



# **Chisholm Compliance MCO User Process Manual**

**Issued as Draft June 30, 2019**

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## PROCESS FOR CHISHOLM NOTICE REVIEW AND APPROVAL

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

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



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

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

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

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

The screenshot shows a web form titled "MEMBER INFORMATION:" with the following fields and options:

- PA#: [Text input]
- Member Name: [Text input]
- Address: [Text input]
- CC: Support Coordinator: [Text input]
- Provider: [Text input]
- Requested Service: [List of checkboxes: EPSDT PCS, Extended Home Health, PDHC, Transportation, DME, ABA, PRS, CPST, Other]
- If Other, please explain: [Text input]
- Behavioral Health Request? [Radio buttons: Yes, No]
- Date of Notice: [Text input]
- Medicaid ID: [Text input]
- Initial Request: [Radio buttons: Yes, No]
- Attachments: [Click here to attach a file]

A red arrow points from the "Attachments" field down to a blue "Continue" button at the bottom of the form.

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

CHECKLIST

<input type="radio"/> Met <input type="radio"/> Not Met	Clearly marked DENIAL, PARTIAL APPROVAL, OR PARTIAL DENIAL.
<input type="radio"/> Met <input type="radio"/> Not Met	Clearly name the service or items requested.
<input type="radio"/> Met <input type="radio"/> Not Met	Specify all reasons for denial or partial denial, which includes why the criteria of the Medicaid rule and/or policy have not been met. (A lay person should be able to read it and understand why the member didn't qualify for the service).
<input type="radio"/> Met <input type="radio"/> Not Met	Include the specific language from the section of the Rule or policy they are using as a basis for denial.
<input type="radio"/> Met <input type="radio"/> Not Met	Language must be at a sixth grade reading level if possible.
<input type="radio"/> Met <input type="radio"/> Not Met	For requests involving hours of services, clearly indicate how many hours were requested and are approved.
<input type="radio"/> Met <input type="radio"/> Not Met	Be in twelve point font and not in all capital letters.
<input type="radio"/> Met <input type="radio"/> Not Met	Is Partial Approval correctly sent while pending PAL process and awaiting final decision.
<input type="radio"/> Met <input type="radio"/> Not Met	In the notice for denial/partial denial of any services/items that are prior authorized, the notice must explain that an EPSDT support coordinator can assist them in obtaining services and how to access an EPSDT support coordinator.
<input type="radio"/> Met <input type="radio"/> Not Met	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.

Resubmission with requested corrections:

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

<input checked="" type="radio"/> Met <input type="radio"/> Not Met	Include the specific language from the section of the Rule or policy they are using as a basis for denial.
<input checked="" type="radio"/> Met <input type="radio"/> Not Met	Language must be at a sixth grade reading level if possible.
<input checked="" type="radio"/> Met <input type="radio"/> Not Met	For requests involving hours of services, clearly indicate how many hours were requested and are approved.
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<input checked="" type="radio"/> Met <input type="radio"/> Not Met	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.

Message from webpage

The form was submitted successfully.

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

Prior Authorization #: 123456789

**Partial Denial**

Dear Parent/Guardian of Susan Christmas:


We are writing to tell you that your request for **20 hours of Community Psychiatric Supportive Treatment (CPST) and 20 hours of Psychosocial Rehabilitation Services (PRS)** on 8/06/2019 - 2/06/2020 is **partially** denied, and Louisiana Healthcare Service Group will not pay for the care.

Service Requested: Community Psychiatric Supportive Treatment  
Hours per week requested: 20 hours  
Hours per week approved: 10 hours  
Period: 8/06/2019 - 2/06/2020


Service Requested: Psychosocial Rehabilitation Services  
Hours per week requested: 20 hours  
Hours per week approved: 10 hours  
Period: 08/06/2019 - 2/06/2020

To find out why Louisiana Healthcare Service Group won't pay for **40 hours** of Community Psychiatric Supportive Treatment and **20 hours** of Psychosocial Rehabilitation Services keep reading. If you think we made a mistake, you may request an appeal within thirty (30) days from the date of this letter.

You may have your case manager assist you with obtaining Medicaid services. If you do not have a case manager and would like to obtain one, you should call Statistical Resources, Inc.

 **Crystal Faison**  
Should this be 20 hours?

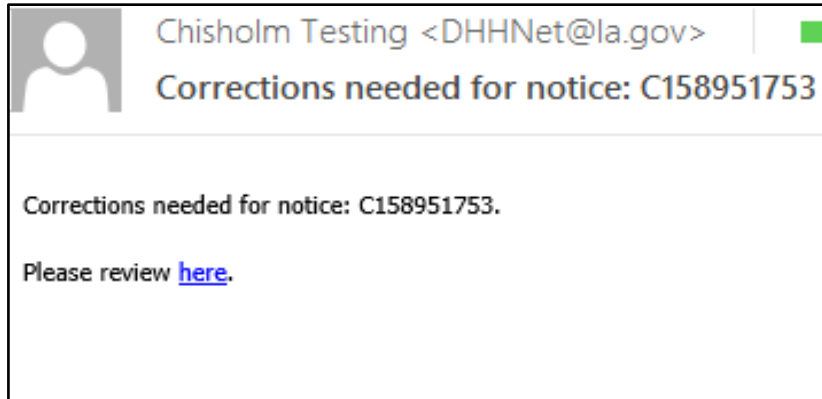
You will receive an email alert from SharePoint letting you know if the notice is approved or if corrections are needed.

 Chisholm Testing <DHHNet@la.gov>  
**Notice Approved: D169887587**

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Notice for D169887587 has been approved.


Review [here](#).



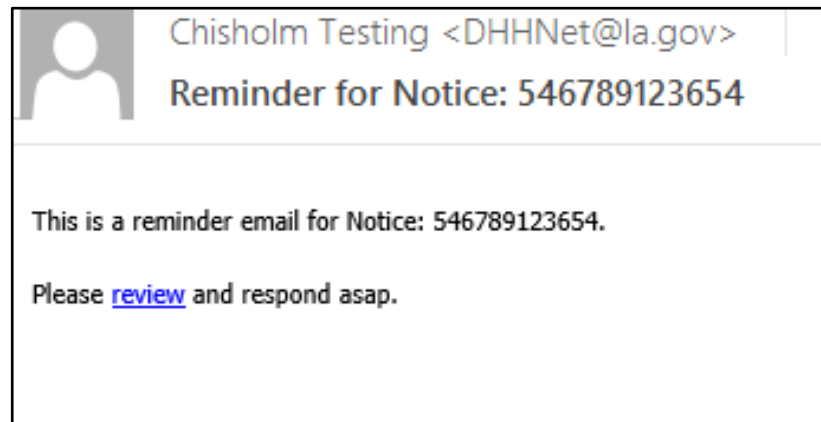
If corrections are needed the changes should be made via SharePoint accepting changes, making additional changes or submitting additional documentation. Do not change any item on the checklist from “not met”. Nothing can be deleted once it is submitted. A PDF copy of the final approved notice should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

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

Met	<input type="radio"/> Not Met	In the notice for denial/partial denial of any services/items that are prior authorized, the notice must explain that an EPSDT support coordinator can assist them in obtaining services and how to access an EPSDT support coordinator.
Met	<input type="radio"/> Not Met	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.
<input type="button" value="Submit"/>		
Resubmission with requested corrections: <input type="checkbox"/>		



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



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

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

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

## **ACCESS ISSUES**

### SharePoint Access

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

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



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

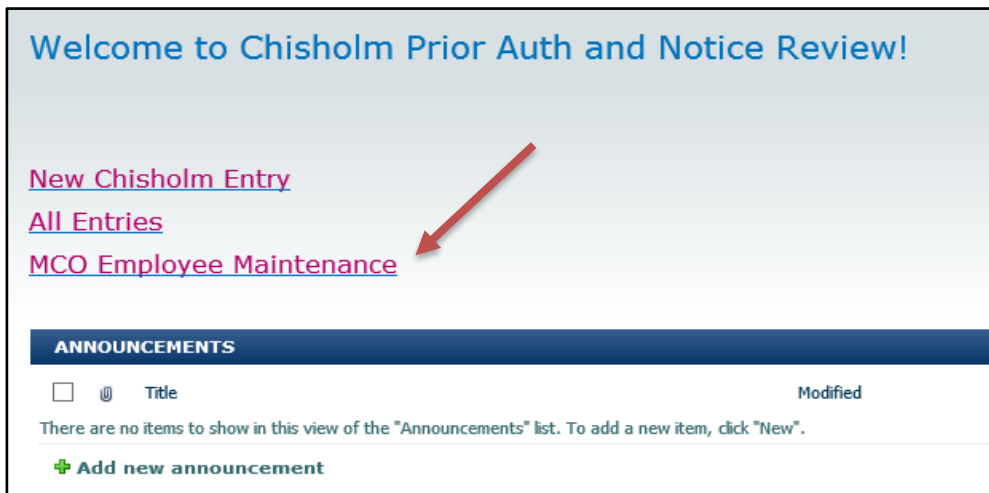
If necessary, you can call Rene Huff (225) 342-3935, Crystal Faison, (225) 342-6253, or LaShonda Gordon, (225) 342-7925 to discuss any issues you may have.

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

### Employee Maintenance


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

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



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

Requestor:	Lois Kent
Employee Name:	Clark Lane
Employee Email:	clane@healthservicegroup.com
Requested Action:	Remove Employee <input type="button" value="v"/>



### CHECK STATUS

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

Welcome to Chisholm Prior Auth and Notice Review!

[New Chisholm Entry](#)

[All Entries](#)

[MCO Employee Maintenance](#)

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**ANNOUNCEMENTS**

<input type="checkbox"/>	@	Title	Modified
There are no items to show in this view of the "Announcements" list. To add a new item, click "New".			

[+ Add new announcement](#)



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

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



## Chisholm Notice Checklist

### MEMBER INFORMATION

Member Name:	
Address:	
CC: Support Coordinator	
Provider:	
Date of Notice:	
Medicaid ID:	
Initial Request	Yes <input type="checkbox"/> No <input type="checkbox"/>

### CHECKLIST

<input type="checkbox"/>	Clearly marked DENIAL, PARTIAL APPROVAL, OR PARTIAL DENIAL.	
<input type="checkbox"/>	Clearly name the service or items requested.	
<input type="checkbox"/>	Specify all reasons for denial or partial denial, which includes why the criteria of the Medicaid rule and/or policy have not been met. (A layperson should be able to read it and understand why the member did not qualify for the service).	
<input type="checkbox"/>	Include the specific language from the section of the Rule or policy they are using as a basis for denial.	
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<input type="checkbox"/>	If a prior authorization request is denied or partially denied, provide appeal rights and clearly notify members of those rights.	
	Reviewed by :	Date: