TRADITIONAL CLAIMS KIT

UME
Underwriting Management Experts

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 register
- 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
- Out-of-contract and/or ineligible report
- Itemized case management invoices
- Patient responsibility reports
- Savings fee 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 the process, feel free to contact me at **dremer@umexperts.com**.

Sincerely,

Diana Remer
Sr. V.P. of Claims