

CLINICAL NOTICE SUBMISSION PROCESS

1. Use the clinical notification triggers list as a guide for completion of clinical notifications submitted to Summit Re. The list is not all inclusive, so feel free to submit a clinical notification on any case for which Summit Re may be of assistance to you.
2. We recommend that the clinical notices be submitted from the medical management department as it is usually the first department notified of a request for services.
3. Complete the Clinical Notification Form (*all sections that apply to your case*).
 - a. Demographic information
 - i. Member name
 - ii. Patient name
 - iii. Member number
 - iv. Patient date of birth
 - b. Amount of eligible expenses paid to date (*check with claims/finance*)
 - i. Professional
 - ii. Hospital
 - iii. Other
 - c. Total amount of claim expected
 - d. Dates of services
 - e. Billed received – if you have received a claim for services rendered, are there questionable charges or charges that appear to exceed reasonable and customary? If yes, please explain.
 - f. Diagnosis – you may use either ICD-9 codes or disease descriptions. Please include all pertinent diagnoses
 - g. Prognosis and current treatment plan – please be as specific as possible.
 - h. Inpatient facility
 - i. Name
 - ii. In-network?
 - iii. If out-of-network, has a rate been negotiated and if so, what is it?
 - iv. Expected length of stay (LOS)
 - i. High cost drugs
 - i. Name of drug
 - ii. Frequency
 - iii. Expected cost per month
 - iv. Drug distributor used
 - j. Is the member receiving dialysis
 - i. In-network provider?
 - ii. If out-of-network, has a rate been negotiated and what is it?
 - iii. Dialysis costs per month
 - iv. Referral for transplant? If not, why?
 - v. Dialysis start date
 - k. Out-of-network services
 - i. Is the member receiving any services out-of-network other than those services listed on this form that are covered by the reinsurance agreement?
 - ii. Has a rate been negotiated? If so, what is it?
 - iii. Type of service
 - l. Is an outside vendor performing case management? If so, name of company.
 - m. Is the member in a NICU?
 - i. Is the facility in-network?
 - ii. If out-of-network, has a rate been negotiated? If so, what is it?
 - iii. Expected length of stay (LOS)
 - n. Form completed by
 - i. Name
 - ii. Title
 - iii. Phone
 - iv. Email address
4. Completed forms may be faxed to 260-469-3014, emailed via encrypted software to claims@summit-re.com, or mailed to Summit Reinsurance Services, 7030 Pointe Inverness Way, Suite 350, Fort Wayne, IN 46804.
5. In lieu of the clinical notification form, you may submit a report containing similar information.
6. If you have any questions, please contact Debbie Stubbs, Kristin Lahey at 260-469-3000 or Jeana Kidd, 763-432-7684.