

## **Aggregate Stop Loss Producer Information Sheet**

Thank you for choosing RxReins for your Rx stop loss solutions. Please submit all premiums, policy documents, licensing documents, monthly reports, and correspondence to our contact information below:

Insurance Resources & Auditing Services, LLC (IR&AS)  
190 West Germantown Pike, Suite 200  
East Norriton, PA 19401  
(610) 940-9277  
Contact Name: Sandy Hood  
Email: sandyhood@irasinc.com

### **Policy Issuance Procedure**

IR&AS will issue the Confirmation of Insurance (binder) upon receipt of the following items:

1. The gross minimum annual premium or first installment of the periodic premium. Please make check(s) payable to Gerber Life Insurance Co. IR&AS will issue an invoice for the 2<sup>nd</sup> and 3<sup>rd</sup> periodic premium payments (if applicable).
2. Signed and Initialed Stop Loss Application (soft copies accepted)
3. Signed and Initialed Stop Loss Quote Letter (soft copies accepted)

IR&AS will issue the stop loss policy upon receipt of the following items:

1. Employee Roster (example available upon request)
2. Summary Plan Description (SPD) or Evidence of Coverage from previous carrier.  
This applies if quote letter is predicated upon claims experience and coverage is to duplicate previous benefits.

SPDs must be received no later than 30 days after the proposed effective date of the policy. IR&AS delivers the stop loss policies and correspondence directly to the designated agent/producer. It is the TPA/producer's responsibility to forward all policy documentation and correspondence to the employer group.

### **Monthly Reporting**

RxReins requires the TPA/producer to submit total paid claims and enrollment (per coverage status) to IR&AS each month. This report must be received by the 15<sup>th</sup> of each month for the previous month (see Monthly Claims Worksheet for requested information).

### **Renewals**

First year renewals are provided to the producer approximately 45 - 60 days prior to the policy anniversary date. If no changes are made to the benefit plan, the renewal policy will be issued as a "paid" contract.

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#### **Revisions**

The stop loss policy is subject to revision if there is a 10% shift in enrollment or a change in the benefit plan during the contract year. The TPA/producer must notify RxReins within 30 days upon knowledge of a benefit plan change.

#### **Administrative Allowance**

The administrative allowance, if applicable, is a percentage of the stop loss premium paid to the licensed producer and entity providing IR&AS monthly reporting. Upon receipt of the premium and after the producer has been appointed with the carrier, IR&AS will issue a check to the producer for the Administrative Allowance on/before the 15<sup>th</sup> day of the following month.

#### **High Claimant Notification**

The TPA/Producer is required to notify RxReins within 24 hours of approving a large prescription drug claim in excess of \$5,000/per 30 day script.

#### **Stop Loss Claim**

The following documents and reports will be required to process a stop loss claim:

1. Formal notification from the TPA/employer indicating the employer would like to file a stop loss claim against the stop loss policy;
2. Eligibility File from the PBM including the following fields
  - a) Member ID
  - b) Member DOB
  - c) Member Name
  - d) Member Address
  - e) Coverage Status (Employee Only, Employee + Spouse, etc.)
  - f) Eligibility (Employee, Dependent, Retiree, COBRA, etc.)
  - g) Hire Date
  - h) Term Date
3. Employee Roster from the Employer Group including the following fields
  - a) Member ID
  - b) Member DOB
  - c) Member Name
  - d) Member Address
  - e) Coverage Status (Employee Only, Employee + Spouse, etc.)
  - f) Eligibility (Employee, Dependent, Retiree, COBRA, etc.)
  - g) Hire Date
  - h) Term Date
4. Claim check register from the Employer Group that shows proof of payment to the PBM and includes Date Paid, Amount Paid, and Payment Method;
5. Proof of Delivery for all Specialty Medications delivered directly to a Member's home;
6. Formal Prior Authorization Requests for designated Members (RxReins discretion);
7. Clinical Review notes from Prescribing Physician for designated Members (RxReins discretion);

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#### **Stop Loss Claim (Continued)**

8. Detailed claim data file for the length of the policy period including the following fields
  - a. Member ID
  - b. Drug Name
  - c. Date Filled
  - d. NDC Code
  - e. Quantity Filled
  - f. Days Supply
  - g. Ingredient Cost
  - h. Dispensing Fee
  - i. Member Co Pay
  - j. Plan Paid Amount
  - k. Sales Tax
  - l. Claim Process/Adjudication Date
  - m. Record Status Indicator (paid, reversed, rejected)
  - n. Prescriber ID
  - o. Prescriber Name
  - p. Pharmacy NPI
  - q. Pharmacy ID
  - r. Pharmacy Name
  - s. Prior Authorization Name