

UME

Underwriting Management Experts

Dear Third-Party Administrators:

Please find all forms required for filing Maximum Advantage Claims with Underwriting Management Experts:

- **A list of potential high dollar or catastrophic diagnosis codes**
- **A 50% Advance Notification**
 - **To also be used for notification of catastrophic diagnose**
- **Documentation required for claim submittal**
- **Maximum Advantage Tracking Form/Aggregate Excess Insurance Claims Report (one, two, three and four tier)**
 - **This should be submitted on a monthly basis separated by the number of tiers, as specified in the contract terms**
- **Banking form for ACH transfers**

Should you have any questions regarding the completion of these forms, please call us at 855-315-5088.

Thank you,



Heather Helbe
Sr. VP. of Claims



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ICD-10 Code List

A00–B99 Infectious Diseases

A41-A41.9 Sepsis
B17.1–B17.11 Hepatitis C

C00–D49 Neoplasms

C00–C14 Malignancies of oral cavity and pharynx
C15–C26 Malignant neoplasm of digestive organs
C30–C39 Malignant neoplasm of respiratory
C43– C44 Melanoma
C50–C50 Breast Malignancies
C51–C68 Genitourinary Malignancies
C69–C72 Malignancies of Nervous System
C81–C96 Leukemias, Lymphomas and Myelomas

D50–D89 Hematologic Disorders

D57.1 Sickle Cell Anemia
D61.01 Aplastic Anemia
D66 Hemophilia/Hereditary Factor VIII Deficiency
D69.3 Immune thrombocytopenic purpura (ITP)
D80.0 - D80.7 Hypogammaglobulinemia
D81.0 Severe Combined Immune Deficiency (SCID)
D82.1 DiGeorge Syndrome
D83.1 Immune Deficiency T Cells (AIDS)
D83.0 - D83.9 Common Variable Immunodeficiency
D84.1 Hereditary Angioedema (HAE)

E70–E88 Metabolic Disorders

E74.02 Pompe Disease
E75.21 Fabry Disease
E75.22 Gaucher's Disease
E84.0 Cystic Fibrosis

F01-F99 Mental and Behavioral Disorders

F10-F19 Alcohol/Opioid Abuse
F20-F31 Schizophrenia/Bipolar Disorder
F32-F69 Major Depressive Disorder
F84-F89 Developmental Disorders

G00–G99 Disease of the Nervous System

G12.21 Lou Gehrig's disease (ALS)
G35 Multiple Sclerosis
G61.0 Guillain-Barre Syndrome
G80.0-G80.9 Cerebral Palsy
G91.1 Obstructive Hydrocephalus

I00–I99 Disease of Circulatory System

I27.0 Primary Pulmonary Hypertension
I42.0–I42.9 Cardiomyopathy
I46.9 Cardiac Arrest
I60.9 Subarachnoid Hemorrhage

J00–J99 Disease of Respiratory System

J40-J47 Chronic Lower Respiratory Diseases (COPD, Emphysema, Bronchitis, Asthma)
J96.00–J96.92 Respiratory Failure

K00– K95 Disease of Digestive System

K50-K51.919 Crohn's/Ulcerative Colitis
K70.0–K74.69 Chronic Liver Disease
K72.00– K72.91 Liver Failure

M00–M99 Diseases of Musculoskeletal System

M05.10-M06.9 Rheumatoid Arthritis
M15-M19 Osteoarthritis
M32 Systemic Lupus Erythematosus (SLE)
M50 Cervical Disc Disorders
M72.6 Necrotizing Fasciitis

N00–N99 Disease of Genitourinary System

N18.1–N18.9 Chronic Renal Failure

O00–O9A Pregnancy, Childbirth & Puerperium

O30.10–O30.109 Triplet Pregnancy
O30.20– O30.209 Quadruplet Pregnancy
O60.00–O60.14 Preterm Labor

P00–P96 Perinatal Conditions

P07.00–P07.36 Preterm Infant
P22.0 Respiratory Distress Syndrome of Newborn

Q00–Q99 Congenital Malformations

Q05.0-Q05.9 Spina Bifida
Q20–Q28 Congenital Heart Diseases
Q39.0–Q39.4 Tracheoesophageal Fistula
Q41.0-Q42.9 Congenital Absence, atresia and stenosis
Q89.7 Multiple Anomalies
Q90.0-Q90.9 Down Syndrome

S00–T88 Injury, Poisoning and Trauma

S06.0–S06.9 Brain Injuries
S12–S14 Spinal Cord Injuries
S88 - Amputations
T07 Multiple Trauma Injuries
T20–T32 Burns
T79 Early Complications of Trauma
T86.00– T86.09 Graft vs. Host Disease
T86.90– T86.99 Complications of Transplants



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ADVANCE NOTICE OF EXCESS CLAIM REPORT

Please provide the following information for claimants that \$15,000 or more is expected to be paid on

Group Name: _____ Pooling Point: _____ Policy Effective Date: _____

Claimant Information

Employee Name: _____ DOB: _____ Effective Date: _____

Claimant Name: _____ DOB: _____ Effective Date: _____

Relationship to Employee: ME FE MSP FSP MC FC

Diagnosis: _____ (Include ICD-10 Codes) Original Diagnosis Date: _____

Amount Paid to Date: _____ Amount Pending: _____

Reason Pending: _____

*****Please forward any large hospital bills, or notice of high dollar Rx and/or treatments*****

Estimate of Additional Charges: _____

Initial Date of Treatment: _____ If ongoing treatment, estimate of additional charges: _____

Current Treatment and Prognosis: _____

Please specify if LCM is currently in place: Y N

If yes, list contact and phone: _____

If no, specify reason: _____

TPA Name: _____

Address: _____

Phone: _____ E-mail: _____

Submitted By: _____ Date: _____

PLEASE SUBMIT TO: claims@umexperts.com

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



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MAXIMUM ADVANTAGE CLAIM DOCUMENTATION LIST

When submitting a funding request, please include the following in Excel:

- Tracking form
- Request form
- Check registers
 - First request should total the paid claims reported
 - Supplemental requests should be from last request through current
 - These can also be running totals
- Pending claims report
 - This should show claims that when added to the check registers will match the total claims, less any adjustments, out of contract payments and voids and/or refunds

PLEASE NOTE: Current monthly premiums must be received by UME, and funding of the claims account must be applied

*****Additional information may be requested*****

***WARNING:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits*

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Dear Valued Clients,

We would like to take a moment to inform you of our policies and procedures regarding year-end audits of aggregate claims. UME's procedures and the necessary documentation needed to ensure a streamlined audit process are as follows:

- The year-end aggregate claim must be submitted within 15 days of the end of the aggregate benefit period. This requirement is for any group that received reimbursement during the plan year, regardless if funds are being requested at year-end.
- If an outside vendor is contracted to perform the audit, UME will provide the vendor information.
- All documentation required to complete the year-end audit must be received within 90 days of the end of the aggregate benefit period. The below information is required to begin the year-end audit. Please note: Additional information may be requested on a case-by-case basis.
 - Gross paid claims report encompassing the entirety of the policy period, inclusive of the following:
 - Claimant names
 - Incurred dates
 - Paid dates and/or funding dates*
 - Provider information
 - CPT codes
 - DX codes
 - In-network and OON status of the claim
 - Billed charges, PPO discount (if applicable), patient responsibility, etc.
 - Pending claims report
 - Final aggregate report
 - Specific claimant report inclusive of paid and/or pending amounts
 - A complete check registers
 - Year-end census for the entire policy period, inclusive of effective and termination dates
 - A void and refund report
 - RX invoices
 - A complete detailed RX report, inclusive of the following:
 - Claimant names
 - Fill dates
 - Drug names
 - Billed charges, patient responsibility, taxes, dispensing fees, etc.
 - RX rebates
 - These amounts will be reduced from all aggregate reimbursements, regardless of how the plan appropriates them
 - If no rebate information is available, UME will apply an estimation until documentation is received
 - A copy of the PBM contract

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- Out-of-contract and/or ineligible report
- Itemized case management invoices
- Patient responsibility reports
- Savings fees invoices and supporting documentation
 - Invoices must include billed charges, applicable PPO discount, savings achieved beyond the PPO discount, and the applicable fee for services rendered
 - Copies of original bills and EOBs for each claim that was reviewed for additional savings
- Bank statements for the entire policy period
 - *If the claims reporting does not include the true funding date (the date funds were dispersed to the applicable payee), please provide detailed bank reconciliations for each month of the policy

Upon completion of the audit, a report of findings will be sent. Any discrepancies or disagreements with the findings are to be reported to Heather Helbe. UME strives to have the audit completed within 6-8 weeks upon receipt of all required documentation.

Should you have any questions or concerns regarding this process, feel free to contact me at hhelbe@umexperts.com.

Sincerely,



Heather Helbe
Sr. V.P. of Claims



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Year-End Audit Documentation Checklist

The below list is a summation of the documentation required to complete the year-end audit. Please note additional information may be requested on a case-by-case basis.

- Gross paid claims report**
- Pending claims report**
- Final aggregate report**
- Specific claimant report**
- Complete check register**
- Complete census**
- Void and Refund Report**
- RX Invoices**
- Detailed RX report**
- RX rebates**
- Out-of-contract and/or ineligible report**
- Patient responsibility reports**
- Itemized case management invoices**
- Savings fees invoices and supporting documentation**
- Bank statements and/or detailed bank reconciliations**
- PBM contract**



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BANK ACCOUNT INFORMATION FOR ACH TRANSFERS

Please complete the following information for ACH funds transfers.

Group Name: _____

Effective Date: _____

Bank Account Number: _____

Bank Account Name: _____

ABA Number: _____

Bank Name: _____

Bank Address: _____

Please submit to: claims@umexperts.com