STUDENT ATHLETIC EXCESS ACCIDENT/MEDICAL INSURANCE CLAIMS

Best Practices & Helpful Advice

Claim submissions require the following items:

- **Completed Claim Form**
  - The claim form must be completed in full and signed by the appropriate school official and/or Student where applicable.
  - A separate claim form is required for each injury.
  - Please be sure to detail accident information, include part of the body injured, how the injury occurred and the particular sport.
  - Please have the student complete the family portion of the claim form in full (Parent/Insured Information) (if applicable).
  - Please have the student sign and date the portion of the claim form indicating "Medical information authorization Assignment of benefits".

- **Description of incident** (if not provided elsewhere), trainer notes, etc.

- **Operative notes** for any and all surgeries or visits

- **Medical bills** (industry standard forms HCFA1500 or UB92/UB04)
  - Attach itemized copies of all applicable bills, including those bills under any deductible your plan may have. Also, include those bills paid partially or in full by other insurance. Bills showing only "Balance forward" or "Balance due" are not sufficient.
  - An itemized bill indicates the provider of service’s full name and mailing address, type of service, date of service, fee charged and diagnosis. Missing information will be requested from the medical service provider.
  - To assure quick processing, please be sure that the bill and the insurance statements submitted are for the same item.
  - Copies of any correspondence can/will be sent to those you identify as responsible.
  - If any or all benefits are denied by other insurance, please provide a copy of the denial showing the reason charges were denied (Include front and back of explanation of benefits when necessary).

- **Explanation of Benefits (EOB)** from the student athlete’s primary insurance, if applicable

**What is an EOB?**
EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it be payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. EOBs are necessary to properly adjudicate excess insurance benefits.

**What is a HCFA, UB92/UB04?**
A HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third Party Claim Administrators. A UB92 or UB04 are also specific billing forms; however, they are utilized exclusively by hospitals and outpatient surgical facilities.

Generally, these items will be sufficient to complete a claim determination, but occasionally additional information will be required on a case-by-case basis.
If there is no evidence of other valid and collectible insurance

- A completed claim form must still be submitted
- In the event the student is not covered by any other collectible insurance through the student's or their parent's place of employment, a letter may be requested from the employer(s) verifying no other coverage exists. The student can also, provide a letter on company letterhead from the necessary employers verifying coverage does not exist at the time the claim is submitted.
- If the student does not have contact with a parent, please indicate this on the claim form. Students that are independent of their parents need to write a short letter indicating this information. The letter must be signed by the student and dated.

HMO/PPO Plans

- If an injured athlete has an HMO/PPO insurance arrangement, it is highly recommended to refer them to their primary care physician or obtain authorization that will allow you to use a non-network provider whenever possible.
- If it is not possible to use the network and benefits are denied, a written statement of denial must be sent with the claim submission.
- If your institution has purchased a plan that will respond if an injured athlete goes "out of network", benefits will be payable for a covered loss. If this provision is not part of your plan, benefits will be denied.

General Advice

- All charges for the student athlete must be submitted through the primary medical plan first (assuming they have primary coverage).
- Some discounts through medical networks are not available for claims that have previous discounts already applied.
- A deductible that is disappearing can be met by both payments and discounts from the student athlete's primary coverage. However, a privately negotiated discount typically would not apply towards the deductible.
- It is recommended that medical history and primary insurance information forms be completed prior to any athletic participation. Please keep this information on file in your office. If your institution collects primary insurance information forms, please attach a completed copy to the claim form.
- Please use a binder/paper clip to keep individual documents together.
- It is helpful if you clearly identify each bill with the amount owed by the insured, if it is different from the amount charged. This is not necessary for charges that include an EOB (since the EOB will generally show the patient amount due), but is directed more towards bills where there was an arrangement including a private discount with a provider.
- If you use some an internal account sheet for each injury that lists the provider, charged amount, and the amount paid by the school, it would be helpful to enclose a copy with your filing. This is not necessary, but it can help the process.
• If a TPA utilizes a network, the standard process is that submission for discounts cannot occur until all claim documents have been received. The reason for this is that they need to determine if the claim is covered under the policy.

**HIPAA COMPLIANCE**

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA), it is critical that institutions obtain a valid release from student-athletes to access medical records. Without the appropriate signed authorization, the institution should not handle any aspect of a student's medical records. Given the institution's involvement in the excess accident medical claims management process, handling certain records will be necessary, and therefore, the appropriate authorization must be obtained.

A form should be secured from each student athlete prior to participation annually and maintained in the institution's official records for a minimum of nine years. In addition, institutions should be familiar with the requirements of HIPAA, and ensure that storage and sharing of any medical records comply with the legislation. For additional information, please visit [http://www.hhs.gov/ocr/privacy/hipaa/understanding](http://www.hhs.gov/ocr/privacy/hipaa/understanding).

Institutions should conduct independent reviews of HIPAA requirements and consult legal counsel as necessary.