



Administrative Manual

Employer Stop Loss



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About PartnerRe

Formed over 25 years ago, PartnerRe is a leading worldwide reinsurer with a solid track-record of growth and profitability. PartnerRe Health leverages the strength of a financially strong and dynamic organization to better serve our clients with a full range of products and services.

Our team of experienced accident and health (A&H) professionals develops innovative, client-specific solutions by thoroughly understanding our clients' goals, risk tolerance and exposures. Using a suite of proprietary financial and analytical tools, we design effective risk management programs in conjunction with providing extensive support services. Our broad product portfolio together with our commitment to service and foster long-term partnerships makes us a preeminent A&H reinsurer.

Our A&H products and services include:

- HMO and Medical Reinsurance
- Employer Stop Loss
- Provider Excess of Loss
- **PULSE + Plus™**
- Structured Risk Programs

We invite you to visit www.PartnerRe.com for additional information including our most current financial and rating information.

Quick Reference Guide

Underwriting and Policyholder Partners:

<p>Matt Leming VP, Director, Employer Programs matt.leming@partnerre.com 1 913 871 7214</p>	<p>Adam Nelson AVP, Client Partner, Employer Programs adam.nelson@partnerre.com 1 913 693 9851</p>
<p>Brian Reule AVP, Underwriter, Employer Programs brian.reule@partnerre.com 1 815 307 1665</p>	<p>Susan Kistner Senior Underwriter, Employer Programs susan.kistner@partnerre.com 1 913 871 7198</p>
<p>Gina Engelhardt Underwriter, Employer Programs gina.engelhardt@partnerre.com 1 913 871 7213</p>	<p>Jennifer Andrusko Assistant Underwriter, Employer Programs jennifer.andrusko@partnerre.com 1 612 234 4964</p>
<p>Polly Brohaugh Assistant Underwriter, Employer Programs polly.brohaugh@partnerre.com 1 612 234 4937</p>	<p>John Andrusko Assistant Underwriter, Employer Programs john.andrusko@partnerre.com 1 612 234 4934</p>

For new quotes or renewals submit information to underwritinghealth@partnerre.com.

Premium Remittance:

<p>Maria Mendoza Accountant, Technical Accounting maria.mendoza@partnerre.com 1 415 354 1552</p>	<p>Other premium related correspondence: PartnerRe America Insurance Company Attention: Accounting Department 450 Sansome Street, 4th Floor San Francisco, California 94111</p>
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Claims:

<p>Dawn-Ann Dykes VP, Claims Dawn-ann.dykes@partnerre.com 1 612 234 4951</p>	<p>Dawn Thompson Senior Claims Analyst dawn.thompson@partnerre.com 1 612 234 4965</p>
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Submit claims information to claimshealth@partnerre.com.

PULSE + Plus™:

<p>Missy Kveene, RN VP, Managing Director, PULSE + Plus™ Program Missy.kveene@partnerre.com 1 612 234 4918</p>	<p>Victoria Buchanan Clinical Consultant, PULSE + Plus™ Program Victoria.buchanan@partnerre.com 1 913 871 7202</p>
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Payment of Premium

Remit premium via electronic funds transfer (EFT) in accordance with your Excess Loss Insurance Policy terms.

Employer Stop Loss operates on a self-billing basis. It is the responsibility of the Policyholder to remit premium and corresponding membership detail per the provisions of the Policy. A preferred self-billing invoice template is available [here](#). Policyholders may choose to submit membership detail in a customized format provided all required data elements are included.

For coverage under your Policy to remain in effect, premium must be paid on or before its due date. Unless stated differently in the Policy, premium is due on the 1st day of each month within a Policy Period. Please refer to the Policy for additional information regarding payment of premium.

Reporting Requirements

Reporting is central to our interactions with Policyholders. Pursuant to Your Policy provisions, You are contractually required to submit monthly reports. Our preferred method for receipt of reports is through our ShareFile platform.

You are required to submit 50% notifications monthly and/or as needed via secure e-mail to claimshealth@partnerre.com. The preferred format for notifications is the **PULSE + Plus™** Report. For a copy of our current form listing the full range of fields, please refer to the PartnerRe website for the [Trigger Diagnosis Worksheet](#).

Which members should be included in reporting?

- All members with trigger diagnoses and approvals for trigger pharmaceuticals.
- Members anticipated to reach 50% of the Specific Deductible or has the potential to exceed 50% of the Specific Deductible regardless of diagnosis
- Any member admitted to an acute care facility for over 30 days
- All members with any month of paid Rx claims over \$15,000


For a more complete, updated copy of the Trigger Diagnoses and Trigger Pharmaceutical list please visit:

[Trigger Diagnosis List](#)

[Trigger Pharmaceutical List](#)

Sample reporting documents are located [here](#). **However regardless of the source all reports are required to be in Excel format.**

PartnerRe is not responsible for aggregating medical and Rx claims data.



If you're submitting information for multiple employers, reporting may not be bundled, aggregated or combined within a single report. If aggregating and/or filtering claim data, supporting detailed information must be provided in the report.

If aggregate coverage has been elected, an Aggregate Claims and Enrollment report must be submitted on a monthly basis.

How to submit reports

The preferred method for submitting reports is through our data room (ShareFile) www.sharefile.com which is a secure, HIPAA compliant, cloud-based platform for businesses to store and share information.

You may also submit all required information securely to: claimshealth@partnerre.com. For questions or information please contact your Client Partner.

INSURANCE FRAUD WARNING

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, is guilty of insurance fraud and is subject to criminal and/or civil penalties as defined by your state statutes.

WARNING: These forms contain personal and Protected Health Information under HIPAA and may be transmitted only in a HIPAA compliant medium. DO NOT SEND VIA AN UNSECURED E-MAIL TRANSMISSION. WE ENCOURAGE YOU TO SEND VIA SHAREFILE.

Claim Services


For copies of our most recent claims forms please visit www.partnerre.com/health/claims.

REQUEST FOR REIMBURSEMENT

A claim reimbursement request is considered complete when the requirements listed below are met. Any omissions may result in a processing delay.

In order to file an initial or subsequent claim, submit the following:

- Completed claim form (initial filing)
- Proof of eligibility including a copy of the original enrollment form or a claim system eligibility screen print. The following data must be included with either format:
 - Subscriber and covered person's unique identification number
 - First and last name
 - Date of birth
 - Effective date of coverage
 - Covered person's policy identification (group, single, family etc.)
 - Coverage status
 - Covered person's termination date, if applicable

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- Proof of loss including claim detail and supporting documentation
 - Copies of pre-authorization and/or hospital pre-certifications, etc.
 - Case management progress reports
 - Copy of the UB04 for any hospital claims with paid charges exceeding \$500,000 may be required
 - Itemized bills for any hospital confinement with paid charges exceeding \$1,000,000 may be required
 - Subscriber's and covered person's unique identifier
 - Claim or reference number
 - Dates of service
 - Provider's name
 - Provider type – in or out-of-network
 - Procedure code (CPT, HCPCS, revenue code) and modifiers
 - Units
 - Billed amount
 - Paid amount
 - Date paid
 - DRG code, if applicable
 - Diagnosis code

Claim detail can be combined into one Excel file for multiple claimants. For a multiple claimant submission include a summary by claimant as well as corresponding requested amount.

When relevant, the following additional documentation needs to be provided:

- Documentation of other insurance coverage investigation
- Medicare effective date, as well as the reason for Medicare entitlement, – i.e.; ESRD, total disability, or age
- Employee work status, including explanation of how coverage was maintained while the employee was not actively at work – may include COBRA election forms and proof of COBRA payments; leave of absence details, total disability determinations, etc.

Claim Reimbursement

We will provide a cover letter, claim summary and individual adjudication worksheet(s) with each reimbursement. Payment will follow via electronic funds transfer (EFT) utilizing ACH.

- Additionally, your claim adjudication documents are uploaded to your specific ShareFile claim payment folder. An e-mail is generated to notify you when documents arrive in this folder and are available for your review.

***PULSE + Plus*™ Program Overview**

***PULSE + Plus*™** is an integrated, state-of-the-art cost management program that helps our Policyholders proactively address healthcare risk exposure and find optimal solutions for evolving healthcare challenges. Our solutions are uniquely designed to meet your needs through active engagement, tools and resources as well as access to specialty service providers. Our team includes nurse clinical consultants, cost management specialists and transplant network experts.



Our goals are to:

- **Educate** – We provide current information and expert opinion on healthcare developments, helping you sift through trends and costs
 - Overall incurred claims costs are driven by a very small percentage of members. We are here to help you identify and consult on your highest claim cost members.
 - **PULSE + Plus™** provides continuous updates and topical information through the use of our social media platforms, articles and proprietary webinars.
- **Validate** – Our clinical experts work with you to validate reasonable costs and provide consultation on challenging treatment plans associated with large claims
 - Our team can stay involved throughout the process and may suggest solutions to generate real savings.
- **Collaborate** – As an integral part of the risk management team, we take a proactive approach to present and oversee customized solutions that impact bottom line savings
 - You will have a dedicated nurse clinical consultant that will work closely with you to provide cost management solutions, education and support while you manage your high cost claims.
- **Solve** – Because each large claim is unique, we judiciously propose what will provide the best savings, and support you to implement services for you to manage your larger claims
 - We strive to identify costs as soon as possible, because we know **PULSE + Plus™** services are most effective prior to payment.
 - PartnerRe's **PULSE + Plus™** Program exists to identify and manage our mutual risk with our Policyholders.

There are no fees to utilize **PULSE + Plus™** services, but costs may be incurred for services offered by our specialty service providers. Your clinical consultant would be happy to provide you additional detail as costs can vary by service and provider. Please be advised that upon acceptance by the vendor, Payor (Client) is responsible for payment of applicable fees. These fees may be considered an eligible claim expense.

***PULSE + Plus™* Specialty Service Providers**

- Transplant Networks
- High dollar claims review and negotiation
- Specialty Service Provider network access
 - Specialty Pharmacy
 - Dialysis
 - Congenital Heart Disease (CHD)
 - Oncology
 - Gene and Cell Therapy
 - Ventricular Assist Device (VAD)
 - Air Ambulance
- Alternative Payor Solutions



Please contact your **PULSE + Plus™** Clinical Consultant for additional information.