



Dear Valued Customer,

Please take a few minutes to review the following documents for your claims kit. It provides instructions for identifying and reporting specific and aggregate claim information to Innovative Stop Loss Solutions as well as information relative to expedited reimbursements.

### **General Information and Instructions**

**Filing Deadlines:** All requests for reimbursement for specific claims should be filed within 30 days of the known loss. Aggregate claims or accommodations should be filed within 30 days of the accommodation month or end of the policy period. In no event will ISLS reimburse claims submitted more than one year after the Expiration Date of the policy.

### **Delivery Method**

ISLS recommends ACH for all claim reimbursements. This allows for the safest and fastest method of reimbursement to our mutual clients. Please see the ACH form included within this kit. If there is a claim refund due back to ISLS, please forward to the attention of our Accounting Department at the following mailing address:

Innovative Stop Loss Solutions  
1 City Center, Suite 4155  
Portland, ME 01401

All reporting, including monthly aggregate reports, trigger and clinical notifications, and specific and aggregate claims, should be sent to the following email address: [claims@islsmgmu.com](mailto:claims@islsmgmu.com).

All reporting, including monthly aggregate reports, trigger and clinical notifications, and specific and aggregate claims, should be sent to the following email address:

### **The following information is included within this kit:**

#### **Specific Coverage**

- Notification – Form
- ICD-10 Codes for Trigger Notification
- Standard requirements for Specific claim submission
- Request for reimbursement – Form
- Specific Advanced Funding information

#### **Aggregate Coverage**

- Standard requirements for Aggregate Accommodation and Aggregate claim submission
- Aggregate Claim Submission – Form
- Aggregate Report – Sample Form

Please contact us with any questions or concerns you may have. We look forward to our continued relationship with you.

### **Peggy Richardson**

Vice President, Claims

1-260-438-9497

[peggy.richardson@islsmgmu.com](mailto:peggy.richardson@islsmgmu.com)

[islsmgmu.com](http://islsmgmu.com)

## Notification Form

Policyholder:

Specific Deductible:

Contract:

Policy Year:

Employee:

Employee D.O.B:

Employee ID#:

Claimant:

Relationship to employee:

Claimant D.O.B:

Active:      Yes      No      If "No" termination date:

COBRA:      Yes      No      If "Yes" effective date:

Retiree:      Yes      No      If "Yes" effective date:

Medicare:      Yes      No      If "Yes" effective date:

Is the claimant covered under any other Insurance? If      Yes      No

yes, please describe:

Date claim incurred:      Subrogation applicable?      Yes      No

If injury, please describe:

Has Large Case Management been initiated?      Yes      No      Name of LCM Firm:

Primary Diagnosis ICD-10 Code:

Secondary Diagnosis ICD-10 Code:

Prognosis:

Total claims paid to date:

Estimated future claims:

Is the provider in a Network?      Yes      No      Network:

Additional comments:

TPA/Company name:

Address:

Contact:      Title:

Phone:      Ext:

Email:      Fax:

Signature:      Date:

This form may be used for trigger diagnosis, early/potential notices, or 50% notices.  
Any questions regarding the use of this please reach out to us.  
Please send to: [claims@islsmg.com](mailto:claims@islsmg.com)



## ICD-10-CM Diagnosis Codes for Disclosure Notification

This list should be referred to for completion of trigger notifications. Please send notice for all plan participants who have been diagnosed or treated for any of the code ranges listed under the following categories:

### **A00-B99 Certain infectious and parasitic disease**

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

### **C00-D49 Neoplasms**

<b>C00-C96</b>	Malignant neoplasms
<b>D46</b>	Myelodysplastic syndromes

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

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

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

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

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

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

### **G00-99 Diseases of the nervous system**

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

### **I00-I99 Diseases of Circulatory System**

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

**J00-J99 Diseases of Respiratory System**

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

**K00-K95 Diseases of Digestive System**

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

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

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

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

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

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

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

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

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

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

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

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

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

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<b><u>S00-T88</u></b>	<b><u>Injury, Poisoning and Certain Other Consequences of External Causes</u></b>	<b><u>Z00-Z99</u></b>	<b><u>Factors Influencing Health Status and Contact with Health Services</u></b>
<b>S02</b>	Fracture of skull and facial bones	<b>Z37.5-Z37.6</b>	Multiple births
<b>S06</b>	Intracranial injury	<b>Z38.3-Z38.8</b>	Multiple births
<b>S07</b>	Crush injury to head	<b>Z48-Z48.298</b>	Encounter for aftercare following organ transplant
<b>S08</b>	Avulsion and traumatic amputation of part of head	<b>Z49</b>	Encounter for care involving renal dialysis
<b>S12-S13</b>	Fracture and injuries of cervical vertebra and other parts of neck	<b>Z94</b>	Transplanted organ and tissue status
<b>S14.0-S14.15</b>	Injury of nerves and spinal cord at neck level	<b>Z95</b>	Presence of cardiac and vascular implants and grafts
<b>S22.0</b>	Fracture of thoracic vertebra	<b>Z98.85</b>	Transplanted organ removal status
<b>S24</b>	Injury of nerves and spinal cord at thorax level	<b>Z99.1</b>	Dependence on respirator
<b>S25</b>	Injury of blood vessels of thorax	<b>Z99.2</b>	Dependence on dialysis
<b>S26</b>	Injury of heart		
<b>S32.0-S32.2</b>	Fracture of lumbar vertebra		
<b>S34</b>	Injury of lumbar and sacral spinal cord and nerves		
<b>S35</b>	Injury of blood vessels at abdomen, lower back and pelvis		
<b>S36-S37</b>	Injury of intra-abdominal organs		
<b>S48</b>	Traumatic amputation of shoulder and upper arm		
<b>S58</b>	Traumatic amputation of elbow and forearm		
<b>S68.4-S68.7</b>	Traumatic amputation of hand at wrist level		
<b>S78</b>	Traumatic amputation of hip and thigh		
<b>S88</b>	Traumatic amputation of lower leg		
<b>S98</b>	Traumatic amputation of ankle and foot		
<b>T30-T32</b>	Burns and corrosions of multiple body regions		
<b>T81.11-T81.12</b>	Postprocedural cardiogenic and septic shock		
<b>T82</b>	Complications of cardiac and vascular prosthetic devices, implants and grafts		
<b>T83-T85</b>	Complications of prosthetic devices, implants and grafts		
<b>T86</b>	Complications of transplanted organs and tissue		
<b>T87</b>	Complications to reattachment and amputation		



## Standard Requirements for Specific Claim Submission

### Eligibility:

- **Employee's dated enrollment form** which must include original effective date of coverage, date of hire, listing of all dependents covered, and employee's signature.
- **Continued eligibility** including documentation of how the employee remained covered under the provisions of the Plan Document while out of work because of but not limited to vacation time, sick time, FMLA, and the like.
- **COBRA Election Form** which must also include date of the qualifying event, date of election, effective date, and proof of COBRA premium payments in the form of copies of checks.
- **Documentation of the coordination of benefits** if the claim is for a dependent, along with any other health insurance coverage and effect on the order of benefits as determined.

### Documentation regarding investigation results:

- **Subrogation**, which includes details of accident, police report if applicable, signed subrogation agreement, all attorney correspondence, Worker's Compensation

### Forms and more - Include the following with your claim submission:

- **Request for reimbursement form**, fully completed, signed and dated
- **Ancillary provider bills** in excess of \$100,000
- **Paid claim detail report** which must include incurred dates, paid dates, claim number, provider, billed amounts, all deductions (such as PPO discounts, co-pays, coinsurance, deductibles, etc.), and net paid amounts
- **Pre-certification documentation and copies of all UB92 forms for hospital bills** in excess of \$250,000
- **Large Case Management reports**

NOTE: These requirements apply to most specific claim submissions. Additional information may be requested to complete the review of the claim. This can include, but is not limited to, itemized invoices, semi-private room rates, proof of funding, medical records, usual & customary calculations, transplant repricing sheets, etc. These additional items will be requested as identified by ISLS.

Please send all claim submissions to: [claims@islsmgu.com](mailto:claims@islsmgu.com)

## Request for Reimbursement

Initial Claim	Supplemental Claim #	Advanced Claim	Other
Employer name:			
Policy number:	Policy period:	Plan type:	
Employee name:	Employee ID:	Employee D.O.B.:	
Employee effective date:	Hire date:	Termination date:	
Last day worked:	COBRA date:	Premium paid to:	
Current status:	Lifetime maximum paid to date:		
Claimant name:	Claimant D.O.B.:	Relationship:	
Claimant effective date:			
Diagnosis/ICD-10:			
Prognosis:			
Case Management	Yes	No	Vendor:
Total amount paid last year			
Total eligible benefits this submission			
Less specific deductible			
Balance			
Percent to be reimbursed			
Reimbursement requested			
Estimated future liability			

Your reimbursement request should include the following information (if applicable)\*:

Enrollment form (initial/current)	Precertification forms	Pre-Existing
COBRA election form/payments	Hospital bills over \$250,000	LCM reports
EOBs/claim detail report	Ancillary bills over \$100,000	Subrogation
Deductible/coinsurance proof	Worker compensation	Accident details/police reports
Continued eligibility	Coordination of benefits	

\* Additional information may be required depending upon the nature of the claim request.

TPA/Company name:

Address:

Contact: Title:

Phone: Ext.:

Email: Fax:

Authorized signature Date:

I certify that the above information is correct and that the claims have been paid in accordance with the plan document.



## Specific Advanced Funding

The “Specific Advanced Funding” product is standard in all cases for ISLS clients. Under Advanced Funding, specific reimbursement is available to the policyholder for eligible expenses upon meeting the following requirements:

- The specific deductible must be paid in full by the policyholder prior to any claims being considered for Advanced Funding. Payment of the Specific Deductible must be made at least ten (10) business days prior to the end of the Specific Benefit Period.
- The claim amount must be equal to or greater than \$1,000.
- Claims submitted for Advanced Funding must have been fully processed according to the terms of the Plan by the Administrator and must be ready for payment.
- Normal Specific claim audit procedures will be implemented prior to any checks being issued by ISLS.
- The employer’s payment for Eligible Expenses must be released to the provider within five (5) days of receiving the reimbursement check from ISLS. If these payments are not made within five (5) business days, the reimbursement check must be returned to ISLS.
- Any portion of the reimbursement check not used to reimburse Eligible Expenses, due to additional discounts or any other reason, must be returned to ISLS within five (5) business days.
- All initial or subsequent Advanced Funding claim requests must be received by the Company ten (10) business days prior to the end of the Specific Benefit Period. Any requests received after that date are not eligible for Advanced Funding and therefore, must be fully Paid by the Plan in order to be eligible for reimbursement under this policy.

**Subject in all other respects to the policy terms, conditions and limitations.**





## Standard Requirements for Aggregate Claim Submission

The following listing is required for all Aggregate claims. Requirement for Aggregate Accommodations are identified with a designated (A). Some aggregate claims will be audited by a contracted outside auditor. You will be notified of those situations and additional information may be requested for those audits. The standard information is as follows:

- A completed Aggregate Claim Submission Form (A)
- Final or Monthly Aggregate Report (A)
- Attachment point calculation (A)
- Check register
- Paid Claim Detail Report (A) – Should include the following information:
  - Claimant name
  - Claim number
  - Billed Amount
  - PPO Discounts
  - Employee Responsibility (coinsurance, co-pay, or deductibles)
  - Any Other Deductions
  - Paid Amount
  - Provider name
  - Incurred dates of service
  - Paid date
- Rx Detail Report by Claimant with drug name listed, ingredient cost, dispensing fee, co-pays, and any administrative fees (A)
- Rx Invoices that support the amount submitted under the aggregate
- Schedule of Rx Rebates – even if the group isn't the ultimate recipient. Rebates are refunds and not reimbursed per the policy. An estimate of 15% of Paid Rx Claims can be used in lieu of actual rebates if not yet known. (A)
- Benefit Code Analysis (A)
- Policy year eligibility listing with effective dates, term dates and COBRA status
- Bank Statements – to show proof of adequate claim funding throughout the policy period
- Calculation of specific claims (A)
- Voids/Refunds/Reissued Claims
- Outstanding over-payments
- Description of the funding process and any vendors used to issue payment
- Listing of any subrogation cases pertaining to the policy period

A = Required for aggregate accommodation. At the end of the policy period, all accommodations are subject to a complete audit.

Please send to: [claims@islsmgm.com](mailto:claims@islsmgm.com).

## ***Aggregate Claim Submission Form***

Carrier:

Employer Name:

Policy Period:

Total Paid Claims Under the Policy:

Less: Specific Claims Paid or Payable:

Less: Ineligible or Extra-Contractual Claims:

Less: Refunds, Recoveries, and Voids:

Less: Outstanding Overpayments:

Less: Any Other deductions:

Less: Attachment Point (will be the higher of the  
Minimum Attachment Point\* or the Year-to-date attachment point):

Less: Any previous advancement/accommodations:

Amount Requested:

\*Refer to policy for definition of Minimum Attachment Point

Completed by:

Completed Date:

Phone:

Email:

Please send to: [claims@islsmgu.com](mailto:claims@islsmgu.com)



## Innovative Stop Loss Solutions SAMPLE MONTHLY AGGREGATE REPORT

TPA:	MINIMUM ATTACHMENT POINT:			
CARRIER:	MONTHLY AGGREGATE FACTOR:	Single	Family	Composite <input type="checkbox"/>
POLICYHOLDER:	AGGREGATE CONTRACT BASIS:			
AGGREGATE PERIOD:	COVERAGES:	Med	Rx	Dental      Other

[illegible]

\*Please indicate the % of Claims vs. the Aggregate Attachment Point in the last column

**Please submit all monthly aggregate reports to: [claims@isismgu.com](mailto:claims@isismgu.com)**

# Innovative Stop Loss Solutions

## Primary Contacts



Claims	Policy & Premium	Finance & Accounting
<b>Peggy Richardson</b> VP of Claims 260-438-9497 <a href="mailto:claims@islsmgmu.com">claims@islsmgmu.com</a>	<b>Meagan Lavoie</b> Policy & Compliance Supervisor 207-770-1317 <a href="mailto:admin@islsmgmu.com">admin@islsmgmu.com</a>	<b>Doug Mortenson</b> Controller 651-485-0662 <a href="mailto:doug.mortenson@islsmgmu.com">doug.mortenson@islsmgmu.com</a>

## Underwriting

<b>Peter Parent</b> President 207-232-2686 <a href="mailto:peter.parent@islsmgmu.com">peter.parent@islsmgmu.com</a>	<b>Andrew Wagganer</b> Senior Underwriter 314-686-2333 <a href="mailto:andrew.wagganer@islsmgmu.com">andrew.wagganer@islsmgmu.com</a>	<b>Tracy Borden</b> Senior Underwriter 207-712-5712 <a href="mailto:tracy.borden@islsmgmu.com">tracy.borden@islsmgmu.com</a>
<b>Tabatha Culp</b> Senior Underwriter 407-383-4050 <a href="mailto:tabatha.culp@islsmgmu.com">tabatha.culp@islsmgmu.com</a>	<b>Joe Okelman</b> Senior Underwriter 708-302-0049 <a href="mailto:joe.okelman@islsmgmu.com">joe.okelman@islsmgmu.com</a>	<b>Zach Clark</b> Underwriter 267-218-2551 <a href="mailto:zach.clark@islsmgmu.com">zach.clark@islsmgmu.com</a>

## Sales

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