

Precertification for hospital care



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In this article, I would like to talk about one area of precertification that comes into conversation frequently. Please keep in mind that this is not the only benefit which requires precertification; however, due to space and time, it is where I would like to focus for now. For more information on other benefits that require precertification, please refer to Section 3 of our 2014 official brochure (RI 71-009). Precertification for inpatient hospital admissions and other services is detailed within this section.*

Inpatient precertification is the process by which, prior to your inpatient hospital admission, we evaluate the medical necessity of your

proposed stay and the number of days required to treat your condition.

In most cases, your physician or hospital will take care of requesting precertification. However, because you are still responsible for ensuring that your care is precertified, you should always ask your physician or hospital whether they have contacted us.

Keep in mind that we will reduce our benefits for the inpatient hospital stay by \$500 if no one contacts us for precertification. If we determine that the stay is not medically necessary, we will pay only for any covered medical services and supplies that are otherwise payable on an outpatient basis.

If you have an emergency admission due to a condition that you reasonably believe puts your life in danger or could cause serious damage to bodily function, you, your representative, physician or hospital must contact us within two business days following the day of the emergency admission, even if you have been discharged from the hospital. Penalties may apply if these guidelines are not followed.

There are some exceptions—you do not need to precertify in these cases:

- You are admitted to a hospital outside the United States.
- You have another group health insurance policy that is primary payor for the hospital stay.
- Medicare A is the primary payor for the hospital stay. *Note: If you exhaust your Medicare hospital benefits and do not want to use your Medicare lifetime reserve days, then we will become the primary payor, and you do need precertification.*
- A maternity admission for a routine delivery. *Note:*

If your medical condition requires you to stay more than 48 hours after a vaginal delivery or 96 hours after a cesarean section, then your physician or the hospital must contact us for a precertification of the additional days. Further, if your baby stays after you are discharged, then your physician or the hospital must contact us within two business days for precertification of additional days for your baby.

How to precertify—If you are enrolled in the High Option Plan, you, your representative, physician or hospital must call us at 877-220-NALC (6252) prior to admission, unless your admission is related to a mental health and substance abuse condition. In that case, call 877-468-1016.

If you are enrolled in the CDHP or Value Option Plan, you, your representative, physician or hospital must call us at 855-511-1893 prior to admission.

Upon receiving the below information, the provider and/or hospital will be notified of approval or denial. We will also send a written confirmation of the decision to you, your physician and the hospital. We will need the following information:

- Enrollee's name and member identification number.
- Patient's name, birth date and phone number.
- Reason for hospitalization and proposed treatment or surgery.
- Name and phone number of admitting physician.
- Name of hospital or facility.
- Number of planned days of confinement.

Website updates/revision

I am excited to report that we have officially launched our revised NALC Health Benefit Plan website. If you are a regular visitor to the website, then you probably already have figured this out, and I hope you are happy with what you see. If you have not been to the Plan website, then I encourage you to stop and look around. I am confident you will like what you see.

Thank you

I would like to take this opportunity to thank the members for re-electing me as the director of health benefits. I am truly grateful for your support and the confidence each of you has placed in me. I look forward to the next four years and what we will accomplish together.

* Please keep in mind that all benefits highlighted in this article are subject to the definitions, limitations, and exclusions in the official brochure and are only payable when the Plan determines they are medically necessary.