

The following guide is to help TPAs provide Partners with the information necessary to process claims, obtain out-of-network discounts, and provide early claim notification. The following information should be provided to help ensure all necessary information is provided at the time of claims submissions.

EARLY NOTIFICATION Information should be sent to: notifications@partnersmgu.com

Provide early notification of the following prior to submission:

- Notification at pre-certification level based on Trigger Diagnosis Listing
- Notification of 50% of the Specific deductible

CLAIMS Information should be sent to: claims@partnersmgu.com

The following documents are necessary information for claim submission review.

Initial claim submission:

- Specific Reimbursement Request Form
- Eligibility Form with necessary supporting documents
 - Copy of the original enrollment card or eligibility screen prints or application
 - Continuation of Coverage - Supporting documentation for FMLA, LOA, and COBRA (including proof of premium payments and/or contribution)
 - Other insurance documentation (Coordination of Benefits information)
 - Handicapped Child Certification documentation
 - Certificate of Creditable coverage (if applicable)
- Accident Questionnaire Form
 - Police report for motor vehicle accidents.
- Elected health plan option (if more than one health plan option is offered)

Initial and subsequent claim submission:

- Detailed Medical & Prescription Drug Paid Claims Report containing proof of payment (in Excel format)

Required Report Data:

- | | |
|--|--------------------------------|
| ○ Employee SS# (or Alternate ID#) | ○ Allowed amount |
| ○ Employee Name | ○ Discount amount |
| ○ Claimant Name | ○ Copayments |
| ○ Relationship to employee | ○ Paid Amount |
| ○ Claimant date of birth | ○ Payee name |
| ○ Diagnosis (ICD-10 code) | ○ Date paid |
| ○ Incurred dates (from and through) | ○ Check number |
| ○ Provider name/ID | ○ Prescription Drug Charges |
| ○ Procedure Code (CPT) or Revenue Code | (Include Drug Name and Dosage) |
| ○ Charge Amount | |
- Fee Invoices included on the Paid Claims Report (if applicable)
 - Discounting (savings fees/network access fees/negotiation fees)
 - Case Management Record reviews
 - Copy of any applicable pre-certifications as required by the plan
 - Copy of claims and itemized billing for any facility charges more than \$100,000 or as required by the plan
 - Copy of claims and itemized billing for any physician charges/miscellaneous providers more than \$5,000
 - Case Management Reports

DISCOUNTING

Discounts should be obtained on the following out-of-network claims prior to submission:

- Inpatient hospital claims more than \$10,000
- Outpatient hospital claims more than \$5,000
- All ongoing services regardless of the dollar amount (e.g., chemotherapy, dialysis)
- Physician claims more than \$5,000
- DME claims more than \$1,000