Gateway Health℠

Hospital Update

July 2015

IN THIS EDITION:

Provider Appeal Notice

We now have a new way for you to submit your appeals. You may fax your requests for appeal to 1-855-501-3904. We've also developed a new page where you can find information on requesting prior authorizations or filing appeals. Visit the Provider section of www.GatewayHealthPlan.com and click on "Coverage Requests, Complaints and Appeals". We are also developing electronic forms for submission of your requests that will be up and running in the near future, so check back often as they will be located here. These new forms will guide you through the request and allow you to submit records securely.

Care Management Update

There is a renewed emphasis at Gateway Health℠ to prevent readmissions and to plan for safe discharges. Gateway understands the importance of ensuring our members receive the best quality of care at the appropriate level to improve health outcomes. Our Utilization Management team will be outreaching to providers in a timely manner to prepare for a safe transition to home or to step down care.

Gateway Health
A better way.℠

Transition Management

Transitions from Hospital to Home

Coordinating care for a patient being discharged home can be a challenging experience for both the hospital case manager and the patient. Case Managers at Gateway Health℠ are dedicated to making the transition less confusing and to coordinating with hospitals to avoid a readmission. The initial contact with Gateway members is attempted while they are still in the acute care setting and the interventions are focused in six areas:

1. Medication Reconciliation
2. Making and Keeping Follow-Up Appointments
3. Assessing and Arranging Home Health Care Needs
4. Assessing and Coordinating Durable Medical Equipment Needs
5. Discussing Transportation Options and Resources to Appointments
6. Coordination to have Gaps in care and Preventative Screening Needs Addressed

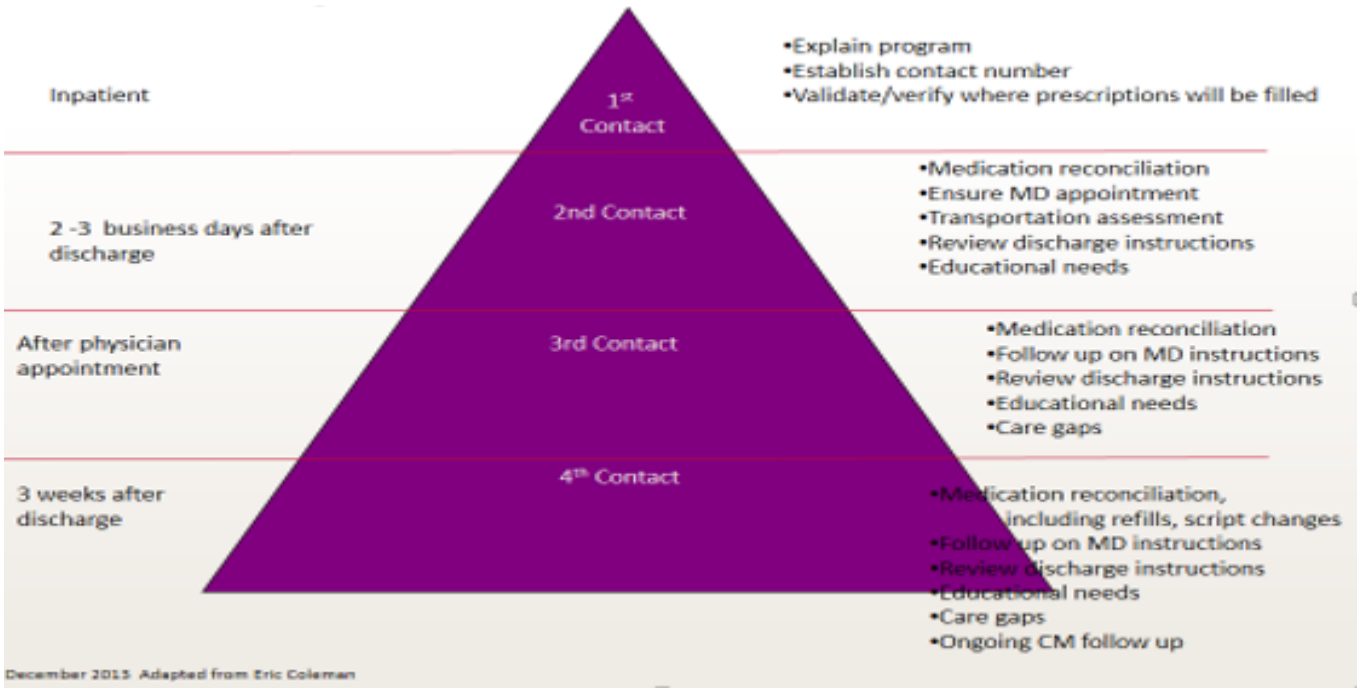
Transition Case Managers work with members related to these activities:

1. Keeping the discharge instructions and bringing them to the appointment
2. Understanding and adhering to their medications, both dosing and frequency
3. Keeping a current list of medications and sharing that with the physician and members of their care team
4. Making and keeping follow up appointments with PCP and Specialists
5. Making sure there is transportation to appointments. Case Managers can make referrals to transportation programs if needed.

The diagram below illustrates the timeframes, frequency and activities that are involved in the transition process. If you have a patient that you feel would benefit from coordination during a transition, please contact the Care Management Department at:

1-800-642-3550 Pennsylvania Medicaid Members
1-800-685-5215 Pennsylvania Medicare Assured
1-888-447-4506 Ohio Medicare Assured
1-855-847-6429 North Carolina Medicare Assured
1-855-847-6384 Kentucky Medicare Assured

Gateway Health℠
Transition Management Guidelines



Hospital Contact List

It's that time of year again to update your Hospital Contact list. Your Provider Relations Representative will be contacting you soon. They will ask you to complete the hospital contact form and return it so that we can update this information for your facility. Updating this information on a yearly basis allows us to promptly notify you regarding specific billing and/or policy and procedure changes which may affect your hospital.

Gateway Health
A better way.℠

ICRS Reminder

Beginning in December 2012, Gateway Health℠ partnered with Inpatient Claims Review Services ("ICRS") to conduct monthly post-payment reviews of inpatient claims to verify the accuracy of DRG payments.

What you should expect:

- You will receive a letter requesting records for specific paid claims.
- You will have 30 calendar days to provide the requested medical records to ICRS.
- Failure to submit the requested records may result in an administrative denial by Gateway and recoupment of the original payment.
- You will receive an Audit Determination letter from ICRS describing the outcome of the medical records and claim review.
- You will have 30 days to sign and return the form indicating your agreement with ICRS' Audit Determination, or you may submit a Request for Reevaluation ("RFR") with supporting information to ICRS.
- If you disagree with ICRS' findings you will be allowed two opportunities to submit an RFR. A Gateway Medical Director will review your second RFR. The second RFR will be the final determination.
- If you do not respond to these notifications, Gateway will proceed with a payment adjustment.

If you have any questions, please contact Gateway's Special Investigations Unit at 1-800-685-5235.