

# MAXIMUM ADVANTAGE CLAIMS KIT



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 diagnoses
- ✔ 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 or concerns regarding the completion of these forms, please call us at 855-315-5088.

Thank you,

A handwritten signature in black ink that reads "Diana Remer". The signature is written in a cursive, flowing style.

Diana Remer  
Sr. V.P. of Claims

# MAXIMUM ADVANTAGE CLAIMS KIT

# UME

Underwriting Management Experts

## 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 Neoplasms of Digestive Organs

**C30-C39** Malignant Neoplasms 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 THE CIRCULATORY SYSTEM

**I27.0** Primary Pulmonary Hypertension

**I42.0-I42.9** Cardiomyopathy

**I46.9** Cardiac Arrest

**I60.9** Subarachnoid Hemorrhage

### J00-J99 DISEASE OF THE RESPIRATORY SYSTEM

**J40-J47** Chronic Lower Respiratory Diseases (COPD, Emphysema, Bronchitis, Asthma)

**J96.00-J96.92** Respiratory Failure

### K00-K95 DISEASE OF THE 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 THE 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 THE GENITOURINARY SYSTEM

**N18.1-N18.9** Chronic Renal Failure

### O00-O9A PREGNANCY, CHILDBIRTH AND 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

# MAXIMUM ADVANTAGE CLAIMS KIT

PLEASE SUBMIT TO: CLAIMS@UMEXPERTS.COM



Underwriting Management Experts

## Advance Notice of Excess Claim Report

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

Group Name:	Pooling Point:	Policy Effective Date:
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### CLAIMANT INFORMATION

Employee Name:	DOB:	Effective Date:
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Claimant Name:	DOB:	Effective Date:
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Relationship to Employee:	<input type="checkbox"/> ME	<input type="checkbox"/> FE	<input type="checkbox"/> MSP	<input type="checkbox"/> FSP	<input type="checkbox"/> MC	<input type="checkbox"/> FC
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Diagnosis (Include ICD-10 Codes):	Original Diagnosis Date:
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Amount Paid to Date:	Amount Pending:
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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:
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Current Treatment and Prognosis:

Please Specify if LCM is Currently in Place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, List Contact and Phone:

If No, Specify Reason:

TPA Name:

Address:

Phone:	Email:
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Submitted by:	Date:
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**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.

# MAXIMUM ADVANTAGE CLAIMS KIT

ADDITIONAL INFORMATION MAY BE REQUESTED



## 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 the 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**

**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.*

# MAXIMUM ADVANTAGE CLAIMS KIT



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](mailto:dremer@umexperts.com).

Sincerely,

Diana Remer  
Sr. V.P. of Claims

# MAXIMUM ADVANTAGE CLAIMS KIT

PLEASE SUBMIT TO: [CLAIMS@UMEXPERTS.COM](mailto:CLAIMS@UMEXPERTS.COM)



## 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 Fee Invoices and Supporting Documentation
- Bank Statements and/or Detailed Bank Reconciliations
- PBM Contract

# MAXIMUM ADVANTAGE CLAIMS KIT

PLEASE SUBMIT TO: [CLAIMS@UMEXPERTS.COM](mailto:CLAIMS@UMEXPERTS.COM)



## Bank Account Information for ACH Transfers

Please complete the following information for ACH fund transfers.

Group Name:

Effective Date:

Bank Account Number:

Bank Account Name:

ABA Number:

Bank Name:

Bank Address:

\*ACH transfers are required for Max Advantage.