



EAST COAST UNDERWRITERS

East Coast Underwriters, LLC
P.O. Box 2468
Spartanburg, SC 29304

Phone: 864-542-1565
Fax: 864-542-1598

CLAIM NOTICES AND FILING PROCEDURES

Revised

May 4, 2021

ECU CLAIMS MISSION STATEMENT

Our mission is to manage Stop Loss Claims as efficiently and effectively as possible by working together with the TPA Claims Department and their Case Managers to provide proper oversight and processing of large claims incurred by individuals covered by the medical plans of our Contract Holders. We strive to insure all Stop Loss Claims are eligible for payment and paid in a timely manner. We encourage the TPA to partner with us in helping reduce the financial burden of the Contract Holder, while insuring quality care for the covered individual.

REQUIRED REPORTING

ECU requires the following reporting on all contracts on a monthly basis (includes Traditional, EZ Agg, and EZ Funding Contracts):

- 50% Reports
- Trigger Reports
- Aggregate Reports
- Case Management (CM) notes and Pre-Certs should be provided as soon as they become available

Please submit all 50% Reports, Trigger Reports, CM and Pre-Certs to: notices@ecumgu.com

Please submit all Aggregate Reports to: aggregatereports@ecumgu.com

Please submit all Specific Claims (traditional and/or EZ Funding): claims@ecumgu.com

Aggregate Claims or Monthly Aggregate Accommodation Claims (traditional contracts only):
dduncan@ecumgu.com

For Level Funded cases please refer to the EZ Funding or EZ Agg Instructions for additional information.

ADVANCE NOTICE OF CATASTROPHIC CLAIMS

We consider notification of claims that are potential catastrophic to be an integral function of the TPA. These guidelines apply for EZ AGG™, EZ Funding and traditional Specific and Aggregate contracts. The following items **must** be forwarded to us as soon as they become available. Notices may be sent via e-mail to notices@ecumgu.com.

1. If an individual is in case management (case management notes **must** be sent)
2. When a specific claim reaches 50% of the Specific Retention (or \$10,000 for EZ AGG™)
3. When there are multiple inpatient stays, an extended inpatient stay of more than 5 days
4. For any claim with the following diagnosis, **regardless** of cost:

Multiple Trauma

Head Trauma:
Spinal cord injury:

ICD-10

S02.91XA- S06.9X0A
S12.000A, S14.109A,
S34.139A, G82.50-83.99

Amputation:
Multiple fractures:
Burns over 20%:
Trauma Complications:
Multiple Trauma
Automobile accidents and all other serious injuries

S48.911A-929A
S02.91XA
T30.0-T31.20
T79.0XXA-T79.8XXA,
T07

Neuromuscular Disorder

Cerebral degenerations:
Motor neuron diseases:
Demyelinating diseases:
Paralytic conditions:
Oth conditions of the brain:
Inflammatory & toxic neuropathies:
Myoneural disorders:
Muscular dystrophies and myopathies:

E75.23, E75.25, E75.29
G12.0-9
G35
G80.-9, G81.00- 81.94, G82
G93.0-9
G61
G70.0-.89
G71.2-G72.9

Cancer

Malignant Neoplasm:

C00.0-C80.2

Malig. Neoplasm of Lymphatic & Hemopoietic Tissue

Leukemia:
Hodgkin's disease:
Lymphoid Leukemia:
Lymphosarcoma & Other:
Multiple Myeloma:
Myeloid Leukemia:

C93.00-C95.92
C81.70-C81.98
C91.00-C91.92
C83.30-C96.Z
C90.00-C90.32
C92.00-C92.92

Cardiac and Pulmonary Disease/Disorders

| | |
|--|--------------------------------|
| Aortic Aneurysm: | I71 |
| Cardiac Arrest: | I46.9 |
| Ischemic heart disease: | I50 |
| Pulmonary heart disease: | I27.0 |
| Cardiac valve disorders: | I34.0-I34.9 |
| Cardiomyopathy: | I42.0-I42.9 |
| Cardiac dysrhythmias: | I46.0-I46.9 |
| Congestive heart failure: | E50.0-E50.9 |
| Oth cardiovascular conditions: | I60.9, I61.9, I62, I66, I63.40 |
| Cardiac Complications: | I97.10, I97.790, I97.88-.89 |
| Cerebrovascular Disease (Acute): | I67.89 |
| Intracranial injury/Cerebrovascular Disease: | I67.0-I67.9 |
| Cystic fibrosis: | E84.0-E84.9 |
| COPD NOS: | J44.9 |
| Pneumoconiosis: | J60 |
| Asbestosis: | J61 |
| Pulmonary fibrosis: | I21.0-I21.9, I24.1, I20.0 |
| Respiratory arrest: | R09.2, J96.0-J96.9 |
| Primary Pulmonary Hypertension: | I27.0 |
| Vaping Related Disorder | U07.0 |

Organ and Bone Marrow Transplants

| | |
|-----------------------------|---------------------|
| Organ transplant status: | Z94.0-Z94.9, Z51.89 |
| Comp Transplant Organs/Rej: | T86.89-T86.90 |
| Liver Failure: | K72.10-K72.90 |

Chronic Psychiatric Disorders

| | |
|--------------------|---------------|
| Schizophrenia: | F20.89-F20.99 |
| Mood disorders: | F30.10-F34.8 |
| Anorexia nervosa: | F50.00 |
| Bulimia: | F50.2 |
| Alcohol Dependence | F10.14-F10.29 |
| Drug Dependence | F11.20-F19.21 |

Complications of Pregnancy, Neonate, Pediatric

| | |
|-----------------------------|------------------------|
| Antepartum hemorrhage: | O20, O44-O44.13 |
| Hypertension/Hyperemesis: | O10-O10.93 |
| Threatened premature labor: | O60-O60.23X9 |
| Diabetes mellitus: | O24.03-O24.93 |
| Multiple gestation preg: | O30.-O30.93 |
| Fetal abnormalities: | O35.0XX0-O35.59XX0 |
| Premature rupt membrane: | O42.011-O42.913 |
| Cardiac Complications: | O74.2-O89.1 |
| High risk pregnancy: | O09.00-O09.93 |
| Mult congenital anomalies: | Q00.0-Q89.99 |
| Extreme immaturity: | P07.20-P07.37 |
| Birth trauma: | P10.-P15.99, P52-P52.9 |
| Newborn hypoxia/asphyxia: | P84 |
| Newborn resp conditions: | P22.0 |
| Resp Syncytial Virus (RSV): | B97.4 |

Infectious Diseases & AIDS

| | |
|-----------------------------|---------------------|
| COVID-19 | U07.1-U07.2 |
| Tuberculosis: | A15.7-A19.9 |
| Septicemia: | A40.0-A41.9 |
| Bacterial diseases: | A48.0-A48.8, B96.89 |
| HIV: | B20 |
| CNS infections: | A81.0-A81.9 |
| Hepatitis: | B15.0-B19.9 |
| Cytomegalovirus disease: | B25.0-B25.9 |
| Coccidioidomycosis: | B38.0 |
| Toxoplasmosis: | B58.0-B58.9 |
| Oth infect & parasitic dis: | B59, B64, B99.9 |
| Kaposi's sarcoma: | C46.0-C46.9 |

Renal Disease

| | |
|------------------|--------------|
| Renal failure: | N17.0-N19 |
| Dialysis status: | Z49.0-Z49.32 |

Miscellaneous Conditions

| | |
|---------------------------------|--|
| Diabetes with complications: | E10.65-E11.51, R09.89 |
| Metabolism disorders: | E72.0-E72.9, E74.0-E74.9, E75.21-E77.1 |
| Amyloidosis: | E85.1-E85.99 |
| Alpha-1-Antitrypsin Deficiency: | E88.01 |
| Crohn's Disease: | K50.0-K50.919 |
| Morbid Obesity: | E66.0-E66.9, Z68.25-Z68.45 |
| Immune deficiencies: | D80.1-D89.9 |
| Chronic skin ulcers: | L89.00-L89.95, L98.491-L98.499 |
| Systemic Lupus Erythematosus: | M32.10 |
| Spinal disorders: | M43.8X9, M53.9 |
| Bone infections: | M86.9 |
| Procedure complications: | T87.0X-T87.9, T81.9XXA |
| Neurofibromatosis: | Q85.00-Q85.02 |
| Pancreatitis- Chronic: | K86.1 |
| Joint Disorders: | M25.40-M25.99 |
| Sepsis | A41-A41.9 |

Blood and Coagulation Disorders

| | |
|--------------------------------|-------------|
| Anemias: | D58.0-D64.9 |
| Coagulation defects: | D66-D68.9 |
| Purpura/Other Hemo. Cond: | D69.0-D69.9 |
| Diseases of white blood cells: | D70.9-D72.9 |

Intestinal and Digestive Disorders

| | |
|-------------------|---------------------|
| Enteritis: | K50.00-K50.919 |
| Peritonitis: | K65.9-K67 |
| Liver disease: | K70.0-K76.9 |
| Pancreas disease: | B25.2, K85.00-K86.9 |

Any Other Disease/Condition With High Cost Potential

It is essential that all available information be reported. Please answer all questions on the notification form completely.

SPECIFIC CLAIMS

Specific claims will be reimbursed according to the stop loss contract, the plan document benefits and provisions, payment accuracy, investigative results and claimant eligibility. If an investigation was conducted we will require a copy of all correspondence and responses.

Claimant eligibility will be based on employment status, underwriting disclosure, COBRA participation and dependent eligibility provisions of the plan.

On claims involving a third party we will require accident details, police report, other insurance information, a signed subrogation agreement and the name and phone number of the claimant's attorney.

It should be noted that there are instances when medical necessity or peer reviews may be required. Examples include (but are not limited to) high dollar prescriptions, autism, alcohol/substance abuse/mental health treatment at out of area or resort-type facilities and related frequent lab testing and any treatment or device that could be considered investigational/experimental or cosmetic.

FILING A SPECIFIC CLAIM

We have Specific Reimbursement Claim Forms available in our Claims Administration Kit, on our website (ecumgu.com), or by request. Please note that many of the forms are state specific due to state mandated wording that must appear on the claim form. If you do not find a form for your state, please use the Generic one. Please complete the Specific Reimbursement Form in its entirety. **Please be sure to note on the claim form if advance reimbursement is being requested (\$1,000 minimum required).** E-mail the completed form, including an Excel paid claim report for the amount being requested, to our Claims Department. You may use our Specific Claim Submission checklist to ensure that your submission is complete. Claims may also be sent to claims@ecumgu.com.

Once the specific retention has been exceeded, the TPA should submit the claim to East Coast Underwriters for review of the claim. If the claim is in compliance with the certificate provisions and plan document, East Coast Underwriters will issue a reimbursement check payable to the employer for eligible amount exceeding the specific retention. **All checks will be sent directly to the TPA.**

FILING AN AGGREGATE CLAIM

Aggregate Stop Loss coverage provides protection for an employer if claims paid under Self-Funded Medical Plan for the combined employees exceed the Annual Aggregate Loss Fund. The Annual Aggregate Loss Fund is based upon the monthly factor times the total number of covered employees for each month during the contract period; or the minimum aggregate attachment point noted in the stop loss policy, whichever is greater. Please note that this applies only to traditional stop loss policies with aggregate coverage (not to EZ AGG™ or EZ Funding policies).

All aggregate claims under the traditional stop loss coverage should be E-mailed to the Claims Manager: dduncan@ecumgu.com

WHEN TO FILE An AGGREGATE CLAIM AND WHAT TO SUBMIT

At the end of the contract period, if the Annual Aggregate Loss Fund is exceeded, an Aggregate Stop Loss claim should be submitted to East Coast Underwriters.

Expenses, which may be applied to the Annual Aggregate Loss Fund, are those incurred and paid according to contract terms.

We have Aggregate Reimbursement Forms available in our Claims Administration Kit, on our website (ecumgu.com), or by request. Please note that many of the forms are state specific due to state mandated wording that must appear on the claim form. If you do not find a form for your state, please use the Generic one. Please complete our Aggregate Reimbursement Form in its entirety. The completed form along with the required documentation noted on the Reimbursement Form should be e-mailed to ECU as noted above. You may use our Aggregate Claim Submission Checklist to ensure that your submission is complete.

MONTHLY AGGREGATE ACCOMMODATION

Some stop loss contracts provide monthly aggregate accommodation for claims paid for the entire group that exceed the greater of the year to date Aggregate Attachment Point or year to date Minimum Aggregate Attachment Point **in excess of \$3,000**.

Please complete our Aggregate Reimbursement Form in its entirety and provide the Aggregate Report for the Month in which the attachment point is exceeded. **A claim must be filed no later than the 15th of the month following the month for which Accommodation is being requested (i.e. July 15th for June, etc.). If the group no longer exceeds the Attachment Point at the end of the month in which funds were accommodated, the group must immediately refund the accommodated funds or the amount in excess of the attachment point.** If the entire accommodated amount is not refunded by the end of the contract period, a full Aggregate Reimbursement Claim must be filed.

Please note that monthly accommodation is not available for the first month of the contract period (i.e. in February for January, etc.) or in the last month of the contract period (i.e. in December for November, etc.).

ADDITIONAL INFORMATION

Please be sure to familiarize yourself with the stop loss contract for each group and there may be terms and conditions (i.e. filing deadlines, lasers, etc.) that may vary from contract to contract. Also, make note of reimbursement limitations in our Reimbursement of Certain Fees Under Stop Loss memorandum.

Our Claims Department is always available for any questions you may have. Please feel free to contact us at any time. We value our client relationships and look forward to partnering with you.