

## SECTION R – CUSTOMER SERVICE

*R.1 Provide a narrative with details regarding your member services line including:*

### **LHCC Member Services: Providing a Supportive Relationship to Members**

Louisiana Healthcare Connections' (LHCC) Customer Service Department, operating in Baton Rouge, provides members and their authorized representatives culturally competent assistance with their inquiries, such as how to access covered services and their Medical Home, and assists them with education and first call resolution on a range of topics such as Value Added Services, pharmacy, transportation, our Case and Disease Management Programs, obtaining ID cards, using the online secure Member Portal, and community resources.

Our toll free number listed prominently on the member ID card, all member materials, and our website, connects members to personal service from expertly trained Customer Service Representatives (CSRs)

*“Our CSR Candace helped a new member obtain a prescription, select a PCP, and set up a personal account on our Secure Member Portal. That’s great service and excellent new member engagement!”  
- Mia, Customer Service Supervisor*

who respect our members’ time, dignity, and privacy. Our CSRs understand Louisiana communities and cultures, and provide high-touch service aimed at offering more than answers to member inquiries. They provide education, remove barriers to accessing needed services, and anticipate our members’ needs, employing a host

of member engagement tools. To support a single point of accountability and immediate resolution of any member issue, CSRs quickly bring together the member and any needed LHCC staff, including our dedicated Case Management Teams and MemberConnections™ Representatives (MemberConnections). The ability to provide these linkages creates a supportive, relationship-driven service model that minimizes hold time and repetition for the member, and creates “no wrong door” for any inquiry.

Our member call center is fully staffed Monday through Friday (except state-declared holidays) from 7 a.m. – 7 p.m. (Central Time). After hours, on weekends, and on state-declared holidays, NurseWise, our URAC-accredited 24/7 nurse advice line affiliate, answers our phone line to provide members with administrative assistance as well as nurse advice. NurseWise staff receive the same training, follow the same protocols, and document in the same system as our CSRs.

Our response below provides detail on:

- The staffing and supervision of our Customer Service Department
- Our integrated, sophisticated technology supporting call distribution and management, member data management, information repositories, and technology integrated at the desktop for immediate delivery of accurate information
- The robust comprehensive initial and ongoing training program we provide to our staff
- The process for escalating critical calls for assistance and resolution, including calls for assistance in obtaining needed medications
- Processes and technology to assist callers with special communications needs
- Our *best practice* Call Quality Assurance Program to monitor and ensure information accuracy
- Our *best practice* ReConnect Program that helps LHCC identify, educate and engage members who demonstrate the greatest need for information and customer service
- Our innovative method for real-time monitoring of performance metrics via IEX Workforce Management (IEX) to ensure we adhere, and often exceed, DHH performance standards

- *Community Connections*, our searchable data base for interaction with other important customer service lines
- Procedures for after hours service, including 24/7 live voice answer for administrative and clinical concerns through NurseWise and our web and mobile-based applications.

Louisiana Healthcare Connections (LHCC) understands and will comply with all DHH requirements for Member Call Center operations, ACD system, training, and call center standards, including but not limited to Section 12.15 Member Call Center, Section 12.16 ACD System, Section 12.18 Oral Interpretation and Written Translation Services, Section 12.5 Marketing and Member Materials Approval Process, Section 12.10 MCO Website Guidelines, and all other relevant contractual and regulatory requirements.

### **Our Customer Service Team and Responsibilities**

**A Louisiana Team Providing Service to Louisianans.** LHCC’s experience as an incumbent shows that understanding local geography, patterns of care, and issues of local importance is critical to creating a comfortable experience for members who call our Customer Service Team. To provide the best service, our CSRs, management and support staff, located in Baton Rouge, mirror the culture and diversity of our State and membership. All of our Customer Service staff were born in or are long-time residents of Louisiana, and all Supervisors completed their higher education in Louisiana. Our Director, also a life-long resident, received her undergraduate and graduate degrees from Louisiana State University and A&M College. When recruiting new employees, we use the Louisiana Workforce Commission as a valuable resource for referral to available local and in-state talent.

This local presence helps us respond accurately and appropriately to our members’ inquiries, which go far beyond requests for health plan information. Our members call, for example, with concerns whenever Medicaid, the Affordable Care Act, or other major health delivery topics are in the news. Our call center continues to receive many inquiries due to the public discussions surrounding the privatization of the Louisiana State Hospital system, since news articles and broadcasts often refer to “Medicaid financing plans.” Our CSRs are able to reassure members that their benefits and access are not part of these discussions, and can reference the same local media stories our members see and hear.

During the closing of Earl K. Long Hospital in 2013, CSRs assisted members not merely by redirecting them to other providers, but by providing details about the landmarks the member should follow from home to the new location, and we reminded members to call us with any other concerns or rumors. This knowledge of and attention to local detail, we believe, makes our members more comfortable seeking the information they need from us, and more willing to use us as a trusted partner to help them access their health benefits.

### **Our Customer Service Department**

**Growing to Meet Expanded Needs.** Based on our membership projections and staffing forecasts, LHCC expects to hire additional staff across all roles in the Customer Service Department. These new staff members will all locally recruited and trained in Baton

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**LHCC’s call center staff turnover rate year-to-date is only 6% against an industry national average of 30%.**

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Rouge, to maintain outstanding customer service and meet the enhanced DHH performance standards under this contract. The staffing levels in this response include the additional anticipated staff to be hired to support this new contract.

LHCC’s **Customer Service Representatives (CSRs)** are at the heart of our responsiveness to members. LHCC will employ 31 CSRs serve as designated member call center staff. CSRs serve as an integral link

between the member and all covered services, and provide consistent, local support. In 2013, LHCC experienced a call center staffing turnover rate of only 12% and a year-to-date turnover rate of 6% against an industry average rate of 30% for call center employees, as reported by an industry leader, *Oracle Best Practice Guides 2012*.

A specialized subset of the CSRs, **Member Advocates (Advocates)** resolve member issues that are complex, require investigation, or necessitate multiple out-bound calls. Advocates investigate and resolve member inquiries on billing, and on access and cultural sensitivity issues identified by Customer Service staff, advocacy organizations, and members. Advocates also conduct our *ReConnect Program*, described below.

Two **Workforce Analysts (WF Analysts)** monitor real-time call center activity and work with management to initiate necessary staffing and schedule changes to ensure sufficient coverage for all inbound callers. The WF Analysts analyze call volumes, call trends, and staff productivity, and provide management with call center reports and recommendations to enhance forecasting models.

Three **Quality Specialists** administer our Call Quality Assurance Program described below, evaluate staff performance to ensure accuracy, provide immediate and ongoing coaching, and make recommendations for new skill development based on quality audit trends.

Our **Health Plan Trainers (Trainers)** develop the content and methods used to deliver the initial training curriculum, provide management with reports to assess staff development of required skills, and drive ongoing training content directed by trend analysis and cross-organizational need.

Seven **Customer Services Supervisors (Supervisors)** oversee daily functions of the call center to ensure proper staffing, effective hiring, compliance with performance standards, coaching, and career development. Working as a team, they identify workflow issues, provide analysis, and recommend opportunities for improvements. They also review and respond to escalated and complex inquiries.

#### The **Director, Customer Service**

**(Director)** oversees all enterprise-wide activities and strategic planning for our member and provider in-bound call centers; approves all policies and procedures; and ensures the department's compliance with required policies, guidelines, and contracts. The Director also provides cross-functional integration by ensuring consistency in our technologies, training programs, policies, and interface protocols.

*"As soon as I see an article mentioning Medicaid in The Shreveport Times or The Advocate, I know our members will call immediately with concerns about 'How does this affect me?' Reassuring our members and explaining the background of what they see reported in the local media are integral to LHCC member service."*

*- Joshua, Customer Service Supervisor*

### **Technology as a Platform for Efficient, Accurate Service**

To speed communications and ensure delivery of accurate information, LHCC uses the **Avaya Call Management System (Avaya)**, which provides seamless call answering, reporting, monitoring, and transfers. In complete compliance with the contract standards in Section 12.16. ACD System, Avaya provides historic data for analysis and reporting, and additionally provides real-time data for continuous monitoring via our integrated **IEX Workforce Management** application (described below). Our **Interactive Voice Recognition (IVR)** self-service features allow members to verify eligibility and obtain their PCP's name and phone number, request a replacement ID card, and check the status of a claim 24/7 using voice or push button prompts. For convenience, our IVR provides callers with a direct transfer to NurseWise for 24/7 nurse advice, to our Health Coach Program for advice and support, and to the Statewide Management Organization for behavioral health. CSRs also can provide warm transfers to all subcontractors as requested.

To further enhance our members' ability to obtain timely information and assistance, in 2015 we will incorporate *Click-to-Call* technology into our website. With this feature, when a member clicks the telephone icon on the LHCC website and enters their number, the call tracking system automatically dials the number and routes the call to a CSR for immediate personal service. According to a 2012 research study of health care consumers by Oracle, the global leader in IT solutions, 80% of consumers prefer to speak to a CSR for their health care information even when using a website, and 22% prefer "*Click-to-Call*" for online convenience.

CSRs document all calls in **Member Relationship Management (MRM)**, our innovative Member Services inquiry, tracking, workflow, and data management system. Expanding on the latest in **Customer Relationship Management** technology, MRM is a comprehensive member data integration platform that securely receives, validates, integrates, manages, transmits and reports on all levels of member demographic information. It combines State-supplied data with member self-reported information to create the "system of truth" for all member information providing, for example, demographics, special needs status, language(s) spoken, current and previous Care Managers, Care Gap, and wellness messages tailored to the member. MRM also supports **Unified Member View**, which links together all enrolled family members across multiple enrollment spans with LHCC allowing, for instance, the CSR to confirm all family member telephone numbers and email addresses, and identify needs across family members.

*o Training of customer service staff (both initial and ongoing);*

### **Training for Outstanding and Personal Service Delivery**

LHCC's Customer Service new hire training program, conducted in our Baton Rouge office, employs adult learning principles to accommodate all learning and thinking styles; and includes classroom, computer, online, and hands-on training with interactive modules, videos, and role-playing. It also incorporates quizzes to test knowledge and participation from experts throughout LHCC, such as Pharmacy and Case Management staff.

A core goal of our three-week Customer Service training for CSRs answering member calls is to develop acute staff understanding and sensitivity about the cultural, social, and other challenges so many of our members face. All trainees must successfully complete our Cultural Competency Training Program upon hire, and semi-annually thereafter. The program, based on all 15 of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), reviews the challenges facing many of our members, such as low literacy, limited mobility, behavioral health and other disabilities; Limited English Proficiency; and lack of shelter, food, and social supports. We also require disability sensitivity training, including topics on People First Language, the Americans with Disabilities Act, misconceptions about persons with physical and behavioral disabilities, and the impact of poverty on our membership. This training is especially important since our Customer Service staff are often called upon to help identify community resources and supports for members.

**Customer Service Core Training.** The three core modules for our Customer Service training, briefly described below, focus on tools, techniques, and available resources. In *every* module, we highlight techniques staff can deploy to engage members in personal responsibility and self-management of their care, remove barriers to access, and promote healthy behaviors through outreach and education.

## LHCC Customer Service Core Training Summary

### Fundamentals

- **Customer Service Tools.** Customer service and telephone etiquette; active listening; the Avaya Call Management System; *Click-to-Call*; the MRM inquiry tracking, documentation and workflow system; warm transfers to other departments, such as Case Management; three-way calls for language translation and with Louisiana Relay; Enterprise Instant Messaging enabled by presence detection; *Open Chat* intra-departmental communication; use of *Community Connections*, our searchable desktop database for community, government, and advocacy health and welfare supports.
- **Serving Members 101.** Ethics and Compliance; conflict resolution; quality improvement initiatives; cultural competency and disability awareness, including use of People First language; review of Louisiana geography; specific cultural and language communities within the state; motivational interviewing skills to capture a member’s total needs; and role-playing for cultural awareness and sensitivity.
- **Detailed Review of Internal Departments.** Organizational structure; roles and responsibilities, including presentations from our Customer Service Quality Specialists, as well as from Pharmacy, Case Management, Provider Relations, and our HEDIS Team; details on clinical programs; role of the medical home; member supports through MemberConnections™, Advocates, and the Grievance and Appeals process.
- **Claims and Prior Authorizations (PA).** Reimbursement models; Prior Authorizations; claims review and use of AMISYS Advance; procedures to assist members who receive bills for covered services; pharmacy look-up.
- **Website and Applications.** Use of secure Member and Provider Portals and self-service features (i.e., ID card replacement); navigation of the Provider Directory and mapping; screen-sharing and co-browsing functionality; all mobile applications, materials, links, and member engagement web-based and mobile tools.
- **Subcontractors.** Roles and scope of responsibility; interface protocols with special attention to behavioral health and non-emergency medical transportation (NEMT), including when/how to escalate same day NEMT calls to supervisor.
- **Legal.** HIPAA and confidentiality of member information; detection and reporting of fraud, abuse, and waste, and marketing regulations and restrictions.
- **Emergency Management Protocols.** Protocols for responding to a natural or man-made disaster, LHCC Emergency Management Plan.

### Programs

- **Medicaid 101 and Introduction to Bayou Health.** Program’s history; service areas; understanding managed care and the differences between fee-for-service Medicaid and full risk managed care networks; eligibility, including voluntary populations; the enrollment process; and role of the Enrollment Broker.
- **Accessing Services.** Role of PCP; PCMH; and all specialty services, including specialized behavioral health.
- **Review of benefits.** In-depth review of Covered Services, including limitations and exclusions, basic and specialized behavioral health; contractual accessibility timeframes; NEMT and how to access; the importance of the medical home and coordination of services through the member’s PCP; Value-Added Benefits, including CentAccount™; NurseWise, including how and when to access.
- **EPSDT.** Importance of periodicity schedules for preventive services and how to discuss with members.
- **Member materials and education.** Detailed review of the Member Handbook; all member materials; wellness and disease prevention materials; annual marketing and member education plan, with focus on marketing restrictions; LHCC targeted campaigns on wellness and disease prevention programs, such as Start Smart for Your Baby® and HEDIS Wellness Days (organized efforts to encourage members to

### LHCC Customer Service Core Training Summary

participate in needed screenings, along with family-friendly activities and healthy snacks).

- **Case Management and Disease Management Programs.** Details about, and importance of, all Case Management and Disease Management Programs; the role of LHCC’s Case Management Teams; how and when to warm transfer members, including all calls about/from members in foster care; and the Health Risk Screening process.

### Job Functions

#### How to:

- Serve as subject matter experts on covered services; direct members appropriately for non-covered services
- Conduct verification of identity, HIPAA screens; understand member confidentiality, member’s rights and responsibilities.
- Assist new members through transition period; assist with scheduling appointments for screening and preventive services, including EDSDT; and deliver Care Gap and Wellness Alert information.
- Follow protocols for urgent and emergent physical and behavioral health calls and how to escalate; how/when to warm transfer to other internal/external departments for urgent needs and to escalate to a supervisor; protocols for Prior Authorization and pharmacy inquiries.
- Locate PCPs and other providers, including specialists; assist members with appointments, PCP changes, demographic changes, ID card replacement, member materials, etc.
- Conduct claims look-up; gather information for coordination of benefits; and explain the PA process, CentAccount™ and other Value Added Benefits, etc.
- Assist with transportation needs and same day transportation issues; process requests for Grievances and Appeals; obtain medical appointment translation and interpretation services; and arrange for member materials in alternative formats/languages.
- Expertly execute use of all desktop technology and communications tools, LHCC mobile applications, Provider and Member Portals, and enhanced screen-sharing capabilities.
- Direct members appropriately for non-covered services: to the Medicaid Eligibility Office for eligibility questions, the Enrollment Broker for enrollment questions, and to the Hotline for Fraud, Waste and Abuse.
- Meet/maintain call documentation, job, and department performance standards.
- Deliver prompt, courteous, warm, accurate service to all callers, and employ all customer service and cultural competency training during member interactions.

Additionally for Advocates: How to conduct *ReConnect Program*; investigate/resolve member billing issues; investigate/resolve member accessibility and cultural sensitivity concerns, including referral of accessibility concerns to Provider Relations.

To evaluate the effectiveness of our initial training, we survey new employees 90 days after hire to assess their training experience and its applicability to their jobs, and to obtain information that will improve training as needed.

**Job Shadowing.** New hires job shadow experienced staff during the training period in order to see the functions they learned immediately deployed during a member call, re-enforcing the material. After successful completion of coursework, new staff observe live calls with the Trainer, and then take member calls while being observed by the Quality Specialist. After the initial three-week training course, the Quality Specialist observes the new hire, first side-by-side and then remotely. The Quality Specialist continues this shadowing and observation for at least one month or until the Supervisor is satisfied with the trainee’s customer service, accuracy, and thoroughness, based on the performance measures in our Call Quality Assurance Program (see details below). In addition, Advocates receive a mentoring period of no less than 10 days with a tenured staff person to translate learning into on-the-job skills.

**Ongoing Training.** For urgent matters, such as contract or network changes, staff receive immediate electronic notification at their desktop stations. **Weekly**, CSRs and Advocates receive “Quality Tip Sheets,” one page customer service and program information reminders (such as *Always Thank the Caller* and *Verifying Resolution with the Member*), and receive training on trending issues at the weekly staff meetings. **Monthly**, our Trainer provides required instruction on topics such as Identifying a Customer’s Needs, Answering Questions during Open Enrollment, and New Member Transition.

To support staff professional development and individualized continuing education, we also provide online training modules developed by our parent company Centene and available 24/7 from Cornerstone OnDemand. This global leader of cloud-based talent management software delivers targeted learning programs that allow us to provide specialized course development, real-time assessment with guided correction, and flexible scheduling tied to training frequency and completion of requirements. Our Trainer recommends courses for CSRs and monitors progress. Available courses include topics such as *Handling Difficult Situations* and *Developing a Service Mentality*.

To provide a foundation for ongoing staff training in areas such as the impact of poverty on Louisiana health disparities, our Trainer participates in training programs provided by our subcontractors, such as Nurtur, our chronic care/disease management affiliate; and community and advocacy groups, such as Louisiana Assistive Technology Access Network (LATAN). Our Trainer evaluates the appropriateness of such externally driven course material for presentation to Customer Service staff and incorporation into our ongoing training curriculum.

#### *o Process for routing calls to appropriate persons, including escalation;*

### **One Call—Many Solutions**

Our self-service Interactive Voice Recognition (IVR) system greets callers and offers push-button and voice activated prompts in English and Spanish. The IVR also advises callers to immediately hang up and dial 911 if the call is an emergency. Callers may say “agent” for a CSR; “nurse” for NurseWise; or “behavioral health” to be connected with the Statewide Management Organization for behavioral health. Calls normally are *not* routed among LHCC call center staff because all staff use the same desktop and online resources, and complete the same initial and ongoing training to maintain quality and accuracy. When a call transfer is necessary, all transfers are “warm,” during which the CSR stays on the line and introduces the member to the appropriate staff person to ensure continuity and eliminate repetition for the caller. We train and equip our CSRs to answer most member inquiries, reducing the need to route a call internally and increasing first call resolution. Special circumstances that require routing for escalation are described below.

*Our IVR offers a best practice “stay on the line” feature, connecting any caller who does not respond to the voice or push-button prompts to a CSR for safety.*

**Escalation for Emergent Situations.** CSRs are trained at hire and annually to identify situations indicating an emergency, such as vaginal bleeding during pregnancy, seizure, or poisoning. CSRs also listen for key words indicating an emergency, such as member voice volume and tone, and other indicators of stress. A CSR who suspects the member has an emergency will use *Open Chat* to bring a Supervisor to the workstation immediately to assist; and place a three-way call to 911, remaining on the line with the member for safety. If the member lives in an area not serviced by 911, the Supervisor will assist in connecting with other emergency options, such as local fire or police departments, or hospital-affiliated ambulance services.

**Escalation for Urgent Situations.** CSRs are not trained in or authorized to conduct clinical triage, so their assumption must always be that a caller who seems to be in distress *is* in a potentially urgent

situation. As soon as the CSR detects that a call may be clinically urgent, the CSR warm transfers the member to LHCC Case Management, where a Registered Nurse provides advice and support. If the CSR determines through MRM that the member is in active Case Management, the CSR warm transfers the member to the designated Case Manager for immediate assistance. This practice ensures that members in Case Management receive a consistent, appropriate response tailored to their medical history.

**Escalation for Pharmacy Issues.** CSRs are trained to provide extensive general education to members on issues such as pharmacy benefits, pharmacy locations, and Prior Authorizations. In cases where immediate attention to a pharmacy need is required, CSRs use our *Route & Resolve Process* for pharmacy issues and warm transfer members directly to the LHCC Pharmacy Department Team for assistance. CSRs also escalate calls to Supervisors for immediate resolution when a newborn or new member is not yet in the pharmacy system (Please see R.3 – Member Services Scenario for detail).

**Escalation for Fraud, Waste, and Abuse (FWA).** Staff from the LHCC Program Integrity Division train our CSRs at hire and annually in the importance of and their role in immediate, confidential reporting of FWA concerns. We educate our members about FWA prevention in our Member Handbook, quarterly member newsletters, and new member Welcome Calls. If a member calls Customer Service with a FWA concern, the CSR warm transfers the member to our FWA Hotline, operated by a third party specializing in confidential assistance to corporations for anonymous reporting of FWA, or provides the toll-free number. In 2015, with DHH approval, our IVR will offer a voice and push-button prompt to immediately connect callers who wish to report instances of suspected FWA to the Hotline. For details on our FWA program, please see Sections V.1 and V.2.

*The type of information that is available to customer service staff and how this is provided (e.g., hard copy at the person's desk or on-line search capacity);*

### **Integrated Desktop System for Speedy, Accurate Delivery of Information**

**Information Available at the Desktop.** Virtually all information CSRs need is available at their fingertips. CSRs have access, at the desktop, to our repository that integrates member specific information housed in the *Customer Relationship Management (CRM)* component of MRM, and needed plan documents available through our enterprise Intranet. This information includes, but is not limited to:

- All member eligibility and service history information, including Care Gaps and wellness alerts, family linkages, call history, claims history, authorizations, COB/ TPL updates, etc.
- Pharmacy claims history, authorization status, last fill date, and pharmacy name
- Name of Case Manager, message flag for difficult-to-reach member for warm transfer to Case Manager
- All provider demographics (hours of operation, panel status, languages spoken, etc.)
- Member materials, including educational materials, Member Handbook, Provider Handbook, schedule of member and marketing events
- LHCC website, Member and Provider Portal, all applications, interactive features, and social media
- Industry coding manuals
- *Community Connections*, our community resource guide (see below)
- Policies and procedures, subcontractor information, work flows, scripts, training guides, Quality Tip Sheets, important internal and external contact names and phone numbers (i.e., NEMT escalation, Bayou Health Enrollment Broker, Medicaid Eligibility Office, Medicaid Waste, Abuse and Fraud phone numbers).

Other systems integrated at the CSR's desktop include:

- *Centene Document Management System (CDMS)* our automated content management system designed to manage inbound and outbound paper and fax document traffic
- *AMISYS Advance* for medical and behavioral claims processing information
- *Open Chat*, intra-departmental, all-day open forum that allows communication among all call center staff and Supervisors
- US Script, Inc.® database
- *Enterprise Instant Messaging* with presence detection
- *Compliance 360* for policies and process
- Web and mobile platform co-browsing and screen-sharing technology, which, with the user's permission, allows a CSR to share the user's web screen to assist in navigation, and brings web-initiated telephone calls to the CSR

Staff also have *IEX Total View WebStation* (WebStation) at their desktop to view all staffing schedules and personal performance statistics. Integrated with IEX, WebStation displays the CSR's performance metrics, along with pop-up scheduling alerts and an online bulletin board that keeps staff informed of schedule changes, and gives them some control over upcoming schedules based on their personal needs.

***o Process for handling calls from members with limited English proficiency and persons who are hearing impaired;***

**For Non-English Speaking Callers.** LHCC's IVR system greets callers in English and Spanish, and offers all self-service options, like obtaining an ID card, in both languages. If a caller selects Spanish, the ACD routes the call to our English/Spanish bilingual staff or, if no Spanish-speaking CSR is available, alerts the CSR that the caller requires interpreter services. For Vietnamese, Spanish, and all other languages, the CSR immediately accesses Voiance, our language interpretation subcontractor. Voiance provides professional translators for more than 200 languages meeting all CMS, HIPAA, and ACA regulatory requirements. Year to date, less than 1% of all callers spoke languages other than English. Of those requesting service, 89% spoke Spanish followed by 5.6% who spoke Nepali.

*Advocates arrange for in-person translation services* for member's health care appointments via Voiance. LHCC discourages the use of children as their parent's translator, especially when PHI or clinically complex issues are discussed.

**Services for Callers with Hearing Impairments.** LHCC's TTY/TDD line using Louisiana Relay is displayed prominently in our Member Handbook, on our website and in member educational materials for members with hearing impairments and/or other communication disorders. LHCC trains staff in the use of, and proper etiquette for, these services (such as speaking to the caller and not the interpreter) upon hire and annually thereafter. Advocates arrange for American Sign Language in-person interpretation services for member's health care appointments through Sign Language Services International, Inc, serving the entire state through offices in Baton Rouge.

**For Callers with Any Communication Issue.** For callers with physical, cognitive, or communication impairment, LHCC uses a *best practice* "stay on the line" feature, which automatically connects a caller to a CSR if the caller cannot press phone keys or respond to menu options. For our callers' convenience, a caller may say "agent" at any time and be connected to a CSR immediately.

**For Callers after Hours.** After hours, more than 60% of NurseWise staff answering our member call center calls are bilingual for English/Spanish. For other languages, NurseWise accesses Voiance. NurseWise also answers our TTY/TDD line. Our self-service IVR features are available in Spanish 24/7.

*o Monitoring process for ensuring the quality and accuracy of information provided to members;*

**Ensuring Quality and Accuracy during the Member Call.** To ensure each CSR is delivering accurate and exceptional service, we monitor our CSRs through our customized *Call Quality Assurance (QA) Program*. As part of the QA Program, Our Quality Specialists audit at least 10 calls per CSR each month using our *Call Witness* audit tool, which is integrated with Avaya. *Call Witness* records each phone interaction for review against our call audit criteria, which includes accuracy, effectiveness (such as asking probing questions to determine the full scope of a member’s needs), cultural appropriateness, and delivering appropriate education during the call.

*Call Witness* also records the simultaneous use of desktop resources during the call, allowing appropriate staff to audit the accuracy of the information provided. For example, the Quality Specialist determines whether the CSR reviewed the member’s MRM record as the “system of truth” for correct delivery of Care Gap information, previous related call history, and special needs. The CSR’s documentation of the call, review of existing notes, and review of any alerts in the member’s file are part of the audit report card. Any score on an individual call that falls below 90% triggers review and retraining. Any discourteous statement to a member is an automatic fail and the CSR is removed from taking calls for immediate retraining. **In 2013, the monthly call audit scores for our CSRs were consistently above 94%.**

Our Customer Service Supervisors also audit calls in real time through *Service Observe*, for example, when an inquiry regarding a Prior Authorization is complex. As the CSR delivers information obtained through MRM from Utilization Management, *Service Observe* allows the Supervisor to review the completeness and accuracy of delivery, and assist the CSR via *Open Chat* with any follow-up information the member may require, without disturbing the flow of the call or putting the caller on hold.

**Timely, Consistent Feedback.** Supervisors and CSRs receive audit results immediately, and results feed to each CSR’s monthly personal audit report card. Using a Call Center Optimization Forum *best practice*, Supervisors review the audit results monthly with each CSR to compare individual performance to department performance goals. Supervisors assure inter-rater reliability in the *QA Program* with a monthly quality call calibration session using random calls. In addition, CSRs participate in a quality rebuttal program, reviewing and scoring sample calls, as a training exercise and to ensure fairness and accuracy.

*Call Witness* archives calls up to 90 days so we can incorporate “live” call examples into training, as well as investigate and address a caller’s complaint. Specialists develop trend analysis for subsequent training refreshers, missed opportunities, or individual counsel.

Supervisors, Quality Specialists, and WF Coordinator meet weekly to discuss service trends, identifying any that require improvement (e.g. inadequate documentation), provide correction, and monitor weekly to ensure improvement.

**Ensuring Accuracy and Service to the Members with the Greatest Customer Service Needs.** As a Bayou Health incumbent, we have learned that some members exhibit a need for more significant levels of customer service. They call Customer Service more frequently, often with multiple issues, and require more detailed assistance with their administrative and health inquiries. To provide comprehensive service and encourage self-advocacy and engagement for these members, in 2013 we developed and deployed our *ReConnect Program*.

Through *ReConnect*, our Advocates telephone members who placed multiple calls to the call center in a selected previous timeframe (one week to one month) as a quality check on our initial service delivery. This *best practice* outreach, as cited by Service Quality Management Group, a national leader in benchmarking and tracking for first call resolution and customer service including in health care, offers a gentle, friendly method of follow-up with members. Through *ReConnect*, our Advocates proactively

engage these members, provide personal attention to determine if the initial resolution and education were sufficient, and offer additional service as needed.

The Advocate first reviews the call documentation for each inbound member interaction, and then calls the member to discuss each issue, making certain that each was resolved accurately and to the member's satisfaction. This personal outreach encourages a level of comfort with the member that enables them to discuss other concerns, express additional need and obtain information. The Advocate resolves any remaining issues, provides any additional service needed, offers specific member education and/or determines if the member needs a referral for one-time or ongoing case management, and explains all LHCC benefits and services. If necessary, the Advocate warm-transfers the member appropriately and with the member's consent.

In *ReConnect*, Advocates also review the daily call report from NurseWise, which answers after hours calls, and re-contact any member who required administrative support (such as a new ID card or PCP phone number) to ensure the member received all needed services and support.

Post-call, the Advocate sends a personally handwritten note to the member, thanking them for the opportunity to provide service, and includes a reminder that Customer Service is always available to help. The Advocate documents any additional service and the *ReConnect* call in the member's record, and provides feedback to management regarding the interaction.

*ReConnect* provides a snapshot of our service delivery to the members most in need of personal assistance. For example, year-to-date, 97.5% of members reported that they were satisfied with the resolution of each of their initial calls to the call center. Management uses information gathered during *ReConnect* for quality improvement, individual and group CSR training, and as an "early warning" system to uncover any procedural or accessibility issues members have identified.

*Through ReConnect, Advocates personally contact members who have called LHCC frequently or have unique identified administrative needs to ensure customer satisfaction.*

Beginning in 2015, we will pilot *ReConnect* for members who place multiple calls regarding non-emergency medical transportation (NEMT) issues unrelated to Grievances. Through the pilot, we will attempt to identify and remove barriers to service in a proactive manner, by offering education, and ensuring that our transportation subcontractor has relevant information about the member. For instance, members sometimes have cultural or language preferences for a particular type of driver, but are reluctant to report that to the transportation vendor. They may have a hidden disability (for example, behavioral or neurological illness) that requires certain sensitivity. Some members may require NEMT on an ongoing basis (for physical therapy, for instance) or may not fully understand that NEMT is available for urgent care.

Advocates will use motivational interviewing techniques to uncover special circumstances or needs, and document in MRM for future assistance. They also will explain the mileage reimbursement program for transportation provided by friends and family and, when necessary, mail reimbursement forms. Advocates will submit information regarding particular member need or circumstance to our Transportation Coordinator, who will coordinate with our NEMT subcontractor to ensure appropriate service is delivered. Should a member have other access barriers, the Advocate will warm-transfer the member to Case Management as needed, for instance, if one-time service coordination might be warranted or if the member has an ongoing barrier to access not related to transportation.

The Director will review the results of the pilot with the Quality Assessment and Performance Improvement Committee and determine next steps based on pre-determined criteria for success, including reduction in missed transportation appointments and increased satisfaction of the pilot group.

*o Monitoring process for ensuring adherence to performance standards;*

LHCC monitors and maintains compliance with all DHH performance standards for member call center operations, and has a history of surpassing standards. For example, our systems are designed to ensure that no caller receives a busy signal, and calls do not go unanswered or drop into a voicemail box during regular business hours. We also do not place time limits on call duration. Finally, we submit all required call center policies and procedures to DHH for written approval prior to implementation, and report on all metrics as required.

**Adherence to Performance Standards through Continuous Analysis and Predictive Modeling.** To maintain appropriate staffing levels that meet or exceed DHH performance standards, LHCC uses our innovative **IEX Workforce Management System (IEX)** to create a responsive, scalable call center. Based on years of call data analyses from LHCC and other Centene affiliate health plans with similar populations, IEX factors in historical call duration, call patterns including seasonal variations, market maturity, open enrollment periods, and program features specific to Louisiana to adjust staffing and maintain standards.

Since IEX captures call activity in real time, our WF Coordinator can monitor and trend call waiting and hold times, speed of answer, and queues in 15 minute increments, if necessary, to maintain standards. This continuous analysis of call trends and productivity allows the WF Coordinator to adjust staffing, breaks, and meetings to maintain standards that exceed DHH requirements. For example, in 2013, our average speed of answer to *live voice* was *under seven seconds*, and **our average total call hold time, defined as the sum of all hold time during one call, was under two minutes**. This performance far exceeded DHH's standard in this contract for an *individual episode of hold time* of three minutes or less. That immediacy of response is especially important to a population that often has experienced neglect or disrespect in other industries. Please see our response to Section R.2 for monthly details on our call center performance.

Our IEX model also accounts for variations in program and call-type complexity, allowing us to create better service performance to standards than using static CSR to member ratios. This *predictive* modeling allows us to forecast staffing needs and maintain metrics adjusting for both the size and type of membership. For instance, our models show that achieving first call resolution service to dually eligible members requires a higher FTE to member ratio than for TANF members, due to complexity of benefit structure and the potential impact of disability.

This sophisticated modeling enables us to forecast staffing needs to maintain DHH's rigorous standards during rapidly changing situations, such as during an open enrollment period. In addition, IEX technology allows us to adequately staff for "shrinkage," caused by activities such as post-call documentation, staff training and meetings.

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***In 2013, our CSRs answered callers in less than seven seconds on average.***

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During new contract implementation or program expansions, IEX analysis of LHCC and affiliate data shows that we may need to increase staffing over normal levels by as much as 20% in our Baton Rouge call center initially. This increase will accommodate potential increases in call volume and longer call times required to explain program features and, for example, value added benefits to newly enrolled members. This IEX predictive capability allows us to train and staff appropriately in advance.

When local business functions are interrupted, such as during severe weather, we also can call upon additional support to ensure we can maintain performance standards through our **National Service Center (NSC)** in Atlanta, Georgia. The NSC answers all calls using the same systems, staff receive the same training as our staff, and staff can access the same member information. Please see Section W.3 for additional details about our Business Continuity/Disaster Recovery Plans.

***o How your customer service line will interact with other customer service lines maintained by state, parish, or city organizations (e.g Partners for Healthy Babies, WIC, housing assistance, and homeless shelters); and***

Members often contact LHCC for non health-related services and information, such as housing supports, food pantries, community support groups, etc. In such cases, CSRs assist members with accessing information and outreaching to the appropriate customer service line or organization.

To provide complete responses to service inquiries related to all health, education, welfare, advocacy, governmental, and aid services, LHCC has created and launched ***Community Connections***, a searchable database of organizations supporting Louisiana Medicaid enrollees. This information includes details related to the customer service lines for organizations such as WIC, faith-based organizations, outreach programs run by community groups such as the Urban League, and disability support and awareness groups such as Autism Society of Louisiana and Jefferson Parish Human Services Authority.

*Community Connections* promotes quick retrieval of information by category of resource, so that our CSRs can attempt to *warm transfer* to the organization’s customer service line and/or provide the member with detailed information related to the organization’s services, locations, contact names and numbers, etc.

In 2015, LHCC will add *Community Connections* to our website, encouraging members to research services on their own, thus promoting personal responsibility and member engagement in their own wellbeing.

If a member has family, environmental or other resource issues that may indirectly affect their ability to appropriately access health care services, or if the member requires unique research for their particular need, the CSR refers the information about the member’s situation to MemberConnections staff in the field throughout Louisiana, who research local solutions for specific personal needs, such as job training or advocacy supports.

***o After hours procedures***

After hours, members who call our toll-free number may immediately connect with a NurseWise Representative for administrative services, or a Registered Nurse for nurse advice and/or medical triage. Members may also leave a voicemail message, which will be returned by LHCC staff within one business day. NurseWise’s 58 Louisiana licensed Registered Nurses (RNs) help members with immediate physical and behavioral health concerns make informed decisions. NurseWise has immediate access, when needed, to LHCC’s Medical Management staff, including our Medical Director, through an after-hours on-call assignment roster. At the end of each shift, NurseWise sends an Activity Report to LHCC’s Medical Management Department, including inquiries requiring follow up no later than the next business day. After hours, members also may use voice or push-prompt in our IVR system for PCP assignment, ID card replacement, and other self-service features.

**24/7 Access to Services on LHCC’s Website and Mobile Applications.** After hours, members can access important health and wellness information and administrative functions on our public website, and in our secure Member Portal. On the public pages of LHCC’s website, members will find benefit information, a full health library with printable fact sheets, a searchable Provider Directory with mapping functionality, our Member Handbook and Newsletters, our Preferred Drug Listing, member forms, and health screens. They also will find colorful, detailed instructions on how to create a secure account with password protection and navigate all features on the secure Member Portal for easy reference.

***Secure Member Portal.*** In our Member Portal, members may:

- Research benefits and claims, including for vision and pharmacy

- In the “My Health” tab, view their Care Plan and Care Gap and Wellness messages, and claims and prior authorization status
- Obtain CentAccount™ Reward balances
- Complete and submit Notification of Pregnancy and Health Risk Screening forms
- Change personal demographics or PCP
- Send secure email messages to LHCC
- Request member materials, obtain necessary phone numbers, search the Provider Directory, and order and/or print an ID card
- View all medication information, including claims history, refill reminders for mail order prescriptions, and locations for pharmacies with driving directions.

**Mobile Applications and Member Engagement.** Pending DHH approval, in 2015 LHCC will launch a new comprehensive suite of online and mobile interactive tools to enhance our members’ ability to manage their existing health issues, including after hours, encourage their participation in healthy behaviors, and promote their ability to meaningfully direct their own care. The LHCC Mobile Application (LHCC Mobile App) platform will be available for download in the new Mobile App Resource section of our LHCC website free of charge to the user. The LHCC Mobile App will also be available for download from the Apple iTunes Store (for iPhone) and Google Play Store (for Android devices) and will include:

- *Start Smart for Your Baby® for Bayou Health Mobile Application (Start Smart Mobile):* Powered by our partner Wildflower Health, a leading mobile health technology company focused on women’s health throughout their pregnancy, Start Smart Mobile will allow our pregnant members to engage with self-service tools (e.g. record information from OB/GYN visits such as weight, blood pressure, blood sugar, fetal heart rate; and track pregnancy milestones); communicate quickly and efficiently with a nurse (e.g. provides a pop-up phone number that enables an immediate telephone call to NurseWise, our 24/7 nurse advice line); and access information on demand (e.g. health library, information on more than 50 risk factors for pregnancy complications; daily advice to help get ready for baby; personalized health advice). Start Smart Mobile also provides access to breast feeding support and tools such as a baby name selector
- *LHCC Health and Wellness:* This suite of interactive mobile tools provides innovative methods to keep our members engaged in their health on an ongoing basis with health challenges and other online resources such as:
  - *Mobile Health Risk Assessment (HRA):* Allows a member to complete the LHCC HRA on a desktop, mobile or tablet device and securely transmit the data to LHCC for the member’s clinical care record.
  - *on.track:* Tools to inspire members to set and monitor specific health goals through any of more than 100 leading health and fitness apps available on the market, such as nutrition, fitness, weight management, stress, tobacco cessation and diabetes.
  - *on.board Action Plans:* Individualized health behavior change programs designed to target a member’s most severe health risks, unique risk level, and readiness to change. The plans leverage the fundamentals of game theory to engage members in activities to improve their health behaviors, with interactive features such as activity tracking, videos and achieving badges for specific behaviors.
- *Email Notification of Care Gaps:* Sends a reminder notice directly to member’s personal email box when a message about their health care is waiting for them on the secure Member Portal
- *CentAccount Mobile:* Keeps track of a member’s CentAccount status using a mobile device

- *LHCC Mobile Member ID Card*: Allows the member to have their current ID card presented securely on their mobile device for presentation at provider offices.
- *Find-A-Provider*: Finds and contacts a provider, and provides directions using a mobile device
- *Click-to-Call*: As described, a member may click on a web icon to automatically phone a knowledgeable CSR. With member approval, a CSR also may take control of the member's web or mobile screen in order to demonstrate the use and features of all LHCC integrated, convenient interactive tools, assisting with member engagement in the new technology.

Please see Section T.3 for detailed list of all new and existing member engagement tools, including social media, available on line or via mobile application.

*R.2 Provide member hotline telephone reports for your Medicaid or CHIP managed care contract with the largest enrollment as of January 1, 2014 for the most recent four (4) quarters, with data that show the monthly call volume, the trends for average speed of answer (where answer is defined by reaching a live voice, not an automated call system) and the monthly trends for the abandonment rate. Affiliates should be included when determining the largest contract.*

### **Exceeding Performance Expectations and Delivering Outstanding Member Service**

To comply with all with call center standards, and ensure appropriate tracking and reporting LHCC performance against DHH standards, LHCC provides:

- Staffing in our Baton Rouge call center 7 a.m. to 7 p.m. Central Time, Monday through Friday, excluding state-declared holidays; 24/7 live voice coverage provided by NurseWise, our nurse advice line affiliate; and a voice mailbox for after hours with all calls returned by close of business the following business day
- A full-time Workforce Coordinator in our Baton Rouge call center, reporting to the Director of Customer Service (Director), who monitors call center performance against DHH standards in real-time and ongoing
- A flexible telephony platform with capacity to measure and maintain all contractually required performance metrics, ensuring that no call receives a busy signal and all calls are answered
- An intensive initial and robust ongoing training program for Customer Service Representatives (CSRs)
- A continuous call quality audit program to ensure accurate, culturally sensitive, and courteous service
- Desktop technology to speed needed information to the CSR during the call, including communications technology integrating CSRs with Case Management, Pharmacy, MemberConnections™ community outreach staff, all internal departments, and NurseWise.

With this combination of skilled, compassionate, well-trained staff and state-of-the-art communications and data management technology, we currently provide customer service to almost 150,000 callers to our Member Call Center annually. In fact, *our past Member Call Center performance exceeds DHH's enhanced performance standards for this contract.*

| <b>DHH Contract Standards as proposed in Section 12.16.14, as amended</b>         |   |   |  |                                 |  |
|---|---|---|--|---------------------------------|--|
| <b>DHH Standard</b>   | <b>95% of calls answered in 30 seconds or directed to automatic call pickup system with IVR</b> | <b>No more than 1% of calls receive busy signal</b> | <b>Maintain on hold time of 3 minutes or less during any portion of the call</b> |                                 | <b>Maintain abandonment rate of not more than 5%</b> |
|   |   |   | <b>Wait time to CSR first response</b>   | <b>On hold time during call</b> |  |
| <b>LHCC Current Member Call Center performance measured by proposed standards</b> |   |   |  |                                 |  |
| <b>LHCC Average: Jan – Dec 2013</b>   | 100%  | No calls receive busy signal: 0%                    | 5 seconds  | 1:51min.                        | .78%   |
| <b>LHCC Average: Jan – June 2014</b>  | 100%  | No calls receive busy signal: 0%                    | 5 seconds  | 1:53min.                        | .87%   |

In addition to DHH required metrics, we track and trend total call time, total call waiting time, call-types by request of caller, routing of calls, etc. If for any reason we do not meet a standard on any given day, our Customer Service Team consisting of our Workforce Coordinator, Customer Service Supervisors, and Quality Specialists immediately identify the root cause and the Director addresses the issue. Supervisors discuss performance with their CSR teams weekly, and all staff meet monthly to discuss quality improvements and trends, and receive coaching and updates. The Director monitors monthly and quarterly statistics for trending and planning, and reports performance monthly to the Performance Improvement Team, LHCC leadership, and our Compliance Committee, noting operational achievements and initiatives.

We do not impose maximum call duration times; rather, CSRs focus on delivering a high-touch, personal experience for members. During each call, our CSR provides a compliant, courteous HIPAA screen; addresses and resolves the member's reason for calling; provides education about Care Gaps and Wellness Alerts, including needed EPSDT services and adult wellness screenings; offers assistance with navigating our website services or downloading member mobile applications; verifies/updates member demographics; and thanks the member. While we provide voice- and prompt-activated self-service tools for options such as obtaining an ID card, more than 83% of our Bayou Health members elect to speak with a CSR.

Please see **Table R.1, LHCC's Call Center Performance Report for Member Line** (below) for the most recent four quarters for our Bayou Health membership. These reports demonstrate that we have exceeded all required performance standards. *For the past four quarters, CSRs answered callers within seven seconds with an average abandonment rate of less than 1%.*

Louisiana Healthcare Connections (LHCC) understands and will comply with the Member Call Center requirements as described in Section 12.15, Addendum #3, and Addendum #5 of this contract. We will continue to report performance monthly or as required, maintain an automated call distribution system that meets the requirements of Section 12.16, develop and submit call center policies and procedures to DHH for written approval prior to implementation of any policies, develop a contingency plan to address overflow calls and emails in order to sustain performance levels, and maintain all performance standards as described by DHH.

**Table R.1 – LHCC Call Center Performance Report for Member Line**

| <b>Definitions</b>              |   |
|---------------------------------|---|
| <b>Call Volume:</b>             | Total number of member calls received by the Avaya Call Distribution System   |
| <b>Average Speed of Answer:</b> | Average time in seconds, where answer is defined by reaching a live voice, not an automated call system.  |
| <b>Call Abandonment Rate:</b>   | Number of callers requesting to speak to a live person who disconnect or are disconnected before speaking to a live person divided by total number of calls requesting live person. |

| STAR                       | Call Volume   | Average Speed of Answer to Live Voice (in seconds) | Call Abandonment Rate |
|----------------------------|---------------|--|-----------------------|
| July                       | 18,667        | 4  | 0.54                  |
| August                     | 14,113        | 5  | 0.46                  |
| September                  | 13,782        | 5  | 0.54                  |
| <b>Third Quarter 2013</b>  | <b>46,562</b> | <b>5 sec.</b>                                      | <b>0.50%</b>          |
| October                    | 15,931        | 6  | 0.49                  |
| November                   | 12,931        | 7  | 1.40                  |
| December                   | 12,869        | 6  | 0.57                  |
| <b>Fourth Quarter 2014</b> | <b>41,731</b> | <b>6 sec.</b>                                      | <b>0.80%</b>          |
| January                    | 19,471        | 9  | 0.94                  |
| February                   | 16,276        | 7  | 0.80                  |
| March                      | 17,966        | 4  | 0.54                  |
| <b>First Quarter 2014</b>  | <b>53,713</b> | <b>7 sec.</b>                                      | <b>0.76%</b>          |
| April                      | 19,115        | 6  | 1.53                  |
| May                        | 16,698        | 3  | 0.84                  |
| June                       | 16,247        | 3  | 0.48                  |
| <b>Second Quarter 2014</b> | <b>52,060</b> | <b>4 sec.</b>                                      | <b>0.98%</b>          |

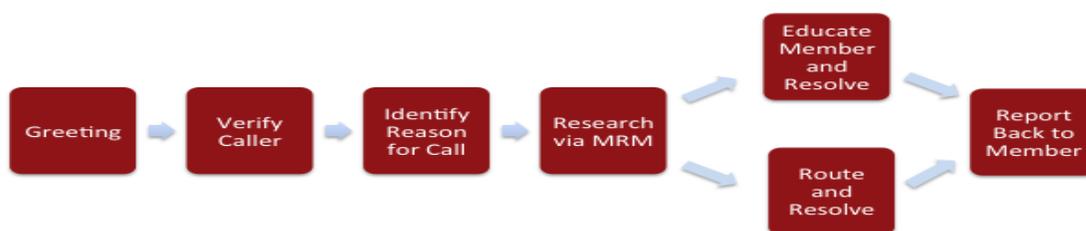
**R.3 Describe the procedures a Member Services representative will follow to respond to the following situations:**

**LHCC Customer Service: Offering One-Call Resolution and Personal Service**

Members, their parents, authorized representatives, and all callers seeking information and assistance from LHCC’S Customer Service Department will find “no wrong door” for their inquiries. At any time of day, our toll-free number provides a single point of contact that connects callers to experienced Louisiana-based CSRs who are fully trained on the unique needs of Bayou Health Members, and use sophisticated, integrated desktop tools and communication technology to facilitate speedy resolution in one call. We do not place time limits on calls, allowing the CSRs to use their extensive training and customer service skills to answer every question completely, with respect for the caller’s individual situation and time. For certain complex issues requiring significant investigation, our Member Advocates (Advocates), reporting to Customer Service, work directly with members, keeping them informed of progress until resolution.

**Member Education, Support, and Service in Every Call.** Customer Service staff use every member interaction as an opportunity to provide members with education and self-management tools. On every call, CSRs offer members Care Gap information (such as reminders on needed Well Child appointments or cervical cancer screenings), wellness messages (such as flu vaccinations and annual physicals), and assistance with personal service (such as securing medical appointments or selecting a PCP). CSRs also remind members of the tools and services available to them on our website, and offer to introduce them to all website features and the secure Member Portal by “co-browsing” with them. In 2015, we will enhance this with a new screen-sharing functionality. With the member’s permission, our CSR can view the member’s computer, tablet or smartphone screen and use the member’s cursor to provide a detailed tour of all interactive services and information.

The primary responsibility of our CSRs is to provide accurate resolution for every call. The diagram below depicts the process our CSRs and other staff follow to address/resolve any issues raised during a member call.



**Accessing Additional Needed Support for Resolution.** Because some member calls are time-sensitive, CSRs have instant access to all LHCC staff, including our Case Management, Utilization Management, and Pharmacy staff, via secure Enterprise Instant Messaging (EIM) enabled by presence detection. Through EIM, the CSR relays the call details and obtains needed information for the member without transfer or hold time. In cases where a member needs to speak directly with other LHCC staff such as a Case Manager, CSRs always warm transfer the member, introduce the caller, and provide call details before releasing the call.

**Shared Systems and Innovative Technology for Seamless Service.** Our CSRs, Advocates, NurseWise (our URAC-accredited 24/7 nurse advice line), US Script, Inc.®, and all internal departments use a shared telephone platform for seamless call distribution, tracking, and transfer. Staff document calls and follow up in Member Relationship Management (MRM), our “system of truth” for member information and history. MRM reduces repetition for the caller, speeds information needed to the CSR’s desktop to resolve the call, and eliminates the need for many call transfers.

In addition, all staff can access Community Connection, our searchable community resource database, as well as workflows, manuals, member and provider materials, and all needed documents from one desktop station. CSRs and their Customer Service Supervisors (Supervisors) use an “Open Chat” line (an intra-departmental open instant message forum) to locate any additional resources needed to resolve a member’s inquiry without putting the caller on hold, and to escalate calls to Supervisors when necessary. All clinical staff document health information in TruCare, our member-centric health services management platform, which also integrates the member’s personal health record.

*o A member has received a bill for payment of covered services from a network provider or out-of-network provider;*

Our member website, Member Handbook, and other member educational materials instruct members to contact LHCC with any bills received for Covered Services. Our Provider Manual, provider orientation, Provider Training Manual, in-person training, and website emphasize that providers may not bill members for Covered Services. In 2013, less than 1% of the inquiries received by our Member Call Center were related to member billing issues.

**Inquiries Received by Phone.** When we receive a call related to a bill for Covered Services, the CSR obtains key information from the billing statement and reviews the member’s claim history in MRM to determine claim status. The CSR explains that the amount due is not the member’s responsibility, and instructs the member not to pay the bill and contact us if they receive another bill. The CSR tells the member that an Advocate will research the issue, and obtains the member’s best “call back” telephone number for the Advocate to use to provide resolution feedback. Additionally, if there is a claim on file for the service, the CSR explains that the claim is in process, and an Advocate will follow up with details.

The CSR then routes the case via MRM to an Advocate. *If there is a claim on file*, the Advocate notifies the provider of the claim disposition. *If no claim is on file* for the delivery of the covered service, the Advocate contacts and directs the provider and/or billing agent to submit the claim to LHCC for consideration, and provides any assistance needed. *In all cases*, the Advocate informs the provider that billing the member for Covered Services is prohibited and must be discontinued, and contacts the member with final resolution. We follow the same process for network and OON providers.

For vision bills, the Advocate works closely with OptiCare®, our vision subcontractor, to resolve the issue. In the case of a bill for carved-out behavioral health (BH) services, the CSR warm transfers the member to Magellan, the Statewide Management Organization, for assistance.

**Inquiries Received In Writing.** If the member contacts us in writing (mail or email) about a bill for Covered Services, an Advocate phones (or writes, if necessary) to obtain any needed information, and reminds the member to not pay the bill. The Advocate follows the steps described above, resolves, and contacts the member by mail or email with the resolution.

**Grievances.** *In every case*, the Advocate maintains contact with the member throughout the process and advises them of the final resolution. If the issue is not resolved to the member’s satisfaction, the Advocate advises the member of their right to file a Grievance and, if the member wishes, submits the information to our Grievance and Appeals Department for investigation. If a provider refers a member’s account to a collection agency, we automatically consider the case to be a member Grievance, and we investigate and resolve accordingly.

**Analyzing Inappropriate Billing Trends.** LHCC routinely analyzes member inquiries by call type, which serves as an “early warning” system to alert us to operational or network issues. If MRM trend analysis identifies that a *network Provider* is repeatedly billing members inappropriately, Customer Service refers the case to our Provider Relations staff for further action. A local Provider Relations Specialist immediately contacts the provider and educates them about contractual and administrative requirements, and offers assistance as appropriate. For example, if a provider is unclear about how to properly submit a claim, the Provider Relations Specialist educates the Provider’s billing staff, and offers specialized ongoing training in billing procedures and requirements, especially if the provider has traditionally billed Medicaid or Medicare only.

*o A member is unable to reach her PCP after normal business hours;*

LHCC understands that the need to access care is not limited to normal business hours. Pursuant to compliance with Section 7.2. Appointment Availability Access Standards, Section 7.5.1.2 Monitoring and Reporting on Provider Networks, Section 7.8.2 Primary Care Responsibilities, and Appendix SS Provider Network Appointment Availability Standards, we require all PCPs to be accessible, or make arrangements for a return call system staffed and monitored in order to assure that a member is connected to a designated medical practitioner within 30 minutes of a call after hours. In addition, we educate PCPs about their obligation to provide after-hours coverage in our Provider Manual, on our Provider Portal, in *Network Connect*, our provider newsletter, during initial and ongoing provider training, and during every visit conducted by our Provider Relations Specialists. In addition, we monitor for compliance via analysis of compliance data, provider visit information, surveys and “Mystery Shopper” audit calls. Please see Section H.1 for detail on all LHCC methods for monitoring and ensuring provider adherence to standards.

### **Inquiries Received during LHCC Call**

**Center Business Hours.** If a member calls the Hotline *during business hours* to report a problem experienced while trying to contact their PCP after normal business hours, the CSR documents the call in MRM and determines if the Member has a current emergent or urgent situation. Our CSRs are fully trained in identifying and handling emergent and urgent calls. For **emergent**

### **LHCC in Action...**

*A mother of our member called to share how happy she was with Ashley, our CSR. Ashley was “patient and helpful,” the mom said and, because of Ashley’s efforts, mom feels good about the PCP she chose for her daughter, and LHCC in general.*

*- Customer Service Supervisor*

**situations**, the CSR directs the member to the nearest emergency facility and/or assists them in contacting 911 and alerts the Supervisor through Open Chat for assistance. For **urgent situations**, the CSR immediately warm transfers the member to a Case Manager, who assesses the situation and assists the member in accessing the appropriate care immediately. If the MSR sees, from notification in MRM, that the member is in active Case Management, the MSR warm transfers the member to their designated Case Manager for immediate assistance. This practice ensures that members in Case Management receive consistent, appropriate response tailored to their medical history.

For **routine needs** and with the member’s consent, the CSR conducts a three-way call with the PCP to arrange for the member to be seen or to talk with the PCP, for example, to obtain clarification on care instructions. If the member does not wish to contact the PCP, the CSR, depending upon the member’s need, will:

- Ensure the member has the PCP’s correct hours of operation and phone numbers for future contact
- Determine if the member has a need for routine PCP services during *non-traditional hours*, and, with the member’s consent, researches PCPs with non-traditional hours that are convenient to the member. The CSR initially reviews other practitioners in the practice the member has selected. If the member agrees, the CSR changes the member’s PCP and assists in setting an appointment with the newly selected PCP.
- Provide information on the name, location, hours of operation, and phone number of urgent care centers convenient to the member. The CSR explains that covered services and urgent services may be obtained from these providers and that non-emergency transportation is available, even during non-traditional and after hours, for these services.
- Offer a warm transfer to a LHCC Case Manager for discussion of the member’s specific health questions.

If the member indicates a *regular problem accessing their PCP after hours*, the CSR notifies the member of the right to file a Grievance, documents the Grievance, and submits it for investigation and resolution. If the member elects not to file a Grievance, the CSR still notifies Provider Relations that a contracted PCP may not be adhering to after hours access requirements. A Provider Relations Specialist immediately outreaches to the provider; and investigates, provides coaching and, if necessary, coordinates with the Quality Improvement (QI) Department to determine if corrective action or review by the Credentials Committee is needed.

**Inquiries Received After LHCC Call Center Business Hours.** When a Member calls *after normal business hours*, a NurseWise Registered Nurse (RN) follows the same protocol for assessing and assisting with an emergent, urgent, or routine need, including offering the services of the nearest urgent care facility and/or contacting our Case Management or Medical Management staff as needed. NurseWise sends an Activity Report to LHCC’s Medical Management Department documenting inquiries that require follow-up action or resolution, which are completed no later than the following business day.

*o A Member is having difficulty scheduling an appointment/finding a specialist.*

LHCC understands and complies with Section 7.2 Appointment Availability Access Standards and Section 7.8.3 Specialty Providers. We remind members to contact Customer Service for assistance in finding, selecting, and scheduling appointments with providers through our Member Handbook, our website, and during our new member Welcome Call. In addition, to support one call resolution, all CSRs are trained to help members locate specialists and schedule specialty appointments. *When a member calls to report difficulty in scheduling an appointment*, the CSR educates the member on

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**Louisiana Healthcare Connections offers members access to top specialty providers in Louisiana, such as Tulane University Medical Group, Franciscan Missionaries of Our Lady, and Louisiana Children’s Medical Corporation.**

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required appointment timeframes for specialty care, if necessary, so the member understands the provider’s responsibilities and to determine whether the provider has adhered to these requirements. The CSR then conducts a three-way call with the specialist’s office to schedule the appointment.

*If the member has not yet selected a specialist*, the CSR assists with identifying one convenient for the member. CSRs also offer specialists in border areas as appropriate, because members are often unaware that they may receive covered services from these non-Louisiana providers contracted with LHCC. Once the CSR and member identify an appropriate specialist to meet the member’s needs, the CSR provides the necessary information for the member to make the appointment or, if the member agrees, conducts a three-way call with the member and the selected specialist’s office to schedule the appointment. Once the appointment is scheduled, the CSR reminds the member that transportation to the appointment is available at no cost to the member, and provides the telephone number and warm transfers to the transportation vendor, if needed.

*If the CSR is unable to identify a network specialist in the immediate area*, or the CSR has difficulty identifying a network specialist who can schedule an appointment within the required timeframe of one month (or as clinically indicated), the CSR warm transfers the member to a Case Manager who:

- Works with the member to identify the needed network specialist within the distance standard and secure an appointment. Once an appointment is scheduled, the Case Manager also advises the member about available transportation services.
- Identifies a non-network specialist within the distance standard and engages Provider Relations staff to assist in executing an expedited Single-Case Agreement for the member’s service.
- Identifies a network specialist outside the distance standard but as close as possible to the member’s location following local patterns of care, and assists the member with scheduling the appointment and arranging transportation. LHCC’s transportation network has the capacity to provide transportation

via ambulance, if needed, for members with special health care needs and complex conditions that prevent safe travel via other means.

- In the rare case where expertise is not available within Louisiana, identifies a specialist within our Centers of Excellence network outside the state, such as St. Jude Children’s Research Hospital, and makes all arrangements.
- Beginning in early 2015, may offer and arrange for specialist and subspecialist Telemedicine services through LSU Health Telemedicine, which will provide members with access to quality specialty care without the time and difficulty involved in travel to a major medical hub like New Orleans. For example, our members in Ouachita Parish, which is our largest concentration of members in Region 8, would be able to access pediatric pulmonologists and pediatric gastroenterologists via a telemedicine link between a local clinic and LSU Health Science Center.

In all cases, the Case Manager maintains contact with the member until the service is scheduled and provided.

If the CSR determines that a specialty provider may not be in compliance with access and availability standards, the CSR notifies Provider Relations via MRM and a Provider Relations Specialist investigates, provides coaching and, if necessary, works with the QI Department to determine if corrective action or review by the Credentials Committee is required.

*o How do you explain to a member why a particular prescription is not covered?*

LHCC’s Pharmacy Program provides Members access to a variety of medications through a robust network of independent and national pharmacies, but there may be occasions when a member is unable to obtain a particular medication. According to US Script, our pharmacy affiliate, and our Customer Service Department, the most common reasons that a particular medication may not be covered are identified below. Less than one percent of all member calls are due to a medication not being covered, since local pharmacists are provided clear and concise Point-of-Sale (POS) messaging that guides them in appropriately addressing these issues personally with the member.

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**In 2013, the largest single pharmacy inquiry was from members asking about coverage for specific medications, and our Pharmacy Department trains CSRs twice annually to provide accurate, complete answers for one-call resolution.**

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However, obtaining needed medications is a critical issue, so the LHCC Pharmacy Department staff (Pharmacy Team) and Customer Service staff worked collaboratively to create our *Respond-and-Resolve (R&R) Process* to provide a *single point of accountability* for every pharmacy inquiry. They also resolve the pharmacy issue at the staff level closest to the member (while maintaining HIPAA and

internal standards for information access), and relieve the member of the burden of multiple contacts or wasted time. If a member contacts Customer Service for assistance, our CSRs are trained to help members resolve the most common issues and warm transfer members with more complex needs to the Pharmacy Team for resolution, as described below. As part of the *R&R Process*, the Pharmacy Team often works directly with providers and local pharmacists to resolve the issue and offer professional coaching to the local, often independent, pharmacist.

Below, we describe the steps our CSRs and Pharmacy Team take to achieve resolution for each situation described, and the explanations we provide to the member.

**Medication not on Preferred Drug Listing (PDL).** Members, especially new members on existing medications, often contact Customer Service for an explanation of why a particular medication was changed to a generic or other brand. Members also call when a medication is not listed on LHCC’s PDL. Approximately 14% of all member pharmacy inquiries in 2013 were from new members on existing medications, and another 30%, the largest volume of pharmacy inquiries by type, were from members

asking whether a specific medication is covered. We have learned that answering these inquiries thoroughly is an important service to our members. As a result, our Pharmacy Team trains new CSRs upon hire, and twice annually on how to explain the pharmacy benefit, the PDL, difference between brand name drugs and generics, and medication continuity during a member's transition into LHCC.

After answering the member's general questions, CSRs encourage the member to discuss medication concerns directly with their prescriber, and explain that the prescriber can offer the best medical judgment related to their medication needs. If the member does not want to contact their provider, the CSR warm transfers the member to an RN Case Manager or a NurseWise RN (after hours) to counsel and educate the member, and remind the member to discuss all medication questions or concerns with their prescriber.

When a member calls to discuss a specific medication that is not on our PDL, the CSR offers to warm transfer the member to the Pharmacy Team to provide counseling on alternative medications and, if needed, work with the provider to facilitate an exception request or a new prescription for a PDL medication. The Pharmacy Team informs the member of the provider's decision and any next steps.

**Prescription Denied Due to Lack of Eligibility in the Pharmacy System.** New members and newborns occasionally experience denials of prescription coverage at the pharmacy because their Medicaid numbers are not yet captured in the pharmacy system.

*To ensure new members get needed medication*, our *R&R Process* allows our Customer Service Supervisors (Supervisor) to add eligible members to the pharmacy database in real time. The CSR obtains necessary information, verifies current eligibility, and immediately escalates the call to a Supervisor and provides the needed information via MRM. The Supervisor accesses US Script's system and loads the demographic information, which updates the local pharmacy and alerts the pharmacy to fill the prescription and provide the medication to the waiting member. The Supervisor maintains contact with the member until the process is complete, contacting the pharmacy directly if necessary, which enables one-call resolution, typically within 30 to 60 minutes.

*In the case of a newborn without a Medicaid ID number*, the CSR explains to the member the process of creating a temporary ID number, and submits the request to the Pharmacy Team, who notifies our Medical Management staff to create the temporary ID number. The Pharmacy Team loads the temporary number into the US Script system, notifies the dispensing pharmacy, and remains on the line with the pharmacy until the claim has been successfully adjudicated and the prescription is being filled. Then the Pharmacy Team notifies the mother that the medication is available. If, for any reason, the Pharmacy Team cannot immediately notify the mother (due to not answering phone, busy signal, etc.), the Pharmacy Team notifies the CSR who originally took the call for follow up with the mother. In most cases, we create the temporary ID number and resolve the issue within one business day. In our Member Handbook, we remind mothers of newborns that they are *not* financially responsible for the baby's covered services in the first 30 days, during which the Medicaid ID number and ID cards are being processed and delivered.

**Medication Requires a Prior Authorization or Exception.** When a prescription requires a Prior Authorization (PA), the local pharmacy receives POS messaging containing the appropriate guidance needed to assist our members, for example, contact information if a PA is required. In most cases, the local pharmacist is able to assist the member directly.

If a member calls about needing a PA, the CSR provides basic information to the member, describes the PA process and timelines, and views MRM to determine if a PA request is outstanding for the medication(s) in question. If the medication has been authorized, the CSR directs the member to the pharmacy for the medication. If PA is outstanding, the CSR counsels the member on the right to receive an emergency 72-hour supply of the requested medication to carry them through the 24-hour PA decision period. If the member needs additional counseling or the CSR identifies that a request for PA has not yet been submitted, the CSR offers to warm transfer the call to either the prescriber or the Pharmacy Team to assist and counsel the member.

In cases where a request for PA has not yet been submitted, the Pharmacy Team reviews the member record, advises the member of the right to receive a 72-hour supply, and asks the member to contact the prescribing provider, counseling the member on self-management of medication issues. However, in an extra step *to ensure that every necessary medication is provided to members*, the Pharmacy Team also contacts the provider, explains the member's situation, and expedites obtainment of the request for PA. The Pharmacy Team monitors responsiveness, following up with the provider as necessary until the situation is resolved, and then contacts both the member and the originating CSR to ensure that the member is notified of the resolution.

**Prescribed Medication Has a Quantity Limitation, Clinical Edit, or Requires Step Therapy.** In these situations, the CSR recommends the member discuss details of their particular health situation with the prescribing provider. If the member requests additional information, or does not want to talk with the prescriber, the CSR warm transfers the member to the Pharmacy Team for a detailed review of the member's medications and needs. If appropriate, the Pharmacy Team contacts the prescribing provider to facilitate the request or coach the prescriber, as needed, on making changes to the quantity, dose, or strength originally prescribed. Any resulting exception request made by the provider is resolved within 24 hours upon receipt of all needed information. The Pharmacy Team monitors the disposition to ensure resolution has occurred and provides education and resolution to the member.

**Prescription Denied Due to "Refill Too Soon."** Most of these cases are a result of a legitimate need for additional medication and are resolved at the pharmacy. If a member reports that their medication is lost, spilled, destroyed or stolen, or reports that they will be away from home for an extended period and the pharmacy will not refill the prescription, the CSR warm transfers the member to the Pharmacy Team, which reviews the member's claims history and, as appropriate, authorizes an override for the prescription. The Pharmacy Team maintains contact with the member until resolution, and educates the member as needed.

**Drug Shortages Due to Inadequate Supply.** In the very rare case that a drug is not available at the pharmacy, most pharmacies redirect the member to another participating pharmacy, or offer to reorder the medication and provide an alternative pick-up time. Should a member call Customer Service, the CSR assists the member in locating another nearby pharmacy or, if that is not sufficient, warm transfers the call to the Pharmacy Team. The Pharmacy Team finds another pharmacy in the local area that has the medication, or suggests an alternative PDL drug to the provider. If a new prescription is required for a different medication, the Pharmacy Team works closely with the provider and monitors the situation to ensure resolution and notifies the member of resolution.

**Secure Online Assistance.** Beginning in November 2014, CSRs will be able to educate members with pharmacy inquiries about LHCC's enhanced pharmacy features on our secure Member Portal. Using a computer, tablet, or smartphone, members will be able to access their claims history, review drug interactions and reference materials, sign up for online alerts for potential harmful outcomes associated with the drugs in their specific claims history, locate a nearby pharmacy with driving directions, and opt-in for refill reminders for mail order prescriptions.