



## Welcome to Resolute Underwriting Strategies

This Claims Kit is provided to you as a guide and includes information on procedures for identifying, reporting and filing Specific and Aggregate Stop Loss claims. If you are uncertain about any of the information provided or have questions, please don't hesitate to contact us.

### Claim Remittance Contacts

- Potential Specific Stop Loss Claim Notification: [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com)
- Specific Stop Loss Claim Filing: [spec\\_submissions@resoluteuw.com](mailto:spec_submissions@resoluteuw.com)
- Aggregate Stop Loss Reporting: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)
- Aggregate Stop Loss Claim Filing: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)

### Stop Loss Forms

The following guidelines & claim forms are to be used when reviewing, reporting and filing Stop Loss Claims with Resolute Underwriting Strategies:

#### 1. Trigger Diagnosis List

Use as a *guideline* to identify individuals who represent potential ongoing claims and/or large claims.

#### 2. Potential Specific Stop Loss Claim Form

Send as an initial notification to: [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com)

- When individual is diagnosed with a trigger diagnosis
- When claimant diagnosis is expected to exceed 50% of the Specific Stop Loss Deductible
- When claimant total paid claims exceed 50% of the Specific Stop Loss Deductible (regardless of the diagnosis)

Attach copies of the Utilization Review records if applicable. Do not attach copies of provider bills or other documentation.

#### 3. Update of Potential Specific Stop Loss Claim Form

Send each month once an initial notification has been filed to: [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com)

- Attach copies of Utilization Review records if applicable
- Do not attach copies of provider bills or other documentation
- Do not continue to submit notices once Specific Stop Loss Claim is submitted

#### 4. Specific Stop Loss Claim Form (2 pages)

Send to: [spec\\_submissions@resoluteuw.com](mailto:spec_submissions@resoluteuw.com)

- When a claimant has exceeded the Specific Stop Loss Deductible
- When submitting a subsequent Specific Stop Loss claim for an additional reimbursement on same claimant



#### 5. Aggregate Stop Loss Claim Form

Send to: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)

- When cumulative group claims year to date have exceeded the cumulative Monthly Aggregate Stop Loss Deductible for the Policy Period (if an *Aggregate Accommodation* applies)
- When cumulative group claims at year end have exceeded the Aggregate Stop Loss Deductible for the Policy Period

#### **IMPORTANT:**

If you receive notice of representation from an attorney, or a notice of a lawsuit, or a formal appeal on a denial of a claim that was filed with Resolute Underwriting Strategies as part of a Specific or Aggregate Stop Loss Claim, please send all related information and documentation to [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com) immediately.



## Trigger Diagnosis List

Administrators are *required* to notify Resolute Underwriting Strategies of potentially large claimants with *expected* paid claim totals potentially exceed 50% of their Specific Stop Loss Deductible. To assist in the identification of potential large claimants, the following list is provided.

### ACCIDENTS

Head & Spinal Cord Injury:  
Burns Requiring Hospitalization: (2<sup>nd</sup> or 3<sup>rd</sup> degree covering 10% or more of the body)  
Traumatic Brain Injury  
Multiple Crushing Injuries and/or Fractures

### AIDS

**AMPUTATIONS** (Major Extremities)

### BLOOD DISORDERS

Aplastic Anemia  
Hemophilia  
Thrombocytopenia

**CANCER** (Multiple Admissions; Metastatic)

### CARDIAC (Chronic):

Cardiomyopathy  
Congestive Heart Failure

### CEREBRAL VASCULAR ACCIDENT

### CONGENITAL DEFECTS

Brain  
Spinal Cord  
Nervous System  
Vessels  
Kidney  
Chromosome  
Cystic Fibrosis  
Cerebral Palsy

**DIABETES MELLITIS** (with Complications)

### HOSPITAL STAYS

14 days or more  
Multiple admissions in 12-month period

### GROWTH HORMONE THERAPY

### INFECTIOUS DISEASES:

Tuberculosis  
Septicemia  
Bacterial Meningitis  
Osteomyelitis

### I.V. THERAPY:

Enzyme Replacement

Extensive I.V. Therapy  
Home I.V. Therapy  
Antibiotic Therapy

**KIDNEY FAILURE** (End Stage Renal Disease)

### MECHANICAL ASSISTANCE DEPENDENCY

Apnea Monitors  
Ventilators  
Any Other Conditions Requiring Monitoring to Sustain Life

### NEWBORN WITH COMPLICATIONS

Extreme Immaturity  
Birth Trauma  
Respiratory Distress or Disorders  
Congenital Anomalies

### NEUROLOGICAL DISORDERS

Amyotrophic Lateral Sclerosis (ALS)  
Muscular Dystrophy  
Strokes  
Multiple Sclerosis (MS)

### OBSTETRICAL COMPLICATIONS

High Risk Pregnancies  
Expected Multiple Birth (of 3 or More Infants)

**PSYCHIATRIC** (resulting in Hospital Confinement)

### SEVERE RESPIRATORY CONDITIONS

### SICKLE CELL ANEMIA

### TRANSPLANTS

Major Organs  
Bone Marrow  
Stem Cell  
Any Complications Thereof

### OTHER

Cases Requiring Skilled Nursing Facilities, Home Healthcare, Hospice, Daily Private Nursing  
Total Parenteral Nutrition (TPN)  
Multiple Admissions (within same year)  
Chronic Pain Management  
Interim Hospital Billings  
Intensive Levels of Home Health Care Supplies and/or Service



## ICD-10-CM List

Please send notice for all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories:

### A00-B99 Certain infectious and parasitic disease

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease

### C00-D49 Neoplasms

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

### D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism

D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60-D64	Aplastic and other anemias
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions
D70-D77	Other diseases of blood and blood-forming organs
D80-D89	Certain disorders involving the immune mechanism

### E00-E89 Endocrine, nutritional and metabolic diseases

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	Obesity and other hyper alimentation
E70-E89	Metabolic disorders

### F01-F99 Mental, Behavioral and Neurodevelopmental disorders

F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3	Major Depressive Disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.5	Asperger's syndrome

### G00-99 Diseases of the nervous system

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

### I00-I99 Diseases of Circulatory System

I20	Angina Pectoris
I21.09-I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60-161	Subarachnoid Hemorrhage / Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion of Precerebral /Cerebral Arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis / Aortic Aneurysm

### J00-J99 Diseases of Respiratory System

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Postinflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse / Respiratory Failure

### K00-K95 Diseases of Digestive System

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

### M00-M99 Diseases of Musculoskeletal System & Connective Tissue

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis



**N00-N99 Diseases of the Genitourinary System**

N00-N01 Acute and Rapidly Progressive Nephritic Syndrome  
 N03 Chronic Nephritic Syndrome  
 N04 Nephrotic Syndrome  
 N05-N07 Nephritis and Nephropathy  
 N08 Glomerular Disorders classified elsewhere  
 N17 Acute Kidney Failure  
 N18 Chronic Kidney Disease (CKD)  
 N19 Renal Failure, Unspecified

**O00-O9A Pregnancy, childbirth and the puerperium**

O09 High Risk Pregnancy  
 O11 Pre-Existing Hypertension with Pre-Eclampsia  
 O14-O15 Pre-Eclampsia and Eclampsia  
 O30 Multiple Gestation  
 O31 Other complications specific to Multiple Gestations

**P00-P96 Certain conditions originating in the perinatal period**

P07 Disorders of newborn related to short gestation and low birth weight  
 P10- P15 Birth Trauma  
 P19 Fetal distress  
 P23-P28 Other respiratory conditions of newborn  
 P29 Cardiovascular disorders originating in the perinatal period  
 P36 Bacterial sepsis of newborn  
 P52-P53 Intracranial hemorrhage of newborn  
 P77 Necrotizing enterocolitis of newborn  
 P91 Other disturbances of cerebral status newborn

**Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities**

Q00-Q07 Congenital malformations of the nervous system  
 Q20- Q26 Congenital Cardiac malformations  
 Q41-Q45 Congenital Anomalies of Digestive system  
 Q85 Phakomatoses, not classified elsewhere  
 Q87 Congenital malformation syndromes affecting multiple systems  
 Q89 Other Congenital malformations

**R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified**

R07.1-R07.9 Chest Pain  
 R40-R40.236 Coma  
 R57-R58 Shock, Hemorrhage  
 R65.2-R65.21 Severe sepsis

**S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes**

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  
 S32.0-S32.2 Fracture of lumbar vertebra  
 S34 Injury of lumbar and sacral spinal cord and nerves  
 S35 Injury of blood vessels at abdomen, lower back and pelvis  
 S36-S37 Injury of intra-abdominal organs  
 S48 Traumatic amputation of shoulder and upper arm  
 S58 Traumatic amputation of elbow and forearm  
 S68.4-S68.7 Traumatic amputation of hand at wrist level  
 S78 Traumatic amputation of hip and thigh  
 S88 Traumatic amputation of lower leg  
 S98 Traumatic amputation of ankle and foot  
 T30-T32 Burns and corrosions of multiple body regions  
 T81.11-T81.12 Postprocedural cardiogenic and septic shock  
 T82 Complications of cardiac and vascular prosthetic devices, implants and grafts  
 T83-T85 Complications of prosthetic devices, implants and grafts  
 T86 Complications of transplanted organs and tissue  
 T87 Complications to reattachment and amputation

**Z00-Z99 Factors Influencing Health Status and Contact with Health Services**

Z37.5-Z37.6 Multiple births  
 Z38.3-Z38.8 Multiple births  
 Z48-Z48.298 Encounter for aftercare following organ transplant  
 Z49 Encounter for care involving renal dialysis  
 Z94 Transplanted organ and tissue status  
 Z95 Presence of cardiac and vascular implants and grafts  
 Z98.85 Transplanted organ removal status  
 Z99.1 Dependence on respirator  
 Z99.2 Dependence on dialysis



**Notification is also required for any of the following:**

- ◆ Any individual reaching 50% or more of the specific deductible
- ◆ Any individual having the potential to exceed 50% of the specific deductible
- ◆ Any individual for which Large Case Management is initiated
- ◆ Head injury
- ◆ Mental disorder requiring hospital confinement
- ◆ Cancer
- ◆ Premature birth
- ◆ Heart surgery
- ◆ Brain injury or disease
- ◆ Amputation
- ◆ Second or third degree burns in total covering 10% or more of the body
- ◆ Multiple fractures
- ◆ Crushing or massive internal injury
- ◆ Any Claim with continuous hospitalization of more than one month
- ◆ Acquired Immune Deficiency Syndrome (AIDS), to the extent privacy, or other, laws do not prohibit such disclosure
- ◆ Children weighing less than five pounds at birth, or children born with a major abnormality
- ◆ Chronic illness requiring long term care
- ◆ Organ or tissue transplant
- ◆ Cerebral Vascular Accidents (Strokes)
- ◆ Coronary conditions with long-term complications (Congestive Heart Failure, Severe Coronary Artery Disease, etc.)
- ◆ Diabetes Mellitus (complicated by blindness, amputations, neurologic impairment, etc.)
- ◆ Eating disorder (Anorexia, Bulimia)
- ◆ Hemophilia
- ◆ Hereditary Angioedema (HAE)
- ◆ Infants (premature and/or with sever congenital defects, respiratory distress, Bronchopulmonary Dysphasia) Multiple birth (2 or more babies) reported at time of dx, during pregnancy, NOT after birth
- ◆ Leukemia
- ◆ Muscular and neurologic disease, progressive (Myasthenia Gravis, Guillain-Barre Syndrome, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Muscular Dystrophy, etc.)
- ◆ Opioid dependency
- ◆ Organic brain syndrome (Alzheimer's Disease, etc.)
- ◆ Renal failure, end-stage (dialysis, transplants)
- ◆ Respiratory conditions, chronic (Chronic Obstructive Pulmonary Disease, Severe Asthma, Emphysema)
- ◆ Spinal Cord Injuries



## POTENTIAL SPECIFIC STOP LOSS CLAIM NOTIFICATION

It is important that a Policyholder/ Administrator provide *timely* notification to Resolute Underwriting Strategies of any Potential Specific Stop Loss claim, typically defined as “*any covered individual with total paid claims EXPECTED to exceed 50% of the Specific Stop Loss Deductible*”.

As the reinsured, the Plan or their designated Administrator is required to complete the “**POTENTIAL SPECIFIC STOP LOSS NOTIFICATION**” form when a potential *claimant is expected*. Potential Specific Stop Loss claims are typically identified in two ways:

### ***By Diagnosis***

Administrators can identify Potential Specific Stop Loss claims through a variety of sources: A request for eligibility & benefit verification for a serious diagnosis; through the process of pre-admission certification; developing Utilization Review documentation; initiation of Large Case Management and the *Administrators review* of the claim history & diagnosis when a filing is submitted for adjudication.

If your preadmission certification, utilization review, or large case management is performed by a separate organization, please advise that entity of the importance of receiving immediate notification of an admission, outpatient procedure or request for sub-acute care.

### ***By Amount Paid***

If the total dollar amount paid on a claimant has reached 50% of the Specific Stop Loss Deductible, notice of this claimant is required *regardless of the diagnosis*.

***IMPORTANT:*** *Providing this information to Resolute Underwriting Strategies - Claims as early as possible enables us to advise, direct and make available to administrators and their clients many resources to assist in the management of these large claims while maintaining quality care.*

### ***Updates:***

Once an “initial” notification has been filed, provide updates each month using the Update of Potential Specific Stop Notification form.



## POTENTIAL SPECIFIC STOP LOSS NOTIFICATION

Notice filed based on Diagnosis

Notice filed as 50% of the Specific Deductible

### Eligibility Section

Contract Holder: \_\_\_\_\_

COVERED PERSON

CLAIMANT

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

Gender/Relation: \_\_\_\_\_ / \_\_\_\_\_

DOB: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

COBRA Effective: \_\_\_\_\_

Actively at Work: \_\_\_\_\_

Full time Student: \_\_\_\_\_

### Stop Loss Section

Carrier: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Contract year: \_\_\_\_\_

Specific Deductible: \$ \_\_\_\_\_ Current Contract Basis: \_\_\_\_\_

### Claim Information

Dates: First DOS: \_\_\_\_\_ First Received: \_\_\_\_\_ First Admit: \_\_\_\_\_

Other Coverage:  NO  YES - If yes, include information:  
 COB  TPL  W/C  Medicare  Other \_\_\_\_\_

Large Case Mgr: \_\_\_\_\_ PPO(s): \_\_\_\_\_

Diagnosis (use ICD-10 & Description): \_\_\_\_\_

Status: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Comments: \_\_\_\_\_

### Payment Information

Charges RECEIVED to Date: \$ \_\_\_\_\_ Charges PAID to Date: \$ \_\_\_\_\_

Charges UNPROCESSED to Date: \$ \_\_\_\_\_

Completed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

--- This Notification does NOT constitute a claim filing ---

Send **POTENTIAL SPECIFIC STOP LOSS NOTIFICATION** to: [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com)





## UPDATE OF POTENTIAL SPECIFIC STOP LOSS NOTIFICATION

*Provide updates using this form each month once an 'initial' notification has been filed*

Based on Diagnosis

Based on Amount Paid

No activity to report

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Contract Holder Name: \_\_\_\_\_

Covered Person: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Claimant ID #: \_\_\_\_\_

Prior Notification Date: \_\_\_\_\_

Charges RECEIVED to Date: \$ \_\_\_\_\_

Charges PAID to Date: \$ \_\_\_\_\_

Charges UNPROCESSED to Date: \$ \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Current Status: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---- This Updated Notification does not constitute a claim filing ----

Send **UPDATE of POTENTIAL SPECIFIC STOP LOSS NOTIFICATION** to: [notifications@resoluteuw.com](mailto:notifications@resoluteuw.com)



SPECIFIC STOP LOSS CLAIM FORM

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Date: \_\_\_\_\_  Initial Claim Filing  Subsequent Claim: Filing # \_\_\_\_\_
Advance Funding:  Yes  No

NOTE: Prior to submitting a claim, a Potential Specific Stop Loss Notification should have been completed and sent to Resolute Underwriting Strategies - Claims to properly reserve claims. If the Notification is on file, we can proceed on this claim.

Eligibility Section

Contract Holder: \_\_\_\_\_

COVERED PERSON

CLAIMANT

Name: \_\_\_\_\_
Gender/Relation: \_\_\_\_\_ / \_\_\_\_\_
DOB: \_\_\_\_\_
Effective Date: \_\_\_\_\_
Termination Date: \_\_\_\_\_
COBRA Effective: \_\_\_\_\_
Actively at Work: \_\_\_\_\_
Full time Student: \_\_\_\_\_

Stop Loss Section

Carrier Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Contract year: \_\_\_\_\_
Specific Deductible: \$ \_\_\_\_\_ Current Contract Basis: \_\_\_\_\_

Claim Information

Dates: First DOS: \_\_\_\_\_ First Received: \_\_\_\_\_ First Admission: \_\_\_\_\_
Other Coverage:  NO  YES - If yes, include information:
 COB  TPL  W/C  Medicare  Other \_\_\_\_\_

Case Mgmt Co: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_
PPO(s): \_\_\_\_\_

Diagnosis (use ICD-10 & Description): \_\_\_\_\_
Status: \_\_\_\_\_
Prognosis: \_\_\_\_\_
Comments: \_\_\_\_\_

(Continued on Page 2)



**SPECIFIC STOP LOSS CLAIM FORM**

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Date: \_\_\_\_\_ Contract Holder: \_\_\_\_\_

COVERED PERSON: \_\_\_\_\_ CLAIMANT: \_\_\_\_\_

**Specific Stop Loss Claim Reimbursement Calculation**

Total Benefits Paid: \$ \_\_\_\_\_

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

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

Balance: \$ \_\_\_\_\_

**Deductions**

Benefit %: \$ \_\_\_\_\_

Total Prior Reimbursements: \$ \_\_\_\_\_

**Reimbursement Requested:** \$ \_\_\_\_\_ **Est. Future Expenses:** \$ \_\_\_\_\_

**Please include the following items in the Specific Stop Loss claim filing:**

- Enrollment documentation** for the eligible Plan Participant being filed (including any applicable COB information, or any Extension of Benefits information if not Actively-at-Work)
- Detailed Paid Claim Report** including claim number, services provided, service coding, service incurred dates, claimant deductible & coinsurance satisfaction, applicable discounts, ineligible claims, net amount paid, date paid
- Copies of the itemized billings** for reported Provider bills of \$25,000+ and Facility charges of \$100,000+ and the related Explanation of Benefits (EOB's) on those claims and Operative Reports (as applicable)
- Pre-Certification** authorization documentation
- Case Management** records for the claimant filed
- Claimant disclosure** information provided at Underwriting/Application process (if applicable)
- Accident details & Subrogation** agreements documentation (if applicable)

***Note:** Resolute Underwriting Strategies will advise if additional information is required for the Specific Stop Loss filing*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Send SPECIFIC STOP LOSS CLAIM FORM to: [spec\\_submissions@resoluteuw.com](mailto:spec_submissions@resoluteuw.com)



## AGGREGATE STOP LOSS MONTHLY CLAIM REPORTING

Resolute Underwriting Strategies requires Aggregate Stop Loss Reporting on a monthly basis. To identify the data to be reported we have developed a template (below). To simplify the submission process, we suggest that you create an Aggregate Reporting file in Excel which includes the fields below. Once saved on your computer the Aggregate Reporting template can be accessed/updated regularly for each client, and submissions can be emailed to Resolute Underwriting Strategies as an attachment.

TPA NAME												
Aggregate Paid Claim Report												
Contract Holder _____			Spec Basis _____			Min Attach Point _____						
Address _____			Spec Ded _____									
City _____			Agg Basis _____									
State _____ Zip _____			Agg Margin _____									
Agg Period _____			Aggregate Factors									
Contract # _____			Medical		RX		Dental		Vision			
			Single		Family		Composite					
			Single		Family		Composite					
			Single		Family		Composite					
Mo/Yr	Enrollment			Medical Claims	RX Claims	Dental Claims	Vision Claims	Total Paid Claims	Claims over Loss Limit	Ineligible Claims	Net Agg Claims	Attach Point
	Single	Family	Comp.									
YTD												

Send **MONTHLY AGGREGATE STOP LOSS REPORTING** to: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)



## AGGREGATE STOP LOSS CLAIM FILING

The following information is required to file an Aggregate Claim.

- ◆ **AGGREGATE STOP LOSS CLAIM FORM**
- ◆ **AGGREGATE CLAIM LOSS RATIO REPORT** indicating the development of the census and claim data through the course of the Policy Period and the supporting Aggregate Factors and Incurred & Paid Contract Basis of the claims presented.
- ◆ **ENROLLMENT/ELIGIBILITY RECORDS** reporting all covered participants supporting the reported Aggregate Attachment Point to include effective dates, termination dates, adjustment dates and COBRA participants covered within the census.
- ◆ **DETAILED PAID CLAIM HISTORY REPORT** supporting the Aggregate Claim totals filed to include all benefit types covered, claim number, services provided, service coding, service incurred dates, claimant copay/deductible/coinsurance satisfaction, applicable discounts, net amount paid, date paid, and any adjustments effecting those reported payments.
- ◆ **PRESCRIPTION DRUG CARD REPORTING** (if applicable) supported by Pharmacy Benefit Manager (PBM) invoicing/statements/reporting detail including drug name, fill date, copays, net amount paid, date paid, rebates group received.
- ◆ **CHECK REGISTER AND BANK STATEMENTS** documenting the claim payments issued and the funding of those claims for the Policy Period being filed. To include documentation of adjustments/ overpayments/ voids/ refund/ rebates processed both *during* and *after* the Policy Period that relate to payments reported in the Policy Period. Identified overpayments for the Policy Period remaining outstanding will require supporting details.
- ◆ **BENEFIT ANALYSIS REPORT** summarizing payments by *benefit* used to confirm ineligible benefit payments, extra-contractual benefit payments, non-covered fees, etc.
- ◆ **POTENTIAL THIRD PARTY LIABILITY** and **SUBROGATION** claims with reporting listing claims currently in progress, and the procedures for handling those claims.

***NOTE: Resolute Underwriting Strategies will advise if additional information is required for the Aggregate Stop Loss claim filed.***

Send **AGGREGATE STOP LOSS CLAIM FILING(s) AND DETAIL** to: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)



### AGGREGATE STOP LOSS CLAIM FORM

Date: \_\_\_\_\_  Aggregate Accommodation # \_\_\_\_\_  Year End Filing

Contract Holder: \_\_\_\_\_ Contract Period: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Aggregate Basis: \_\_\_\_\_ Min Attach. Point: \$ \_\_\_\_\_

Aggregate Factors: Single \$ \_\_\_\_\_ Family \$ \_\_\_\_\_ Composite \$ \_\_\_\_\_

Total Claims Paid in Contract period \$ \_\_\_\_\_

Claims in excess of the Loss Limit: - \$ \_\_\_\_\_

Claims NOT Eligible to the Aggregate: - \$ \_\_\_\_\_

Net Eligible Claims Paid Y-T-D: = \$ \_\_\_\_\_

Less Attachment Point:

Attachment point is greater of:

a) YTD amount based on Census

b) Minimum Attachment Point - \$ \_\_\_\_\_

Claims in excess of Attachment Point: = \$ \_\_\_\_\_

Less Previously Filed Amounts: - \$ \_\_\_\_\_

**Reimbursement Amount Requested:** \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Send **AGGREGATE STOP LOSS CLAIM FILING(s) AND DETAIL** to: [agg\\_submissions@resoluteuw.com](mailto:agg_submissions@resoluteuw.com)