

POLICY AND PROCEDURE

POLICY NAME: Provider Facing Policy for Member Moves	POLICY ID: LA.MBRS.29
BUSINESS UNIT: LHCC	FUNCTIONAL AREA: Member Services
EFFECTIVE DATE: 11/22/19	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE: 09/20, 5/21, 05/22, 05/23, <u>04/24</u>	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy instructs providers on member moves.

PURPOSE:

To define how member moves are conducted from provider initiated and plan-initiated requests and to provide instructions to providers on how to dispute, review, and request member moves.

SCOPE:

Louisiana Healthcare Connections (LHCC or the Plan) in-network Providers.

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.

PROCEDURE:

PROVIDER INITIATED MEMBER MOVES

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PROCEDURE:

PROVIDER INITIATED MEMBER MOVES PROCEDURE

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.

Member No Shows or Member Abuse

- 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.

~~A written request~~ [Sending Dismissal requests](#) – must be received from the provider to LHCC asking for the removal of the member(s) from the provider's panel. This request can be submitted via secure portal email, mail, or fax.

If by mail:

Louisiana Healthcare Connections
Attention [Enrollment Team](#)[Network](#)
P.O. Box 84180
Baton Rouge, LA 70884

If by fax:

(866) 768-9374

Cover Sheet: [Enrollment Team](#)[Network](#)

The request must include the following:

- The member's full name and member Medicaid identification number
- The reason(s) for the requested member reassignment/[dismissal](#)
- [Supporting documentation](#)
- The requesting provider's NPI number
- Provider's preferred method of contact for follow up; secure portal email, fax, or mail
- Please note if you are not a PCP ~~and they~~ [not acting as a PCP at the location in question if](#) members were assigned to you in error.

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.
- [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.
- [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. All member moves are completed no later than [2-weeks](#)[14 calendar days](#) from [datedetermination that](#) the move is [determined to be](#) valid.
- 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. Providers may view their patient list in one of two ways.
 - Once logged into the provider secure portal, click on the 'Patients' button which can be located on the top of the site.



- In order to see newly assigned members, use the 'Filter' option and select 'New Member'. This filtered list will show all members assigned in the last 90 days.
- The patient list can also be downloaded to an excel file using the 'Download' option which is located next to the 'Filter' option.

- 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 5-7 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 and these. These letters will be mailed out no later than 7 business days from the date the move is processed.

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.~~
- ~~Providers are encouraged to contact Louisiana Healthcare Connections with concerns about at-risk members.~~

PLAN INITIATED MEMBER MOVES

LHCC will perform a quarterly claims analysis to ensure members are assigned to the most appropriate PCP. All reassignments are done on a prospective basis. [All steps / algorithm requirements will align with Louisiana Department of health - Member Reassignment Informational Bulletin 19-6.](#)

Steps to determine potential member moves:

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- [If it is determined a move is necessary Providers will be notified via the Provider Portal via upload of quarterly claims analysis results.](#)
- [The quarterly claims analysis will be conducted each quarter on and uploaded to the Provider Portal by the 15th of January, April, July, & October of every year. the Second Month of each Quarter -- Feb, May, Aug, Nov](#)
- [If it is determined a move is necessary, movements occur the first day of the following month – March, June, Sept, Dec](#)

- The member's current PCP (or assigned provider) will be allowed 15 business days from date of notification to review the claims analysis before any members are reassigned.
- 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.
- This LHCC errs on maintaining and preserving continuity of care and existing provider/patient relationships. If in doubt LHCC will maintain current assignment.

Claims Analysis:

- Quarterly 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.
- 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 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 their 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.~~

Sending Feedback about Quarterly Reassignment Analysis: (Please include subject "Quarterly Reassignment" on face-sheet and send Attention: Enrollment team)

- ~~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. 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.~~

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: **Enrollment Team**

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. in line with Member Reassignment Informational Bulletin 19-6.~~
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- ~~Provider portal reports can be downloaded in excel format – to support ease of review, feedback notation. Members are identified as potentially moving TO or FROM the provider based on claims analysis~~
- ~~If a member moves are completed on day 1 of the March, June, September, & December of every year.~~
- ~~Once is contested with supporting rationale by either 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 change completion date. Members will also receive a letter advising them about the TO or FROM provider – 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. halted~~
~~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.
 - Once logged into the provider secure portal, click on the 'Patients' button which can be located on the top of the site.



- In order to see newly assigned members, use the 'Filter' option and select 'New Member'. This filtered list will show all members assigned in the last 90 days.
- The patient list can also be downloaded to an excel file using the 'Download' option which is located next to the 'Filter' option.



Note:

Additional Notes:

- ~~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. Members will retain the right to seek urgent care from the original PCP for 30 days following their receipt of the notice of dismissal.
- Members have the right to seek reassignment at any time and for any reason.
- 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.
- Providers are encouraged to contact Louisiana Healthcare Connections with concerns about at-risk members.

REFERENCES:

ATTACHMENTS:

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
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 address to P.O. Box	05/09/23
<u>Annual Review</u>	<u>Improve flow of document for ease of navigation. Removal of redundant language, correction of quarterly assignment cadence based on Member Reassignment Informational Bulletin 19-6, Update of Provider notification to be based on Provider Portal (updates in informational bulletin 19-6).</u>	<u>4-5-2404/09/24</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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