

POLICY AND PROCEDURE

POLICY NAME: Member Reassignment Policy	POLICY ID: LA.ELIG.25
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, 04/24	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This policy outlines Member Reassignment Criteria

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:

Louisiana Healthcare Connections (LHCC or Plan) Eligibility, Customer Service Department, and Provider Data. This policy applies to all 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.

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PROCEDURE:

Member Moves Overview Reasons and Time Frames Outlined:

Initiator of Member Movement	Reason For Member Movement	Time Frame Review: (All Reassignments to be completed timely based upon notification)
Provider Initiated	Dismissal	<ul style="list-style-type: none"> Notification based upon Provider Notification Completion – 14 calendar days
	Panel Updates	<ul style="list-style-type: none"> Notification based upon Provider Notification and Provision of necessary information needed to make updates. Necessary information may include supporting documentation if claims history is contradictory per Member Reassignment Informational Bulletin 19-6 Completion – 14 calendar days
LHCC Initiated	PCP Auto Assignment Algorithm	<ul style="list-style-type: none"> 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. Newborns – if they do not make a selection within 14 calendar days a PCP will be assigned.
	364 Quarterly Reassignment	<ul style="list-style-type: none"> 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 following month – March, June, Sept, Dec based on compiled provider feedback in line with bulletin - Member Reassignment Informational Bulletin 19-6
Can be LHCC or Provider Initiated	Provider Terminations	<ul style="list-style-type: none"> Written notice of provider terminations shall be provided within seven fifteen (15) calendar days from the date LHCC becomes aware of such, if it is prior to the change occurring. LA.MBRS.27 LA.MBRS.27 and MCO 2.13.9.2 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

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 (i.e. a provider is leaving that group and transitioning patients to another clinician), etc.

- All 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.

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.

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

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.

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.

Additional Eligibility for Reassignment:

- Members will also be eligible for reassignment if they have not been to see their assigned PCP within 12months.

Eligible members may not automatically move – input and feedback on panels should be submitted to support movement updates per the quarterly feedback process.

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 12 month 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 member(s) from the provider's reassignment 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

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

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

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

- 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.

Provider Termination Algorithm:

- If a member reassignment is due to a Provider Termination, the Plan will select the Member's new PCP based upon the following criteria:
 - The provider is a PCP within a group and leaves the Network (Non-Par) while the group remains open
 - i. Members will be reassigned to a PCP within the group
 - The provider group closes, but the PCP remains in Network (PAR)
 - i. Members will be reassigned to the same PCP and will follow that PCP to the new group
 - In the following situations, follow the **Algorithm Prioritization** listed below: based on geographic (zip code) of the terming PCP or group
 - i. The provider is not currently a PCP within a group and leaves the Network
 - ii. The provider group leaves the Network (Non-Par)
 - iii. The members have been incorrectly assigned to a specialist or group which should not have a panel
 - iv. The provider group closes, the PCP remains in Network, but outside of the member's geographical range as defined in [Attachment F: Provider Network Standards, of the Model Contract by the RFP](#)

Algorithm Prioritization:

- First preference will be given to a Member Choice / Provider Continuation of Care Preferences (if Previous Provider designated a Provider to Coordinate Clinical Handoff).
- Second preference will be given to based on claims history as outlined in [Member Reassignment Informational Bulletin 19-6](#)
- Third preference will be given to Premier Provider Group if the Member is age appropriate for that group
- Fourth preference will be given to Premier Lite Provider Group if the Member is age appropriate for that group
- Final preference will be given to providers in order of decreasing HBR (lower HBR gets first priority)

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.

- In the event the Plan makes a manual or algorithmic reassignment, the member retains the right to change/update PCP selection within the LHCC Provider Group Network at any time.
- 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

~~LA.MBRS.28 – Member Advisory of Provider Contract Termination or Limitation Algorithm~~

LA.MBRS.29 – Provider Facing Policy for Member Moves

[Attachment F: Provider Network Standards](#)

MCO Manual - 2-2-24

ATTACHMENTS:**ROLES & RESPONSIBILITIES:****REGULATORY REPORTING REQUIREMENTS:**

La R.S. 46:460.54 applies to material changes to this policy.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
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
Annual Review	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 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.	04/09/24
<u>Ad hoc Review</u>	<u>Add language from LA.MBRs.28 to compile reassignment information into 1 key policy for simplification</u> <u>Updated verbiage to include the new 12mo eligible section under quarterly reassignment area.</u> <u>Updated timeframe for termination notifications to align w/ state contract.</u>	<u>10-2-24</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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