
CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

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SERVICE ACCESS AND AUTHORIZATION

Services covered in the Greater New Orleans Community Health Connection (GNOCHC) Waiver must be accessed through a GNOCHC provider.

The Bureau of Health Services Financing will only reimburse GNOCHC providers for covered services provided to GNOCHC recipients. Claims submitted to the Bureau of Health Services Financing or its fiscal intermediary for services provided to GNOCHC recipients by non-GNOCHC providers will be denied.

Core Services

GNOCHC providers must provide recipients with core services, including primary care and behavioral health care as defined in Section 47.1. Laboratory and radiology services may be sent to an outside entity, but must be paid for by the GNOCHC provider.

Specialty Services

GNOCHC providers must also provide recipients with specialty services, as described in Section 47.1, subject to dollars available to the provider for specialty services. Specialty services may be provided either directly by a GNOCHC provider or indirectly by referral.

The Free Care Program of the Interim LSU Public Hospital is responsible for payment of specialty services they provide to recipients who are eligible for their Free Care Program.

Referrals

GNOCHC referral requirements are separate and distinct from Medicaid referral requirements. Medicaid referral requirements, including CommunityCARE referral requirements, do not apply to GNOCHC recipients.

The GNOCHC provider is responsible for payment for specialty services provided by referral when the referral complies with the provider's prior authorization requirements and when the provider has a contract in effect for payment of the services.

The recipient is responsible for payment of specialty services not provided by a GNOCHC provider or through a referral that is paid for by a GNOCHC provider.

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Prior Authorizations

GNOCHC prior authorization requirements are separate and distinct from Medicaid prior authorization requirements. Medicaid prior authorization requirements do not apply to GNOCHC recipients. Prior authorization requests submitted to Medicaid for GNOCHC enrollees will be denied.