

ADMINISTRATIVE SERVICE PROCEDURE
FOR RUN OUT CLAIMS

- I. This is to acknowledge that Madison County Board of Supervisors (hereinafter Group) and Blue Cross & Blue Shield of Mississippi (hereinafter Claims Administrator) are acceptable of procedures as outlined below for run out claims with service dates of **10/1/2017** to **9/30/2018**.
 - A. Group will inform its employees of all procedures for handling run out claims.
 - B. Claims can be processed for service dates of **10/1/2017** to **9/30/2018**.
 - C. Employees will be allowed to file run-out claims for a period of six (6) months which will begin **10/1/2018** and end **3/31/2019**. This will allow both the Group and the Claims Administrator to finalize the run out process.
 - D. Administrative Fees and Payment of Benefits
 1. The charge for run out claims is **\$20.00** per document control number for health claims.
 2. Claims Administrator shall send a Claims Billing Summary Report to the Group on a three-time-per-month billing cycle. The Claims Billing Summary Report will indicate:
 - a. the amount of reimbursement for Claims Administrator funds used in the payment of the Group's claims.
 - b. the amount of the administrative and access fees for the Blue Card Program.
 3. Payment of the total amount specified on the Claims Billing Summary Report is due upon receipt by the Group.
 4. Should the Group fail to remit the requested funds for two consecutive billing cycles, the Claims Administrator shall take the following action prior to the next billing cycle:
 - a. Claims Administrator shall suspend all administrative services.
 - b. The Group will have ten days from the day administrative services are suspended in which to remit all funds due to the Claims Administrator. If the funds are not received within this ten day grace period, this Contract will automatically terminate and the Group will be notified.

- E. The allowance for professional services will be based on the Claims Administrator's usual, customary and reasonable profile in effect for those service dates. Negotiated prices will be used for hospital services and drugs.
- F. Under this Agreement, Claims Administrator will process claims that meet all of the following criteria:
 - 1. The date of service for the claim is from **10/1/2017** up to and including **9/30/2018**; and
 - 2. The claim is received by Claims Administrator no later than **3/31/2019**; and
 - 3. All information necessary to finally process the claim is received by Claims Administrator no later than **3/31/2019**. (Examples of such information include but are not limited to medical records, subrogation and/or coordination of benefits information, eligibility information).
- G. After **3/31/2019**, Claims Administrator will not be responsible for the processing of any claims or any administrative functions related to the processing of any claim, including but not limited to the review of any pending appeal, request for services, review of prior claims processing decisions or any subrogation or coordination of benefit recovery efforts.
- H. At the request of the Group's Plan Administrator, copies of any claims or materials related to unprocessed claims or claims in a post processing status will be made available to the Group or its designee based on written authorization from the Group's Plan Administrator.
- I. Access to Out-of-state Hospital Savings through the Blue Card Program.
 - 1. Access Fee
 - a. When an individual covered under the Group's Plan of Benefits receives services from an out-of-state provider, payment to the provider will be based on the agreement between the Blue Cross and Blue Shield Plan in that state and the provider. These Blue Cross and Blue Shield Plans may charge a fee to access any savings made available as a result of the aforementioned agreements on claims incurred by covered individuals.
 - b. When an access fee is required by the out-of-state Blue Cross and Blue Shield Plan, Claims Administrator will pass the charge along to Group as a claims expense.

2. Administrative Fees

- a. The out-of-state Blue Cross and Blue Shield Plan may charge an administrative fee for each original claim submitted to the Claims Administrator.
- b. When an administrative fee is required by the out-of-state Blue Cross and Blue Shield Plan, Claims Administrator will pass the charge along to Group as a claims expense.

J. Group agrees that the claims will be processed in accordance with the Group's Plan of Benefits which was in effect as of 10/1/2017.

II. Termination

Either party may terminate this contract, with or without cause, upon thirty (30) days prior written notice. This termination provision does not restrict the Claims Administrator ability to terminate this contract immediately for non-payment of fees or funds as set out in Section D.

III. In witness whereof, the parties hereto have caused this contract to be executed by the respective officers who have been authorized to execute this contract

**Madison County Board of Supervisors
(#48887 and 48888)**

**Blue Cross & Blue Shield of Mississippi,
A Mutual Insurance Company**

(Signature)

(Signature)

(Title)

(Title)

(Date)

(Date)