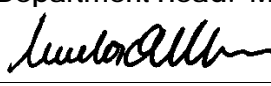
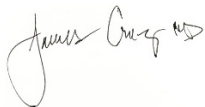


<b>Policy Title: Nurse Advice Line</b>		<b>POLICY #: 70.2.72</b>	
		<b>Line of business: ALL</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 11/09	<b>Effective Date</b> 12/18	<b>Revision Date</b> 12/18, 12/19, 6/21
<b>Department Head: Mirela Albertsen, UM Senior Director</b> 			<b>Date: 6/29/21</b>
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> 			<b>Date: 6/29/21</b>

**PURPOSE**

To establish and maintain a twenty-four (24) per day, seven (7) days per week telephone medical advice service (also referred to as the "nurse advice line service") as a standard and consistent source of information which members can access in order to assist them in making informed decisions regarding their health care.

To ensure members are well informed about wellness and prevention by using Blue Shield of California Promise Health Plan's (Blue Shield Promise) information line.

**POLICY**

Blue Shield Promise provides interpretation services to members by telephone, on an as needed basis. Blue Shield Promise Health Plan's contracted with a vendor, Optum to provide the Nurse Advice Line, as a medical advice service available twenty-four hours (24 hour) and seven days (7) a week. Members receive assistance in making informed decisions about their health care. The members interact with a live, licensed nurse during each call.

Blue Shield Promise shall meet with State and Regulatory requirements governing the operations for the Medical Advice Services, including licensure and staff qualifications, accreditation and certification of services guidelines used in the decision-making process.

Blue Shield Promise's contracted Nurse Advice Line Services vendor Optum is URAC and NCOA accredited.

The service will provide telephonic advice to eligible Blue Shield Promise Health plan members:

- Blue Shield of California Promise Health Plan Nurse Advice Line (800) 609-4166

**California Relay Service (CRS)**

As part of the California Public Utilities Commission, Deaf and Disabled Telecommunications, Care Advice Line through the California Telecommunications Relay Services:  
(<https://ddtp.cpuc.ca.gov/default1.aspx?id=1483>)

Type of Call	Language	Toll-free 800 Number
TTY/VCO/HCO to Voice	English	1-800-735-2929
	Spanish	1-800-855-3000
Voice to TTY/VCO/HCO	English	1-800-735-2922
	Spanish	1-800-855-3000
From or to Speech-to- Speech	English & Spanish	1-800-854-7784

Mechanisms are maintained and evaluation to ensure confidentiality of all member information in compliance with applicable state and federal law.

### PROCEDURE

1. Blue Shield Promise shall ensure the telephone medical advice service is registered with TMAS (Telephone Medical Advice Service Bureau) for provisions of service within the state of California as evidence by current registration on file.
2. Blue Shield Promise shall ensure that policies and procedures regarding the confidentiality of Protected Health Information (PHI) are established and maintained. Selected PHI procedures are listed below. Refer to the Blue Shield Promise privacy and confidentiality policies and procedures for more detail. There is a mechanism to ensure compliance with the policies and procedures and for reporting to L.A. Care Health Plan any breach of confidentiality.
  - a. PHI is only transmitted an encrypted and password-protected attachment.
  - b. PHI is not included in the subject line or body of email
  - c. A confidentiality statement is included in all emails
  - d. PHI is transmitted only to individuals with a need-to-know to execute their jobs and plan functions.
  - e. Individuals handling PHI are trained on the regulations and policies regarding PHI prior to receiving PHI
3. Blue Shield Promise shall ensure that a Business Associate Agreement has been executed with the contracted vendor providing the telephone medical service advice.
  - a. Blue Shield Promise shall ensure that telephone triage or screening services are provided in a timely manner appropriate for the enrollee's condition, and that the triage or screening waiting time does not exceed 30 minutes and average speed of answer is 30 seconds or less.
4. The Nurse Advice or Health Information Line provides member access to a live person and includes an assessment, evaluation and advice will be provided to the patient or their authorized representative or/family member, if appropriate.
  - a. Nurses will provide advice to assist members with:
    - i. In determining whether to seek care;
    - ii. In determining the most appropriate level of care for their condition;
    - iii. Obtaining answers to health condition and medication related questions;
    - iv. Apply self-care prior to health care visit

- b. Nurse Advice Staff use protocols and scripts approved by the organization which are consistent with current medical and nursing practice and are based on current peer-reviewed literature.
  - c. Is available by secure transmission of safeguarded electronic communication within a twenty-four (24) turnaround time.
    - i. Follow up on specific cases and contact eligible individuals
    - ii. Line eligible contacts to a contact history
- 5. Blue Shield shall have the right to conduct call audits of random live Engaged Member calls twice per year. Audit timing is to be selected by Blue Shield and notice shall be given to Supplier within thirty (30) days of such call audit. Upon written request by Blue Shield, Supplier shall provide Enrolled Member recorded calls as quickly as reasonably possible, not to exceed thirty (30) days of the written request. At Blue Shield's discretion, the audits shall be conducted at Supplier's site or via conference call or web conferencing.
  - a. Blue Shield will identify the calls to be included in the audit by providing the list of Eligible Members, each with a time period during which a call occurred. Requests to obtain copies of Engaged Member recorded calls shall be limited to two (2) requests per year with at least thirty (30) days advance written notice, and Supplier shall provide up to twenty-five (25) such recorded calls per.
    - i. In the event additional requests will cause unreasonable disruption to Supplier's resources, Supplier and Blue Shield shall mutually agree on the number of calls that can be provided and the timing for delivery.
    - ii. Supplier shall provide Enrolled or Engaged Member recorded calls upon written request as appropriate to address a specific Enrolled or Engaged Member complaint or corrective action plan issue.
- 6. Blue Shield Promise shall also ensure that all times, that staff providing services will hold a valid California license as a registered nurse, physician, surgeon or physician assistant and will provide services consistent with an in compliance with the laws governing their respective scope of practice.
  - a. A registered nurse will inquire about the member's symptoms or health concern the moment they call, and will let the member decide if he/she needs to see a doctor or assist in the member's level of care decision. A registered nurse will also provide self-care to the member when necessary.
  - b. Non-licensed staff members may not provide telephone medical advice. They may only handle member's call on behalf of a staff member who is licensed by asking questions to help ascertain the condition of a member so that the member can be referred to licensed staff. Under no circumstances shall those staff members use the answers to those questions in an attempt to assess evaluate advice or make any decision regarding the member condition or determine then a member needs to be seen by a licensed medical professional.
  - c. Blue Shield Promise will ensure that no unlicensed staff member use a clinical title or designation when speaking to a member unless that staff member is licensed.
- 7. The Nurse Advice or Health Information Line keeps records of calls and history of calls from members. The Nurse Advice or Health Information Line staff provides continuity by electronically linking the member's new inquiry to the previous ones, to address the current inquiry in the context of the member's history
  - a. When a member dials or emails the nurse advice line, they are asked for identifying information

- b. When identifying information is entered into the computer system, the member's contact history appears, if the member had prior contacts.
  - c. The intake staff member is able to read past contacts and advice given including the member's condition, requests, follow-up and resolution of their health issues, if available.
  - d. Any referrals to the member's health plan or providers are reviewed for continuity of care and decision-making for the current episode.
8. Staff Members have the ability to follow-up on specified cases and contact members when appropriate.
  9. Blue Shield Promise shall promote the availability of nurse advice line services by publishing information in: the evidence of coverage (EOC) materials, provider manual, on the member website; in notices about the website, and informational mailers that are approved by L.A. Care Health Plan, as necessary, in accordance with the Plan Partner Services Agreement or policies and procedures. Blue Shield Promise Utilization Management and Case Management Nursing Staff may also refer members to the Nurse Advice Line.

**Members requesting for Interpreter Services:**

1. Members have access to interpreter services for the nurse advice line.
2. The Nurse Advice Line/Health Information Line contracted vendor utilizes a third-party interpreter service when the need arises.
  - a. If a non-English speaking member calls the Nurse Advice Line, the member is asked to hold until the interpreter services can be accessed. A quick reference card is available to the staff member for this purpose.
  - b. The member is asked to hold while the interpreter vendor is reached.
  - c. The Nurse Advice Line staff member dials the interpreter vendor and requests the language desired or requests an individual who assess which language the member speaks.
  - d. A three-way call ensues, which provides interpreter services for the member.

**EFFECTIVENESS MONITORING:**

**Oversight of the Nurse Advice or Health Information Line**

Delegation oversight of the Nurse Advice Line includes the following:

1. Blue Shield Promise shall ensure that the nurse advice utilization data is reported to the Blue Shield Promise Utilization Management Department, as defined in the delegation agreement.
2. Staff in the UM Department receives reports, track their timeliness and acceptability.
3. The reports are formally submitted for review on a quarterly basis during the Medical Services Committee. The Committee members will provide feedback with the Vendor if opportunities for improvement are identified.
4. Blue Shield Promise shall ensure that the Nurse Advice Utilization data is reported to L.A. Care's Quality Improvement Department through the Regulatory Affairs & Compliance, within forty-five (45) days of each quarter.
5. The contracted vendor's reports includes:

- a. Utilization Summary
  - i. % of members who utilized Nurse Advice Line
  - ii. Number of activities (calls or chats)
  - iii. Number of unique members
  - iv. Average # of activities per member
- b. Call categories
- c. Clinical Triage Follow up/Return Calls Health Information PRE-Nurse Advice Line Contact
- d. Urgent Care Office Visit ER/911 Home Treatment POST-Nurse Advice Line Contact
  - i. Urgent Care Office Visit ER/911 Home Treatment
- e. Demographics of the member contacting Nurse Advice Line Member asking about child Member asking about other adult Member asking about self Demographics of the patient
  - i. Age
  - ii. Gender
- f. Top Concerns
  - i. Top 10 reasons members called Nurse Advice Line
- g. Utilization by Line of Business (LOB)
  - i. Medicare
  - ii. Medi-Cal
  - iii. Cal Medi-Connect
- h. Service Level Performances rates (e.g., % of calls handled within established threshold, abandonment, etc.)
- i. Member satisfaction annually
- j. The Nurse Advice Line shall analyze data at least annually and, if applicable identifies opportunities and established priorities for improvement

Blue Shield Promise will provide L.A. Care Health Plan with a copy of the Nurse Advice Line Vendor Agreement/Contract as part of the annual audit process.

#### **REFERENCES**

- California Health and Safety Code Regulation, Section 1348.8
- NCQA Standards and Guidelines
- California Public Utilities Commission, Deaf and Disabled Telecommunications  
<http://ddtp.cpuc.ca.gov/default1.aspx?id=1484>