

Specific Claims Filing Requirements for NorthWind, LLC

All Claims Need:

- Copy of original enrollment form with the Policyholder (not just with current TPA). If the original is no longer available, a letter on the Policyholder's letterhead indicating date of hire and original effective date with the Policyholder
- Copies of any change of status forms (add/drop dependent, change coverage type etc...)
- Copy of summary log showing all payment amounts and dates (RIP report)
- Copies of all EOB's
- Copies of all bills (bills should be attached to the corresponding EOB) if bill was received electronically we will need a print of the electronic bill
- Copies of PPO re-pricing sheet (if not priced on-line by computer system)
- Copies of case managements notes if in case management
- Copy of pre-certification if procedure or hospital stay needs pre-certification or prior authorization

Claims for Employee's Need:

- Employee's age 65 and over, the employer needs to verify work status of employee to verify COB order regarding Medicare (active versus retired)
- Last date worked, returned to work date, how coverage continued during missed time (see Employee Eligibility Form)

Claims for Dependent's Need:

- Current completed claim form indicating other insurance status
- If secondary then copies of primary carrier/Medicare EOB's
- If dependent is a child and natural parents are divorced may need copy of the divorce decree to verify COB order
- If the Employee is age 65 and over, the employer needs to verify work status of employee (active versus retired)
- Dependent children age 18 and older: proof of full-time student status or handicapped child status

Other:

- ESRD: Need first date of dialysis and effective date of Medicare
- COBRA: COBRA enrollment form & proof of timely COBRA premium payments
- Injuries: Accident date and details. May need signed subrogation forms and/or police reports in instances where there is potential third party liability.
- Motor vehicle accidents: may need proof of payment or denial by auto insurance carrier
- Transplants- medical records to review for medical necessity and medical appropriateness
- Physical Therapy, occupational therapy, speech therapy if it appears excessive or not appropriate for the diagnosis may request physicians prescription and notes
- Home Health Care- may request physicians prescription and nursing notes
- SNF & ECF- may request nursing notes/daily hospital notes (custodial care?)
- Other- procedures such as gastric by-pass may need additional information submitted to substantiate medical necessity
- Pre-existing: Either results of pre-existing investigation or Certificate of Creditable Coverage (If effective in last 12 months or 18 months for late enrollee)

