

Hospital Update

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Prior Authorization Reminder

Please take the time to review Gateway Health's Provider Manual regarding prior authorizations. Our manuals require you to submit authorizations in advance. In the event of an emergency, you must submit the authorization within one (1) business day for Medicare members and within two (2) business days for Medicaid members.

You can find the provider manuals here:

<http://www.gatewayhealthplan.com/providers/provider-manual>

Failure to prior authorize a service may result in an administrative denial on your claims with no review of medical necessity. Retrospective Authorization Request Claims may be denied "D170-Authorization not timely."

Observation Stays Do Not Require Prior-Authorization

Gateway's UM Department should not be contacted for any inpatient stay less than 24 hours. Please note, if a member is admitted less than 24 hours, prior authorization request is not required for observation. Inpatient stays will not be reviewed until after 24 hours have passed.



The following diagnoses/situations will still be paid as inpatient level of care for stays that are less than 24 hours; patients who sign out Against Medical Advice (AMA), deaths in < 24 hours, live infant deliveries and spontaneous abortions, and authorized transfers to a different facility.

For more information go to:

<http://www.gatewayhealthplan.com/ReimbursementPolicies>

to view the Observation and Extended Assessment and Management in Facilities reimbursement policy and FAQ.

Provider Appeal Notice

Did you know that you now have two ways of submitting your appeals? For your convenience and to serve you more quickly, we have a secure, dedicated fax line. The fax number is 1-855-501-3904. In the event that you have a shorter appeal or supporting information to send, feel free to utilize this convenient way to get it to us faster and without the added postage.

For the appeals you would like to mail in, please send your request to:

Gateway Health
Attn: Appeals & Grievance Department
P.O. Box 22278
Pittsburgh, PA 15222

Joint Operating Committee (JOC) Model

Gateway's Provider Relations Department is now working under a Joint Operating Committee (JOC) model with our facilities and health systems. JOCs are a forum to address issues, trends, new initiatives, etc. It is incumbent on both the provider and the Plan to set the agenda in advance. This makes it clear what outstanding issues will be discussed. Each party will provide examples/data before the meeting to allow for investigation and a meaningful discussion. Setting the agenda in advance and clearly communicating desired outcomes help ensure the meetings are productive,



profound engagements that benefit all involved. JOCs can be regularly scheduled meetings which can be held monthly or quarterly depending on the number of agenda topics to be discussed/resolved.

If you have questions or would like to schedule a JOC meeting, please contact your Provider Relations Representative.