questions – Bring all questions, problems and “gray areas” to our attention as soon as possible, as we want to work with you to prevent any misunderstandings.
2. Notification of Claim - MDU requires written notification (Notification of Specific Claim) within **20 days** of the date of loss for which a claim is made, or as soon as reasonably possible, for any of the following:
 1. A covered Person incurs Eligible Expenses for one of these diagnoses:
 - Acquired Immune Deficiency Syndrome (AIDS)
 - Head or spinal cord injuries
 - Malignancies
 - Premature birth
 - Complications of pregnancy
 - Severe Burns
 - Severe Strokes
 - Severe Trauma
 - Renal Failure/Disease
 - Severe Cardiovascular Disease
 - Organ Failure/Potential Organ Transplant
 2. A covered Person exceeds fifty percent (50%) of their Specific Retention amount.
 3. A covered Person’s condition is such that it is evident that benefits exceeding the Specific Retention will be incurred.

Please note, in an effort to control costs, Large Case Management should be implemented on all serious illness and catastrophic claims. Please refer to the Case Management Guidelines for additional information.

3. Claim Status – Once the initial notification of claim has been filed, please update us monthly of the claimant’s status. Information outlining the patient’s prognosis, amount paid and expected future expenses all assist us in keeping our reserves as accurate as possible.
4. Proof of Loss – Our proof of loss requirement must be satisfied in order for an eligible claim to exist. Written proof of loss must be given within **90 days** of such loss. Proof may be submitted later, if it was not reasonably possible to submit it within this period. In no event, except in the legal capacity of the claimant, may Proof be submitted later than one year from the time it is otherwise required.

Proof of Loss is satisfied when all necessary information needed to accurately audit the claim has been provided. This includes but is not limited to all eligibility forms, claim form, itemized bills, diagnosis, and C.O.B. information including copies of payment vouchers.

When a claim cannot be processed due to lack of a claim form or other benefit payment (C.O.B., accident details, full-time student status), the claim has not met the proof of loss requirement. These types of claims must be processed under the contract that is in force when the complete notice of claim is received.

5. Reimbursement Contract – The Excess Loss Reinsurance Agreement is intended to be a reimbursement contract. Therefore, reimbursement will be made upon verification that the claim (including the retention) has been funded and paid in accordance with the terms and definitions of the Excess Loss Treaty and within the treaty period. **Note:** “Paid” means that funds are actually disbursed by the reinsured Employer or his Agent. They are considered disbursed when the checks are mailed and sufficient funds are available (and continue to be available) in the account upon which payment is drawn. If a third party vendor has been contracted to handle the actual printing and mailing of checks, they are considered to be an Agent of the Employer. The actual mail date in these circumstances is the date that vendor placed the checks in the US mail. Supporting documentation from the claim administrator and third party vendor, as well as copies of bank statements, etc. may be required to confirm the funding.

Please refer to the Specific Reinsurance Immediate Reimbursement guidelines for information on advanced funding requests.

6. Reinsurance Premium – Reimbursement will be made on eligible claims upon receipt of the required premium for the month in which the claim was paid.
7. Large Dollar Claims – Large dollar hospital claims (generally charges in excess of \$25,000.00) and all hospital claims with charges for implants should be screened for possible audit and/or additional fee negotiations by an outside vendor. This should apply to both PPO and non-PPO claims.

All PPO and non-PPO dialysis claims should be reviewed to confirm charges are appropriate for the care that is being rendered and within standard care guidelines. As the Excess Loss Reinsurance treaty allows for reimbursement on a U&C level, all non-PPO dialysis claims should be re-priced accordingly to be considered eligible for reimbursement.

Outside Vendor Negotiation Fees – Fees associated with one time negotiations or re-pricing of large dollar or dialysis claims may be considered for reimbursement providing there were effective savings on the claim. In no case will fees exceeding 25% of savings or fees in excess of the actual discounted claim amount be considered for reimbursement without prior approval.

8. COBRA – If the claimant is covered under COBRA, please submit the COBRA election form and verification that COBRA premium payments are current.

9. Actively at Work – Unless other arrangements were made when the case was underwritten, an Employee must be Actively at Work on the plan and/or MDU effective date for excess loss benefits to be available. Dependents are covered, provided they are not at home on in the hospital due to disability on the plan effective date. Therefore, unless specifically endorsed into the contract, coverage is not provided for disabled lives.
10. Subrogation – In cases where a third party may be liable for expenses incurred by an employee or dependent, we require that copies of all applicable documentation needed to protect the subrogation rights of the Excess Loss carrier be on file for claim consideration. This information would include (but not be limited to) a signed subrogation/indemnification letter, information on any third party involved, a police report, the identity of any legal representative, and details on who is actively pursuing subrogation recovery on behalf of the Group.
11. Claim Forms – MDU has provided a copy of a Notice of Claim and a Specific Reimbursement Request form for your convenience. However, we will accept your own internal forms if they contain all of the required information.