# Louisiana Department of Health
# Informational Bulletin 19-6
# Revised May 6, 2022

## Member Reassignment Policy Core Elements

Effective July 1, 2019, all managed care organizations (MCO) will adopt a member reassignment policy, which must include the core elements detailed below.

Beginning April 1, 2019, all MCOs will perform a "soft rollout" to allow providers to preview how the member reassignment policy will be executed on July 1, 2019. No enrollees will be moved during the soft rollout.

### Purpose

The purpose of the member reassignment policy is to ensure Medicaid members are assigned to the most appropriate primary care provider (PCP). Healthy Louisiana MCOs shall utilize the core elements outlined in this bulletin in developing a member reassignment policy. The core elements were developed by a workgroup consisting of providers, all MCOs and the Louisiana Department of Health (LDH). Any revisions to an MCO's member reassignment policy shall be reviewed and approved by LDH at least 30 calendar days prior to implementation of any new or revised language.

### Core Elements

Member reassignment policies shall apply to all in-network PCPs, all enrollees who have been assigned to the current PCP for at least 90 days, and enrollees who have not seen the assigned PCP within the prior 12 months. All policies should include the following core elements:

**Analysis**

- Claims analysis is performed on a quarterly basis and is based on the previous 12 months (at minimum) of claims history, including wellness visits and sick visits.

**Reassignment**

- 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.

**Provider Notification**

- ~~MCOs must provide formal notification (via email/portal) to the PCP regarding results of the analysis and the notification shall be a set date each month. The PCP is allowed 15 business days to review before any enrollees are reassigned.~~
    - ~~MCOs must also include a protocol for provider disputes with the results from the claim analysis. The provider must provide documentation [e.g., medical record, proof of billed claim, etc. for at least one date of service (DOS)] that they have seen the enrollee(s) during the previous 12 months.~~
- <u>MCOs must publish the results of the claims analysis to their provider portals on the 15th calendar day of the second month of each quarter. If the due date falls on a weekend or a state-recognized holiday, the results shall be published on the next business day.</u>
- <u>The results shall identify all enrollees eligible for reassignment from the PCP along with enrollees eligible for reassignment to the PCP. Enrollees identified as eligible for reassignment to the PCP shall be shared as informational only considering this data is subject to change via the dispute protocol below.</u>
- <u>The results of the analysis shall be published in a format that is able to be downloaded/exported into Excel. The PCP is allowed 15 business days to review before any enrollees are reassigned.</u>
- <u>MCOs must also include a protocol for provider disputes with the results from the claim analysis. To dispute the reassignment of the enrollee(s) from the PCP, the provider must provide documentation (e.g., medical record, proof of billed claim, etc. for at least one date of service) that they have seen the enrollee(s) during the previous 12 months.</u>
- MCOs must incorporate a flag for providers to identify new enrollees on their rosters/panels easily and a flag to indicate if the enrollee was auto-assigned or not. This flag is for all enrollees, not just reassigned.

**Enrollee Notification**

- MCOs must incorporate the process for notifying the affected enrollees within the policy.

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