MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**101**	
Subject:	**24-Hour Nurse Hotline**	
Section:	**Care Management**	
Initial Effective Date:	**11/01/2012**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 07/23, 07/24**	
Historical Revision Date(s):	**03/13/, 07/13, 07/14, 09/14, 10/14, 07/15, 10/15, 07/17, 7/21**	
Review Effective Date(s):	**07/25,07/26**	
Historical Review Date(s):	**10/16**	
Responsible Parties:	**AVP Clinical Operations, Manager of Case Management**	
Responsible Department(s):	**Clinical Operations, Quality Improvement, Delegated Oversight**	
Regulatory References:		
Approved:	**AVP Clinical Operations**	**Chief Medical Officer**

Purpose: **To ensure that MedStar Family Choice members have timely access and availability to triage and assistance by qualified clinical staff twenty-four (24) hours per day, seven (7) days per week, including holidays and weekends.**

Scope: **MedStar Family Choice, Maryland**

Policy: **MedStar Family Choice is committed to ensuring that its membership receives timely and effective care in an appropriate setting within a health care system responsive to their health care needs.**

Procedure:

1. Through the use of a delegated vendor, MedStar Family Choice provides access twenty-four (24) hours per day, seven (7) days per week, including holidays and weekends, to clinical staff via the telephone who are qualified to assess member needs and services.
2. If an emergency response is indicated, the clinical staff will coordinate with community services, including the police, fire and EMS departments, child and adult protective services, and local mental health authorities for immediate intervention.

a. MedStar Family Choice educates members on how to obtain medically necessary care in emergencies twenty-four (24) hours per day, seven (7) days per week through member welcome calls, newsletters, a member handbook, and outreach efforts.
b. Crisis intervention services are utilized to provide a therapeutic response that provides immediate care or referral for an individual with an urgent mental health need.
c. The Maryland Relay is available for members who are deaf, hard of hearing or speech-impaired and who utilize a TDD/TTY service at 1-800-735-2258 or 711. For non-English speaking members, interpretation services are available free of charge to the member.

3. The health information line gives the health information line staff the ability to follow up on specified cases, contact members, and link contacts to a contact history.

4. Triage reports are also used to identify members who meet criteria for referral to Case Management.
    a. Maryland – Call Triage Report Review:
        i. The Delegated Vendor will fax the daily triage report to the Case Management Department fax 410-933-2209. After reviewing the triage reports, the Manager of Case Management, or designee, contacts member to verify compliance with advice received from the nurse information line. Documentation of member contact and outcomes is entered into the clinical software system. Members will be referred, the case is reviewed, and those who meet criteria will be assigned to the appropriate level of case management program. Documentation of member contact and outcomes is entered into the clinical documentation system.

5. MedStar Family Choice will perform oversight of the delegated vendor that will include:
    a. Monthly telephone statistics
    b. Monthly utilization reports
    c. Monthly reports on member satisfaction with the health information line
    d. Data analysis, at least annually, to identify opportunities for improvement and establishing priorities for improvement, if applicable.
    e. Reports are reviewed and approved at the semi-annual Oversight Committee Meeting

Summary of Changes:	**07/26:** • No changes **07/25:** • No changes **07/24:** • Responsible Parties removed names and replaced them with titles. • Approved Section removed names and replaced them with titles.

	• Replaced MFC with MedStar Family Choice throughout the document. **07/23:** • Responsible Parties removed Theresa Bittle and added Carol Attia. • Approved section removed Theresa Bittle and Patryce Toye, added Carol Attia and Dr. Karyn Wills. • **07/22:** • Removed Nitza Larbie from Responsible Parties, added Teresa Boileau. • Updated procedure 4.a.i. to say, "Members will be referred, case is reviewed, and those who meet criteria will be assigned to the appropriate level case management program.". • Updated section Procedure 4.a.ii to clarify that members would be assigned to an appropriate level case management program. **07/21:** • Added "Maryland" to scope. • Removed Suzanne Moxham and Melody Moore from Responsible Parties, added Nitza Larbie. • Changed Case Management to Clinical Operations in Responsible Departments. • #4 a. i. removed Logs into & daily. **07/20:** • Renumbered policy from #515 to #101. • Approved: replaced Carol Attia with Theresa Bittle. • #5 c. Updated frequency from annual to monthly. **07/19:** • Removal of "Maryland" from scope. • Removal of NCQA reference since this policy does not support PHM 5. • #3 Clarified the staff referenced is the health information line. • #4 Triage report actions were edited to reflect current process and programs. • #5 Clarified oversight and removed periodic call monitoring. **07/18:** • Updated Revision Date & Regulatory References. • Updated Scope by removing DC products. • #2 Removed DC relay information.

	• #3 Changed Case Management and Complex Case Management to Case Management & Removed DC report information. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Updated revision date, responsible party, regulatory reference, and signature titles. • #1. added "Family Choice." • Moved to 500 Series (Previously Policy 1803). **10/16:** • Updated the review date, responsible party, and regulatory references. **10/15:** • Scope & Policy changes (formatting & MEM not UM). • In number 1. Added via the telephone. • Added #3 to explain how information from the line will be used to coordinate care with CCM and DM. • Added #4 to explain how MFC will monitor the line.