



ROCKPORT BENEFITS

Aggregate Claim Filing Requirements

In order to file a Year End Aggregate Claim for reimbursement under the Policy, we request that the TPA provide the following documentation for the Plan:

1. A detailed *annual* paid claims report listing all COVERED charges run on the policy year basis (12/12 or 12/15 or paid, etc). This report should be *sorted by employee* and claimant and provide employee and claimant subtotals, as well as a report grand total. This report should also be net of any adjustments (i.e. refunds, voids, and other adjustments) processed to date.
2. A detailed annual eligibility listing showing all active and terminated employees covered during the policy period. This report should provide employee name, DOB, effective date, termination date and coverage by coverage type (single/family).
3. Bank statements or other documentation (i.e. copies of actual deposit slips and/or wire transfers) to validate proof of adequate funding for the entire policy period plus one month subsequent to the end of the policy period. The bank statement should document check clear dates.
4. Void and Refunded claim report.
5. Benefit code analysis report in summary format listing total dollars paid by benefit description.
6. Final Aggregate Report (Monthly Loss Summary Report).
7. Specific Report showing claimants that have exceeded the Specific Attachment Point/Individual Claim Limit.
8. Listing of payments made outside the Aggregate Policy (i.e. Dental, Vision, PPO Fees, Capitated Fees, Non-Covered Domestic Charges, RX Administrative Fees). The check register report detailing all checks issued and adjustments processed for the policy period. Report should include check date, check number, payee name and check amount.
9. Detailed listing of all Case Management and Negotiation Fees paid.
10. Outstanding overpayment and subrogation log.



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11. Prescription vendor invoices for all prescriptions included in the aggregate.
12. Detailed report from the RX card vendor for all prescriptions included in the aggregate. The report should be sent in an electronic format that will allow us to sort, subtotal and extract data.
13. Rx Card Rebate reconciliation report from the PBM vendor that includes all rebates for this policy period.
14. Check release records to document the check issue date, amount of the check run, the date the run was funded by the client and the date the run was released for mail delivery to the payee.

Rockport Benefits may also request this information for the month or two following expiration of the Excess Loss Policy to review for retroactive adjustments. Once the TPA has completed the Claim Form and compiled all of the information above, we request that this package of information be sent immediately to Rockport Benefits at the address below or to:

claims@rockportbenefits.com