

ENROLLEE REASSIGNMENT POLICY

The MCO shall have an enrollee reassignment policy that complies with the following core elements to ensure that enrollees are assigned to the most appropriate PCP. The policy, and any revisions, shall be reviewed and approved by LDH at least 30 calendar days prior to implementation.

The following core elements 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.

The MCO should refer to the Contract for requirements related to the enrollee's initial assignment.

Analysis

The MCO shall perform claims analysis on a quarterly basis and 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 e-mail/portal) to the PCP regarding 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 and the notification shall be a set date each month.

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.

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.

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.

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 enrollees.

Enrollee Notification

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

LDH Notification

Within fifteen (15) calendar days after the quarter, MCOs shall report the following to LDH:

- Number of PCPs included in the analysis.
- Number of PCPs with at least one enrollee reassigned from their panel.
- Number of PCPs with at least one enrollee reassigned to their panel.
- The name of any PCP that had no changes to their panel from the reassignment analysis.