

Submission, Reporting and Premium Information for each Treaty Year

Specific Excess Loss Reimbursement Request Requirements

- Employee Information:
 - Hire Date
 - Original coverage effective date
 - Current work status
 - Contributions that were made during FMLA time
 - COBRA election form & proof of payment
 - Deductible/Coinsurance proof of satisfaction
- Claim Detail Information:
 - Coordination of Benefit which has been updated within the last 12 months
 - Copies of bills when chemotherapy is involved
 - Precertification Forms
 - Treatment Audits/Reviews
 - Detailed itemized bill for any Hospital payment in excess of \$50,000.00
 - Detailed itemized bills for any charges incurred at the Domestic Hospital
 - Itemized bill for any physician payment in excess of \$10,000.00
 - A claim detail report which includes procedure and diagnosis codes
- Reimbursement information:
 - The physical address where reimbursement checks can be mailed via UPS
 - The mailing address where reimbursement checks can be mailed via USPS

Arbor Benefit Group, L.P. encourages their clients to take advantage of the Simultaneous Reimbursement which is offered at no extra cost. Simultaneous Reimbursement requests are allowed up until the last 30 business days of the treaty year **as long as the specific deductible has been satisfied.**

Excess Loss Reimbursement Submission Requests should be submitted to Arbor's reimbursement general email inbox: reimbursements@arborbg.com, which is monitored hourly. Please indicate on the submission request form if this submission requires a rush review. Please also provide the submission line items being requested for reimbursement via excel spreadsheet. Status requests should also be directed to the reimbursement inbox. If you are not using an external encryption company for email encryption, you can password protect the submission documents and provide the password in a separate email. If you wish to use the same password for all stop loss reimbursement requests, please advise that in your initial email. We will then document the password and automatically use it to open future emails, unless instructed otherwise.

*Please note: your claim reimbursement review and subsequent payment, if eligible, **will** be delayed if you do not submit your reimbursement via the reimbursements@arborbg.com general inbox.*

TPAs that choose to provide medical data feeds will experience a faster turnaround time. Additionally, TPAs that provide medical data feeds can be given third party access to Arbor Benefit Group's proprietary claim system. Please email policyissue@arborbg.com for more information regarding data feed setup and access to the proprietary claim system.

Required Reports for the Treaty Year

The following reports are required by the carrier for the entirety of the treaty year. The reports should be provided to notifications@arborbg.com. Alternatively, access to any applicable FTP sites or online reporting portals may be granted so the reports can be downloaded directly by Arbor Benefit Group.

Please note: if you do not provide the required reports via the general inbox, requests for reports previously provided may occur and will result in a delay in response, for reports needing a response.

- **Weekly** report of all precertification activity for members, including the following fields:
 - Participant Name

- Participant DOB
 - Admit Date
 - Discharge Date
 - Discharge Disposition
 - DOS if Outpatient
 - Diagnosis Codes (all diagnosis codes, such as admitting vs. discharge diagnosis, or primary, secondary, etc)
 - Procedure Codes (all procedure codes, if there are multiple)
 - Procedure Date
 - Provider Name
 - Facility Name
 - Facility City & State
 - Whether case management was opened/activated
 - Requested Days/Certified Days/Denied Days
 - Clinical notes
- **Monthly** report of case management activity. This report should include any participant that has been opened, closed or remains open to case management. Detailed copies of case management reports should also be included for each member that has been opened, closed or remains open to case management.
 - **Monthly** report of all members who have reached 50% of spec
 - **Monthly** aggregate report for the group

Authorization to set up direct reporting through the PBM vendor is also required. Authorization can be provided by emailing policyissue@arborbg.com advising that Arbor Benefit Group is authorized to contact the PBM vendor directly to set up monthly PBM reporting. The best point of contact and their email will also need to be included in the authorization email.

Premium Information

Premium is due on the first day of each calendar month. A grace period of 31 days is allowed for the payment of each premium after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. If the Contract is terminated more than one time during a Contract Period for non-payment of premium no application for reinstatement will be approved. Please note that late premium payment may also result in stop loss reimbursements being pended for premium for the month due.