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PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.MSPS.22

SCOPE:
Louisiana Healthcare Connections (MCO) Member Services

PURPOSE:
To ensure that calls coming into the Enrollee services call center are answered timely and accurately and ~~T~~to ensure 24 hour/7 day per week access to Member Services.

Louisiana Healthcare Connections ensures that all calls coming into the Enrollee Services call center are answered timely and accurately, meeting the requirements demonstrated in our contract with the State of Louisiana, as well as Louisiana Healthcare Connections (LHCC) policies and performance Standards.

POLICY:
~~It is the policy of Louisiana Healthcare Connections to maintain a local and a toll free telephone number whereby members can access Member Services for assistance.~~

The Contractor shall maintain a toll-free Enrollee service call center, physically located in the United States, with dedicated staff to respond to Enrollee questions including, but not limited to, such topics as:

- Explanation of MCO policies and procedures;
- Prior authorizations;
- Access information;
- Information on PCPs or specialists;
- Referrals to participating specialists;
- Resolution of service and/or medical or behavioral health delivery problems;
- Enrollee rights and responsibilities;
- Coordination of support services available through the Louisiana Medicaid Program or community organizations;
- Enrollee Grievances; and
- Information on SBHS and Providers.

The toll-free number must be staffed on Business Days between the hours of 7 a.m. and 7 p.m. Central Time.

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The toll-free line shall have an automated system, available twenty-four (24) hours a day, seven (7) days a week. This automated system shall include the capability of providing callers with operating instructions on what to do in case of an emergency and the option to talk directly to a nurse or other clinician or leave a message, including instructions on how to leave a message and when that message will be returned. The Contractor shall ensure that the voice mailbox has adequate capacity to receive all messages and that Enrollee services staff return all calls by close of business the following Business Day.

The toll-free phone line shall be accessible by all Enrollees, regardless of whether they are calling about physical health or behavioral health. The Contractor may either route the call to another entity or conduct a "warm transfer" to another entity, but the Contractor shall not require an Enrollee to call a separate number regarding behavioral health services.

If the Contractor's nurse triage/nurse advice line is separate from its Enrollee services line, the number for the nurse triage/nurse advice line shall be the same for all Enrollees, regardless of whether they are calling about physical health or behavioral health services, and the Contractor may either route calls to another entity or conduct "warm transfers," but the Contractor shall not require an Enrollee to call a separate number.

The Contractor shall have sufficient telephone lines to answer incoming calls. The Contractor shall ensure sufficient staffing to meet performance standards listed in this Contract. LDH reserves the right to specify staffing ratio and/or other requirements, if performance standards are not met or it is determined that the call center staffing and/or processes are not sufficient to meet Enrollee needs as determined by LDH.

The Contractor shall develop a contingency plan for hiring call center staff to address overflow calls and emails and to maintain call center access standards set forth for MCO performance. The Contractor shall develop and implement a plan to sustain call center performance levels in situations where there is high call and/or e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, events described in the Continuity of Operations Plan section, staff participating in training, staff illnesses, and vacations.

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The Contractor shall develop telephone help line policies and procedures that address staffing, personnel, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including, but not limited to, hurricane related evacuations. The Contractor shall submit these telephone help line policies and procedures, including performance standards, to LDH for written approval at least thirty (30) Calendar Days prior to implementation of any policies. This shall include a capability to track and report information on each call. The MCO call center shall have the capability to produce an electronic record to document a synopsis of all calls. The tracking shall include sufficient information to meet the reporting requirements.

The Contractor shall develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll-free telephone line. The Contractor shall submit call center quality criteria and protocols to LDH for review and approval annually.

The Contractor shall provide general assistance and information to individuals and their families seeking to understand how to access care. For CSoC eligible Enrollees, the Contractor shall provide information to families about the specialized services and how to contact the CSoC contractor

Members who call to contact the MCO during normal business hours will receive information from the Customer Services Representative (CSR) regarding the following types of inquiries in one attempt or contact, including but not limited to:

1. Eligibility requests, including how to maintain eligibility.
2. Member ID Cards or Member Handbooks, including getting a new ID card or member materials.
3. Primary Care Physician or Specialty care, including how to change their assigned provider. Assist the member with locating a provider based on geographic or additional search criteria (i.e. gender, accepting new patients, specialty, etc.).
4. Financial responsibilities, if any, including how to determine the financial responsibility for a specific service or treatment from a specified provider or institution, as applicable.

5. Claim status, including the stage in the claims payment process, the amount approved, the amount paid, the Member cost, if any, and the date paid, if applicable.
6. How to access services, including which services require a prior authorization.
7. Utilization Management process, including whether services have been approved, denied or in process; information on how to appeal any denied service.
8. Pharmacy information, including but not limited to the following:
   i. Determine the member financial responsibility for a drug, if any, based on the pharmacy benefit.
   ii. Initiate the exceptions (prior authorization) process.
   iii. Find the location of an in-network pharmacy. The Rep will conduct a proximity search based on zip code.
   iv. Access clinical information regarding drug benefits. If the member has question that require clinical or pharmaceutical expertise the Representative will warm transfer the member to the Pharmacy Management department. Clinical inquiries include but are not limited to the following:
      a. Determine potential drug-drug interactions.
      b. Determine a drug's common side effects.
      c. Determine the availability of generic substitutes.

Automated Call Distribution (ACD) System

The Contractor shall install, operate, and monitor a system for the customer service telephone call center. The system shall:

- Effectively manage all calls received and assign incoming calls to available staff in an efficient manner;
- Transfer calls to other telephone lines;
- Provide detailed analysis as required for the reporting requirements, as specified by LDH, including the quantity, length and types of calls received; elapsed time before the calls are answered; the number of calls transferred or referred; abandonment rate; wait time; busy rate; response time; and call volume;

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- Provide a message that notifies callers that the call may be monitored for quality control purposes;
- Measure the number of calls in the queue;
- Measure the length of time callers are on hold;
- Measure the total number of calls and average calls handled per day/week/month;
- Measure the average hours of use per day;
- Assess the busiest times and days by number of calls;
- Record calls to assess whether answered accurately;
- Provide a backup telephone system that shall operate in the event of line trouble, emergency situations including natural disasters, or other problems so that access to the telephone lines is not disrupted;
- Provide interactive voice response (IVR) options that are user-friendly to Enrollees and include a decision tree illustrating IVR system; and
- Inform the Enrollee to dial 911 if there is an emergency.

Call Center Performance Standards
The Contractor shall comply with the following requirements:

- Answer ninety-five percent (95%) of calls within thirty (30) seconds or direct the call to an automatic call pickup system with IVR options;
- No more than one percent (1%) of incoming calls receive a busy signal;
- Maintain an average hold time of three (3) minutes or less per call. Hold time, or wait time, for the purposes of this Contract includes: 1) the measure of time after a caller has requested a live person through the IVR system and before a customer service representative answers the call; plus 2) the measure of time when a customer service representative places a caller on hold; and
- Maintain abandoned rate of calls of not more than five percent (5%).

The Contractor shall conduct ongoing quality assurance to ensure these standards are met.

If LDH determines that it is necessary to conduct onsite monitoring of the Contractor's Enrollee call center functions, the Contractor is responsible for all reasonable costs incurred by LDH or its authorized agent(s) relating to such monitoring.

PROCEDURE:

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~~A. The MCO shall maintain a toll-free member service call center, physically located in the United States, with dedicated staff to respond to member questions including, but not limited to, such topics as: Explanation of MCO Policies and Procedures, prior authorizations, access information, information on PCPs or specialists, referrals to participating specialists, Resolution of service and/or medical or behavioral health delivery problems; Member rights and responsibilities; Coordination of support services available through Medicaid or community organizations; member grievances, and Information on Specialized Behavioral Health Services and Providers.~~

~~B. MCO's toll-free member hotline is staffed with Member Services Representatives (MSRs) during normal business hours (7:00 am to 7:00 pm Monday through Friday excluding State holidays). Additionally, the toll-free member line has an automated system available 24 hours a day, seven days a week.~~

~~C. All after-hour member hotline calls will be answered by an automated attendant that will furnish the member with information on office hours and eligibility verification. This automated system provides callers with operating instructions on what to do in case of an emergency and shall include, , a voice mailbox for callers to leave messages including instructions on how to leave a message and when that message will be returned. MCO shall ensure that the voice mailbox has adequate capacity to receive all messages. MSRs shall return all messages on the next Business Day.~~

~~Members who call the hotline after normal business hours will have the option to be directed to Envolve People Care (EPC), MCO's 24-hour nurse information and triage line. Registered nurses are available 24 hours a day, seven (7) days a week, to issue medical advice and instruct members on how to access urgent and emergent services. MCO has access to bilingual representatives to handle other languages in accordance with Louisiana Department of Health and Hospitals (LDH) requirements. For languages not spoken by an MSR or Envolve People Care (EPC staff person, MCO provides access to interpreter services through Voiance and Language Services Associates (LSA). Additionally, hearing-impaired members are directed to contact 711.~~

~~MCO's member hotline serves as a primary vehicle through which members can access their health care benefits and services including, explanation of health plan~~

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~~policies and procedures, prior authorizations, access information, information on PCPs and Specialists referrals to participating providers, resolution of service and/or medical delivery problems and member grievances, claim status, including the stage in the claims payment process, the amount approved, the amount paid, the Member cost, if any, and the date paid, if applicable~~. ~~To be as responsive as possible to each MCO member, MSRs are trained in Cultural Competency, managing crisis calls, Covered Services, MCO Provider Network, Member Rights and Responsibilities, and other topics that enable them in being more effective in meeting the needs of MCO members. CSR's shall assist and triage callers who may be in crisis by effectuating an immediate transfer to a care manager. The call shall be answered within thirty (30) seconds and only transferred via warm transfer to a Licensed Mental Health Professional (LMHP). . Privacy shall be respected during all communication and calls.~~

A.

~~E. Members who call to contact the MCO during normal business hours will receive information from the Member Services Representative (MSR) regarding the following types of inquiries in one attempt or contact, including but not limited to:~~

~~3. Eligibility requests, including how to maintain eligibility.~~
~~0. Member ID Cards or Member Handbooks, including getting a new ID card or member materials.~~
~~0. Primary Care Physician or Specialty care, including how to change their assigned provider. Assist the member with locating a provider based on geographic or additional search criteria (i.e. gender, accepting new patients, specialty, etc.).~~
~~0. Financial responsibilities, if any, including how to determine the financial responsibility for a specific service or treatment from a specified provider or institution, as applicable.~~
~~0. Claim status, including the stage in the claims payment process, the amount approved, the amount paid, the Member cost, if any, and the date paid, if applicable.~~
~~0. How to access services, including which services require a prior authorization.~~
~~0. Utilization Management process, including whether services have been approved, denied or in process; information on how to appeal any denied service.~~
~~0. Pharmacy information, including but not limited to the following:~~
~~. Determine the member financial responsibility for a drug, if any, based on the pharmacy benefit.~~

- Initiate the exceptions (prior authorization) process.
- Find the location of an in-network pharmacy. The Rep will conduct a proximity search based on zip code.
- Access clinical information regarding drug benefits. If the member has question that require clinical or pharmaceutical expertise the Representative will warm transfer the member to the Pharmacy Management department. Clinical inquiries include but are not limited to the following:

o. Determine potential drug drug interactions.
p. Determine a drug's common side effects.
q. Determine the availability of generic substitutes.

F. The MCO shall provide general assistance and information to individuals and their families seeking to understand how to access care in either the private or public sector. For Coordinated System of Care (CSoC) eligible members, provide information to families about the specialized services and how to contact the contractor.

G. The MCO shall have sufficient telephone lines to answer incoming calls. The MCO shall ensure sufficient staffing to meet performance standards listed in this contract. LDH reserves the right to specify staffing ratio and/or other requirements, if performance standards are not met or it is determined that the call center staffing/processes are not sufficient to meet member needs as determined by LDH.

Call Tracking and Issue Resolution

A. MSRs will track all incoming member calls, categorize each by call issue, and document key call information in OMNI system.

B. MCO's Management personnel routinely review call documentation to ensure that members' inquiries and concerns are being adequately addressed, or to identify specific member education needs.

B. MSRs will attempt to resolve all member inquiries or concerns on the first call. If the member is not satisfied with the resolution, the MSR will escalate the issue to the Supervisor of Member Services Representative and file a grievance on behalf of the member. Member grievances are documented and processed in accordance with member grievance and appeals policies.

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~~B. The MCO shall develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll free telephone line. The MCO shall submit call center quality criteria and protocols to LDH for review and approval annually.~~

Call Distribution ~~System~~ and Handling

A. ~~A.~~ In accordance with the requirements of the model contract, LHCC maintains the toll-free number of 866-595-8133 for all LHCC Enrollees. This line is physically located and answered by staff in the United States who are trained to answer, at a minimum the topics outlined in the model contract and this policy.

B. The toll-free line is accessible to all Enrollees regardless of whether they are calling about physical or behavioral health. Depending on the reason for the call, CSRs may route the call to another entity or the CSR will conduct a "warm transfer" to another entity. Enrollees are not required to call a separate number for behavioral health services.

C. To be as responsive as possible to each LHCC Enrollee, CSRs are also trained in Cultural Competency, managing crisis calls, Covered Services, MCO Provider Network, Member Rights and Responsibilities, and other topics that enable them in being more effective in meeting the needs of LHCC Enrollees.

D. CSR's shall assist and triage callers who may be in crisis by effectuating an immediate transfer to the 24-Hour Behavioral Health Crisis Line of 844-677-7553. The call shall be answered within thirty (30) seconds and only transferred via warm transfer to a Licensed Mental Health Professional (LMHP). Privacy shall be respected during all communication and calls. Any members that call the Enrollee services number of 866-595-8133 before 7am and after 7pm, on weekends, and holidays and select the crisis option will be automatically routed to the 24-hour Behavioral Health Crisis Line of 844-677-7553. This ensures that individuals in crisis are able to access crisis services necessary to meet their needs.

E. The LHCC Contact Center Workforce Management team ensures staff are signed

on to the phones and ready to take calls M-F, 7am-7pm.

F. Outside of the M-F, 7am-7pm business hours LHCC utilizes an Automated Call Distribution (ACD) system to provide 24/7 access to LHCC Enrollees.

G. The Avaya Call Management system is LHCC's ACD system and is utilized by LHCC for Service Center operations. The ~~IVR~~ ACD ~~is utilized to~~ directs ~~callers~~ enrollees to the appropriate area and has options that are user friendly to enrollees. Callers are immediately presented with a message to contact 911 if it is a medical emergency. A decision tree illustrating the ACD and IVR options is available upon request and attached to this policy.

H. Members who call the hotline after normal business hours will have the option to be directed to the Nurse Advice Line, LHCC's 24-hour nurse information and triage line. Registered nurses are available 24 hours a day, seven (7) days a week, to issue medical advice and instruct members on how to access urgent and emergent services. LHCC has access to bilingual representatives to handle other languages in accordance with Louisiana Department of Health and Hospitals (LDH) requirements. For languages not spoken by a CSR or Nurse Advice Line (Nurse Advice Line staff person, LHCC provides access to interpreter services through Voiance and Language Services Associates (LSA). Additionally, hearing-impaired members are directed to contact 711.

I. Enrollees also have the ability to leave a message and are provided with instructions on how to leave a message. All messages are handled according to LA.MSPS.33.

B. All incoming calls received by ~~MSRs~~ CSRs are tracked and monitored via the Avaya Call Management System ~~(CMS)~~. Avaya CMS delivers call routing, advanced vectoring, messaging, and information tracking to allow for seamless, efficient call answer/service capabilities, monitoring, and reporting. The Avaya Call Management System will manage the inbound routing of calls and ensures that the next available agent receives calls in the proper sequence. The Avaya Call Management System can also transfer calls to other telephone lines as needed. This system allows ~~MCO~~ LHCC to capture and report on a broad number of performance metrics including, but not limited to all metrics outlined in the Automated Call Distribution (ACD) System

section of the model contract and this policy. The LHCC Workforce Management team as well as the Contact Center leadership team have the ability to pull reports from the Avaya Call Management System.

- ~~Call Volume/Peak Balance~~
- ~~Speed of Answer/Hold Time~~
- ~~Types of calls received~~
- ~~Abandonment Rate, Response Time~~
- ~~Call Duration~~
- ~~Transfer Rate~~
- ~~Average Handle Time~~
- ~~Number of calls in the queue~~
- ~~Measure the total number of calls and average calls handled per day/week/month~~
- ~~Measure the average hours of use per day~~
- ~~Assess the busiest times and days by number of calls~~
- ~~Average Talk/Hold Time~~
- ~~Busy/Delay Signals~~
- ~~% Answered in Seconds~~
- Note: the Average Hold Time plus the Average Speed of Answer must be 3 minutes or less combined, per state reporting guidelines.

C. ~~The Avaya Call Management System will manage the inbound routing of calls and ensure that the next available agent receives calls in the proper sequence. The Avaya Call Management System can also transfer calls to other telephone lines as needed.~~

Call Tracking and Issue Resolution

A. ~~MSRs~~CSRs will track all incoming member calls, categorize each by call issue, and document key call information in OMNI system.

B. ~~MCO's~~LHCC's Management personnel routinely review call documentation to ensure that members' inquiries and concerns are being adequately addressed, or to identify specific member education needs.

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C. ~~MSRs~~CSRs will attempt to resolve all member inquiries or concerns on the first call. If the member is not satisfied with the resolution, the MSR will escalate the issue to the Supervisor of Member Services Representative and file a grievance on behalf of the member. Member grievances are documented and processed in accordance with member grievance and appeals policies.

D. Members are notified via a message in the ACD that calls may be monitored for quality control purposes. LHCC utilizes the NICE program which is a web browser-based quality monitoring solution. This allows LHCC to capture, evaluate and retrieve customer interactions via voice/phone, video screen shots in real time. The Quality Team of Member Services will randomly audit incoming calls for quality and training purposes through the NICE program call recordings or silent monitoring to assess whether calls were answered accurately. All audits the LA.MSPS.24 policy which governs quality monitoring. This policy is updated at least annually and is submitted to LDH via the 111 Call Center Quality and Criteria Protocol report for review and approval by LDH.

Call Center Performance Standards

~~D. MCO~~ A. The LHCC Contact Center employs a Workforce Management team that, along with the Contact Center Management team, regularly monitors the performance of the Contact Center in accordance with the performance standards set forth in the model contract. Together, these teams conduct ongoing quality assurance to ensure these standards are met. Additionally, these teams utilize historical call volume as well as predictive call modeling and forecasting to ensure the LHCC Contact Center has sufficient staffing to meet the performance standards outlined in the model contract and this policy. ~~has developed call center standards to ensure maximum responsiveness to Member inquiries and concerns. These standards include, at a minimum, the following.~~

- ~~Answer ninety five (95) percent of calls within thirty (30) seconds or direct the call to an automatic call pickup system with IVR options. In Louisiana calls are directed to an automatic call pickup system with IVR options that are user friendly to members.~~
- ~~A decision tree illustrating the IVR system is available upon request.~~
- ~~No more than one percent (1%) of incoming calls receive a busy signal~~

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- ~~Maintain abandoned rate of calls of not more than five (5) percent.~~
- ~~Average speed of answer less than 30 seconds~~
- ~~Maintain an average hold time of three (3) minutes or less. Hold time, or wait time, for the purposes of this contract includes 1) the time a caller spends waiting for a customer service representative to assist them after the caller has navigated the IVR system and requested a live person; and 2) the measure of time when a customer service representative places a caller on hold~~
- ~~Note: the Average Hold Time plus the Average Speed of Answer must be 3 minutes or less combined, per state reporting guidelines.~~
- ~~The MCO must conduct ongoing quality assurance to ensure these standards are met.~~

Business Continuity and Maintaining Call Center Access and Performance Standards

A. The LHCC Contact Center Management team has developed a work process titled, "LHCC Plan for Call Volume Spikes" to address any spikes in call volume regardless of the reason for such a spike. The Workforce Management team regularly monitors the call volume in real-time and should the need arise to invoke the "LHCC Plan for Call Volume Spikes", they will relay that message to Call Center Leadership. This message is relayed via a Microsoft Teams channel that is regularly monitored by the Contact Center leadership staff.

B. The "LHCC Plan for Call Volume Spikes" has 5 levels of alert readiness. Each level corresponds to a state of readiness depending on the call volume situation with Level 5 being normal readiness and Level 1 being all hands needed.

C. Once a level has been invoked the Workforce Management team will continue to provide feedback on performance and alert levels regularly throughout the day. Once the spike in calls has receded and the Workforce Management team deems it ok, the alert level will be dropped accordingly until alert level 5 is reached again.

D. Additionally, the Contact Center Management team will utilize and implement the Continuity of Operations Plan (aka Business Continuity Plan or BCP for short) should the event causing the spike in volume be related to any event as described in the Continuity of Operations section of the model contract or such an event

warrants the implementation of the Continuity of Operations Plan. The BCP ensures that should an emergency situation arise access to the telephone lines is not disrupted.

E. As part of our regular policy review process and BCP review process, LHCC reviews all policies, including this policy and the BCP, at least annually, that address the staffing, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including, but not limited to, hurricane related evacuations. This includes all policies mentioned in the reference section of this document. Any policy that is updated or any new policy created is submitted to the LHCC Policy Committee for review and approval. These policies are then submitted to LDH for written approval at least thirty (30) Calendar Days prior to implementation.

F. The LHCC Contact Center tracks all calls related to any business continuity or disaster event in the OMNI application. This application allows the LHCC Contact Center to track and report information on each call. The LHCC Workforce Management team along with the Contact Center leadership team can and will produce electronic records to document a synopsis of all calls. The tracking includes sufficient information to meet the reporting requirements.

~~E. In the event of disaster, increases in call volume, emergency situations, staff illnesses and vacations, the Call Management System can be redirected to allow for inquiries to be serviced at alternate locations. A contingency plan for hiring, training, and coaching call center staff to address overflow calls and emails and to maintain call center access standards set forth for MCO performance will be implemented to sustain call center performance levels in situations where there is high call/e-mail volume or low staff availability. Such situations may include, but are not limited to, increases in call volume, emergency situations (including natural disasters such as hurricanes), staff in training, staff illnesses and vacations. LHCC has telephone help line policies and procedures that address staffing, personnel, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including but not limited to hurricane-related evacuations. LHCC shall submit these telephone help line policies and procedures, including performance standards, to LDH for written approval prior to implementation of any policies. This must include a capability to track and report~~

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~~information on each call. The call center will have the capability to produce an electronic record to document a synopsis of all calls. The tracking shall include sufficient information to meet the reporting requirements.~~

F. ~~Members are notified that calls will be recorded for quality assurance. NICE program is a web browser based quality monitoring solution which allows the MCO to capture, evaluate and retrieve customer interactions via voice/phone, video screen shots in real time, will be used as necessary. The Quality Team of Member Services will randomly audit incoming calls for quality and training purposes through the NICE program call recordings or silent monitoring. MCO members will be notified via a message that the call may be monitored for quality control purposes.~~

G. ~~LHCC will be responsible for all reasonable costs incurred by LDH or its authorized agent(s) if it is determined it is necessary to conduct onsite monitoring.~~

REFERENCES: ~~12.16.1-12.16.2.4.2~~

LDH Model Contract

- *2.13.10 - Enrollee Call Center*
- *2.13.13 – Automated Call Distribution (ACD) System*
- *2.13.14 – Call Center Performance Standards*

NCQA Standards

- *ME 1 - Statement of Members' Rights and Responsibilities, Element B*
- *ME 4 - Functionality of Claims Processing, Element B*
- *ME 5 - Pharmacy Benefit Information, Element B*
- *ME 6 - Personalized Information on Health Plan Services, Element B*

LA.MSPS.33
LA.MSPS.24
LHCC Plan for Call Volume Spikes
LHCC Business Continuity Plan

ATTACHMENTS:

IVR Decision Tree

LHCC Medicaid IVR for 866-595-8133 - U

POLICY AND PROCEDURE

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EFFECTIVE DATE: 1/12, 2/15, 12/15	**REVIEWED/REVISED:** 11/13, 12/14, 2/15,9/15, 9/16, 10/16, 8/17, 8/18, 8/19, 6/20, 03/21, 5/22, 6/22
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.MSPS.22

DEFINITIONS:

REVISION LOG

REVISION	DATE
Merged LA.MBRS.09	10/6/11
Procedure E - Added including, prior authorizations, access information, information on PCPs and Specialists, referrals to participating providers, resolution of service and/or medical delivery problems and member grievances.	11/15/11
Deleted that Bilingual representatives are only available at Nursewise, added Voiance, added definition of hold time and deleted 90% of calls answered in 30 seconds. Added Calls are directed to an automatic call pickup system with IVR options	12/1/15
Added additional metrics that can be tracked per IPRO audit	2/15/15
Updated to include Behavioral Health requirements	9/15
Procedure F – Added Claim status, including the stage in the claims payment process, the amount approved, the amount paid, the Member cost, if any, and the date paid, if applicable. Changed DHH to LDH	09/08/16
Defined LMHP, CSoC, and RFP. Procedure F – deleted The caller's in last sentence. ~~B.~~E. Call Tracking and Issue Resolution C – Deleted sentence "Those issues that cannot be resolved on the first call will be resolved within 72 hours" and replaced it with "If the member is not satisfied with the resolution, the MSR will escalate the issue to the Supervisor of Member Services Representative and file a grievance on behalf of the member. Member grievances are documented and processed in accordance with member grievance and appeals policies. Added procedure G. Changed Nursewise to Envolve PeopleCare Changed CSR to MSR	10/16

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Changed Witness to Uptivity	08/17
Updated hearing-impaired to 711. Removed referral inquiry, as the health plan does not require referrals. Removed Rx Direct information, as mail order Rx is not a health plan benefit. Replaced CRM system references with OMNI	8/18
Added bullet D4 under Call Center Distribution System section. • Note: the Average Hold Time plus the Average Speed of Answer must be 3 minutes or less combined, per state reporting guidelines.	8/19
Included "have the option" under subsection "C" of Procedure. Removed the language in Section "G" replacing it with Section "H" under Call Distribution Center.	6/20
No Revisions	03/21
Added additional language to the following paragraphs under procedure section. A. *Explanation of MCO Policies and Procedures, prior authorizations, access information, information on PCPs or specialists, referrals to participating specialists.* B. *Additionally, the toll-free member line has an automated system available 24-hours a day, seven days a week.* C. *Including instructions on how to leave a message and when that message will be returned.*	5/22

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D. *Changed MSR to CSR. Changed will to shall in sentence three and added in the word thirty for further clarification in sentence three.* Added paragraph D under Call Tracking and Issue Resolution section. *The MCO shall develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette as it relates to the toll-free telephone line. The MCO shall submit call center quality criteria and protocols to LDH for review and approval annually.* Added additional language to the following paragraphs under Call Distribution System section. A. B. Types of calls received. C. The Avaya Call Management System can also transfer calls to other telephone lines as needed *D.* Bullet 1 - …*"that are user friendly to members"* Bullet 2 – A decision tree illustrating the IVR system is available upon request. Bullet 3 – changes less to "no more" and adding "incoming" to further clarify. Bullet 4 – changed call to "maintain" and added "of calls not not more" and "5" to further clarify Bullet 8 was added – "*The MCO must conduct ongoing quality assurance to ensure these standards are met."* *E. Added "MCO" to sentence two for further clarification.* Changed Uptivity to NICE.	
Added references to the model contract	6/22
Rewrote entire policy to better align with the model contract	6/22

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a physical signature.