POLICY AND PROCEDURE

DEPARTMENT: Member and Provider Services	**DOCUMENT NAME:** Secure Messaging and General Email Handling
PAGE: 1 of 6	**REPLACES DOCUMENT:** CC.PRVR.33
APPROVED DATE: 12/18/17	**RETIRED:**
EFFECTIVE DATE: 12/2017	**REVIEWED/REVISED:** 12/18, 3/19, 2/20, 10/20, 11/21, 9/22
PRODUCT TYPE: All	**REFERENCE NUMBER:** LA.PRVR.33

SCOPE:
Health plan handling of secure messages received via the member or provider secure websites and handling of general email inquiries received via public and internal email boxes.

PURPOSE:
To provide a timely and consistent method of retrieving and responding to secure messages sent by members and providers via the secure portal, contact us, and internal email boxes.

PROCEDURE:
I: Secure Member Email Inquiries

1. A designated Member Advocate, will access the *Messaging* screen using the Support-A-User feature via the Secure Portal
2. All incoming secure messages are documented in the Omni system to reflect the inquiry and the resolution.
3. If the Member Advocate is able to respond to the member without further research, a response is sent to the sender and the interaction is documented in the Omni system and the issue closed.
4. If the inquiry cannot be handled immediately, the Member Advocate sends an acknowledgment to the sender to inform them the email inquiry has been received, and the health plan is currently working on the issue.
5. The open request is forwarded to the appropriate department or staff member via the Omni system for a response. Once the appropriate response is received, the Member Advocate responds to the sender, via secure message, and deletes the incoming message.
6. The open request in the Omni system is then updated to reflect the resolution and closed accordingly.
7. The Director of Operations, or a designated member of the Customer Service Quality Team, monitors the secure messaging inbox to ensure timely and accurate response and resolution.

II: Secure Provider Email Inquiries

1. The Member Advocate team accesses the *Messaging* screen using the Support-A-User feature.
2. If the Member Advocate is able to respond to the provider without further handling, and the inquiry should have been directed to the Secure Provider

inbox, a response is sent to the sender. The interaction is documented in the Omni system and the issue closed.

3. If the inquiry cannot be handled immediately and requires further research by the Member Advocate team, the Member Advocate will create a request in the Omni system and route it to the Provider Relations workbasket for review. The Member Advocate will reply to the sender using the following verbiage *Thank you for contacting Louisiana Healthcare Connections. Your inquiry has been received and is currently being researched. We will contact you with a resolution once the research has been completed. If you wish to contact us regarding this matter, please call (866) 595-8133 and reference confirmation number [enter Omni service object number]*
4. If the inquiry should be handled by another department, the Member Advocate will reply to the email advising the provider that their concern has been routed to the correct department for resolution. If routing to another department is warranted, a request is created in the Omni system and forwarded to the appropriate department. The Member Advocate will respond to the provider via email with the Omni service object number for reference. Once the appropriate response is received, the Member Advocate responds to the sender via secure message, and deletes the incoming message.
5. The Director of Operations, or a designated member of Customer Service Team, monitors the secure messaging inbox to ensure timely and accurate response and resolution.

Secure e-mails are kept for 30 days.

III: Contact us Member and Provider Email Inquires

1. The Member Advocate is only able to provide general information for inquiries submitted through Contact Us Member or Contact us Provider. If the member or provider requires account specific information the member or provider is asked to contact the plan to ensure verification of the account before providing account specific information.
2. A designated Member Advocate, will monitor and access these requests via Outlook throughout the day.
3. All Contact us Member and Provider email inquiries are documented in the Omni system accordingly.

IV: LHCC Member Advocate Email Inquiries:

1. The LHCC Member Advocate mailbox is used for interdepartmental communication.

2. A designated Member Advocate, will monitor and access these requests via Outlook throughout the day.
3. All LHCC Member Advocate Email inquiries are documented in the Omni system accordingly.

V: LHCC Member Services Email Inquiries:

1. The LHCC Member Services mailbox is used for following up on voicemail messages from LHCC members.
2. A designated Member Advocate, will monitor and access these requests via Outlook throughout the day.
3. The Member Advocate is only able to provide general information for inquiries submitted via voicemail. If the member requires account specific information the member is asked to contact the plan to ensure verification of the account before providing account specific information.
4. All voicemails are documented in the Omni system accordingly.

VI: LHCC Specialist Email Inquiries

1. The LHCC Specialist inbox is used to assist providers locate specialists for members.
2. A designated Member Advocate, will monitor and access these requests via Outlook throughout the day.
3. If the provider gave sufficient information in the original email, the Member Advocate will provide the type of specialist being requested along with all applicable provider demographic information.
4. If the Member Advocate needs any clarification on the request, they will reply to the original email with what additional information is needed. Upon receipt of this additional information, the Member Advocate will provide the information on the specialist(s) being sought after.
5. All LHCC Specialist inquiries are documented in the Omni system accordingly.

VII: Response Time

1. The health plan's goal is for 100% of all inquiries to receive a response within one (1) business day of receipt. If the inquiry cannot be resolved within one (1) business day, the response to the member/provider includes an expected resolution timeframe.
    a. Verbal responses to email inquiries do not comply with the requirement for an emailed response within one (1) business day of receipt; telephonic

outreach, in addition to an emailed response, is expected for complex inquiries.

b. An automatic email acknowledgement of receipt of the inquiry, or notification to the member/provider of the expected resolution time frame does not meet the requirement for an emailed response within one (1) business day.

2. 95% of all inquiries will be resolved within two (2) business days of receipt.
3. 98% of all inquiries will be resolved within five (5) business days.
4. 100% of all inquiries will be resolved within 15 business days.

VIII: Monitoring

1. Quality Control: The Director of Operations, or a designee, reviews a weekly or monthly report of incoming secure messages to audit an appropriate sample for turnaround time, accuracy and quality of the response.
2. Inventory reporting: A Micro strategy MPSS Member / Provider Web Metrics report is generated to identify the volume of both member and provider incoming secure messages.
3. Training: Designated Member Advocate or Customer Service Team employees receive training on how to assist members and providers in navigating the secure website and how to retrieve, respond to, and to document all secure messages.
4. The Health Plan assesses the quality of the Member Service Representatives' email responses to members. The quality assessment evaluates how useful or understandable the email is. The following criteria is assessed:

   Criteria/Goals:

   - 95% of responses were answered correctly using the correct communication format.
   - 95% of responses were replied to in a clear and professional manner
   - 95% of responses refrained from using medical jargon, such as abbreviations, acronyms, health care procedure codes, and complex medical terms that a layperson would not understand.
   - 95% of responses included accurate information and timeframes in accordance with the Plan's Evidence of Coverage, website information, and policies.

~~3.~~

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IX: Reporting

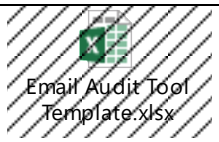
1. Audits are conducted on a weekly or monthly basis to assess the quality of email responses and turnaround time. See sample audit tool attached to this policy.
2. Data collected on the turnaround time response and resolution rate, and the quality of responses, is reported to the health plan Performance Improvement Team (PIT), or other appropriate health plan committee, on a quarterly basis. The committee analyzes and evaluates the actual results compared to the established goals. If the goals are not met, the health plan committee identifies potential root causes of the deficiencies, and acts on opportunities to improve the identified deficiencies.

REFERENCES:

NCQA ~~Health Plan~~ Standards ~~and Guidelines – Member Connections~~

- ME 6: Personalized Information on Health Plan Services; Element D: Email Response Evaluation

ATTACHMENTS:



DEFINITIONS:

REVISION LOG

REVISION	DATE
Responding to Secure Member Emails: Step 1: Corrected to Member Advocate and throughout the day Step 2: changed handling to research	12/17
III. Monitoring: Changed title to Director of Operations step 3) added Designated Member Advocate or Provider Relations employees receive training. Added Email Audit Tool	12/17
Added language to include handling of all emails directed to LHCC via published mailboxes.	12/18
Updated procedures to reference Omni instead of CRM.	12/18

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Secure member email procedure: updated process to Member Advocate responsibility, cleaned up process, changed to customer service quality team as group who monitors.	12/18
Secure provider email procedure: updated process to Claims Research Specialist responsibility, cleaned up process and order	12/18
Combined Contact us member and provider inboxes to one procedure under number III.	12/18
Added LHCC Member Advocate inbox as number IV.	12/18
Added LHCC Member Services inbox as number V.	12/18
Added LHCC Specialist inbox as number VI.	12/18
Updated #2 under monitoring to reflect new report pulled for monitoring of email turnaround times.	12/18
Replaced Provider Relations with Customer Service Team Replaced Provider Relations member with Member Advocate Replaced Director of Provider/Member Services with Director of Operations	3/4/19
No changes	2/20
No Revisions	10/20
No Revisions	11/21
Added reference to NCQA Standards – ME 6, Element D under references section	9/22

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a physical signature.

Evaluator	Member Id Number	Request Date	Request Type

Acknowledgement letter/email	# of Business days	Tat Met Y/N	Resolution letter/email	# of Business days	Tat Met Y/N
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	
	-1			-1	

Resolution Letter/Response				
Was question answered correctly (Yes or No)	Was Reply Professional (Yes or No)	Did LHCC provide accurate info (Yes or No)	Score	Qtrly Avg

Notes

Mem 5; Element D
E-mail Response Evaluation
Instructions

Overview

Purpose: The attached file review worksheet will be utilized to evaluate LHCC's compliance to NCQA standards for E-Mail responses to Members (MEM 5, Element D).

Helpful Worksheet Features

1. The worksheets are color-coded as follows: Gray or colored cells indicate no surveyor input is requried. Non=shaded or white cells indicate that surveryor input is required.

2. The worksheet is protected from invalid input. Surveyors are prompted by a -number (ex -1) or #VALUE message when invalid entries are made.

3. Please do not copy/cut and paste responses from one cell to the anohter as doing so may overwrite the original validation criteria and formatting for the affected cells.

File Review Instructions

Schedule: Audits are to be conducted on a monthly basis, to review prior month submissions (ex, April 2015 audit will review March 2015 submissions)

Selecting files: Auditor will review a random selection of no less than 10 files or 10% of monthly submissions, which ever is greater, but not to exceed 50 submissions.

Column A: Member Id Number

Column B: Request Date (Date SHP recieved information request from Member)

Column C: Acknowledgement letter Sent (Date SHP submitted acknowledgement email/letter to member)

Column D: Auto fill- this column with calculate the number of business days it took for SHP to submit Acknowledgement notification to member.

Column E: Auto Fill- This column will determine whether the Acknowledgement notification was sent with in the required 1 business day per NCQA.

Column F: Resolution Letter (Date SHP submitted resolution notification to member)

Column G: Auto Fill- This column will calculate the number of business days it took for SHP to submit Resolution notification to member.

Column H: Auto Fill- This column will determine wheter the Resolution notification was sent with in the required 1 business day per NCQA.

Column I: Was (were) the members question(s) answered with in the resolution notification. (Yes or No)

Column J: Was (were) the members question(s) answered in a professional manner. (Yes or No)

Column K: Did SHP provide accurate information to the member in regards to their question(s). (Yes or NO)