

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> UM Communication Services
<b>PAGE:</b> 1 of 3	<b>REPLACES:</b>
<b>APPROVED DATE:</b> Oct 2011	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> Feb 2012, Feb 2015, Dec 2015	<b>REVIEWED/REVISED:</b> 10/12; 11/13; 6/14, 11/14, 9/15, 7/16, 7/17, 6/18, 5/19, <u>7/25/19, 10/19</u>
<b>PRODUCT TYPE:</b> All	<b>REFERENCE NUMBER:</b> LA.UM.03

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### SCOPE:

Louisiana Healthcare Connections (Plan) Medical Management Department

### PURPOSE:

To provide consistent and easy access to Utilization Management (UM) staff for members and practitioners seeking information about the UM process and/or the authorization of care.

### POLICY:

Members and practitioners can access UM staff through a toll-free number at least eight hours a day during normal business hours for inbound or outbound calls regarding UM issues or questions about the UM process. Inbound and outbound communications may include directly speaking with practitioners and members, or fax, electronic or telephone communications (e.g. sending email messages or leaving voicemail messages).

### PROCEDURE:

1. Toll-free phone lines are open for authorization requests and UM related questions and/or issues at minimum from 8am to 5pm CST, Monday through Friday, excluding State declared holidays and be operational regularly on all LDH scheduled business days. (RFP 2.3.3)
  - a. The member's treating provider or PCP may submit prior authorization requests by telephone, fax, or web (as applicable).
  - b. Plan will accept the authorization request from members for the provision of an initial and continuing service if a provider refuses a service or does not request a service in a timely manner. (RFP 8.4.2.1)
2. After normal business hours and on holidays, calls to the UM department are automatically routed to Envolv PeopleCare (EPC), legacy NurseWise. EPC is not a delegated UM entity and therefore does not make authorization decisions. EPC staff will take authorization information for next business day response by Plan or notify the Plan on-call nurse in cases requiring immediate response. (CC.UM.03.02) Transfer of Phone Lines to EPC
3. Authorization requests may be submitted and the status can be checked through the Plan's secure provider portal 24/7.
- ~~3.4.~~ Inbound faxes regarding UM issues are accepted 24/7. Use of secure application(s) for fax handling prevents exposure of protected health information (PHI)
- 4.5. Outbound communications regarding UM inquiries are conducted during provider's reasonable and normal business hours, unless otherwise

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agreed upon. Authorization requests are handled per the timelines outlined in policy LA.UM.05.

5-6. When initiating or returning calls regarding UM issues, all UM staff will identify themselves by name, title and organization.

6-7. If Member Services receives a call regarding a specific UM case/issue (inquiries about decisions beyond the confirmation of approval or denial of care), the caller will be transferred to the appropriate UM staff/phone queue for direct access to UM staff about the UM decision or process.

7-8. Members may also call EPC 24/7 to access their medical triage phone service which provides 24-hour healthcare assistance and advice ~~(see associated work process).~~

8-9. TDD (Telecommunications Device for the Deaf) or TTY (Teletypewriter) services are available to assist the hearing impaired in obtaining and/or relaying information as needed. Health Plan mailings provide documentation that these services are available via designated toll-free numbers ~~(see associated Member Services and EPC Policy and Procedures regarding Hearing Impaired services).~~

9-10. Interpretive services for languages other than English are provided free of charge via internal bi-lingual staff as available or designated language interpreter services vendor will be utilized.

### REFERENCES

LA MCO Contract Sections 2.3.3 and 8.4.2.11 ~~2.3.7. Oral Interpretation and Written Translation Services~~

Current NCQA Health Plan Standards and Guidelines

Code of Federal Regulations – 42 CFR 422

CC.UM.03.02 Transfer of Phone Lines to NurseWise

CCL.206 UM Communications

LA.PRVR.22 Provider Service Calls/Hotline

LA.MBRS.16 Hearing Impaired

LA.UM.05 Timeliness of UM Decisions and Notifications

### ATTACHMENTS

### DEFINITIONS:

### REVISION LOG:

REVISION LOG:	DATE
Minor revisions to reflect NCQA 2013	11/2013
No revisions	6/2014
LA Procurement 2015 Policy Update	11/2014
Added reference to CCL.206.UM	9/2015
Updated NCQA reference to current	

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Added reference to CC.UM.03.02 Removed language in #9 that was specific to Spanish speaking as we provide interpretive services for all bi-lingual	7/2016
Add reference to (RFP 8.4.2.1) Changed NurseWise to EPC	7/2017
No revisions	6/2018
Updated Compliance 360 to Archer	5/2019
<u>Retired to follow CC.UM.03 with LA Addendum</u>	<u>7/25/19</u>
<u>Reinstate LA policy with the following changes:</u> <u>Added time zone to operating hours. Added that auth status can be checked in portal. Added that inbound faxes are accepted. Added that auth request are handled per LA.UM.05.</u> <u>In references removed 12.2.3.7 and added 2.3.3 &amp; 8.4.2. Added LA.PRVR.22, LA.MBRS.16 and LA.UM.05.</u>	<u>10/19</u>

## POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software, is considered equivalent to a physical signature.

VP Medical Management: Signature on file  
Sr. VP, Medical Affairs: Signature on file