



WELCOME TO PACE Underwriters

Thank you for choosing PACE Underwriters as your partner in excess risk management. We are committed to business relationships based on sound principles and practices and to establishing a relationship that will create effective solutions for you and your clients.

The Administration Kit emphasizes the importance of open communication between the claims administrator for a Benefit Plan and our claims facility. In the kit there is information on the claims team and procedures for filing of Specific and Aggregate Excess Loss claims.

Please familiarize yourself with the contents of this Administration Kit and direct any inquiries or comments to the appropriate claims team member. We appreciate the opportunity to serve you and look forward to a long-term, mutually rewarding relationship.

Jeff Petty – President

Edgar Carbonell – Executive Vice President



INTRODUCTION

The Administration Kit is provided to you as a guide. If you are uncertain about any of the information provided, or have any questions about PACE Underwriters, please give us a call.

Corporate Office

PACE Underwriters
4120 International Parkway
Suite 2200
Carrollton, Texas 75007
Phone: 972-905-1501
E: corporate@paceunderwriters.com

Premium Office

PACE Underwriters - Premium
4120 International Parkway
Suite 2200
Carrollton, Texas 75007
Phone: 972-905-1501
E: premium@paceunderwriters.com

Claims office

PACE Underwriters
4120 International Parkway
Suite 2200
Carrollton, Texas 75007
Phone: 972-905-1501
E: claims@paceunderwriters.com



CONTACT ITEMS:

◆ **Additional Claim Kits, Claim Forms, or information on Claim Issues**

Contact: PACE Underwriters - Claims, 4120 International Parkway Suite 2200
Carrollton, Texas 75007, P: 972-905-1501

◆ **Premium remittance issues**

Contact: PACE Underwriters - Premium, 4120 International Parkway Suite 2200
Carrollton, Texas 75007, P: 972-905-1501

◆ **Remittance of premiums**

Mail to:

**PACE Underwriters -
Premium** 4120 International
Parkway Suite 2200
Carrollton, Texas 75007

◆ **Remittance of:**

- a) **Potential Specific Excess Loss Claim Notifications,**
- b) **Specific Excess Loss Claim**
- c) **Monthly Aggregate Excess Loss Reports**
- d) **Aggregate Excess Loss Claim**

Mail to:

**PACE Underwriters -
Claims** 4120 International
Parkway Suite 2200
Carrollton, Texas 75007



LARGE LOSS NOTIFICATION

One of the most important responsibilities of the claims administrator for a Benefit Plan is the timely notification to PACE Underwriters of any potential large claimant. A potentially large claimant is *any covered individual with total paid claims EXPECTED to exceed 50% of the Specific Excess Loss Deductible.*

Typically, potential large claimants are identified two ways:

By Diagnosis

You can receive notice of a potential large claimant through a request for eligibility or benefit verification for a serious diagnosis, or through the process of pre-admission certification, utilization review, or large case management. Such claimants can also be identified by your review of the claim and diagnosis when the claims are submitted for adjudication.

If your preadmission certification, utilization review, or large case management is performed by a separate organization, please advise this entity of the importance of receiving immediate notification of an admission, outpatient procedure or request for sub-acute care.

You are required to complete the “**POTENTIAL SPECIFIC EXCESS LOSS NOTIFICATION**” form when the claimant is **EXPECTED** to reach 50% of the Specific Excess Loss Deductible.

By Amount Paid

You are required to complete the “**POTENTIAL SPECIFIC EXCESS LOSS NOTIFICATION**” form when the total amount paid on a claimant has reached 50% of the Specific Excess Loss Deductible, *regardless of the diagnosis.*

IMPORTANT: Providing this information to PACE Underwriters as early as possible enables us to advise, direct, and make available to our administrator and their clients, many resources to assist in the management of these large claims while maintaining quality of care.



INSTRUCTIONS FOR FILING SPECIFIC EXCESS LOSS CLAIMS

The following guidelines and claim forms are to be used when reviewing and reporting Specific Excess Loss Claims:

TRIGGER DIAGNOSIS LIST

Used as guideline to identify covered individuals who represent potential ongoing claims and/or potentially large claims.

POTENTIAL SPECIFIC EXCESS LOSS CLAIM FORM

To be sent to PACE Underwriters – Claims as an initial notification:

- A. When claimant diagnosis is expected exceed 50% of the Specific Excess Loss Deductible.
- B. When claimant total paid claims exceed 50% of the Specific Excess Loss Deductible, regardless of the diagnosis
 - *Attach copies of Utilization Review records if applicable (confidential)*
 - *Do not attach any copies of incurred or paid claims including any bills or other documentation.*

UPDATE of POTENTIAL SPECIFIC EXCESS LOSS CLAIM FORM

To be sent to PACE Underwriters – Claims each month, once an initial notification has been filed.

- *Do not attach any copies of incurred or paid claims, including any bills or other documentation.*
- *Attach copies of Utilization Review records if applicable (confidential).*
- *Do not continue to submit once Specific Excess Claim Form (Exhibit III) is submitted.*

SPECIFIC EXCESS CLAIM FORM (2 pages)

To be sent to PACE Underwriters – Claims:

- A. When a claim has exceeded the specific deductible.
- B. When submitting a subsequent claim for additional expenses on same claimant.
 - *Attach legible copies of any bills paid.*
 - *Include proof of check being issued as payment.*
 - *Include incurred and paid ranges for the claims listed.*
 - *Calculate expected reinsurance reimbursement.*
 - *Attach copies of Utilization Review records if applicable (confidential).*
 - *Be sure to include the 12 items listed at the bottom of the Claim Form.*

TRIGGER DIAGNOSIS LIST

Administrators are required to notify PACE Underwriters of potentially large claimants (with *expected* paid claim totals exceeding 50% of the Specific Excess Loss Deductible). To assist in the identification of potential large claimants, the following list is provided.

ACCIDENTS

Head & Spinal Cord Injury:
Burns Requiring Hospitalization: (2nd or 3rd degree covering 10% or more of the body)
Traumatic Brain Injury
Multiple Crushing Injuries and/or Fractures

AIDS

AMPUTATIONS (Major Extremities)

BLOOD DISORDERS

Aplastic Anemia
Hemophilia
Thrombocytopenia

CANCER (Multiple Admissions – Metastatic)

CARDIAC (Chronic)
Cardiomyopathy
Congestive Heart Failure

CEREBRAL VASCULAR ACCIDENT

CONGENITAL DEFECTS

Brain
Spinal Cord
Nervous System
Vessels
Kidney
Chromosome
Cystic Fibrosis
Cerebral Palsey

DIABETES MELLITIS (with Complications)

HOSPITAL STAYS

14 days or more
Multiple admissions in 12-month period

GROWTH HORMONE THERAPY

INFECTIOUS DISEASES

Tuberculosis
Septicemia
Bacterial Meningitis
Osteomyelitis

I.V. THERAPY

Enzyme Replacement
Extensive I.V. Therapy
Home I.V. Therapy
Antibiotic Therapy

KIDNEY FAILURE (End Stage Renal Disease)

MECHANICAL ASSISTANCE DEPENDENCY

Apnea Monitors
Ventilators
Any Other Conditions Requiring Monitoring to Sustain Life

NEWBORN WITH COMPLICATIONS:

Extreme Immaturity
Birth Trauma
Respiratory Distress or Disorders
Congenital Anomalies

NEUROLOGICAL DISORDERS:

Amyotrophic Lateral Sclerosis (ALS)
Muscular Dystrophy
Strokes
Multiple Sclerosis (MS)

OBSTETRICAL COMPLICATIONS

High Risk Pregnancies
Expected Multiple Birth (of 3 or More Infants)

PSYCHIATRIC (resulting in Hospital Confinement)

SEVERE RESPIRATORY CONDITIONS

SICKLE CELL ANEMIA

TRANSPLANTS:

Major Organs
Bone Marrow
Stem Cell
Any Complications Thereof

OTHER

Cases Requiring Skilled Nursing Facilities, Home HealthCare, Hospice, Daily Private Nursing
Total Parenteral Nutrition (TPN)
Multiple Admissions (within same year)
Chronic Pain Management
Interim Hospital Billings
Intensive Levels of Home Health Care Supplies and/or Service



POTENTIAL SPECIFIC EXCESS LOSS NOTIFICATION

Notice filed based on Diagnosis

Notice filed as 50% of the Specific Deductible

Eligibility Section

Contract Holder: _____

COVERED PERSON

CLAIMANT

*Name: _____

Gender/Relation: _____ / _____

DOB: _____

Effective Date: _____

Termination Date: _____

COBRA Effective: _____

Actively at Work: _____

Full time Student: _____

Stop Loss Section

Carrier: _____ Contract Number: _____ Contract year: _____

Specific Deductible: \$ _____ Current Contract Basis: _____

Claim Information

Dates: First DOS: _____ First Received: _____ First Admit: _____

Other Coverage: NO YES - If yes, include information:

COB TPL W/C Medicare Other _____

Large Case Mgr: _____ PPO(s): _____

Diagnosis (use ICD-9 & Description): _____

Status: _____

Prognosis: _____

Comments: _____

Payment Information

Charges RECEIVED to Date: \$ _____ Charges PAID to Date: \$ _____

Charges UNPROCESSED to Date: \$ _____

Completed by (sign): _____ Date: _____

Administrator Name: _____ Phone #: _____

---- This Notification does not constitute a claim filing ----

Send **POTENTIAL SPECIFIC EXCESS LOSS NOTIFICATION** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501



UPDATE OF POTENTIAL SPECIFIC EXCESS NOTIFICATION

Based on Diagnosis Based on Amount Paid No activity to report

Contract Holder Name: _____

Covered Person: _____

Claimant Name: _____

Social Security #: _____

Prior Notification Date: _____

Charges RECEIVED to Date: \$ _____

Charges PAID to Date: \$ _____

Charges UNPROCESSED to Date: \$ _____

Diagnosis: _____

Current Status: _____

Prognosis: _____

Comments: _____

Completed by (sign): _____ Date: _____

Administrator Name: _____ Phone: _____

---- This Notification does not constitute a claim filing ----

Send **“UPDATE” OF POTENTIAL SPECIFIC EXCESS LOSS NOTIFICATION** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501



SPECIFIC EXCESS LOSS CLAIM FORM

(Page 1 of 2)

Date: _____ Initial Claim Filing * Subsequent Claim – Filing # _____
 Advanced Funding **(On subsequent claims only fill in * items)**

NOTE: Prior to submitting a claim, a Potential Specific Excess Loss Notification must have been completed and sent to PACE Underwriters to properly reserve for this claim. If the Notification is on file, we can proceed on this claim.

Eligibility Section

*Contract Holder: _____

COVERED PERSON

*CLAIMANT

*Name: _____

Gender/Relation: _____ / _____

DOB: _____

Effective Date: _____

Termination Date: _____

COBRA Effective: _____

Actively at Work: _____

Full time Student: _____

Stop Loss Section

Carrier Name: _____ Contract Number: _____ Contract year: _____

Specific Deductible: \$ _____ Current Contract Basis: _____

Claim Information

Dates: First DOS: _____ First Received: _____ First Admission: _____

Other Coverage: NO YES - If yes, include information:
 COB TPL W/C Medicare Other _____

Case Mgmt Co: _____ *Contact: _____ *Phone #: _____

PPO(s): _____

* Diagnosis (use ICD-9 & Description): _____

*Status: _____

*Prognosis: _____

*Comments: _____

(Continue on Page 2)



SPECIFIC EXCESS LOSS CLAIM FORM

(Page 2 of 2)

*Date: _____ *Contract Holder: _____

*COVERED PERSON: _____ *CLAIMANT: _____

Reinsurance Claim Information

*Total Benefits Paid: \$ _____

*Less Specific Deductible: \$ _____

*Balance: \$ _____

Deductions

*Benefit %: \$ _____

* Total Prior Reimbursements: \$ _____

*Reimbursement Requested: \$ _____ *Est. Future Expenses: \$ _____

Please include LEGIBLE copies of the following (12) items:

- The Enrollment Form, including documentation of the covered person and claimant’s effective date.
- Document the covered person and claimant met eligibility requirements of the Plan at the time of claim (i.e. Payroll records indicating hours worked, COBRA election form & premium payment records, etc.).
- *Copies of the itemized provider billings (on bills greater than \$10,000).
- *Copies of the Explanation of Benefits on all claims paid.
- *Copies of the check registers or reporting showing check numbers and the date claims have been paid.
- If the deductible and co-insurance were previously met, please document.
- Document there was no other insurance available to the claimant at the time of the claim (COB).
- All medical records obtained through pre-existing investigations, when appropriate.
- *Operative reports and the calculation of the reasonable and customary fees.
- Document accident details and subrogation agreements, when appropriate.
- *Prognosis and an estimation of outstanding liabilities and/or future expenses.
- Completed Disclosure Statement provided at the Underwriting and/or Application for insurance

*Email address: _____ *Date: _____

*Administrator Name: _____ *Phone #: _____

Please make checks payable to _____ and sent to _____.
Send **SPECIFIC EXCESS LOSS CLAIM FORM** to:

PACE Underwriters – Claims, 4120 International Parkway Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501



SPECIFIC EXCESS LOSS SIMULTANEOUS REIMBURSEMENT

THIS APPLIES ONLY TO THOSE CLIENTS THAT HAVE PURCHASED THE SIMULTANEOUS REIMBURSEMENT OPTION

This benefit is offered as a rider to the Specific Excess Loss Contract and is intended to simultaneously reimburse claims eligible for reimbursement under the Contract, *after* the Contract Holder has paid such claims. Simultaneous Reimbursement is available for eligible claims submitted under the Specific Excess Loss Contract *except in the final month of the contract period.*

In order to exercise Simultaneous Reimbursement, you must:

- ◆ Process all claims for the claimant and print the detailed Explanation of Benefits.
- ◆ Have the Contract Holder fund claims up to the full amount of the Specific Deductible *plus* a minimum threshold of \$20,000 in cumulative claims in excess of the Specific Deductible prior to requesting Simultaneous Reimbursement. Once the \$20,000 threshold is met, all subsequent Simultaneous Reimbursement submissions should be filed with a minimum of \$1000 in claims to be reimbursed.
- ◆ The Contract Holder must have paid all associated premiums current through the date of the filing.
- ◆ Complete the **SPECIFIC EXCESS CLAIM FORM**, indicating that you are requesting Simultaneous Reimbursement, attach the required documentation, and send to:

PACE Underwriters – Claims
4120 International Parkway, Suite 2200
Carrollton, Texas 75007

- ◆ When you receive reimbursement checks from PACE Underwriters they cannot be deposited by the Contract Holder until *after* the Contract Holder has paid the claims filed against the Specific Excess Loss Contract. “Paid claims” means that the checks were funded, printed and mailed to the recipients. The timing of these disbursements and deposits are important to the self-funded “reimbursement” status of the Plan under federal guidelines.
- ◆ Should the Contract Holder terminate the Contract prior to the end of the Contract Period, no Specific Excess Loss benefits will apply for expenses incurred or paid after the termination date.
- ◆ In no event will the Specific Excess Loss benefits exceed the maximum benefit shown on the Schedule.

Failure to follow the filing guidelines outlined above will result in a delay in receiving the reimbursement check(s).



AGGREGATE EXCESS LOSS CLAIMS REPORTING

If you purchase Aggregate Excess Loss Insurance, an **AGGREGATE EXCESS LOSS MONTHLY CLAIMS REPORT** must be completed and submitted each month. PACE Underwriters utilizes this report to monitor your claims activity for any potential aggregate losses.

The initial month shown on the report (see next page) should match the first month covered by the Contract (i.e., If the Contract became effective May 1st, the first report would reflect activity for May).

Please send the **AGGREGATE EXCESS LOSS MONTHLY CLAIMS REPORT** to:

PACE Underwriters - Claims
4120 International Parkway, Suite 2200
Carrollton, TX 75007



AGGREGATE EXCESS LOSS MONTHLY CLAIMS REPORT

PACE Underwriters requires Aggregate Excess Loss Reporting on a monthly basis. To identify the data to be reported we have developed a template (below). The template is in an MS EXCEL file separate from this document named “Aggregate Claim Reporting”.

To simplify the submission process, we suggest that you create a PACE Underwriters folder on your computer and save both this Claim Kit document and the MS EXCEL file named “Aggregate Claim Reporting” in your newly created PACE Underwriters folder. Once saved on your computer the Aggregate Reporting template can be accessed/updated regularly for each client, and submissions can be E-mailed to PACE Underwriters as an attachment.

ABC GROUP BENEFITS, LLC												
Aggregate Paid Claim Report												
Contract Holder _____			Spec Basis _____				Min Attach Point _____					
Address _____			Spec Ded _____									
City _____			Agg Basis _____									
State _____		Zip _____		Agg Margin _____								
Agg Period _____			Aggregate Factors									
Contract # _____			Medical		RX		Dental		Vision			
			Single		Family		Composite					
			Single		Family		Composite					
			Single		Family		Composite					
Mo/Yr	Enrollment			Medical Claims	RX Claims	Dental Claims	Vision Claims	Total Paid Claims	Claims over Specific	Net Agg Claims	Agg Ded	Loss Ratio
	Single	Family	Comp.									
YTD												

Please make checks payable to _____ and sent to _____.

Send the **AGGREGATE EXCESS LOSS MONTHLY CLAIM REPORT** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501



AGGREGATE EXCESS LOSS CLAIM FILING

The following information is required to file an Aggregate Claim.

◆ AGGREGATE EXCESS LOSS CLAIM FORM

- ◆ An **AGGREGATE PAID CLAIM REPORT** completed in its entirety (See the separate EXCEL template used to track claims monthly).
- ◆ Enrollment/eligibility records for all covered employees, dependents, and COBRA participants. (Note: For COBRA participants, documentation of premium payments must also be included in this submission.)
- ◆ Monthly Excess Loss premium billing statements beginning on the effective date of the contract through the present, to verify reported census and adjustments.
- ◆ Financial records documenting the funding of claims during the Contract period, including a reconciled bank statement for each month of the Contract period.
- ◆ Monthly check registers for each month of the Contract period through present.
- ◆ A paid benefit analysis report to confirm payments for out-of-contract approvals, medical records fees, and administration fees; also a detailed Claims Paid History Report.
- ◆ Documentation regarding voids and refunds processed during and after the Contract period, but relating to payments made during the Contract period.
- ◆ A copy of the procedures utilized for handling claims with potential subrogation or third party liability and a listing of any such claims currently in progress.
- ◆ Details of identified overpayments for this Contract period that are still outstanding.
- ◆ Monthly prescription drug card statements, if applicable.

Additional information may be identified and required. PACE Underwriters will advise you of these requests as they arise

Send **AGGREGATE EXCESS LOSS CLAIM FILING AND DETAIL** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200, Carrollton, Texas 75007, P: (972) 905-1501



AGGREGATE EXCESS LOSS CLAIM FORM

Date: _____ Aggregate Accommodation # _____ Year End Filing

Contract Holder: _____ Contract Period: _____

Carrier Name: _____ Contract #: _____

Aggregate Basis: _____ Min Attach. Point: \$ _____

Aggregate Factors: Single \$ _____ Family \$ _____ Composite \$ _____

Total Claims Paid in Contract period \$ _____

Claims in Excess of the Specific: - \$ _____

Claims NOT Eligible to the Aggregate: - \$ _____

Net Eligible Claims Paid Y-T-D: = \$ _____

Less Attachment Point:

Attachment point is greater of:

a) YTD amount based on Census

b) Minimum Attachment Point - \$ _____

Claims Exceed Attachment Point: = \$ _____

Less Previously Filed Amounts: - \$ _____

Amount Requested: \$ _____

*Signed: _____ *Date: _____

*Administrator Name: _____ *Phone #: _____

Please Make Checks payable to _____ and sent to _____.

Send monthly **AGGREGATE EXCESS LOSS CLAIM FORM** to:

PACE Underwriters – Claims, 4120 International Parkway, Suite 2200, Carrollton, Texas 75007, P(972)905-1501



PACE Underwriters Must Be Notified...

If you receive notice of representation for an attorney, a lawsuit, or an appeal for the denial of a claim that was filed as part of a Specific or Aggregate Excess Loss Claim with PACE Underwriters, you must immediately notify the Claims Department at PACE Underwriters. Please have all related information and documentation available when contacting PACE Underwriters.

PACE Underwriters – Claims
4120 International Parkway, Suite 2200
Carrollton, Texas 75007