

POLICY AND PROCEDURE

DEPARTMENT: Eligibility	DOCUMENT NAME: Primary Care Provider (PCP) Selection and Change
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 8/1/12	REVIEWED/REVISED: 7/12, 9/14, 7/15, 7/16, 6/17, 6/18, 6/19
PRODUCT TYPE: N/A Medicaid	REFERENCE NUMBER: LA.ELIG.03

SCOPE:

Louisiana Healthcare Connections' (Plan) Eligibility and Member Service.

PURPOSE:

To define how members may select or change their Primary Care Provider (PCP) in accordance with Plan's contract with Department of Health and Hospitals (LDH).

POLICY:

To offer members freedom of choice, with the counseling and guidance of Plan staff, to select an in-network PCP.

Each member shall be allowed to choose his or her PCP from among the available Plan Providers to the extent possible, reasonable, and appropriate.

Members are informed of their right to choose a PCP.

- The New Member Packet will include a notice informing member of the process for changing their PCP assignment; and encouraging them to make their own choice about the Provider who will serve them.
- The New Member Welcome Call will inform the member of their PCP and assist them in choosing a PCP of their preference if they choose.

PROCEDURE:

1. Plan offers members freedom of choice when selecting an in-network PCP.
2. New Members either choose a PCP at the time they select a plan, or are auto-assigned by Plan to a PCP.
3. Members who want to change their PCP assignment have the option to:
 - During Welcome call made to all new members
 - Complete a PCP change request form
 - Request a new PCP via the Member Secure portal
 - Call in to speak with the Member Service department (interpreter services will be provided where necessary)
4. Members will be allowed to change PCP's with or without cause.

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5. Plan Member Service will assist member with a PCP change as a part of the resolution to a formal grievance proceeding when needed.
6. Member requested PCP change request will be effective on the next calendar day following the request.
7. To promote continuity of care in situations where a member requests a PCP with a closed panel, Plan will override and add the member to the PCP after Plan has verified with the provider that they are willing to accept the member based upon the following criteria:
 - Member has been a patient of that PCP in the past and provider has confirmed
 - Member's family members are Patient of that PCP and provider is willing to accept the member
8. Plan members will receive a replacement Member ID card including their new PCP name. The replacement Member ID card will be postmarked within 5-7 business days of the requested change.
9. 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 with in the last ~~business~~ day week.
10. Plan will be responsible for providing Maximus information on the number of member linkages and remaining capacity of each individual PCP on a quarterly basis.

REFERENCES:

Department of Health and Hospitals Medicaid Contract 11.0 ELIGIBILITY,
ENROLLMENT AND DISENROLLMENT
LA.ELIG.01 Eligibility Guidelines and LA.ELIG.04 PCP Auto Assignment

ATTACHMENTS

DEFINITIONS:

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REVISION LOG

REVISION	DATE
Changed PCP effective date to next day	7/10/12
No revisions	9/2014
No revisions	7/2015
Changed DHH to LDH	7/2016
No revisions	6/2017
No revisions	6/2018
<u>Changed the time frame for how often the patient list is updated and posted to the secure portal for providers.</u>	<u>6/2019</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer Compliance 360, Centene's P&P management software,
is considered equivalent to a physical signature.

Sr. Director, Customer Service: _____ Approval on File _____
VP Operations: _____ Approval on File _____