

POLICY AND PROCEDURE

POLICY NAME: Member ID Cards	POLICY ID: LA.MRKT.13
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Marketing
EFFECTIVE DATE: 2/15, 12/15	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 8/15, 8/16, 4/17, 4/18, 2/20, 11/20, 3/22, 2/23	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

The purpose of this policy is to describe guidelines for ~~the MCOLHCC Member~~ ID cards.

PURPOSE:

The purpose of this policy is to describe guidelines for ~~the MCOLHCC Member~~ ID cards.

SCOPE:

Louisiana Healthcare Connections (Plan or ~~MCOLHCC~~)

DEFINITIONS:

POLICY:

2.13.7.1 Enrollees will be issued up to three (3) different LHCC Member ID cards related to their Enrollment in the Managed Care Program.

2.13.7.1.1 A Medicaid ID Card will be issued to all Beneficiaries, including Enrollees. This card is not proof of eligibility, but can be used by providers to access the State's electronic eligibility verification systems. These systems will contain the most current information available to LDH, including specific information regarding Enrollment. There will be no ~~Contractor~~LHCC specific information printed on the card. The Enrollee may need to show this card to access Medicaid Covered Services not included in the LOUISIANA HEALTHCARE CONNECTIONS Covered Services.

2.13.7.1.2 A Dental Benefit Program Manager (DBPM) issued ID card will be issued to all eligible Enrollees. It will be used by Enrollees to access dental benefits provided through the DBPM.

2.13.7.1.3 ~~The Contractor~~LHCC will issue an LHCC Member ID Card to its Enrollees. The LHCC Member ID Card ~~must~~will be clearly legible with a minimum font size of six (6) points, preferably eight (8) points, and will comply with guidance from the Workgroup for Electronic Data Interchange (WEDI) Health Identification Card Implementation Guide. Exceptions due to space constraints may be considered on case by case basis and must be approved, in writing, by LDH. ~~The Contractor~~LHCC will design and, upon approval by LDH in writing, produce, and distribute LHCC Member ID Cards. The LHCC Member ID Card will contain information specific to ~~the Contractor~~LHCC and be easily and readily distinguishable from all other insurance products operated by ~~the Contractor~~LHCC or its parent corporation. The LHCC Member ID Card will at a minimum include, but not be limited to, the following information as it applies to the covered populations as specified in the Eligibility and Enrollment section:

2.13.7.1.3.1 ~~The Contractor~~LHCC's name, or identifying trademark, and address, and identifier (plan ID);

2.13.7.1.3.2 The Enrollee's name;

2.13.7.1.3.3 The Member ID Number, which will be a unique identifying number assigned by ~~the Contractor~~LHCC;

2.13.7.1.3.4 The PCP's name, address, and telephone number(s) (including after-hours number, if different from business hours number);

2.13.7.1.3.5 The PBM's name, or identifying trademark, and address;

2.13.7.1.3.6 RxBIN and other electronic transaction routing information and other numbers required by the Contractor or the PBM to process a drug Claim electronically, including, but not limited to, the RxPCN, RxGRP, or RXID, including FFS information for Enrollees enrolled for Specialized Behavioral Health and NEMT and/or NEAT services only;

2.13.7.1.3.7 The Member ID Number encoded into a standard 2D, QR machine-readable barcode and printed with a minimum 3/4" height and width;

2.13.7.1.3.8 Instructions for emergencies; and

2.13.7.1.3.9 The toll-free number(s) for:

- The 24-hour Nurse Line;
- The Member Services Line;
- The 24-hour behavioral health crisis line;
- Filing Appeals and Grievances;
- Provider services and Prior Authorization;
- Pharmacy benefit assistance;
- Pharmacy services and Prior Authorization; and
- Reporting Medicaid Fraud (1-800-488-2917).

2.13.7.1.4 LDH may grant exceptions to the required content of the LHCC Member ID Card due to space constraints on case-by-case basis. Exceptions must be approved in writing by LDH.

2.13.7.1.5 ~~The Contractor~~LHCC will not include the Enrollee's date of birth on LHCC Member ID Cards.

2.13.7.1.6 ~~The Contractor~~LHCC will utilize two-factor and dynamic knowledge based authentication before details about the Enrollee are discussed over the phone. Information used to authenticate the Enrollee will not include information that can be found on their LHCC Member ID Card.

2.13.7.2 ~~The Contractor~~LHCC will ensure that its Subcontractors can identify Enrollees in a manner which will not result in discrimination against the Enrollees, in order to provide or coordinate the provision of all LHCC Covered Services and/or VAB and out-of-network services.

2.13.7.3 ~~The Contractor~~LHCC may provide the LHCC Member ID Card in a separate mailing from the welcome packet, however the card will be sent no later than ten (10) Business Days from the date of receipt of the ASC X12N 834 Benefit Enrollment and Maintenance electronic transaction file from LDH or the Enrollment Broker identifying the new Enrollee. As part of the welcome packet information, ~~the Contractor~~LHCC will explain the purpose of the card, how to use the card, and how to use it in tandem with the Medicaid ID Card. ~~The Contractor~~LHCC will distribute cards for justice-involved pre-release Enrollees in accordance with the Justice-Involved Pre-Release Enrollment Program Manual. LDH reserves the right to assess Monetary Penalties for failure to meet this requirement.

2.13.7.4 The LHCC Member ID Card will be issued without the PCP information if no PCP selection has been made as of the date of the mailing.

2.13.7.5 Once PCP selection has been made by the Enrollee or through PCP Automatic Assignment, ~~the Contractor~~, LHCC will reissue the LHCC Member ID Card in keeping with the time guidelines in this Contract. As part of the mailing of the reissued LHCC Member ID Card, ~~the Contractor~~LHCC will explain the purpose of the reissued card, the changes between the new card and the previous card, and what the Enrollee should do with the previous card.

2.13.7.6 ~~The Contractor~~LHCC will reissue the LHCC Member ID Card within ten (10) Calendar Days of notice that an Enrollee reports a lost or stolen card, there is an Enrollee name change, the PCP changes, or for any other reason that results in a change to the information on the LHCC Member ID Card.

~~2.13.7.7 The holder of the LHCC Member ID Card issued by the Contractor LHCC will be an Enrollee or guardian of an Enrollee. If LHCC the Contractor has knowledge of any Enrollee permitting the use of the LHCC Member ID Card by any other person, the Contractor, LHCC will immediately report this violation to the Louisiana Medicaid Program Fraud Hotline number: 1-800-488-2917.~~

~~2.13.7.8 The Contractor LHCC will engage with LDH's designee to provide Enrollees with digital access to LHCC Member ID Cards through the LA Wallet mobile app.~~

~~12.13.1. The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new enrollee. As part of the welcome packet information, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card.~~

~~12.13.3.1.1 The MCO shall will distribute cards for justice-involved pre-release enrollees in accordance with the Justice-Involved Pre-Release Enrollment Program Manual. LDH reserves the right to assess monetary penalties for failure to meet this requirement.~~

~~12.13.2. A LDH issued ID card will be issued to all Medicaid eligibles, including MCO members. This card is not proof of eligibility, but can be used for accessing the state's electronic eligibility verification systems by MCO providers. These systems will contain the most current information available to LDH, including specific information regarding MCO enrollment. There will be no MCO-specific information printed on the card. The MCO member may need to show this card to access Medicaid services not included in the MCO core benefits and services.~~

~~12.13.3. An MCO-issued member ID card that contains information specific to the MCO. The member's ID card shall will at a minimum include, but not be limited to, the following information as it applies to the covered populations as specified in section 3.3.3:~~

- ~~• The member's name and date of birth;~~
- ~~• The MCO's name and address;~~
- ~~• Instructions for emergencies;~~
- ~~• The PCP's name and telephone numbers (including after-hours number, if different from business hours number);~~
- ~~• The toll-free number(s) for:
 - ~~○ 24-hour Nurse Line~~
 - ~~○ The Member Services Line~~
 - ~~○ and Filing Grievances~~
 - ~~○ 24-hour behavioral health crisis line~~
 - ~~○ Provider Services and Prior Authorization and~~
 - ~~○ Reporting Medicaid Fraud (1-800-488-2917); and~~
 - ~~○ The member's Unique Identifying number encoded into a standard 2D, QR machine-readable barcode and printed with a minimum 3/4" height and width. The MCO shall will convert all ID cards to include this barcode by June 30, 2021.~~~~

~~12.13.3.1. The MCO may provide the MCO Member ID card in a separate mailing from the welcome packet, however the card must be sent no later than ten (10) business days from the date of receipt of the file from LDH or the Enrollment Broker identifying the new enrollee. As part of the welcome packet information, the MCO must explain the purpose of the card, how to use the card, and how to use it in tandem with the LDH-issued card.~~

~~12.13.3.2. The card will be issued without the PCP information if no PCP selection has been made on the date of the mailing.~~

~~12.13.3.3. Once PCP selection has been made by the member or through auto-assignment, the MCO will reissue the card in keeping with the time guidelines of the Contract. As part of the mailing of the reissued card, the MCO must explain the purpose of the reissued card, the changes between the new card and the previous card, and what the enrollee should do with the previous card.~~

~~12.13.3.4. The MCO shall will reissue the MCO ID card within ten (10) calendar days of notice that a member reports a lost card, there is a member name change or the PCP changes, or for any other reason that results in a change to the information on the member ID card.~~

~~12.13.3.5. The holder of the member identification card issued by the MCO shall will be an MCO member or guardian of a member. If the MCO has knowledge of any MCO member permitting the use of this identification card by any other person, the MCO shall will immediately report this violation to the Medicaid Fraud Hotline number 1-800-488-2917.~~

~~12.13.3.6. The MCO shall will ensure that its subcontractors can identify members in a manner which will not result in discrimination against the members, in order to provide or coordinate the provision of all core benefits and services and/or value-added benefits and services and out of network services.~~

12.13.4. Pharmacy-Related ID Card Requirements

~~12.13.4.1. The MCO shall will provide on the member's identification card, or on a separate prescription benefit card, or through other technology, prescription billing information that:~~

~~12.13.4.1.1. Complies with the standards set forth in the National Council for Prescription Drug Programs pharmacy ID card prescription benefit card implementation guide at the time of issuance of the card or other technology; or~~

~~12.13.4.1.2. Includes, at a minimum, the following data elements:~~

~~12.13.4.1.2.1. The name or identifying trademark of the MCO and the prescription benefit manager (see co-branding restrictions in Section 12.20.3);~~

~~12.13.4.1.2.2. The name and MCO member identification number of the recipient;~~

~~12.13.4.1.2.3. The telephone number that providers may call for:~~

- ~~• Pharmacy benefit assistance;~~
- ~~• 24-hour member services and filing grievances;~~
- ~~• Provider services and prior authorization; and~~
- ~~• Reporting Medicaid Fraud (1-800-488-2917)~~

~~12.13.4.1.3. All electronic transaction routing information and other numbers required by the MCO or its benefit administrator to process a prescription claim electronically.~~

~~12.13.4.1.4. If the MCO chooses to include the prescription benefit information on the Medicaid Managed Care Plan card, the MCO must ensure all members have a card that includes all necessary prescription benefit information, as outlined above.~~

~~12.13.4.1.5. If the MCO chooses to provide a separate prescription benefit card, the card mailer that accompanies the card must include language that explains the purpose of the card, how to use the card and how to use it in tandem with the LDH-issued Medicaid Card and the MCO-issued card.~~

1. The report of nonconformance is investigated.
2. The investigation is documented and retained in Archer Compliance 360.

REFERENCES: Louisiana Medicaid Contract Statement of Work Section 2.14.10
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ATTACHMENTS:**ROLES & RESPONSIBILITIES:****REGULATORY REPORTING REQUIREMENTS:**

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Annual Review	Updated per behavioral health contract revisions	8-2015
Annual Review	Changed DHH to LDH	8/16
Annual Review	No revisions	4/17
Annual Review	Revised to reflect State Medicaid Contract Amendment 11	4/18
Annual Review	Revised Bayou Health Plan to Medicaid managed care plan	7/18
Annual Review	Revisions to align with latest LDH Medicaid contract.	02/20
Annual Review	Updated to align with the current Medicaid MCO contract.	11/20
Annual Review	No revisions	02/28/22
<u>Annual Review</u>	<u>Update to match model contract</u> <u>Reformatted to latest Policy Template</u> <u>Updated Procedure #2 from "compliance 360" to "Archer"</u> <u>Grammatical edits</u>	<u>02/16/23</u>

POLICY AND PROCEDURE APPROVAL

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

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