

LA.CLI.019 Chisholm Class Member Policy

Effective Date: January 1, 2023

Accountable Dept.: LA Medicaid Utilization Management ~~Care Management~~

Last Reviewed Date: October 1, 2024 ~~October 1, 2023~~

Summary of Changes:

No changes; reviewed due to an annual review

10/10/2024: Annual Review, minor grammatical changes and updated references to the most recent edition reviewed

Scope:

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

Policy:

~~The Plan Humana Healthy Horizons in Louisiana~~ will ensure compliance with all the court-ordered Prior Authorization Liaison (PAL) requirements resulting from Chisholm v. Louisiana Department of Health (LDH) (Case 2:97-cv-03274), as directed by (LDH), for Chisholm Class members ~~Members~~ as outlined by ~~the state~~ LDH in the Chisholm Compliance Guide and the MCO User Manual. All UM associates will be trained on proper identification and processing of prior authorization (PA) requests for Chisholm Class Members.

The Plan will ~~have designate~~ a Utilization Management (UM) Managed Care Organization (MCO) Prior Authorization Liaison (PAL) to ~~assist the member with:~~

- Assist members with the ~~prior authorization (PA)~~ process for all ~~prior authorized services~~ requiring PA;
- Ensure that ~~authorization~~PA request decisions are made based on medical necessity, and are not denied based on not a technical defect;
- Ensure that ~~prior authorization~~PA requests are submitted and reviewed in a timely manner.

The Plan will designate a Coordinator PAL to:

- Assist in locating providers;
- Ensure that services have started once ~~the~~ a PA request has been approved; ~~is in place~~
- Collaborate with the LDH Internal PAL;
- Collaborate with Early Preventive Screening & Diagnostic Testing (EPSDT) Support Coordinators, Providers, and the member/member representative to ensure appropriate services are obtained for the member.

~~the prior authorization (PA) process for all prior authorized services, ensure that authorization request decisions are made based on medical necessity not a technical defect, assist in locating providers, ensure that prior authorization requests are submitted and reviewed in a timely manner; and ensure that services have~~

~~started once the prior authorization is in place. The PAL will collaborate with the Louisiana Department of Health (LDH) Internal PAL, Early Preventive Screening & Diagnostic Testing (EPSDT) Support Coordinators, Providers, and the member/member representative to ensure appropriate services are obtained for the member.~~

Procedures:

PA Requests

1. When a PA request for a Chisholm Class Member is received, the PA request is routed to the Chisholm PA queue for processing.
2. All PA request documentation will be reviewed for a Chronic Needs Member designation notation made by the ordering physician and the PA request will be approved if appropriate. Following the approval, the appropriate approval notification will be provided within required timeframes based on level of urgency.

- Chronic Needs Member

The Plan shall determine, for each Chisholm Class Member, if a prior authorized service can reasonably be expected to be required at the same level in future time periods; and if so, services for successive ~~prior authorization~~ PA requests shall be authorized upon receipt of the physician's prescription only. Chisholm Class Members and their case manager, if any, are required to report to the Plan any change in the Chisholm Class member's condition that reduces the level of services needed. If a case is labeled Chronic Needs, prior to the Chisholm Class Member selecting the Plan, they must be maintained as a Chronic Needs case until the requested amount changes or their condition changes.

When a Chisholm Class member's case is deemed Chronic Needs by a reviewing Medical Director, the provider must be notified with the following information:

"This is to advise that the member referenced above has been deemed a chronic needs case. For your next request you will need to submit a prior authorization request form and a physician's script with a physician's statement indicating the condition of the patient has not changed and write CHRONIC NEEDS CASE at the top of the prior authorization request."

For all future PA requests, the prescription for services must include a physician's statement that the patient's condition has not changed, and the statement "Chronic Needs Case" must be present.

~~3.~~

~~When a member is deemed Chronic Needs, the provider will be notified utilizing the appropriate Chronic Needs letter. The letter is to advise that the member referenced has been deemed a chronic needs member. For the next request, the provider will need to submit a prior authorization request form and a physician's script with a physician's statement indicating the condition of the patient has not changed and write CHRONIC NEEDS CASE at the top of the prior authorization request. Members and their case manager, if applicable, are required to report to the MCO any change in the enrollee's condition that reduces the level of services needed. If a case is labeled chronic needs, prior to the enrollee selecting an MCO, they must be maintained as a chronic needs case until the requested~~

~~amount changes or their condition changes. For Chronic Needs members, prior authorization requests will be authorized upon receipt of the physician's prescription only.~~

~~4. Prior Authorization Requests~~

~~All UM associates will be trained on proper identification and processing of Chisholm member prior authorization requests.~~

~~Once prior authorization requests for Chisholm members are received, the authorization is routed to the Chisholm PA queue for processing.~~

~~5. Chisholm Approvals~~

~~6.3. If the request is noted to be for a Chronic Needs member, documentation will be reviewed for notation via physician prescription or prior documentation and approved if applicable. For PA requests for non-Chronic Needs Members will be reviewed in accordance with the UM process requests, the authorization would follow the UM process and review to determine if the PA request is complete and all clinical information has been received. If so, the authorization as well will be approved. Appropriate Approval Notification will be provided within LDH timeframes based on level of urgency.~~

~~3.1 Complete Clinical Information~~

~~If the PA request is complete and all clinical information has been received, the PA request will be reviewed for a determination based on medical necessity. If the PA request is approved; the appropriate approval notification will be provided within required timeframes based on level of urgency.~~

~~6.1~~

~~3.2 Incomplete or Insufficient Clinical Information/Referral to UM PAL~~

~~If the PA request does not meet medical necessity or there is insufficient clinical documentation noted after the standard number of attempts are made within the allotted LDH turnaround times, a referral will be made to the UM PAL for further assistance.~~

~~e-~~

~~Referral to MCO PAL & Insufficient Information~~

~~If the request does not meet medical necessity or there is insufficient clinical documentation noted after the standard number of attempts are made within the allotted LDH turnaround times, a referral will be made to the Chisholm PAL for further assistance.~~

~~3.2.1 The Chisholm-UM PAL will monitor the designated Chisholm PA queue for active requests. When tasks are received by the MCO-ChisholmUM PAL, the associate will contact: provider, enrollee, and support coordinator to request clinical information and document the contact attempts within the authorizationPA request case in the UM Management System. The Chisholm-UM PAL will monitor the designated queue, at least daily, to determine if requested clinical information is received.~~

~~3.2.2 If Once the requested information has been received and medical necessity criteria for the service has been met, the authorization meets criteria, the authorization will be approved. Following the approval, the appropriate approval notification will be provided within required timeframes based on level of urgency.~~

~~3.2.3 However, if the requested clinical information requested has not been received within 10 calendar days from the MCO-ChisholmUM PAL contact to the provider, member, and support coordinator, the UM PAL will send a copy of the "LA MCD Chisholm 10 day Notification Missing Information" letter to the support coordinator, enrollee-member, and provider listing the itemization of information needed. The MCO-ChisholmUM PAL will continue outreach process at least daily each business day within the 30 calendar days of sending the 10 Day Insufficient Information letter during business days until information is obtained.~~

3.2.3.1 If the requested information ~~has been~~ received within the 30 days, and the authorization meets medical necessity criteria, the authorization will be approved. Following the approval, the appropriate approval notification will be provided within required timeframes based on level of urgency, and appropriate Chisholm Approval Notification submitted.

7. **3.2.3.2** If requested information has not been received within 30 days of sending the 10 Day Insufficient Information Letter, the ~~MCO Chisholm~~ UM PAL will leave the authorization ~~as~~ in pending status and draft the appropriate denial letter for submission to LDH for final determination.

8.4. LDH Chisholm Class Member PA Request Denial Letter Process

4.1 The ~~MCO Chisholm~~ UM PAL will submit the appropriate draft Chisholm Denial or Partial Denial letter and checklist to LDH via LDH Chisholm Denial Letter site located here: (<https://ldh.force.com/Reporting/s/>). The UM PAL will monitor for email from LDH stating whether the denial determination ~~and associated~~ letter are approved, denied, or ~~not in need of revision~~.

9. 4.2 If LDH ~~may~~ suggests revisions to the Denial/Partial Denial letter, ~~and if so, the UM~~ PAL will resubmit requested edits via LDH Chisholm Denial Letter site. The UM PAL will continue to monitor for final approval of denial determination from LDH on the letter.

10. 4.3 Once LDH approves the ~~Chisholm member~~ requested Denial/denial/partial denial determination and ~~Letter~~ letter, the UM PAL will document the denial within the review PA request case in the UM Management System and send the LDH approved ~~Chisholm Dd~~ denial/partial denial notice to the Chisholm Class m Member, provider, and support coordinator.

5. Denial Due to Medical Necessity

11. If the PA request is denied due to not meeting medical necessity, coordination and outreach to Medical Director will be engaged to verify if other services are more appropriate. The services will be documented with the PA case determination in the UM Management System and included in the denial/partial denial notice.

6. Referrals to the Coordinator PAL/Case Management & Communication with Other Entities

12. If the Chisholm Class Member is not engaged with Care Management (CM), the UM PAL will send a referral to ~~the~~ CM program/Coordinator PAL will be sent for engagement and assistance in obtaining appropriate or alternative services relating to a denied PA request, and to ensure approved services have been initiated.

13. EPSDT Support Coordinator & LDH PAL Outreach

The ~~MCO Chisholm~~ Coordinator PAL will monitor a designated Plan Chisholm PAL shared email box. The shared email box will be utilized for communication in instances where coordination and follow-up are necessary ~~between~~ between the CM and UM departments within the Plan; the Plan and LDH; or the Plan and Support Coordination agencies related to Chisholm Class m Member needs.

14. The Coordinator PAL below scenarios may be requested ~~of the MCO Chisholm PAL~~ to assist with:

14.16.1 Referrals to assist with locating a provider

14.1.16.1.1 CM to work with member to locate provider and arrange service within 10 working days.

14.1.26.1.2 Advise Educating/Advising member of on available providers.

14.1.36.1.3 Monitor ing prior authorizations PA requests and contact working with the member until services are delivered.

14.26.2 Referral sent stating Folling up with member who is not receiving services as approved:

14.2.16.2.1 Assist member in locating a new provider if necessary.

~~14.2.26.2.2~~ Once new provider located, assist provider in understanding PA **request** submission process, including where to submit and what information is needed (ex. forms, clinicals, etc.).

~~14.2.36.2.3~~ Coordinate with UM **team PAL in on** any items needed in getting authorization processed.

~~14.2.46.2.4~~ Communicate **to with** LDH PAL and Support Coordinator once services are in place as well as approved.

~~14.2.56.2.5~~ If issues encountered in securing a new provider or service, MCO PAL will thoroughly communicate and coordinate with the LDH PAL/Support Coordinator assigned to member.

~~15.7.~~ Note: All voicemails received by the **Chisholm-UM/Coordinator** PAL from LDH PAL or Support Coordinator agencies must be returned within 1 business day.

Definitions:

Chisholm Class Members —All current and future Beneficiaries in the State of Louisiana under age twenty-one who are now on or will in the future be placed on the Developmental Disabilities Request for Services Registry.

References: [NT1]r

BLDH Chisholm Compliance Guide Issued ~~October 5, 2022~~ **February 3, 2023, accessed October 30, 2024**

ATTACHMENT A: Louisiana Model Contract; **Section 6.1.5, -accessed October 30, 2024**

~~6.1.5 The Contractor shall comply with all settlement agreements, orders, and/or judgements rendered by a court of competent jurisdiction, including, but not limited to, those that arise from A.J. v. LDH (Case 3:19-CV-00324), Chisholm v. Phillips (Case 2:97-cv-03274), and United States v. State Louisiana (DOJ Agreement, Case 3:18-cv-00608), and subsequent implementation plans in accordance with the Contract, the MCO Manual, and as directed by LDH. LDH reserves the right to assess Monetary Penalties for failure to meet this requirement. LDH Model Contract, pp. 351~~

Version Control:

10/11/22: Policy creation-Approved by LDH for Readiness

5/15/23: Approved by LA UM Committee

9/26/23: Changed to new template for Annual Review Due by 5.15.24. Kwise, MCD Clinical Delivery Experience

Owner:	Brandy Holmes Amy Ford	Executive Team	LORI DUNNE/ DR GUPTA Rick
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Non-Compliance:

Failure to comply with any part of Humana’s policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana’s secure intranet on Hi! (Workday & Apps/Associate Support Center).