

Document ID: <u>AETAMA-077960</u>	Title: <u>National Clinical Services (NCS) 1003 Hours of Operation and After Hours Call Policy & Procedure - Louisiana Medicaid Amendment</u>	
Parent Documents: <u>AETCSPS-073720</u>		
Effective Date: <u>See Document Information Page</u>	Last Review Date: <u>See Review and Revision History Section</u>	Business Process Owner (BPO): <u>Exec Dir, Business Consulting. CS Utilization Management Ops</u>
Exhibit(s): <u>N/A</u>		
Document Type: <u>Tool</u>		

PURPOSE

This Amendment is written to meet regulatory and legislative requirements under Louisiana law/regulation that impact NCS 1003 Hours of Operation and After Hours Call policy. This amendment will be used in conjunction with NCS 1003 to comply with Louisiana requirements.

SCOPE

<u>Applies to Department:</u>	<input type="checkbox"/> <u>Care Management</u>	<input type="checkbox"/> <u>Precertification (including NME, SCPU, Specialty Medical Precert)</u>	<input type="checkbox"/> <u>NME Case Management</u>	<input type="checkbox"/> <u>Aetna Maternity Program</u>
	<input type="checkbox"/> <u>SCPU Case Management</u>	<input type="checkbox"/> <u>24-Hour Nurse Line</u>	<input type="checkbox"/> <u>DM</u>	<input type="checkbox"/> <u>BH</u>
	<input type="checkbox"/> <u>Medical Management – Concurrent Review</u>	<input type="checkbox"/> <u>Medical Management – Prior Authorization</u>	<input checked="" type="checkbox"/> <u>Medical Management – Utilization Management</u>	<input type="checkbox"/> <u>Medical Management</u>

<u>Product:</u>	<input type="checkbox"/> <u>HMO</u>	<input type="checkbox"/> <u>EPO</u>	<input type="checkbox"/> <u>PPO</u>	<input type="checkbox"/> <u>MC/POS</u>	<input type="checkbox"/> <u>TC</u>	<input type="checkbox"/> <u>JV</u>
	<input checked="" type="checkbox"/> <u>Medicaid</u>					

These requirements apply when the Controlling State is Louisiana.

POLICY

<u>Legislation</u>	<u>Policy/Procedure Language Change:</u>
<u>2023 Louisiana Medicaid Managed Care Organization Model Contract A, Section 2.13.15.3</u> <u>The Contractor shall notify its Enrollees that interpretation is available for any language and how to access those services. On materials where this Attachment A, Model Contract Page 205 of 390 information is provided, the notation shall be written in Spanish. Embedded videos in</u>	<u>The health plan will notify its members that interpretation is available for any language and how to access those services. On materials where this Attachment A, Model Contract Page 205 of 390 information is provided, the notation will be written in Spanish. Embedded videos in</u>

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<u>American Sign Language shall be made available on the MCO website with pertinent information labeled for Enrollees that are deaf, deaf-blind, or hard of hearing.</u>	<u>American Sign Language will be made available on the health plan website with pertinent information labeled for members that are deaf, deaf-blind, or hard of hearing.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Model Contract, Section 2.13.15.2</u> <u>The Contractor shall make interpretation services, including real-time oral interpretation and the use of auxiliary aids such as TTY/TDD and American Sign Language (ASL), available free of charge to each Potential Enrollee and Enrollee. This applies to all non-English languages and not just those that Louisiana specifically requires (Spanish). These interpretation services shall be made available to Network Providers treating non-English speaking Enrollees at no charge. The Contractor may coordinate with the Louisiana Commission for the Deaf for American Sign Language interpretation services.</u>	<u>The health plan will make interpretation services, including real-time oral interpretation, written translation services and the use of auxiliary aids such as TTY/TDD (teletypewriters/ Telecommunications Device for the Deaf) and American Sign Language (ASL), available free of charge to each potential member and member. This applies to all non-English languages and not just those that Louisiana specifically requires (Spanish). These interpretation services shall be made available to Network Providers treating non-English speaking members at no charge. The health plan may coordinate with the Louisiana Commission for the Deaf for American Sign Language interpretation services.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Model Contract A, Sections 2.14.8.6; 2.14.8.8</u> <u>All multi-page written Member Materials shall notify the Enrollee that real-time oral and American Sign Language interpretation is available for any language at no expense to them and provide information on how to access those services;</u> <u>2.14.8.8</u> <u>Alternative forms of communication shall be provided upon request for persons with</u>	<u>All multi-page written Member Materials shall notify the member that real-time oral and American Sign Language interpretation is available for any language at no expense to them and provide information on how to access those services;</u>

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<u>visual, hearing, speech, physical or developmental disabilities. These alternatives shall be provided at no expense to the Enrollee.</u>	<u>Alternative forms of communication will be provided upon request for persons with visual, hearing, speech, physical or developmental disabilities. These alternatives shall be provided at no expense to the member.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Model Contract A, Section 2.4.1.11</u> <u>The Contractor and its providers shall deliver services in a culturally competent manner to all Enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity and provide for cultural competency and Attachment A, Model Contract Page 85 of 390 linguistic needs, including the Enrollee prevalent language(s) and sign language interpreters in accordance with 42 CFR §438.206(c).</u>	<u>The health and its providers will deliver services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity and provide for cultural competency and Attachment A, Model Contract Page 85 of 390 linguistic needs, including the member prevalent language(s) and sign language interpreters in accordance with 42 CFR §438.206(c).</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.2.5.3</u> <u>The Contractor shall follow all LDH directives regarding access to care and relaxation of authorization requirements during an emergency. Corresponding system edits for all services shall be implementable at the parish level during an emergency.</u>	<u>The health plan will follow all LDH (Louisiana Department of Health) directives regarding access to care and relaxation of authorization requirements during an emergency. Corresponding system edits for all services will be implementable at the parish level during an emergency.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.2.5.3.1</u> <u>The Contractor must have a method for ensuring that Prior Authorizations are extended and transferred to new providers</u>	<u>The health plan will have a method for ensuring that Prior Authorizations are extended and transferred to new providers</u>

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<u>during a pandemic, natural disaster, man-made emergency, or other event if directed by LDH.</u>	<u>during a pandemic, natural disaster, man-made emergency, or other event if directed by LDH.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.10.3.7</u> <u>Have trained provider relations staff dedicated to this Contract and available to providers to address provider issues Monday through Friday from 7 a.m. to 7 p.m. Central Time and to handle non-routine Prior Authorization requests twenty-four (24) hours per day seven (7) days per week</u>	<u>The health plan has trained staff dedicated and available to providers to handle non-routine Prior Authorization requests twenty-four (24) hours per day seven (7) days per week.</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.12.3.6.4</u> <u>A process to ensure that authorization requirements of the Contractor shall either be furnished to the healthcare provider within twenty-four (24) hours of a request for the requirements or posted in an easily searchable format, that includes the date of last review, on the Contractor's website. The Contractor shall furnish these requirements to Providers in addition to the Prior Authorization information and training that must be furnished under the Provider Services and Support section;</u>	<u>The health plan has a process to ensure that authorization requirements of the health plan will either be furnished to the healthcare provider within twenty-four (24) hours of a request for the requirements or posted in an easily searchable format, that includes the date of last review, on the health plan's website. The health plan shall furnish these requirements to Providers in addition to the Prior Authorization information and training that must be furnished under the Provider Services and Support section;</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.18.9.1.5</u> <u>Determination of medical necessity – By a staff of qualified, medically trained and appropriately licensed personnel,</u>	<u>Determination of medical necessity is made by a staff of qualified, medically trained and appropriately licensed personnel, consistent with NCOA (National</u>

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<u>consistent with NCQA accreditation standards, whose primary duties are to assist in evaluating Claims for medical necessity;</u>	<u>Committee for Quality Assurance) accreditation standards, whose primary duties are to assist in evaluating claims for medical necessity</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.12.6.1.4</u> <u>The Contractor shall make all concurrent review determinations within one (1) Calendar Day of obtaining the appropriate medical information that may be required.</u>	<u>The Contractor shall make all concurrent review determinations within one (1) Calendar Day of obtaining the appropriate medical information that may be required, not to exceed 72 hours from receipt of request.</u> <u>:</u>
<u>2023 Louisiana Medicaid Managed Care Organization Attachment A: Model Contract, Section 2.12.6.4.2.2</u> <u>The Contractor shall notify the requesting provider of a determination to deny an authorization or reauthorization request or to authorize or reauthorize a service in an amount, duration, or scope that is less than requested. The Contractor shall provide written notification to the provider rendering the service, whether a health care professional or facility or both, within two (2) Business Days of making the determination.</u>	<u>The Contractor shall notify the requesting provider of a determination to deny an authorization or reauthorization request or to authorize or reauthorize a service in an amount, duration, or scope that is less than requested. The Contractor shall provide written notification to the provider rendering the service, whether a health care professional or facility or both, within two (2) Business Days of making the determination.</u>

PROCEDURE

N/A

DEFINITIONS:

N/A

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REVIEW AND APPROVALS

_____	_____
<u>Jess Hall, Chief</u> <u>Executive Officer</u>	<u>Date</u>

_____	_____
<u>Antoinette Logarbo,</u> <u>M.D.</u> <u>Chief Medical Officer</u>	<u>Date</u>

_____	_____
<u>Jared Wakeman,</u> <u>M.D.</u> <u>Behavioral Health</u> <u>Medical Director</u>	<u>Date</u>

EXHIBIT(S): N/A