

POLICY AND PROCEDURE

POLICY NAME: Member Advisory of Provider Contract Termination or Limitation Policy	POLICY ID: LA.MBRS.27
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Member Services
EFFECTIVE DATE: 02/01/12	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 11/11, 03/14, 03/15, 09/15, 05/16, 04/17, 04/18, 05/19, 02/20, 01/21, 01/22, 08/22, 11/22, <u>02/23</u>	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines member advisory of provider contract termination or limitations.

PURPOSE:

Plan is responsible for providing reasonable advance notice to a member of the impending termination of a provider who is currently treating the Member in accordance with Plan's contract with Louisiana Department of Health (LDH).

SCOPE:

Louisiana Healthcare Connections' (~~Plan~~LHCC) Member Services, Provider Services, Provider Relations, and Eligibility Departments.

DEFINITIONS:

POLICY:

~~The MCO shall~~LHCC will give written notice of a provider's termination to each Enrollee who received care from the terminated provider within the last eighteen (18) months or was seen on a regular basis by the terminated practitioner or practice group in general, family, or internal medicine or pediatrics. When notice from the provider is received, the notice to the member shall be provided within fifteen (15) calendar days of the receipt of the termination notice from the provider. ~~The MCO shall~~LHCC will provide notice to a member, or the parent/legal guardian and the involved state agency as appropriate, who has been receiving prior authorized course of treatment, when the treating provider becomes unavailable. The written notice shall be provided within seven (7) calendar days from the date ~~the MCO~~LHCC becomes aware of such, if it is prior to the change occurring.

TIMELY NOTICE

When a practitioner or practice group notifies the organization of termination less than 30 calendar days prior to the effective date, the organization notifies the affected members as soon as possible, but no later than 30 calendar days after receipt of the notification. Failure to provide notice prior to the dates of termination will be allowed when a provider becomes unable to care for members due to an illness, a provider dies, the provider moves from the service area and fails to notify ~~the MCO~~LHCC, or when a provider fails credentialing or is displaced as a result of a natural or man-made disaster. Under these circumstances, notice shall be issued immediately upon ~~the MCO~~LHCC becoming aware of the circumstances.

PROCEDURE:

1. A case will be created by Provider Relations staff or ~~the plan's~~LHCC's Reaccreditation team when a termination notice is received in accordance with the Provider's contract or when a provider fails the re-accreditation process.
2. Upon receipt of a Provider's Notice of Termination or failed re-accreditation, ~~the PLAN~~LHCC's Eligibility Specialist (ES) will run a report with names, ID numbers and addresses of all Members impacted as a result of the provider being the member's PCP or having provided services on a regular basis.
3. ~~The PLAN~~LHCC's state-approved "Provider Termination" letter must be used to notify members of the Provider's termination. Any changes to the member notification letters will be submitted to ~~the Plan's~~LHCC's compliance officer, allowing LDH 30 days to review and approve, prior to being used by ~~Plan~~LHCC.
4. Upon receiving notice of a provider termination, ES will mail notice of the provider's termination to each member who received their primary care from or was seen on a regular basis by the terminated provider. The termination notice letter advises the Member that their practitioner or practitioner group will no longer be able to act as their practitioner as of "effective date" and the member's rights to call the Health Plan Member Services Department to get help choosing a different PCP.
5. ES will assign Members a new PCP based on the PCP auto-assignment algorithm. See LA.MBRS.28 for PCP assignment algorithm.

6. If it is determined that a PCP could cause imminent harm to Members, Members will be removed immediately and notified by written letter of the change. Where appropriate member's will be reassigned a new and their right to change PCPs.
7. Members will receive a replacement Member ID card including their new PCP name and phone number. The replacement Member ID card will be postmarked within 5-7 business days of the change.
8. The PCP Panel/Patient List will be available to all PCPs via Plan's secure provider web portal 24 hours a day, seven (7) days a week, and be reflective of members assigned to that provider within the last business day.

REFERENCES:

Louisiana Department of Health Medicaid Contract
 Notice to Members of Provider Termination LA.PRVR.23
 LA.MBRS.28

ATTACHMENTS:

Member Moves Reason and Flow Chart

ROLES & RESPONSIBILITIES:
REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Ad Hoc Review	Added to Policy "within fifteen (15) days after receipt of issuance of the termination notice, to each member who received his or her primary care from or was seen on a regular basis by the terminated provider as specified in 42 CFR §438.10(f)(5).	11/11
Ad Hoc Review	Modified below flow chart in box 3. Changed from Provider Relations is notified PDM and ES of provider term via a case in CRM. To read: Provider Relations notifies PDM and ES of provider term. Added "after receiving approval from Director of MPS – approval of appropriate letter to member" to the box "Eligibility Specialist (ES) will notify.... Added "Health Plan terms provider" flow chart. Added "Provider is termed by DHH" flow chart.	03/14
Annual Review	No revisions	03/15
Ad Hoc Review	Behavioral health updates.	09/15
Ad Hoc Review	Updated policy with algorithm reference and updates Added attachment Member Moves Reason and Flow Chart	05/16
Ad Hoc Review	Changed DHH to LDH	04/17
Annual Review	Reviewed with no changes	04/18
Annual Review	Added: Upon receiving notice of a provider termination, ES will mail notice of the provider's termination to each member who received their primary care from or was seen on a regular basis by the terminated provider Added: ES will assign Members a new PCP based on the PCP auto-assignment algorithm. See LA.MBRS.28 for PCP assignment algorithm.	05/19
Annual Review	No revisions	02/20
Annual Review	Annual review – no change	01/21
Annual Review	Annual review – no change	01/22
Ad Hoc Review	Included "The termination notice letter advises the Member that their practitioner or practitioner group will no longer be able to act as their practitioner as of "effective date" and the member's rights to call the Health Plan Member Services Department to get help choosing a different PCP."	08/22
Ad Hoc Review	Added, "When a practitioner or practice group notifies the organization of termination less than 30 calendar days prior to the effective date, the	11/22

	organization notifies the affected members as soon as possible, but no later than 30 calendar days after receipt of the notification.” Updated Procedure Sections 1 and 2 Reformatted to latest Policy Template	
<u>Ad Hoc Review</u>	<u>Added “Enrollee who received care from the terminated provider within the last eighteen (18) months,” to the policy section.</u> <u>Changed “the MCO” and “the PLAN” to “LHCC”</u>	<u>02/14/2023</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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