

CLAIM SUBMISSION CHECKLIST

EMPLOYER STOP LOSS

HM STOP LOSS

The following checklist is a guide to help TPAs provide HM with the information necessary to process claims, obtain out-of-network discounts and provide early claim notification.

Information should be sent to: **stoplossmail@hmig.com**

Claims

Provide the following documents to help ensure that all necessary information is provided at the time of claims submission.

- ___ Claim Submission Form – Specific Stop Loss Claim Form (available on hmig.com)
- ___ Paid Claims Report (Excel spreadsheet format preferred)
Required Report Data:
 - Employee Social Security number (or Alternate ID #)
 - Employee name
 - Claimant name
 - Relationship to employee
 - Claimant date of birth
 - Diagnosis (ICD-9/ICD-10 Code)
 - Incurred dates (from and through)
 - Provider name/number
 - Procedure Code (CPT4) or Revenue Code
 - Charge amount
 - Allowed amount (or discount amount)
 - Paid amount
 - Payee name
 - Date paid
 - Check number
- ___ Copy of the original enrollment card or eligibility screen prints
- ___ Continuation of Coverage – Supporting documentation for FMLA, LOA and COBRA, including proof of premium payments and/or contribution (See Stop Loss Continuation of Coverage questionnaire)

- ___ Copy of any applicable pre-certifications as required by the plan
- ___ Copy of claims for any facility charges more than \$100,000
- ___ Copy of claims for any physician charges/miscellaneous providers more than \$10,000
- ___ Certificate of Creditable Coverage (if applicable)
- ___ Other insurance documentation (coordination of benefits information)
- ___ Handicapped Child Certification documentation
- ___ Summary Plan Description (as applicable for the first claim sent in the policy year and after any known Summary Plan Description updates, changes or amendments)

Discounting

Discounts should be attempted on the following out-of-network claims prior to submission:

- ___ Inpatient hospital claims more than \$10,000
- ___ Outpatient hospital claims more than \$5,000
- ___ Physician claims more than \$5,000
- ___ DME claims more than \$1,000
- ___ All ongoing services regardless of the dollar amount (e.g., chemotherapy, dialysis)

Early Notification

Provide early notification of the following prior to submission:

- ___ Notification at pre-certification level based on Trigger Diagnosis Listing
- ___ Notification of 50% of the Specific deductible



It's our policy to protect.

800.328.5433 | hmig.com