

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Primary Care Provider (PCP) Auto-Assignment	<b>POLICY ID:</b> LA.ELIG.04
<b>BUSINESS UNIT:</b> LHCC	<b>FUNCTIONAL AREA:</b> Eligibility
<b>EFFECTIVE DATE:</b> 01/2012	<b>PRODUCT(S):</b> Medicaid
<b>REVIEWED/REVISED DATE:</b> 9/12, 9/14, 12/14, 2/15, 9/15, 9/16, 10/16, 9/17, 9/18, 9/19, 7/20, 1/22, 1/23, 5/23, 04/24	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> n/a	

### POLICY STATEMENT:

This policy outlines the process for PCP Auto-Assignments.

### PURPOSE:

The name of the primary care provider (PCP) requested by a new enrollee will be included in the Member File from the Enrollment Broker to the Plan. This policy is to be used as a guideline to ensure Plan will meet the Louisiana Department of Health (LDH) contractual requirements on PCP assignment when the name of the PCP is not included in the file from the Enrollment Broker.

To identify and outline instances for use of the PCP Auto-Assignment Algorithm to assist members in timely access and coordination of PCP services.

### SCOPE:

Louisiana Healthcare Connections (Plan) Eligibility, Member Services, and Centene Corporate Information Systems (IS)

### DEFINITIONS:

### POLICY:

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 select 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
  - Non-compliance with PCP treatment attendance as defined by a minimum of 1 appointment within 12 months with the members assigned TIN Group. (Note members in this category are not automatically reassigned, but are eligible for reassignment at provider request).

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.

### Algorithm Methodology Updates

The Plan's PCP automatic assignment methodology shall be subject to LDH approval as part of Readiness Review and fifteen (15) Calendar Days prior to any subsequent changes in the Plan's assignment methodology unless otherwise agreed to in writing by LDH. The Plan makes its PCP assignment methodology readily available via the Plan's website, Provider Handbook, Member Handbook and upon request. (2.9.11.2.3)

The PCP auto-assignment will allow members to be assigned to providers located geographically close to their home, and/or best meets the needs of the member, according to contract requirements.

### Providers qualifying as PCP's are:

[LA.ELIG.04 PCP Auto-Assignment 4.2024. LL Updates 2-10-25PP Template 03212023](#)

- Pediatricians
- Family /General Practitioners
- Internist
- Obstetricians/Gynecologists
- Nurse Practitioners

#### PROCEDURE:

Plan will start the auto-assignment process. Actions are determined based upon receipt of the 834 or Manual Corrections file(s) (or any other enrollment / eligibility data ad hoc file) from Louisiana Department of Health's designated enrollment broker.

#### Algorithm Methodology Considerations:

The member's new PCP will be selected based on –

- Claims history on file
- If member was previously an LHCC member, reinstated within 90 days of termination of coverage, assignment shall be made to previous PCP.
- Existing familial patient/member clinical relationship - if a family member has a historical provider relationship with a PCP, assignment shall be made to the same PCP, provided that the PCP is appropriate based upon the age and gender of the member.
- If there is no member or immediate family member historical usage, members shall be auto-assigned to a PCP based on Preferred Provider designation and proximity will be within the LDH Standards for Distance from the member's Address of Record
- General Provider designation and proximity will be within the LDH Standards for Distance from the member's Address of Record

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.

In addition to the above logic, LHC will continue to take into consideration the following factors before auto-assigning a member to a LHC provider:

- ❖ ~~LTC Plans without physical health coverage, DUALs, Behavioral Health Only, and LTSS plans will be excluded from the auto-assignment process~~ B Linkage Members will be excluded from PCP Assignment (Per 834 Eligibility File Logic).
- ❖ Preference given to FQHC and PCMH providers
- ❖ Panel limits including panels on hold, full, and stops or "freezes"
- ❖ Provider scope of practice

#### Actions:

##### New Members:

1. All new members identified on the 834-enrollment file, are outreached during the New Member Welcome Call, to inform the member of the PCP to whom he/she has been assigned and offer to assist in scheduling an initial appointment with the PCP or assist them in choosing a PCP of their preference. If the member selects to change their PCP that changed will be made to meet the member's request.
2. PCP assignment shall be effective immediately.
3. Plan New members shall be informed of their PCP auto-assignment through the New Member Packet mailing which includes identification of the PCP and phone number on their new Member ID card. The New Member Packet will also include a notice informing members of the process for changing their PCP assignment; and encouraging them to make their own choice about the Provider who will serve them.

##### 3. Existing Members:

- 4.1. Existing members impacted by reassignments (for example in instances of provider terminations) are notified via Provider Termination Letters (in line with LA.MBRs.27 Member Advisory of Provider Contract Termination or Limitation and LA.MBRs.28 in line with Member Advisory of Provider Contract Termination or Limitation Algorithm). Members are encouraged to make their own choice about the Provider who will serve them.

- 5.2.** PCP Auto Assignment Algorithms and process will ensure there are no barriers to member's to receive access to Emergency Services, urgent services, or obtained care in or out of the Contractor's Provider Network upon entry into Plan.
- 6.3.** Plan will monitor PCP assignment to ensure completeness and accuracy of member/PCP designations. The Eligibility and Enrollment Team will monitor PCP auto-assignment errors reports to ensure that all members are able to be matched to a PCP. Members who are unable to be matched to a provider through the auto-assignment logic will be manually matched by the team as needed.
- 7.4.** In coordination with monitoring PCP assignments for completeness and accuracy, quarterly reviews of PCP assignments are completed in line with [Member Reassignment Informational Bulletin 19-6](#)

**REFERENCES:**

Model Contract 3.0 Sections 2.9.11.2 PCP Auto Assignment and 2.9.11.3 PCP Designation for Enrollees  
[Member Reassignment Informational Bulletin 19-6](#)

**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
New Policy Document	To limit auto-assignment of PCPs to enrollees/new members for whom the plan is the primary payer.	09/2012
Annual Review	No revisions	09/24/14
Ad Hoc Review	LA Procurement 2015 Policy Update	12/01/14
Ad Hoc Review	Revised to state that the PCP selected by a new enrollee will be included in the member file from the enrollment broker.	02/23/15
Ad Hoc Review	Removed Physical Assistants as qualifying PCPs	09/29/15
Annual Review	Changed DHH to LDH	09/26/16
Annual Review	Defined PCP and added Section Assignment of PCP.	10/24/16
Annual Review	Changed Molina to Enrollment Broker Added 90 day limit on assignment to prior PCP when reinstated	09/25/17
Annual Review	Removed If the member is reinstated greater than 90 days after termination of coverage, the member shall be auto-assigned as if there is no historical PCP relationship. Corrected bullet one under policy section to say... of an MCO at the end of the sentence.	09/25/18
Annual Review	No revisions	09/24/19
Annual Review	No revisions	07/24/20
Annual Review	Included logic for when there is no member or immediate family member historical usage under Procedures. Included considerations for specified factors before auto-assigning a member to a LHC provider.	01/2022
Annual Review	Reformatted to latest Policy Template	01/10/23
Ad Hoc Review	Updated references and regulatory reporting sections Updated to match contract language	05/09/23
Annual Review	Updated flow of document to better track timeframes, added references to informational bulletin 19-6, removed redundant language and called out more file/algorithm considerations to support ease of monitoring.	04/09/24

<a href="#">Annual Review</a>	<a href="#">Adding verbiage regarding members that have not been to see a PCP in 12+ mo (clarifying that Providers do not need to send evidence on these as they cannot send evidence/prove a negative). Updated verbiage regarding when we should not assign a PCP to be "B Linkage" in line with 834 Eligibility File - simplifies language to encompass all populations previously listed on report + any other current / future members that might be "B Linkage" indicating that Physical Health (Or P Linkage) benefits are managed through another MCO (like Medicare etc).</a>	<a href="#">02/11/25</a>
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### **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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