



Specific Excess Claims Submissions

In the event that an individual claim exceeds the Specific Retention, a complete copy of the processed claim file should be submitted to BRM Specialty Markets.

The following items should also be included with the excess claim submission:

- Specific Stop Loss Claim Form:** This form (attached) must be completed and signed by an authorized representative of the Administrator.
- Enrollment Card:** This is required for initial submissions only. Include any change forms, Medicare election forms, COBRA election form and termination notices.
- Explanation of Benefits (EOB):** All EOBs are required.
- File Documentation:** All correspondence, memorandums, phone messages, coordination of benefits forms, subrogation forms, student status forms, pre-existing – creditable coverage forms, large case management reports, etc.
- Itemized Bills:** All charges must be documented. Balance due statements, cash register receipts and cancelled checks will not be considered.
- Usual, Customary & Reasonable Calculations:** These are required for all fees relating to surgical, anesthesia and assistant surgery procedures.
- Claim Checks:** Copies of issued checks or other “claim payment verification” are required. If check or draft copies are not retained, claim payment verification documents must be submitted to BRM’s Claim Department for approval.

Notes: To qualify for BRM’s “Specific Advance Reimbursement” each of the following must be satisfied:

- The claim is in compliance with all terms and conditions of the plan document and stop loss contract.
- The Insured has paid all eligible charges up to the specific level.
- All premiums due are paid in accordance with the provisions of the stop loss contract.
- The advance request is received in writing.

On specific advances only, BRM deems the date the TPA processes the claim as the date of payment on all amounts in excess of the specific deductible. Specific advances are allowed at any time during the contract year, including the 12th month, provided written notification is received by BRM prior to the end of the claim payment period as defined in the stop loss contract.

Specific Stop Loss Request for Reimbursement

Initial Claim

Supplemental Claim

Advance Request

Case Name: _____

Contract Dates: _____ to _____ Contract Terms: _____

Employee Name: _____ SS# _____ DOB: _____

Claimant Name: _____ SS# _____ DOB: _____

EE Hire Date: _____ EE Effect Dt: _____ Termination Date: _____

Claimant's Eff Date: _____ Still on Payroll: Y ___ N ___ Last Day Worked: _____

Average Hours Worked: _____ Date Returned to Work: _____ Cobra Eff. Date: _____

Large Case Management: Y ___ N ___ LCM Vendor: _____

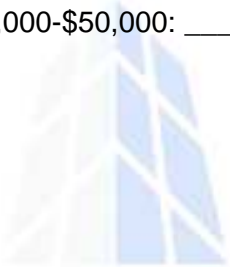
Diagnosis: _____ Prognosis: _____

Estimate of Future Expenses:

Claimant Deceased: _____ Under \$10,000: _____

\$10,000-\$50,000: _____ \$50,000 & Up: _____

Reimbursement Request:



Total Paid Claims \$ _____

Less Specific Deductible \$ _____

Reimbursement Requested \$ _____

CLAIM REQUEST CANNOT BE PROCESSED WITHOUT THE FOLLOWING ITEMS:

- | | |
|---|--|
| ✓ Copy of original enrollment card & subsequent changes | ✓ Employee Claim Form |
| ✓ Investigation correspondence: (accident/work comp/cob/student status) | ✓ Copies of Large Case Management Reports |
| ✓ Copies of EOBs w/corresponding bills & claim checks/draft | ✓ Singed Subrogation forms (if applicable to accident claim) |
| ✓ Cobra Election Forms/Payments | ✓ Deductible & Coinsurance Proof (for all years involved) |
| ✓ Certificate of Credible Coverage | ✓ Copies of Pre-Certification(s) |

Submitted by: _____

Title: _____

TPA & Address: _____

Phone Number: _____

Send Requests to:
claims@brmuw.com

ICD-10 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 BRM Specialty Markets.

<u>A00-B99</u>	<u>Certain infectious and parasitic disease</u>	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
<u>C00-D49</u>	<u>Neoplasms</u>	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	<u>J00-J99</u>	<u>Diseases of the respiratory system</u>
<u>D50-D89</u>	<u>Diseases of the blood/blood-forming organs & disorders involving the immune mechanism</u>	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	<u>K00-K95</u>	<u>Diseases of digestive system</u>
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
<u>E00-E89</u>	<u>Endocrine, nutritional and metabolic diseases</u>	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	<u>L00-L99</u>	<u>Diseases of the skin & subcutaneous tissue</u>
<u>G00-G99</u>	<u>Diseases of the nervous system</u>	L40	Psoriasis
G00-G09	Inflammatory diseases of the central nervous system	L51	Erythema multiforme
G10-G13	Systemic atrophies primarily affecting the CNS	<u>M00-M99</u>	<u>Diseases of musculoskeletal system & connective tissue</u>
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
<u>I00-I99</u>	<u>Diseases of circulatory system</u>	<u>N00-N99</u>	<u>Diseases of the genitourinary system</u>
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

<u>O00-O09A</u>	<u>Pregnancy, childbirth and the puerperium</u>	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
		S68.4-S68.7	Traumatic amputation of hand at wrist level
<u>P00-P96</u>	<u>Certain conditions originating in the perinatal period</u>	S78	Traumatic amputation of hip and thigh
P07	Disorders of newborn related to short gestation and low birth weight	S88	Traumatic amputation of lower leg
P10- P15	Birth trauma	S98	Traumatic amputation of ankle and foot
P19-P29	Respiratory & cardiovascular disorders specific to the perinatal period	T30-T32	Burns and corrosions of multiple body regions
P36	Bacterial sepsis of newborn	T81.11-T81.12	Postprocedural cardiogenic and septic shock
P52-P53	Intracranial hemorrhage of newborn	T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
P56	Hydrops fetalis due to hemolytic disease	T83-T85	Complications of prosthetic devices, implants and grafts
P77	Necrotizing enterocolitis of newborn	T86	Complications of transplanted organs and tissue
P91	Other disturbances of cerebral status newborn	T87	Complications to reattachment and amputation
		<u>Z00-Z99</u>	<u>Factors influencing health status and contact with health services</u>
<u>Q00-Q99</u>	<u>Congenital malformations, deformations and chromosomal abnormalities</u>	Z37.5-Z37.6	Multiple births
Q00-Q07	Congenital malformations of the nervous system	Z38.3-Z38.8	Multiple births
Q20-Q28	Congenital malformations of the circulatory system	Z48.2-Z48.298	Encounter for aftercare following organ transplant
Q41-Q45	Congenital anomalies of digestive system	Z49	Encounter for care involving renal dialysis
Q60	Renal agenesis and other reduction defects of kidney	Z94	Transplanted organ and tissue status
Q79	Congenital malformations of the musculoskeletal system	Z95	Presence of cardiac and vascular implants and grafts
Q85	Phakomatoses, not classified elsewhere	Z98.85	Transplanted organ removal status
Q87	Congenital malformation syndromes affecting multiple systems	Z99.1	Dependence on respirator
Q89	Other congenital malformations	Z99.2	Dependence on dialysis
			<u>Additional disclosure information to be referred to BRM Specialty Markets</u>
<u>R00-R99</u>	<u>Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified</u>		<ul style="list-style-type: none"> • Transplants – Transplants should be referred to our Specialty Claims Unit (SCU) for cost containment assistance prior to transplantation • Pre-certifications and utilization reviews • Rx Prescription Drugs and Specialty Drugs • Large Case Management – LCM reports • Specific claims at 50% of group deductible
R18	Ascites		
R57-R58	Shock, hemorrhage		
R65	Symptoms & signs specifically associated with systemic inflammation and infection		
<u>S00-T88</u>	<u>Injury, poisoning and certain other consequences of external causes</u>		
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		

50% OR LARGE CLAIM NOTICE
Please submit via email to: claims@brmuw.com

At such time that any claim reaches 50% of the Specific Retention Amount or the potential for a large claim based on the diagnosis, please complete this form and return it to the attention of BRM's Claim Department.					
Group Policyholder:		Spec Ded:			
Contract Period:		Contract Basis:			
Employee Name:		EE DOB:			
Social Security #:					
Employee's Original Effective Date:					
Employee Status:	Active:	Retired:	Disability:	COBRA:	Deceased:
Claimant Name:		DOB:			
Claimant's Effective Date:					
Other Coverage:	COB:	Medicare:	W/C:	Third Party Liability:	
Date of First Claim:		Are services due to an accident?		If Yes, please indicate	
Details:					
Was Injury Work-Related?					
Admission & Discharge Dates of Hospitalizations:					
Name of Hospital		Telephone # of Hospital			
Are hospital charges subject to any negotiated or pre-arranged discounts?					
If yes, please indicate type of arrangement and anticipated discounts:					
Diagnosis:					
If DX is ESRD, provide the Effective date of Medicare:					
Prognosis and anticipated treatment plan:					
Has Large Case Management been implemented?		Vendor Name:			
Total Paid to Date for this Claim: \$		Paid Through:			
Estimated Future Costs: \$					
TPA:					
Print Contact Name:		Date:			

ACCOMMODATION CLAIM FORM

Monthly Accommodation Year End

Case Name:						Contract Period:				
Contract Number:				Specific Deductible: \$						
Maximum Plan Losses per Covered Person per Benefit Period: \$										
Aggregate Factors:		\$	\$	\$	\$	\$	\$	\$	\$	\$
Specific Claims Basis:						Aggregate Claims Basis:				
Month & Year	# of Single	# of EE +Spouse	# of EE + Child(ren)	# of Family	Estimated Attach Pt. Monthly	Estimated Attach Pt. YTD	Claims Paid this Month	Claims Paid YTD	Claims Paid Outside Agg. Policy	Specific Reimb.
1. Total Paid Claims through (date):									Amount: \$	
2. Minimum Monthly Aggregate Deductible through (date):									Amount: \$	
3. Annual Aggregate Deductible (calculated) through (date):									Amount: \$	
4. Less Claims exceeding Specific Deductible/Maximum Plan Loss per Covered Person									- \$	
5. Less Previous Monthly Accommodations									- \$	
6. Less Claims Paid outside the Aggregate Policy									- \$	
7. Total Accommodation Requested									= \$	
The following information is required:										
1-Detailed Total Paid			2-Itemized PCS Invoices			3-Specific Analysis Report			4-Outside Loss Fund Report	
5-Aggregate Spreadsheet			6-Eligibility Report			7-Funding Report			8-Check Register	
TPA:										
Completed by:						Title:			Date:	
Please submit to: claims@brmuw.com										

**BRM Specialty Markets
Employer Statement**

Employee Name _____ Plan Name (if more than one) _____

SSN or Identification # _____

Date of Birth _____

Original Effective Date _____

Original effective date is defined as the date employee first signed up for medical insurance since employed.

If employee was out of work due to illness/injury

Last date worked _____

Date returned to work _____

PTO/Sick time used _____

FMLA Start Date _____ FMLA end date _____

STD Start Date _____ STD end date _____

Attach copy of completed FMLA form

Date Terminated _____

Date COBRA became effective _____

Attach copy of COBRA election form and evidence of COBRA premium payments

DEPENDENT Status

Complete only if claimant is dependent

Dependent Name _____

Dependent Date of Birth _____

Dependent Original effective Date _____

Original eff. date is defined as the date the dependent was first enrolled in medical insurance since the employee has been employed.

Dependent termination date _____

Does dependent have any other group medical insurance? _____

Signature – title

Date