



FOR IMMEDIATE RELEASE

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PRESS RELEASE

Alicare Medical Management Debuts PPACA-Compliant Independent Review Services
Meets expanded claims and appeals process under new federal regulations

White Plains, NY/ PR Web / December 13, 2010 – Alicare Medical Management, one of the nation’s leading care management solution providers, announces it has implemented its first clients to comply with the new federal external review requirements of the Patient Protection and Affordable Care Act of 2010 (PPACA).

According to Alicare Medical Management President Claire Levitt, “We are uniquely qualified to provide independent and external review support to companies. We have been URAC accredited as an Independent Review Organization since 2001, and meet all federal and state regulatory requirements. In addition, we have been operating on a 24/7 basis since 1995, which means we don’t miss a beat complying with the extremely tight timeframes required for urgent care reviews.”

Ms. Levitt notes that the new PPACA guidelines became effective on September 21, 2010, but currently the new appeals and disclosure rules apply only to “non-grandfathered” health plans.

Under the new federal requirements, regulators have expanded how a patient or their attending physician can appeal a negative coverage decision. Here are a few highlights:

- The external review protections apply to both “pre-service” and “post-service” claims – including situations where the health plan pays an individual less than the total amount.
- The definition of “adverse benefit determination” is expanded to include rescission of coverage, which applies when coverage is cancelled or discontinued, except when an individual has failed to pay the required premiums or other contribution toward the cost of coverage.
- The time period for responding to a claim involving urgent care is shortened from 72 hours to 24 hours.
- To ensure a claimant receives a full and fair review, the health plan must provide additional details on any new or additional evidence considered, relied on or generated by the plan that led to the adverse determination. The rationale must be provided free of charge, as soon as possible and before the appeal process begins.

- Notices to individual claimants throughout the process must be provided in a culturally and linguistically appropriate manner.

Why else is Aicare Medical Management a wise choice for Independent Review? “Aicare Medical Management’s extensive panel of reviewers is comprised of experts in their specialties and utilize patient-specific, evidence-based methodology for their reviews,” adds Bernard Bettencourt, Jr., D.O., M.P.H., F.A.C.E.P., CPE, Aicare Medical Management’s Medical Director.

Dr. Bettencourt notes further, “Aicare Medical Management is able to provide reviews and appeals nationally, with specialty matched reviews available in all disciplines. In addition, we offer a fully integrated care management platform that can be customized to meet client needs.”

Visit www.alicaremed.com for more information or contact Janice Blattenberger, RN, Director of Business Development, at (603) 328-6602 or jblattenberger@alicaremed.com.

About Aicare Medical Management

Aicare Medical Management, an affiliate of Amalgamated Life Insurance Company, is a national leader in developing care management solutions that promote cost savings and patient satisfaction. Aicare Medical Management’s call center is open 24-hours a day, 365 days a year to provide maximum access and assure optimum program effectiveness. The Company’s services include: 24-hour Nurse HelpLine, Utilization Management, Maternity Management, Case Management, Disease Management, Health Coaching and Wellness, Independent Physician Review, Medical Claims Review and Hospital Bill Auditing. Aicare Medical Management holds four URAC accreditations for Utilization Management, Case Management, Health Call Center and Independent Review. For more information, visit www.alicaremed.com.