

Claim Submission Checklist: Employer Stop Loss

The following checklist is a guide to help TPAs provide HM Insurance Group (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

The following should be provided to help ensure claims can be processed in the targeted timeframe.

- Claim Submission Form – Specific Stop Loss Claim Form (available on hmig.com)
- Paid Claims Report (Excel spreadsheet format preferred)
 - Required Report Data:
 - Claimant Social Security number (or Alternate ID #)
 - Claimant name
 - Claimant relationship to employee
 - Claimant date of birth
 - Diagnosis Code (ICD-9/ICD-10)
 - Incurred dates (from and through)
 - Provider name/number
 - Procedure Code (CPT4) / Revenue Code
 - Billed amount
 - Allowed amount (or discount amount)
 - Paid amount
 - Payee name
 - Date paid
 - Check number
- Copy of the original enrollment card or proof of 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)
- Payment of premium

- 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 (e.g., 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
- Notification of all potential gene therapy claimants

For more information, contact your HM sales representative or visit hmig.com



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Coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HMP-SL (11/16) or HMP-SL (08/19) or similar. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP-SL (11/16) or HMP-SL (08/19) or similar. The coverage requested may not be available in all states and is subject to individual state approval.