

Chisholm Compliance MCO User Process Manual

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PROCESS FOR CHISHOLM NOTICE REVIEW AND APPROVAL

For all Chisholm denials, partial denials, and partial approvals, the notices must be sent to Louisiana Department of Health (LDH) Chisholm Compliance staff for review and approval prior to being sent to the member.

To send a notice for review go to the Chisholm SharePoint Page at the following link: <u>https://dhhnet.dhh.louisiana.gov/departments/mva/bh/CPANR/SitePages/Home/aspx</u>, select "New Chisholm Entry."



Next fill out the electronic Checklist and attach a word version of entire notice, a pdf of the complete notice, and all documentation associated with the request including documentation proving the Prior Authorization Liaison (PAL) process has been followed, if applicable.

The checklist will be split in two pages – Member Information and Checklist. Member Information is on the initial page in your SharePoint folder. All fields must be completed.

It is very important that each MCO indicate if the service is a new request or a continuation of service. If the same service was prior authorized for a period immediately preceding the request, the MCO shall consider whether there is evidence the condition has actually improved or if there are other changed circumstances that warrant a change in services. If, after such consideration, the MCO concludes the services should not continue for a service or level of service that he or she was previously authorized to receive, the MCO shall document the reasons for the change in services.

You will not be able to proceed to the next section unless the form is completed entirely. If something is not applicable, enter "N/A" in the box. You will have to click the "Continue" button to get to the remainder of the checklist.

PAR		
Member Rame		
fotress		
CC: Support Coordinator:		
Provider		
Perparated Service.	Erson Pros Extended Home Plewith Polic Transportation DME ABA PRS OPST Other fOther, glasse explain: Behavional Health Respect? Yes No	
Date of Notice		-
Medicald ID		
Initial Request	loves love	
Attachments:	# Click here to attach a file	

The second page is the Checklist. Answer each question on the checklist by selecting the corresponding button to the left of the question. If something is not met, stop and make the corrections before sending the notice for review. Once all of the checklist items have been answered, attach the required documentation and click "Submit".

		Scheschelst.
(C) Mat	Q Not Met	CREW MERKED DENIAL, PARTIAL APPROVAL OR PARTIAL DENIAL
[C]Mat	(O)NOT MET	Clearly name the service or item a requested.
(O) aner	[Ö]NOT MET	Specify all reasons for dental or partial destuit, which includes why the oldesta of the Medicald nulls and/or policy have not been met. (A by person should be able to mad it and understand why the member dian't quality for the service)
(O Met	[Ø]NOT MET	include the specific language from the section of the Nuxe or policy they are using as a basis for denial.
[O]Mer	(O)NOT MET	Language must be at a sixth grade reading level if possible.
[O]Met	🔯 Not Met	For requests involving hours of services, clearly indicate how many hours were requested and are approved.
	(Ö)NOT Met	Be in twelve point font and not in all capital letters
(Ø]Met	[Ø]Not Met	Is Partial Approval correctly sent while pending PAL process and awaiting final datis ion.
(C) Mer	O NOT MET	In the notice for denial/partial denial of any services/items that are prior authorized, the notice must explain that an EPSDT support coordinator can as is them in obtaining services and how to access an EPSDT support coordinator.
[O]Mer	[O]Not Met	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.
		submit
		Bautomission with converted corrections:

After clicking the "Submit" button, you should get the message "The form was submitted successfully" and be routed back to the "All Entries" page.

 Met 	O Not Met	Include the specific language from the section of the Role or policy they are using as a basis for denial
• Met	O Not Met	Language must be at a sixth grade reading level if possible
 Met 	O Not Met	For requests involving hours deservices, clearly indicate how many hours were requested and are approved.
 Met 	Message from	m webpage × all capital letters.
 Met 		while pending PAI, process and awaiting
● Met	O Not Met	In the notice for denial/partial denial of any services/items that are pnor authorized, the notice must explain that an EPSDT support coordinator can assist them in obtaining services and how to access an EPSDT support coordinator.
		If a prior authorization request is denied or partially denied, provide appea

Clicking the submit button will generate an email to the Chisholm Compliance Staff (CCS) alerting them that there is a notice for review. CCS will review the notice with the option to check "not met" and give notes as to why the item on the checklist was "not met". CCS will also edit the Word document in track changes and comment if edits are needed. Corrections must be made in the Word document. Be sure to "Save" all corrections.

Prior Authorization #: 123456789	
Partial Denial	
Dear Parent/Guardian of Susan Christmas	
We are writing to tell you that you're request for 20 hours of Community Psychiatric Supportive Treatment (CPST) and 20 hours of Psychosocial Rehabilitation Services (PRS) on 8/06/2019 - 2/06/2020 is partially denied, and Louisiana Healthcare Service Group will not pay for the care. Service Requested: Community nucleisatric Supportive Treatment Hours per week requested: 20 hours Hours per week approved: 10 hours. Period: 8/06/2019 - 2/06/2020	
Service Requested: Psychosocial Rehabilitation Services Hours per week requested: 20 hours Hours per week approved: 10 hours Period: 08/06/2019 - 2/06/2020	
To find out why Louisiana Healthcare Service Group won't pay for 40 hours of Community Psychiatric Supportive Treatment and 20 hours of Psychosocial Rehabilitation Services keep reading. If you think we made a mistake, you may request an appeal within thirty (30) days from the date of this letter.	Crystal Falson Should this be 20 hours?
You may have your case manager assist you with obtaining Medicaid services. If you do not have a case manager and would like to obtain one, you should call Statistical Resources. Inc.	

You will receive an email alert from SharePoint letting you know if the notice is approved or if corrections are needed.





If corrections are needed the changes should be made via SharePoint accepting changes, making additional changes or submitting additional documentation. Do not change any item on the checklist from "not met". Nothing can be deleted once it is submitted. A PDF copy of the final approved notice should be uploaded. Do not upload subsequent copies of the PDF, only the copy approved by the CCS.

When resending the notice back to the CCS, please be sure to select the "Resubmission with requested corrections" button.

Met O Not Met In the notice for denial/partial denial of any services/items that are prior authorized, the notice must explain that an EPSDT support coordinator				
		support coordinator.		
Met	\bigcirc Not Met	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.		
		Submit		

If more than two business days go by without a response when corrections are needed a reminder email will be triggered by CCS.



This process will continue with three reminder emails. After the third reminder, the person who submitted the request will receive a phone call from CCS to discuss the issue. A follow up email will be sent to the person who submitted the notice and their manager documenting the conversation.

If for any reason a notice is withdrawn - duplicates, provider withdrew request, or decision overturned - via SharePoint in the Notes section, provide an explanation and the date(s) of when the changes occurred.

Once the notice is approved by CCS, the MCO staff may send the notice to the Chisholm Class Member, the provider and case manager.

ACCESS ISSUES

SharePoint Access

If there is an issue with SharePoint or connectivity, contact LDH Service Center at (225) 219-6900, option 1, then option four. If the connectivity issues are not resolved, do not submit notices via SharePoint. Please alert CCS who will provide instructions before taking any further actions.

If SharePoint is down, the MCO shall revert to the old process of submitting a Chisholm denial. Send an email to all CCS with the PA Number and what was requested in the title of the email, including the free form text of the notice only in the body of the email. Next, the MCO will send a (secure) email with the supporting documentation and copy of the denial notice as an attachment. Once SharePoint is up and running, the MCO will submit the notice including all of the documentation and emails as attachments. This should be completed within one business day. CCS staff will approve and note in the system that the notice approval was

handled via email because SharePoint was down and include in the note the date it was approved.

If necessary, you can call Rene Huff (225) 342-3935, Crystal Faison, (225) 342-6253, or LaShonda Gordon, (225) 342-7925 to discuss any issues you may have.

If you experience functionality issues, please contact Mark Mathewes at (225) 342-9024.

Employee Maintenance

It is imperative that each MCO maintain proper access for all necessary staff members and assure that only staff that handle Chisholm notices and their managers have access to the system. The MCO Employee Maintenance was designed to assist with staff changes to ensure there is not any delays in the Chisholm Notice Review process.

If a staff member needs to be added or removed from SharePoint system, use the MCO Employee Maintenance form. Please ensure that employees who are no longer working to process Chisholm Denial notices are removed and new staff are added in a timely fashion to avoid access being restricted.



Requestor:	Lois Kent		
Employee Name:	Clark Lane		
Employee Email: clane@healthservicegroup.com			
Requested Action:	New Employee		

Requestor:	Lois Kent	
Employee Name:	Clark Lane	
Employee Email:	clane@healthservicegroup.com	
Requested Action:	Remove Employee	~

CHECK STATUS

"All Entries" will allow you to view all Chisholm denial notices and their status previously submitted by your MCO only. If there is a question about the current status of a notice, you can always check "All Entries" for a status update.

Welcome to Chisholm Prior Auth and Notice Review!
New Chisholm Entry
All Entries
MCO Employee Maintenance
ANNOUNCEMENTS
🗌 🕘 Title Modified
There are no items to show in this view of the "Announcements" list. To add a new item, click "New".
🕈 Add new announcement

If there is a question about the current status of a notice, you can always check "All Entries" for a status update.

Crystal Faison	C158951753	7/3/2019 9:45 AM	Crystal Faison	MARY	7/3/2019	159753852258	No	Corrections Needed
Crystal Faison	125525562	7/3/2019 9:47 AM	Crystal Faison	AFNAC	7/3/2019	1585155821552	No	Submitted
Mark Mathewes	5987	7/3/2019 9:49 AM	Mark Mathewes	Sam Smith	7/3/2019	1238	No	Submitted

Chisholm Notice Checklist

MEM	MEMBER INFORMATION						
Mem	ber Name:						
Addre	ess:						
CC: Support							
Coordinator							
Provider:							
Date of Notice:							
Medi	caid ID:						
Initial	Request	Yes 🗆 No 🗆					
CHE	CKLIST						
	Cleary marked I PARTIAL DENI	DENIAL, PARTIAL APPROVAL, OR AL.					
	Clearly name th	e service or items requested.					
	Specify all rease includes why the policy have not read it and unde for the service).	ecify all reasons for denial or partial denial, which cludes why the criteria of the Medicaid rule and/or licy have not been met. (A layperson should be able to ad it and understand why the member did not qualify the service).					
	Include the spec Rule or policy th	cific language from the section of the ney are using as a basis for denial.					
	Language must possible.	be at a sixth grade reading level if					
	For requests involved how many hours	volving hours of services, clearly indicate s were requested and are approved.					
	Be in twelve-poi	nt font and not in all capital letters.					
	Is Partial Approprocess and aw	val correctly sent while pending PAL atting final decision.					
	In the notice for services/items t explain that an I them in obtainin support coordin	denial/partial denial of any hat are prior authorized, the notice must EPSDT support coordinator can assist g services and how to access an EPSDT ator.					
	If a prior authori denied, provide of those rights.	zation request is denied or partially appeal rights and clearly notify members					
	Reviewed by :		Date:				