

NEWS&NOTES

The Newsletter for EmblemHealth, GHI and HIP Providers

SPRING 2013

IN THIS ISSUE

ADMINISTRATION

- ▶ [Come Take a Look!](#)
- ▶ [Member Satisfaction](#)
- ▶ [Utilization Review Criteria Update](#)
- ▶ [Medical Director Availability After an Adverse Determination](#)
- ▶ [EmblemHealth Neighborhood Care Success Stories](#)
- ▶ [EmblemHealth Introduces National Diabetes Prevention Program](#)
- ▶ [Appointment Availability and Access Surveys](#)
- ▶ [Claims Corner](#)
 - ▶ [Submit Claims with Accurate Pay To Information](#)
 - ▶ [CareCore Manages Accreditation and Privileging for SRPP](#)
 - ▶ [Changes to Look Back Period for Medicare](#)
- ▶ [Behind the Scenes](#)

CLINICAL

- ▶ [Help Your Patients Understand](#)
- ▶ [Member Rights and Responsibilities](#)
- ▶ [Correctly Coding HIV Care](#)
- ▶ [Healthy Beginnings PATH Updates](#)
- ▶ [Healthy Discounts for Members](#)
- ▶ [EmblemHealth Resources for Managing Your Patients With HIV/AIDS](#)
- ▶ [Brochure for Teens Now Available!](#)
- ▶ [Low Dose Aspirin Therapy](#)
- ▶ [Managing and Treating LDL Levels](#)
- ▶ [Dental Hygiene Is Important](#)
- ▶ [Clinical Corner](#)
- ▶ [News&Notes Archive](#)

UPDATE DIRECTORY INFORMATION ▶

Medical Director Availability After an Adverse Determination

Our medical directors use established evidence-based criteria to evaluate requests for procedures and services, including but not limited to surgery, testing or inpatient admissions, continued hospital stays, care in skilled nursing or rehabilitation facilities, and requests for home care and durable medical equipment.



They also use eligibility, benefits, medical necessity, and appropriateness of the type, level and setting of care criteria to make their determinations.

In the event that a medical director issues an adverse determination after evaluating a request, verbal and written communications required by regulatory guidelines are delivered to the provider and member. Medical directors may rescind the adverse determination if additional information establishes medical necessity. If the adverse determination relates to a continued hospital stay, a reconsideration will be conducted only if the patient has not been discharged. If the patient has been discharged, a formal appeal must be filed with the Grievance and Appeals department as outlined for the specific member in the Dispute Resolution section of the Provider Manual:

- [For Commercial and Child Health Plus Plans](#)
- [For Medicaid Managed Care and Family Health Plus Plans](#)
- [For Medicare Plans](#)