

AmeriHealth Caritas Delaware

POLICY AND PROCEDURE

Supersedes: All previous policies

Policy No: UM.009DE

Page: 1 of 3

Subject: Utilization Management Communication with
HealthCare Providers, Practitioners and
Members

Department: Utilization Management

Current Effective Date: 05/15/2019

Last Review Date: 05/15/2019

Original Effective Date: 01/01/2018

Next Review Date: 05/15/2020

Line of Business: 7100

Scope:

This policy applies to the following AmeriHealth Caritas Family of Companies business operations, referred to within this document as ACDE

- AmeriHealth Caritas Delaware

As necessary to comply with local state regulations, the contents of this policy may be copied into a stand-alone document for a specific business operation.

Policy:

The Utilization Management (UM) Department provides telephone access through a toll-free phone number during normal business hours of 8:00AM-5:00 PM, Monday through Friday EST. After business hours, on weekends and holidays Health Care Providers, Practitioners, and Members may contact the UM department through the Member Services 1-844-211-0966 (TTY 1-855-349-6281). The UM Department maintains a Clinician (licensed behavioral health/substance use disorder professionals and/or Registered Nurse) and a Physician Reviewer on call after business hours, on weekends and on holidays observed by AmeriHealth business operations.

Faxes received after 5 PM EST are considered received the next business day. Notifications of admissions will be accepted next business day.

Purpose:

To define the process for UM staff communication with Health Care Providers, Practitioners, and Members.

Definitions:

See Policy #MM.00IDE Glossary of Terms

See Policy #168.235 HIPAA Privacy Definitions

Procedure:

1. Access to the UM Staff during Business Hours:
 - a. UM department provides and maintains a toll free number for Health Care Providers, Practitioners and Members to contact UM staff. The toll free number is 1-855-396-5770. The UM Department is available to answer calls from Health Care Providers,

Practitioners and Members during normal business hours, 8:00AM-5:00PM EST. Translation and TDD/TTY services are available as needed. Behavioral Health/Substance Use Disorder providers can also call the above toll free number or call the dedicated behavioral health utilization management number at 855-301-5512

- b. The UM's automated greeting advises the caller that he or she has reached the UM Department.
 - c. Callers are directed through telephone prompts to the appropriate UM area.
 - d. If the caller is unable to choose a prompt, the call is transferred to a live person who assists in directing the call to the appropriate party.
2. Access to the UM Staff after Business Hours, on Weekends and Holidays
- a. After business hours and on weekends and holidays, Health Care Providers, Practitioners and Members are instructed to contact the On Call Clinician through Member Services **1-844-211-0966**. Behavioral Health/Substance Use Disorder providers can also call the above toll free number or call the dedicated behavioral health utilization management number at 855-301-5512.
 - b. The Member Service Representative will make a reasonable effort to obtain all of the following information:
 - i. The name and title of the caller
 - ii. Phone or pager numbers
 - iii. Name of the Health Care Provider or Practitioner
 - iv. Member's diagnosis and reason for the call
 - v. Member's name and AmeriHealth ID number
 - c. After obtaining the information above, the Member Service Representative contacts the on-call clinician via the on-call pager or the on-call phone extension (the on-call phone extension passes the call through to the on-call clinician cell phone). If the on-call clinician does not receive the live call from member services, a voice mail notification of the missed call is left.
 - d. If live contact does not occur on Member Services initial contact attempt, the on-call clinician is expected to respond to the Member Service Representative within fifteen (15) to twenty (20) minutes of receipt of the contact.
 - e. The on-call clinician contacts the Health Care Provider, Practitioner or Member as needed to acquire the information needed to process the request in accordance with Policies #UM.003DE, *Non-Urgent and Urgent Care Prior (Pre-Service) Authorization Process*, #UM.002DE *Concurrent Review* and# 168.217, *Minimum Necessary Rule*. All information is recorded in the appropriate information system on the next business day.
 - f. After receiving the necessary information the on-call clinician processes the request using available resources. If the request is approved, the on-call clinician communicates the approval of services to the Health Care Provider, Practitioner and/or Member. If necessary, the clinician collaborates with the Health Care Provider or Practitioner in making necessary arrangements to process the request. The request is entered into the appropriate information system on the next business day.
 - g. If the services requested are for visits or services over an extended period of time, the on-call clinician approves sufficient visits or services to meet the Urgent need. The Health Care Provider or Practitioner is directed to contact the appropriate UM area on the next business day to review the request for continued services.
 - h. If the on-call clinician cannot approve the request using available resources, the request is directed to the on-call Physician Reviewer. The on-call clinician is responsible to call/page the on-call Physician Reviewer to discuss the request.
 - i. The on-call clinician is responsible to call the requesting Health Care Provider or Practitioner with the Physician Reviewer's determination. If the requesting Health Care Provider or Practitioner wishes to speak to the on-call Physician Reviewer, the on-call

clinician is responsible for facilitating communication between the Health Care Provider or Practitioner and the on-call Physician Reviewer. The on-call Physician Reviewer is responsible to communicate the outcome of the discussion with the on-call clinician following his/her discussion with the Health Care Provider or Practitioner.

- J. All information is recorded in the appropriate information system on the next business day.
 - 3. Standard Phone Procedures
 - a. When answering incoming calls, the UM staff uses one of the following greetings:
 - 1. "Hello", or "Thank you for calling" or "Good Morning-Afternoon-Evening"
 - n. You have reached AmeriHealth Caritas Delaware and the appropriate department: Prior Authorization, Concurrent Review, Intake, Behavioral Health or Physician Referral Line. My name is (first name).
 - iii. When making outbound calls, the UM staff uses the following greeting: Hello. My name is (first name). I am a (insert title) calling from the AmeriHealth Utilization Management Department. May I please speak with _____?

Related Policies and Procedures: Policy# MM.OOIDE *Glossary of Terms*
Policy# UM.002DE *Concurrent Review*
Policy# UM.003DE *Non-Urgent and Urgent Care Prior (Pre-Service) Authorization Process*
Policy# 168.217 *Minimum Necessary Rule*
Policy# 168.235 *HIPAA Privacy Definitions*

Superseded Policies and Procedures: Source Documents and

References:

Delaware MCO Contract 2018 10.12.2017
MCO Standards for Accreditation -National Committee for Quality Assurance (NCQA), UM 3

Attachments: None

Approved By:

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