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Frequently Asked Questions (FAQs) Document

Q. If BMI manages a school's basic and catastrophic accident medical policies do I need to file a separate claim under the catastrophic accident medical policy?

No. As long as the school purchased both the basic and catastrophic coverage through BMI, the claims team will seamlessly process the claim from the basic to the catastrophic policy if the basic policy benefits are maxed.

Q. If BMI manages a school's basic accident medical policy but not the catastrophic policy, do I need to file a 2nd claim under the catastrophic accident policy?

Yes. You should file a claim under the catastrophic policy with that carrier/administrator, and BMI will notify you when benefits under the basic policy have been maxed.

Q. If BMI manages a school's catastrophic accident medical policy only, how do I file a claim under the catastrophic accident policy?

You will need to complete the BMI Accident claim form and submit to BMI. You will need to ask your basic policy carrier/administrator to forward the full claim file on the injured student-athlete to BMI when the basic policy benefits are maxed. You will need to instruct providers to submit claims to BMI when the basic policy is maxed.

Q. What is "excess insurance" and why does the school have a policy?

The school purchases a policy with BMI Benefits to help cover athletic-related medical expenses. The concept of it is to prevent our student-athletes, from incurring excessive expenses due to athletic related accidents and injuries. An "excess" policy covers expenses that the student athlete would otherwise be responsible for in the absence of this policy i.e. co-pays, deductibles, and other amounts denied by primary insurance and shown as the patient responsibility on the primary Explanation of Benefits (EOB).

Q. How do I become eligible? How does it work?

For school's who purchase a policy, every intercollegiate athlete is automatically covered by the plan as soon as you are medically cleared to play. If you become injured, while participating in an athletic practice or competition, your team's athletic trainer should help you fill out a claim form.

Q. Do I need to have a claim form on file for every injury?

Yes. A new claim form must be filled out for each new injury. Furthermore, once you are cleared and return to play from an injury, a re-injury to the same body area would require another (completely new) claim form. Make sure to see your team's athletic trainer in order to fill out a claim form. The athletic trainer will then submit to BMI Benefits for processing.

Q. Do I still need to have primary insurance, since the Athletic Department has this policy?

YES, you do. All full-time students must have a primary insurance policy, and you must be a full-time student to be an intercollegiate athlete. Our excess sports accident policy **ONLY** covers intercollegiate athletic related injury charges not paid by primary insurance and shown as the student athlete's responsibility on the primary insurance EOB. It does not cover any bills associated with general illness or non-athletic injuries.

Q. What expenses does the Excess Sports Accident Insurance policy cover?

The policy is designed to cover most expenses beyond your primary insurance coverage for athletic related accidents and injuries, up to charges of 100% Usual & Customary. This includes amounts shown as the patient responsibility on the primary insurance EOB: co-pays, co-insurance, etc. Speak to a staff athletic trainer for more details concerning the policies schedule of benefits.

Q. What is the benefit period to incur bills/claims?

The benefit period is typically 2-years / 104 weeks from the date of injury for the base layer of coverage. The benefit period for the NCCAA Catastrophic policy is 10-years from the date of injury. This is on a per injury basis. The benefit period may vary by school, please review the school's policy of coverage for specific terms.

Q. What documents are needed in order for BMI Benefits to process a claim?

- 1) **Itemized bill** – This is called a **HCFA 1500 (physicians billing)** or **UB04/UB92 (hospital/facility billing)**, and it contains the following information:
 - Provider's Name
 - Provider's Address
 - Tax ID Number
 - Date(s) of Service
 - Type of Service(s) Rendered
 - The Fee for Each Procedure
- 2) **Primary Explanation of Benefits (EOB)** – This is a statement from your primary insurance company that outlines what charges will be covered and what the patient might owe. If a primary insurance company denies charges for one reason or another, a DENIAL will be sent instead of an EOB.

Q. What can cause a delay in processing and paying a claim?

BMI Benefits cannot process a claim that is missing one or more of the following documents: the sports accident claim form, the Itemized Bill, or the Primary EOB / denial. **We cannot accept balance due, balance forward, or past due statements for claims processing.**

Q. I just got what looks like a medical bill statement in the mail. What should I do?

If the bill is related to a sports injury, please **call the billing department phone number on the statement.** The reason you are most likely receiving the bill is because the provider does not have BMI Benefits' secondary insurance info on the account. Inform the billing department that there is secondary insurance, and they have to send BMI Benefits a copy of the claim and primary EOB.

Q. What if I already paid the bills I got from an athletic injury after my primary insurance paid? Can I get reimbursed?

Yes, you can get reimbursed for costs you have already paid. To do this you need to submit a receipt or some other proof of payment along with the EOBs and HCFAs/UBs. Keep in mind it usually takes longer for these to be reimbursed. For this reason, we try to have providers "bill" you for fees that are usually paid at the time of office visit. In other words, try to avoid paying any fees to providers up front, so they can be paid by the Excess Sports Accident Policy instead.

The above information is a summary of coverage/benefits and may vary by policy/school. Please refer to the master policy on file with the school to confirm specific coverage terms.