Utilization and Care Management Staff Accessibility to Members/Participants and Practitioners Desk Procedure

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) assures access to commercial and Medicare Advantage Care Management including Behavioral Health (BH) staff for members/participants and practitioners/office staff seeking information about the Utilization Management (UM) process and the authorization of care. This information may include, but is not limited to, authorization requests, issues regarding UM decisions and the UM program.

Procedure Detail:

I. NHP/NHIC/NHAS assures access to commercial and Medicare Advantage Care and Utilization Management (CM and UM) staff for members/participants and practitioners/office staff seeking information about the UM process and the authorization of care. This information may include, but is not limited to, authorization requests, issues regarding UM decisions and the UM program.

A. General Facts:

1. UM and CM (commercial and Medicare Advantage) staff, including BH, are available by phone M-F 8:00 AM - 5:00 PM Central Time, eight hours a day (business days) for inbound phone calls (excluding legal holidays).
2. Members/participants and providers have 24 hour/7 day a week nationwide toll-free access to the NHP/NHIC/NHAS Utilization Management department for authorization inquiries, issues and/or requests.
    a. Bilingual language assistance or translation services are available for members/participants, free of charge, to discuss utilization management issues.
    b. NHP/NHIC/NHAS also offers TTY services for deaf, hard of hearing or speech-impaired individuals.
3. Callers may leave a message 24 hours/day 7 days/week. Members/Participants have 24 hour/7day a week telephone access to participating providers for emergency care; NHP/NHIC/NHAS covers emergency and urgent care and does not require prior-notification/authorization for emergency or urgent care/services provided through a hospital facility, including care provided by in-network or out-of-network providers.

4. Members/Participants have 24 hour/7day a week toll-free telephone access to their primary care provider to assist them in determining the urgency of a medical situation and to direct care, as noted on the membership identification card.
5. Members/Participants and providers may speak with UM staff that authorizes care/services during the above noted department business hours.
6. Messages are retrieved at 8:00 AM M-F and periodically during the day (M-F) whenever messages are indicated.
7. Messages are returned promptly by the staff person most qualified to give the correct information. This includes ambulatory and inpatient CM/UM staff and BH staff. Calls may be delegated by professional staff to population health specialists when appropriate.
8. Calls received outside of normal business hours are returned on the next business day or the same business day if received after midnight and before 8:00 AM.
9. The CM and UM departments are available through a local phone number and a toll free 800 number. The combined commercial and Medicare Advantage department (inclusive of behavioral health) has its own local and toll free 800 number. Population Health specialists answer all of the above lines. TDD/TTY services for deaf, hard of hearing, or speech-impaired individuals is available.
10. The CM and UM departments (inclusive of behavioral health) have a dedicated fax number unique to each department.
11. The CM and UM departments accept requests for service, inquires and/or information relative to procedures via phone, fax, courier system or US mail.
12. CM and UM including BH staff identify themselves by name (first), title and name of the organization (Network Health /Network Health Insurance Corporation) when initiating or returning calls. CM and UM hours of operation, phone numbers and directions for contacting the department are shared with members/participants and practitioners in various NHP/NHIC publications including but not limited to: Member/Participant Guide, Provider Directories, Provider Manual, newsletters, etc. The member/participant ID card contains contact numbers for authorization requests.
13. Calls received by the Member Experience Team (MET) departments involving UM processes and requirements (ex: is there an authorization on file, does this procedure require prior authorization, who is a plan provider, etc.) are screened by the MET staff. Those calls requesting authorization of care/services or involving medical information for utilization review processes are transferred to the UM department.
14. CM and UM staff process calls via departmental UM or CM processes and procedures.

Regulatory Body:

NCQA
OCI

Regulatory Reason:

• UM 3
• Section Ins 9.32 Defined network plan requirements (1) (c) 24-hour nationwide toll-free telephone access Wis. Stats. 609.22 (7) Telephone Access

Department:	Origination Date:	Next Review Date:
Utilization Management	06/13/2003	8/1/2027
Revision Number:		
11		
Revision Reason:		
Annual review, transferred to new procedure template, 7/16/18 annual review, 8/5/19 annual review, 7/24/20 annual review, 8/13/21 annual review-no material changes, 10/24/2022- annual review, updates to phone systems reflected in policy, 8/25/23 annual review-no material changes, 8/14/24 annual review-no material changes, 10/9/25 annual review-no material change, 10/23/26 annual review-no material change		