

Symetra Life Insurance Company
Case Management Fee Reimbursement Policy and Procedure

WHEREAS, Symetra Life Insurance Company (“Symetra”) issues excess loss insurance policies (“Contracts”) to employers (“Clients”) who sponsor self-funded group health plans for their employees (“Plans”); and

WHEREAS, for the purpose of managing their respective risks under the Contracts, Symetra offers a broad range of Case Management support to Clients;

NOW, THEREFORE, this Case Management Fee Reimbursement Policy and Procedure (“Policy”) establishes the terms and conditions for the reimbursement of Case Management fees for Case Management vendors other than Symetra’s Case Management Department.

A. Definitions

Case Management means the area of practice within the Nursing profession, which serves as a means for achieving client wellness and autonomy through advocacy, communication, education, resource identification, and service facilitation. Case Management's underlying premise is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individual, his/her support systems, the healthcare delivery systems, and the reimbursement sources.

Referring Party means any person(s) representing a Client or its Plan, the Plan’s third party administrator, or other business entity, that bring to the attention of Symetra the name and diagnostic condition of a person covered by Client’s Plan who may benefit from Symetra Case Management.

B. Fee Reimbursement Conditions

1. The Referring Party must notify Symetra’s Case Management Department as soon as it’s known or anticipated a case will exceed the specific deductible. The Excess Loss contract requires written notice of a potential large claim within 10 business days of discovery. We will accept a potential large claim notice as the referral notice if the case management vendor information is included.
2. Symetra approved case management fees are eligible for reimbursement when the claimant exceeds the specific deductible. Fees applied toward satisfying the specific deductible are allowable.
3. A Case Management report is required monthly, and with each invoice, or as otherwise agreed to between the Medical Risk Consultant and the vendor case manager. Fees cannot be reimbursed without this information.

4. Case Management reports will be reviewed by Medical Risk Consultants to assess the impact of continued Case Management. If it is determined the impact does not substantiate continued Case Management involvement, the TPA will be advised of the last date case management fees will be eligible for reimbursement.
5. Travel, waiting time, copy expenses and other related ancillary charges are not eligible for reimbursement.
6. Vendor invoices must be itemized with the specific case management activities.

C. Modification and Termination

1. Symetra may, from time-to-time, amend or modify this Policy without prior notice to Vendor. In such event, Vendor will be provided with a printed or electronic copy of the amended or modified Policy. Vendor's receipt of this Policy and any amended or modified Policy will be deemed to be with full knowledge and acceptance of all terms and conditions therein.
2. Case Management fees incurred after the earliest of the following dates will not be eligible for reimbursement:
 - a. Termination of the excess loss contract between Symetra Client; or
 - b. Vendor fails to provide Case Management Reports as required; or
 - c. Vendor fails to provide itemized billing invoice; or
 - d. Date Symetra Medical Risk Consultant determines there is no continuing need for Case Management services. This date will be communicated in advance as stated in section B number 4 of this document.