NAME: **SS#:**

Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund

EMPLOYER:	Giant Food Warehouse	**LOCAL:**	730
PLAN:	E	**STATUS:**	Full Time **Terminated, February 28, 2017**

ISSUE: Medical – Medical Necessity, Late Appeal #M17/104-4014

FUND RULE:

"CAREALLIES REPLACED OPTUM/CARE AS YOUR UTILIZATION MANAGEMENT PROVIDER

CareAllies, a subsidiary of CIGNA HealthCare, replaced Optum/CARE Programs as your new Utilization Management ("UM") provider. Effective September 1, 2008, you must contact CareAllies toll free at 1-800-768-4695 to pre-certify all non-emergency or elective hospital stays and within 48 hours after an emergency admission. Remember, you must certify all hospital stays in order for the Fund to pay any benefits. If you do not, then you will be responsible for the entire bill.
(For Your Benefit, October 2008, Vol. 13, No. 3)

"**Appeal Procedure**

2. You or your authorized representative may appeal the claim denial directly to the Board of Trustees. If you decide to appeal, you must make a written request for review within 180 days after you receive written notice that your claim has been denied."
(Warehouse Employees Union Local No. 730 Health & Welfare Trust Fund SPD, Page 99, #2)

SUMMARY:	Date(s) of Service:	February 26, 2016 through March 7, 2016
	Claims Received:	March 18, 2016
	Claims Denied:	March 23, 2016
	Appeal Received:	February 8, 2017 (322 days after denial)

The **participant** is appealing for additional payment of a claim for an in-patient hospital stay that was partially denied. The participant states, "I presented to the Emergency Department with a history of pain and swelling in my right knee and leg. I was diagnosed with a clot in my right common femoral vein. Heparin was started and my hospitalization was approved for five days. On 3/3, I was scheduled for discharge to a rehabilitation facility. However, my left knee was swollen and painful. An Orthopedic consult was obtained and a left knee effusion was diagnosed. On 3/4, the Lasix I was taking was held because of bad results from my kidney function test. Other tests were abnormal. The doctor said I could not be transferred until the blood tests became normal."

Fund records indicate Howard General Hospital submitted a claim for an in-patient stay form February 26, 2016 through March 7, 2016 with the diagnoses "acute embolism and thrombosis of right femoral vein, allergy status to other drugs, type 2 diabetes mellitus, acute kidney failure, abnormal coagulation profile, hyperlipidemia, unspecified, elevated white blood cell count, effusion, left knee, hematuria, unspecified, and idiopathic gout, left knee." CareAllies advised the participant and the provider by letter on March 4, 2016 that the decision "non-certify continued acute inpatient stay from 3/2/16 onward was **not medically necessary".** CareAllies further advised, "As of 3/2/216, you were medically stable and were ready to move to a less intense level of care because, you were able to eat and drink, you did not have a fever, your pain was controlled, your physical exam was stable and your laboratory results were stable. You remained in the hospital for continued physical therapy pending transfer to an inpatient rehabilitation facility. Documentation of continued medical or a need for continued acute inpatient services has not been received. Medical necessity for your continued acute inpatient stay starting on 3/2/2016 has not been established as your care could have been safely and appropriately continued in a less intense setting." The claim was partially denied for the dates of service 3/2/2016 through 3/7/2016 because they were not certified by CareAllies in accordance with the rules of the Fund.

Note: Additional clinical notes were faxed to CareAllies from Howard County General Hospital on February 21, 2017. CareAllies advised the Fund on March 24, 2017 by phone, and on March 28, 2017 by facsimile, "The decision remains as Non-certify continued acute inpatient stay from 3/2/2016 onward."

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐

COMMENTS: