

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: UM Communication Services
PAGE: 1 of 6	REPLACES: CC.MEDM.UM.07.05 Precertification Admission Review Process (3/05)
APPROVED DATE: 3/06	RETIRED:
EFFECTIVE DATE: 3/06	REVIEWED/REVISED: 7/12; 7/13; 07/14; 08/14; 12/14; 06/15; 07/16; 09/17; 10/18; 07/2019
PRODUCT TYPE: Medicaid, Medicare and HIM	REFERENCE NUMBER: CC.UM.03

SCOPE:

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). Providers also have the capability to request authorizations or check status of an authorization via the website.

PROCEDURE:

A. Access to Staff

1. Toll-free phone lines are open for authorization requests and UM related questions and/or issues at minimum from 8am to 5pm, Monday through Friday, excluding holidays.
 - a. The member's treating provider or PCP may submit prior authorization requests by telephone, fax, or web (as applicable).
2. After normal business hours and on holidays, the 24-hour nurse triage line is responsible for inbound calls to the UM toll-free number.
 - a. The 24-hour nurse triage line will notify the on-call, Prior Authorization Nurse or designee of after hour requests for hospital transfers, urgent/emergent prior authorizations and home health requests.
 - b. The company is be responsible for providing a current on-call list to the 24-hour nurse triage line in a timely manner. The 24-hour nurse triage line is not a delegated UM entity and therefore does not make authorization decisions.
 - c. For the Medicare requests, the 24-hour nurse triage line will follow the predefined processes in MCARE.MM.08.01.
3. Inbound faxes regarding UM issues are accepted 24/7. Use of secure application(s) for fax handling prevents exposure of protected health information (PHI).

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4. Inbound authorization submissions via the web are accepted 24/7. Providers are able to access the web portal and enter a request for an authorization (excluding urgent or retro requests.) Note: Some service types may not be available for submission as determined by the company and/or state guidelines.
5. Communications regarding UM issues or requests for information about UM processes that are received after normal business hours are responded to on the next business day and communications received after midnight on Monday-Friday are responded to on the same business day. Authorization requests are handled per the timelines outlined in policy CC.UM.05.
6. When initiating or returning calls regarding UM issues, all UM staff will identify themselves by name, title and organization.
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.
8. 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. Company mailings provide documentation that these services are available via designated toll-free numbers (CC.MBRS.16 – *Hearing Impaired-Language Specific Interpreter Services*, CC.MBRS.17 – *Telecommunication Devices & Services*, EPC.NAL.MS.09 – *TDD Services (Nurse Advice Line)*).
9. Interpretive services for languages other than English are provided free of charge via toll-free phone lines for UM related questions and/or issues. Language assistance for the Spanish speaking will be utilized via bi-lingual staff, and in the event an internal bi-lingual interpreter is not available, the designated Language Interpreter Service vendor will be utilized (EPC.NAL.MS.07 – *Spanish Interpretation (Nurse Advice Line)*).
10. Members may also call the 24-hour nurse triage line to access their medical triage phone service which provides healthcare assistance and advice (CC.UM.03.03 –Health Information and Symptom Member Calls).

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REFERENCES / ASSOCIATED PROCESSES

UM.01– UM Program Description
 UM.03.02 – Transfer of Phone Lines to Answering Service
 UM.03.03 –Health Information and Symptom Member Calls
 MBRS.16 – Hearing Impaired-Language Specific Interpreter Services
 MBRS.17 – Telecommunication Devices & Services
 MCARE.MM.08.01 – After Hours Monitoring for Medicare Authorization Requests
 EPC.NAL.MS.07 – Spanish Interpretation (Nurse Advice Line)
 EPC.NAL.MS.09 – TDD Services (Nurse Advise Line)
 NCQA Health Plan Standards and Guidelines

ATTACHMENTS: N/A

DEFINITIONS: N/A

REVISION LOG:	DATE
Annual Review; Removed revision history prior to 2012; Updated References; Added sentence under “Policy” section regarding providers’ ability to request authorizations via plan website; Changed “case manager” to “Prior Authorization Nurse or designee” in “A.2.a”; Removed mention of “Right Fax or FileNet and changed to “application” to make more generic in “A.3”; Added “A.4” regarding web authorizations; added “See MCARE.MM.08.01” to “A.2.c” and reference section; Updated “A.2.c” to reflect Medicare (vs. Centralized Unit)	06/23/15
Annual Review; Removed revision history prior to 2013; updated approver titles. No substantive changes.	07/2016
Annual Review; Revised item #5 under ‘Procedure’ to show after hours process; removed revision history prior to 2014	09/2017
Annual review; removed revision history prior to 2015, replaced “NurseWise” with “Nurse Advice Line” throughout document, updated NurseWise policy numbers from NW.MS to EPC. NAL.	10/2018
Added Addendum for <i>Louisiana Healthcare Connections</i> .	07/2019

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in the P&P management software is considered equivalent to a physical signature.

Director, Medical Management Operations: Approval on File
Manager, Medical Management Operations: Approval on File

ADDENDUM TEMPLATE

STATE: Louisiana	PLAN NAME: Louisiana Healthcare Connections
EFFECTIVE DATE: 8/1/2019	POLICY NUMBER ADDENDUM TO: CC.UM.03
REVIEWED/REVISED DATE:	POLICY NAME ADDENDUM TO: UM Communication Services

SCOPE:

This addendum applies to *Louisiana Healthcare Connections*.

PURPOSE:

To provide contractually required information that varies from the Centene Corporate policy/procedure.

UNIQUE REQUIREMENTS:

Section Number of Corporate P/P	Description of Unique Requirement	Line of Business
Page 1 Procedure A. 1	Louisiana Healthcare Connections specifies "...excluding <u>state declared</u> holidays."	Medicaid
Page 1 New Section	Add after Procedure A. 1. a.: b. Plan will accept the authorization request from members for the provision of a service if a provider refuses a service or does not request a service in a timely manner.	Medicaid
Page 1 New Section	Add after Procedure A.2.b: c. Calls to the UM department are automatically routed to Envolve People Care (EPC) legacy NurseWise. 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.	Medicaid
Page 2 Procedure A. 5	Louisiana Healthcare Connections (LHCC) utilizes LA.UM.05 in place of CC.UM.05.	Medicaid
Page 2 Procedure A. 8	Louisiana Healthcare Connections (LHCC) utilizes LA.MBRS.17 in place of CC.MBRS.17.	Medicaid

REFERENCES:
Page 1: Procedure A- State Contract 2.3.3
Page 1: New Section A.1.b – State Contract 8.4.2.1
Page 1: New Section A.2.c – LA.PRVR.22 Provider Service Calls/Hotline
Page 2: Procedure A. 5 – LA.UM.05 - Timeliness of UM Decisions and Notifications, State Contract 8.5
Page 2: Procedure A. 8 - LA.MBRS.17 - Hearing Impaired-Language Specific Interpreter

ADDENDUM TEMPLATE

STATE: Louisiana	PLAN NAME: Louisiana Healthcare Connections
EFFECTIVE DATE: 8/1/2019	POLICY NUMBER ADDENDUM TO: CC.UM.03
REVIEWED/REVISED DATE:	POLICY NAME ADDENDUM TO: UM Communication Services

Services

REVISION LOG

REVISION:	DATE:

POLICY AND PROCEDURE ADDENDUM APPROVAL

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