

Perceived Denials

We appreciate and support your efforts to manage the care of your BlueShield of Northeastern New York **Medicare Advantage (Senior Blue HMO and Forever Blue Medicare PPO)** patients in a prudent, cost-effective manner.

The Centers for Medicare & Medicaid Services (CMS) require that when a member perceives a denial of treatment or care, he/she is entitled to certain appeal rights under federal law. This includes situations where the member's request is made **directly** to you and one of the following conditions exists:

- The member disagrees with your prescribed course and/or type of treatment.
- You decline to provide a course of treatment and/or type of treatment that the member is requesting.
- The member does not agree with you discontinuing or reducing a course of treatment.

Examples of Denial

Some examples of a perceived denial are:

- A patient asks to be referred to a radiologist for an MRI, but you feel that an MRI is not necessary.
- A new prescription medication is available and a patient requests that you prescribe it for him/her. You decline to write the prescription because the American Medical Association and the Food and Drug Administration do not support use of the medication for the senior population.
- A patient asks to be referred to a dermatologist for the treatment of a rash. You decline to refer the patient because you feel you can effectively treat him/her yourself.
- A patient is receiving physical therapy services and you determine that physical therapy is no longer necessary.

Your Responsibility

When a perceived denial occurs, the following must take place:

- You must contact our Utilization Management Department the day that the denial occurs to inform us of the situation. **It is your responsibility to make sure that our members are informed of their right to appeal.**
- We will then issue a letter to the member stating the details of the denial, including a description and rationale. The letter will inform the member of their right to obtain reconsideration and the procedure for requesting one. You will receive a copy of this letter.
- The member will be advised that they can appeal if they do not agree with our decision about their health care.

Please contact our Utilization Management Department at (518) 220-4650 or 1-800-422-7333 if you have any questions about perceived denials.



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