



## CAREALLIES

### Medical Management for **HOSPITAL** Services Quick Reference Contact Sheet

DEPARTMENT	PHONE	FAX
<p><b>MEDICAL AND BEHAVIORAL HEALTH UTILIZATION MANAGEMENT</b></p> <p><i>8:30AM – 6:00PM, Monday to Friday</i></p> <ul style="list-style-type: none"> <li>▪ <b>Notification/Certification of ALL admissions</b></li> <li>▪ <b>Continued Stay Review</b></li> <li>▪ <b>Acute Physical Rehabilitation</b></li> <li>▪ <b>Hospice (Inpatient)</b></li> <li>▪ <b>Expedited Appeals</b></li> <li>▪ <b>Outpatient/Ambulatory Surgical Procedure Certification</b></li> <li>▪ <b>Evaluation for consideration of potential Transplant</b></li> </ul>	<p><b>(800) 227-9360</b></p> <p><u>Prompts:</u></p> <ul style="list-style-type: none"> <li>▪ <b>Press 2</b> - for Mental Health or Chemical Dependency               <ul style="list-style-type: none"> <li>➢ Enter member's ID#</li> </ul> </li> <li>▪ <b>Press 3</b> - for a Hospital Admission or Outpatient Services               <ul style="list-style-type: none"> <li>▪ <b>Press 1</b> - to use automated system to verify that a pre-certification has been initiated                   <ul style="list-style-type: none"> <li>➢ Enter member's ID#</li> <li>➢ Enter patient's DOB</li> <li>➢ Enter patient's Admission Date</li> </ul> </li> <li>▪ <b>Press 2</b> - to pre-certify a maternity admission                   <ul style="list-style-type: none"> <li>➢ Enter member's ID#</li> </ul> </li> <li>▪ <b>Press 3</b> - to pre-certify an outpatient/ ambulatory procedure or service                   <ul style="list-style-type: none"> <li>➢ Enter member's ID#</li> </ul> </li> <li>▪ <b>Press 4</b> - to pre-certify all other admissions, procedures and services                   <ul style="list-style-type: none"> <li>➢ Enter member's ID#</li> </ul> </li> </ul> </li> </ul>	<p><b>(860) 847-5100 (Medical)</b></p> <p><b>(860) 687-7329 (Behavioral Health)</b></p>
<p><b>HOSPITAL DISCHARGE NOTIFICATIONS</b></p> <p><i>8:00AM – 9:00PM, Monday to Friday</i></p>	<p><b>(800) 378-7456</b></p> <p><i>Automated system to enter the patient's actual discharge date</i></p> <p>[To operate the system, the CareAllies case number or member's SS# and admission date will be needed.]</p>	<p><b>N/A</b></p>

**Pre-service coverage determination is valid for 90 days from certification.** If the admission date changes, the level of care changes or additional days are required, you must contact CareAllies.

These services apply to the 1199SEIU National Benefit Fund and the 1199SEIU Greater New York Fund.



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DEPARTMENT	PHONE	FAX
<b>MEDICAL OPERATIONS</b> <i>8:30AM – 7:00PM, Monday to Friday</i> <ul style="list-style-type: none"> <li>▪ Initial denials</li> <li>▪ Peer to Peer Physician calls</li> </ul>	(800) 253-6647	(860) 847-5104
<b>MEDICAL APPEALS (standard)</b> <i>8:30AM – 7:00PM, Monday to Friday</i> <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> and 2<sup>nd</sup> Level Appeals</li> </ul>	(800) 232-7497	(860) 847-5105
<b>BEHAVIORAL HEALTH APPEALS (standard)</b> <i>9:30AM – 6:00PM, Monday to Friday</i> <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> and 2<sup>nd</sup> Level Appeals</li> </ul>	(800) 291-7558	(952) 996-2831

**Mailing Addresses:**

**Medical Management and Appeals Correspondence:**

CareAllies  
 1777 Sentry Park West  
 Dublin Hall 4th Floor  
 Blue Bell, PA 19422

**Behavioral Health (for General Correspondence):**

CareAllies  
 11095 Viking Drive, Suite 350  
 Eden Prairie, MN 55344

**For Behavioral Health Appeals Correspondence Only:**

Central Appeals Department  
 PO Box 46090  
 Eden Prairie, MN 55344

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