

POLICY AND PROCEDURE

POLICY NAME: Member Reassignment Policy	POLICY ID: LA.ELIG.205
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Eligibility, Provider Data, Customer Service
EFFECTIVE DATE: 04/25/19	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 11/19, 09/20, 05/21, 05/22, 05/23, <u>11/23/04/24</u>	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines ~~the Member process Reassignment Criteria for Member Moves.~~

PURPOSE:

To define how the Plan processes member move requests either initiated by providers or internally, evaluates claims history and communicates with providers and members on member reassignment, and to ensure members are assigned to the most appropriate Primary Care Physician (PCP).

POLICY SCOPE:

Louisiana Healthcare Connections (LHCC or Plan) Eligibility, Customer Service Department, and Provider Data. This policy applies to all ~~in-network PCPs (and providers), member related reassignments. The Plan will facilitate these requests in a manner that continues to provide members with required healthcare in an environment acceptable to both the member, their provider, and Member Reassignment Informational Bulletin 19-6. All moves are done prospectively. -all members that have been assigned to the current PCP for at least 90 days, and members who have not seen the assigned PCP within the 12 month look back period.~~

DEFINITIONS:

POLICY:

~~The Plan will facilitate these requests in a manner that continues to provide members with required healthcare in an environment acceptable to both the member and their provider. All moves are done prospectively.~~

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PROCEDURE:

Member Moves Overview Reasons and Time Frames Outlined:

<u>Initiator of Member Movement</u>	<u>Reason For Member Movement</u>	<u>Time Frame Review: (All Reassignments to be completed timely based upon notification)</u>
<u>Provider Initiated</u>	<u>Dismissal</u>	<ul style="list-style-type: none"> • <u>Notification based upon Provider Notification</u> • <u>Completion – 14 calendar days[LTL1]</u>
	<u>Panel Updates</u>	<ul style="list-style-type: none"> • <u>Notification based upon Provider Notification and Provision of necessary information needed to make updates.</u> • <u>Necessary information may include supporting documentation if claims history is contradictory per Member Reassignment Informational Bulletin 19-6</u> • <u>Completion – 14 calendar days[LTL2]</u>
<u>LHCC Initiated</u>	<u>PCP Auto Assignment Algorithm</u>	<ul style="list-style-type: none"> • <u>New members or members that select a PCP under restriction – Assignment upon identification on 834 if member has not chosen a PCP. The PCP assignment shall be effective no later than fifteen (15) Calendar Days after the effective date of Enrollment with the Plan.</u> • <u>Newborns – if they do not make a selection within 14 calendar days a PCP will be assigned.</u>
	<u>364 Quarterly Reassignment</u>	<ul style="list-style-type: none"> • <u>Analysis Is uploaded to the Provider Portal by the 15th of the Second Month of each Quarter -- Feb, May, Aug, Nov</u> • <u>Providers have 15 days to Contest Reassignments and send Supporting evidence.</u> • <u>Movements occur the following month – March, June, Sept, Dec based on compiled provider feedback in line with bulletin - Member Reassignment Informational Bulletin 19-6</u>
<u>Can be LHCC or Provider Initiated</u>	<u>Provider Terminations</u>	<ul style="list-style-type: none"> • <u>Written notice of provider terminations shall be provided within seven (7) calendar days from the date LHCC becomes aware of such, if it is prior to the change occurring. LA.MBRs.27</u> • <u>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 notification of the change. LA.MBRs.27</u>

PROVIDER INITIATED MEMBER MOVES REASONS AND PROCEDURES:

Provider Initiated Request Timeframes:

Provider Initiated Requests – are Requests originating from a Treating Provider. These requests can include but are not limited to identified panel discrepancies, provider transitions within a group (ie a provider is leaving that group and transitioning patients to another clinician), etc.

- All [LTL3] provider-initiated requests will be processed upon receipt of notification and any required supporting documentation
- Panel Updates - The panel of the PCP to which the members were reassigned will be updated via provider data management processes and this update will reflect on the provider secure portal within 24-48 hours of the update being processed.
- Once the members are reassigned, they will receive a new Member ID card via certified mail which will include the name of their new PCP. The replacement Member ID card will be postmarked within 5 business days of the requested change completion date. Members will also receive a letter advising them about the move and the reason for the move. These letters will be mailed out no later than 7 days from the date the move is processed.

Unacceptable reasons to request dismissal

- A change in the member's health status or need for treatment
- A member's diminished mental capacity or disruptive behavior that results from the member's special health care needs unless the behavior impairs the ability of the PCP to furnish services to the member or others
- Transfer requests shall not be based on race, color, national origin, handicap, age, or gender.

Formal Dismissal Requests:

In instances where a Provider reports Repeated Member No Shows or Member Abuse – supporting evidence of the Abuse/No show will be required to finalize the dismissal. Dismissals will be rejected if the Dismissal is in relation to the following:

- A change in the member's health status or need for treatment
- A member's diminished mental capacity or disruptive behavior that results from the member's special health care needs unless the behavior impairs the ability of the PCP to furnish services to the member or others
- Transfer requests shall not be based on race, color, national origin, handicap, age, or gender.

Member No Shows or Member Abuse

Supporting evidence:

- Requests for moves due to member no shows and/or member abuse must be accompanied by supporting evidence from the requesting provider such as outreach attempts for member no shows or a summation of the member abuse for evaluation of these move requests.

LHCC INITATED MEMBER MOVES

PCP Auto Assignment [Algorithm] [LTL4]

Please see LA.ELIG.04 for full scope, methodology and contributing factors related to PCP Auto assignment.

It is the policy of Plan to auto-assign a PCP to members for whom the plan is the primary payer in the following situations: (2.9.11.2.1).

- New Members to LHCC that -
 - Adult/child New members that do not make a PCP selection upon enrollment. In instances of New member assignment, The PCP assignment shall be effective no later than fifteen (15) Calendar Days after the effective date of Enrollment with the Plan.
 - Guardian's that do not make a selection of a PCP for a newborn within fourteen (14) calendar days of birth. The effective date of a PCP selection or assignment of a newborn will be no later than the first month of enrollment after the birth of the child. (2.9.11.2.2)

- Member selects a PCP within the network that has reached their maximum physician/patient ratio
- Member selects a PCP within the network that has restrictions/limitations (e.g., pediatric only practice)
- Existing members impacted by –
 - A Provider Termination / Dismissal that requires assistance identifying and reassignment of the member to a new PCP

Auto assignments shall be prompt and shall be to the most appropriate PCP in accordance with the LDH Contract, the MCO Manual, and the Plan's approved PCP Automatic Assignment methodology, as approved by LDH in writing.

~~Requests for moves due to member no shows and/or member abuse must be accompanied by supporting evidence from the requesting provider such as outreach attempts for member no shows or a summation of the member abuse for evaluation of these move requests.~~ Quarterly Reassignment Process

This process follows and updates in line with Louisiana Department of Health Member Reassignment Informational Bulletin 19-6

- Reassignment of Membership takes place Quarterly

Louisiana Health Care Connections performs a claims analysis quarterly to ensure members are assigned to the most appropriate PCP. If members could be assigned to a more appropriate PCP, a ticket will be submitted via the member move share point site and the move will be processed by the LHCC Enrollment team. All reassignments are done on a prospective basis.

Claims Analysis - will be conducted on all members and the Plan will review these claims for any opportunities to assign a member to a more appropriate PCP. As part of this analysis LHCC will review 12 months (at a minimum) of claims history, including wellness visits and sick visits.

Reassignment logic per Member Reassignment Informational Bulletin 19-6

- An enrollee will only be eligible for reassignment if they have visited an unassigned PCP at least once within the previous 12 months.
 - If the enrollee has seen an unassigned PCP within the same tax ID number (TIN) as the assigned PCP, the enrollee will not be reassigned.
 - If an enrollee has not seen the assigned PCP and has seen multiple unassigned PCPs, the enrollee will be assigned to the PCP with the most visits.
 - If the enrollee has the same number of visits with multiple unassigned PCPs, the enrollee will be assigned to the most recently visited PCP.
 - Enrollees who have not seen the assigned PCP or any other PCP will not be reassigned.
 - If the enrollee has an established relationship, defined by at least one claim within the previous 12 months, with an unassigned PCP, the MCO will reassign that enrollee appropriately, even if the unassigned PCP's panel shows that it is closed. The enrollee PCP relationship takes priority over a closed panel.
 - All reassignments shall be prospective.

Quarterly Reassignment Timing

- Analysis Is uploaded to the Provider Portal by the 15th of the Second Month of each Quarter -- Feb, May, Aug, Nov
- Providers have 15 days to Contest Reassignments and send Supporting evidence.
- Movements occur the first day of the following month – March, June, Sept, Dec
- Quarterly State Reporting from MCO to LDH is due by the 30th day of the Month following the end of the Quarter – Jan, April, July, Oct

If a provider believes a member was identified for Reassignment in error – that provider can submit supporting evidence to align panel. Supporting evidence documentation can be sent to LHCC via mail, secure portal email, or fax.

If the provider does not respond to the claims analysis or show evidence to refute the claims analysis, the Plan will proceed with the move(s) per the timeframes outlined above.

Supporting evidence examples:

Should the provider dispute the results of the claims analysis they must show documentation for at least one date of service (illustrating they have seen the member) within the claims analysis 12 month look back period.

One or more of the below qualifies as sufficient documentation.

- Medical Records showing treatment within 12mo span
- PCP Update Form – with member signature
- Proof of Billed Claims Submission for Recent Visit

Note - TPLs may cause MCOs to not have claims data.

- Example: A member has commercial insurance and Medicaid secondary. The primary insurance pays a claim 100% and the provider does not bill the MCO, causing the MCO to not have any claims data from that DOS, making it appear as if the member did not see the provider.

Submission of Provider Supporting Evidence to MCO

~~A written request must be received from the provider to LHCC asking for the removal of the member from the provider's panel. This request can be submitted via the provider consultant, secure portal email, mail, or fax.~~

~~If by mail:~~

~~Louisiana Healthcare Connections
Attention Enrollment Team
P.O. Box 84180
Baton Rouge, LA 70884~~

~~If by fax:~~

~~(866) 768-9374
Cover Sheet: Attention Enrollment Team~~

~~The request must include the following:~~

- ~~• The member's full name and member Medicaid identification number~~
- ~~• The reason(s) for the requested member reassignment~~
- ~~• The requesting provider's NPI number~~
- ~~• Provider's preferred method of contact for follow up; secure portal email, fax, or mail~~
- ~~• A note from the provider advising he/she is not a PCP and the members were assigned to him/her in error may also be present.~~

A written request must be received from the provider to LHCC asking for the removal of the member(s) from the provider's reassignment panel roster. This request can be submitted via the provider consultant, secure portal email, mail, or fax.

Requests must include the following information:

- The member's full name and member Medicaid identification number
- The reason(s) to halt reassignment.
- The requesting provider's NPI number
- Provider's preferred method of contact for follow up; secure portal email, fax, or mail
- Supporting Evidence
- Make sure to include on the Face Cover Letter or Fax Cover – that the information is being sent in response to the **Quarterly Reassignment Report**

Send Requests

<u>If by Mail</u>	<u>Louisiana Healthcare Connections</u>
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	<u>Attention Enrollment Team</u> <u>P.O. Box 84180</u> <u>Baton Rouge, LA 70884</u>
<u>If by Fax</u>	<u>If by fax:</u> <u>(866) 768-9374</u> <u>Cover Sheet: Attention Enrollment Team</u>

If by mail:

Louisiana Healthcare Connections
Attention Enrollment Team
P.O. Box 84180
Baton Rouge, LA 70884

If by fax:
(866) 768-9374
Cover Sheet: Attention Enrollment Team

The request must include the following:

- The member's full name and member Medicaid identification number
- The reason(s) for the requested member reassignment
- The requesting provider's NPI number
- Provider's preferred method of contact for follow up: secure portal email, fax, or mail
- A note from the provider advising he/she is not a PCP and the members were assigned to him/her in error may also be present.

~~Upon receipt of the request from the provider LHCC will follow the below process in determining the validity of the request and to process the move.~~

- ~~• LHCC will review the list of members from the provider.~~
- ~~• If the member(s) was/were assigned to a specialist or other invalid provider in error, LHCC will move the members to an appropriate PCP using LDH approved claims analysis and assignment logic.~~

~~If the requesting provider is a PCP and the reason for the requested move is valid, LHCC will reassign the member to a more appropriate PCP using LDH approved claims analysis and assignment logic. Once it is determined the members will be reassigned and the move has been completed, the requesting provider will receive a notice via their preferred method of contact notifying them of the completed move.~~

Invalid Requests

- If Provider request is deemed to be invalid, LHCC will follow up with the provider via the provider's preferred method of contact and provider an explanation as to why the move request is not valid. Should the requesting provider wish to dispute this a formal complaint may be submitted.

~~CAN BE EITHER LHCC OR PROVIDER INITATED MEMBER MOVES—~~ The panel of the PCP to which the members were reassigned will be updated and this update will reflect on the provider secure portal within 24-48 hours of the update being processed.

~~**Note:** If the request is deemed to be invalid, LHCC will follow up with the provider via the provider's preferred method of contact and provider an explanation as to why the move request is not valid. Should the requesting provider wish to dispute this a formal complaint may be submitted.~~

~~Once it is determined the members will be reassigned and the move has been completed, the requesting provider will receive a notice via their preferred method of contact notifying them of the completed move.~~

~~The panel of the PCP to which the members were reassigned will be updated and this update will reflect on the provider secure portal within 24-48 hours of the update being processed.~~

~~Once the members are reassigned, they will receive a new Member ID card via certified mail which will include the name of their new PCP. The replacement Member ID card will be postmarked within 5 business days of the requested change completion date. Members will also receive a letter advising them about the move and the reason for the move. These letters will be mailed out no later than 7 days from the date the move is processed.~~

- As members are assigned to a PCP, the provider's panel status is updated to reflect current member count. Once the maximum panel limit is reached, members can no longer be assigned to that PCP through the automated process.
- Note: If the request is deemed to be invalid, LHCC will follow up with the provider via the provider's preferred method of contact and provide an explanation as to why the move request is not valid. Should the requesting provider wish to dispute this a formal complaint may be submitted.

Note:

- Members will retain the right to seek urgent care from the original PCP for 30 days following their receipt of the notice of dismissal.
- If the member wishes to contest the dismissal, Member Services will assist the member with their request.
- In the event LHCC makes a reassignment, the member retains the right to make another PCP change selection at any time.
- All member moves are completed no later than 2 weeks from ticket submission date to finalized reassignment to new PCP.

PLAN INITIATED MEMBER MOVES PROCEDURE:

Provider Data Department performs a claims analysis quarterly to ensure members are assigned to the most appropriate PCP. If members could be assigned to a more appropriate PCP, a ticket will be submitted via the member move share point site and the move will be processed by the LHCC Enrollment team. All reassignments are done on a prospective basis.

Steps to determine potential member moves:

- A quarterly claims analysis will be conducted each quarter on the 15th of January, April, July, & October of every year.
- This claims analysis will be conducted on all members and the Plan will review these claims for any opportunities to assign a member to a more appropriate PCP.

As part of this analysis LHCC will review 12 months (at a minimum) of claims history, including wellness visits and sick visits. Note:

Members will retain the right to seek urgent care from the original PCP for 30 days following their receipt of the notice of reassignment.

If the member wishes to contest the reassignment, Member Services will assist the member with their request.

In the event LHCC makes a reassignment, the member retains the right to make another PCP change selection at any time.

- A member will only be eligible for reassignment if they have visited an unassigned PCP at least once within the previous 12 months. If the member has the same number of visits with multiple unassigned PCPs, the member will be assigned to the most recently visited PCP.

- If the member has seen an unassigned PCP within the same TIN as the assigned PCP, the member will not be reassigned.
- If a member has not seen the assigned PCP and has seen multiple unassigned PCPs, the member will be assigned to the PCP with the most visits.
- If the member has the same number of visits with multiple unassigned PCPs, the member will be assigned to the most recently visited PCP.
- Members who have not seen the assigned PCP or any other PCP will not be reassigned.

If the member has an established relationship, defined by at least one claim, with an unassigned PCP, the MCO will reassign that member appropriately, even if the unassigned PCP's panel shows closed. The member PCP relationship takes priority over a closed panel.

- If it is determined a move is necessary a letter will be sent to the PCP (or assigned provider) the member(s) will be moved from on the 1st of February, May, August, & November of every year. This letter will be sent to the primary address of the provider listed on file with the Plan and will include the summary results of the claims analysis completed. We will publish the member list to the provider secure portal on the 1st of February, May, August, & November of every year as well.

The member's current PCP (or assigned provider) will be allowed 15 business days from the postmarked date to review the claims analysis before any members are reassigned. If the provider does not respond to the claims analysis or show

~~evidence to refute the claims analysis, the Plan will proceed with the move(s) on the 16th business day of February, May, August, & November every year. A written notice will be sent to primary address of the current provider and the member advising of the move, reason for the move, and effective date of the move.~~

Provider Terminations

For extensive and interdepartmental policy related to Provider Terminations see Policy LA.MBRs.27. Herein will briefly outline the Member Reassignment criteria associated with Terminations.

Identification and Notification

~~Should the provider dispute the results of the claims analysis they must show documentation (medical record, proof of billed claim, etc. for at least one date of service) that they have seen the member(s) within the claims analysis 12-month look back period. The documentation can be received via mail, secure portal email, or fax.~~

- Upon receipt of a Provider's Notice of Termination LHCC will run a report identifying members impacted. Impact is defined as provider was acting as members assigned PCP or member was receiving ongoing services on a regular basis from provider per claims analysis (As defined in LA.MBRs.27 and LA.MBRs.28).
- Written notice of provider terminations shall be provided within seven (7) calendar days from the date LHCC becomes aware of such, if it is prior to the change occurring. LA.MBRs.27
- LHCC will mail notice of provider's termination to affected membership per LA.MBRs.27
- LHCC will assign Members a new PCP based on the PCP auto-assignment algorithm. Algorithm is detailed high level below within this policy and in greater detail in LA.MBRs.28 for PCP assignment algorithm.
- 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.

~~**Note:** TPL may cause MCOs to not have claims data.~~

~~Example: A member has commercial insurance and Medicaid secondary. The primary insurance pays a claim 100% and the provider does not bill the MCO, causing the MCO to not have any claims data from that DOS, making it appear as if the member did not see the provider.~~

- ~~• If the provider does not respond to the claims analysis or show evidence to refute the claims analysis, the Plan will proceed with the move(s) on the 16th business day of February, May, August, & November every year. A written notice will be sent to primary address of the current provider and the member advising of the move, reason for the move, and effective date of the move.~~
- All member moves are completed on day 1 of the March, June, September, & December of every year.
- Once the members are reassigned, they will receive a new Member ID card via certified mail which will include the name of their new PCP. The replacement Member ID card will be postmarked within 5 business days of the requested change completion date. Members will also receive a letter advising them about the move and the reason for the move.
- The change in the provider's panel is reflected on the provider's patient list on the provider secure portal within 24-48 hours of the change being completed.
- Members reassigned to a new PCP will be electronically flagged as a new member and easily identifiable and sortable via the PCP's Portal.

~~TPL may cause MCOs to not have claims data.~~

~~Example: A member has commercial insurance and Medicaid secondary. The primary insurance pays a claim 100% and the provider does not bill the MCO, causing the MCO to not have any claims data from that DOS, making it appear as if the member did not see the provider.~~

~~Note:~~

- ~~• Members will retain the right to seek urgent care from the original PCP for 30 days following their receipt of the notice of reassignment.~~
- ~~• If the member wishes to contest the reassignment, Member Services will assist the member with their request.~~
- ~~• In the event LHCC makes a reassignment, the member retains the right to make another PCP change selection at any time.~~

Member Initiated Moves and Member Rights Member Moves

The following member rights apply to all member moves requests including but not limited to Provider Requested Dismissals and Quarterly Reassignment identified moves.

- The member has the right to call the health plan Member Services at any time to get assist in choosing a different PCP other than their assigned PCP.
- If the member wishes to contest a reassignment, Member Services will assist the member with their request.
- Members will retain the right to seek urgent care from the original PCP for 30 days following reassignment.
- Reassignment processes and Auto Assignment Algorithms - will ensure there are no barriers to member's receiving access to Emergency Services, urgent services, or obtaining care in or out of the Contractor's Provider Network.

REFERENCES:

Member Reassignment Informational Bulletin 19-6
LA.MBRS.27 – Member Advisory of Provider Contract Termination or Limitation
LA.MBRS.28 –
LA.MBRS[~~LT~~5].29
MCO Manual-2-2-24

ATTACHMENTS:



Member Move
Reasons.docx



LDH Member
Reassignment Progr

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

HB-434, Act 319 La R.S. 46:460.54 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
<u>Ad hoc review</u>	<u>Inclusion and update re bulletin 19-6, update format to increase ease of referencing individual sections, remove discrepancies in timeframes and clearly recap timeframes for ease of reference</u>	
Ad Hoc Review	Replaced Provider Data Team with Enrollment Team as contact info. Added that the member list will be published to the provider secure portal.	11/22/19
Annual Review	No Revisions	09/25/20
Ad Hoc Review	Address Change to Archives building	05/27/21
Annual Review	No Revisions	05/27/22
Annual Review	Reformatted to latest Policy Template Updated mailing address	05/09/23
<u>Annual Review</u>	<u>Update policy – to include all scenarios (previously scattered across multiple policies) related to member reassignment, improve flow/navigation of policy for ease of review/future updates, removal of redundant language, re-review of Contract, state bulletin, and MCO manual time frame references to ensure clear concise verbiage on timeframes. Department work processes target tighter turn around times, purpose of policy is to out line compliance criteria to ensure clear documentation and reduce confusion.</u>	<u>04-/509-/24</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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