

Standard Operating Procedure  
Administrative Policy – Aetna Better Health of Louisiana

Original Issue Date	Next Annual Review	Effective Date	
04/01/2019	04/01/2020	07/01/2019	
Policy Name		Policy Number	
Member Assignment & Attribution		ABHLA-AP-0002	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana implements comprehensive and robust policies to ensure alignment with Louisiana Department of Health (LDH) and to warrant that regulatory standards are met. All policies set forth by Aetna Better Health of Louisiana comply with Department of Health and Hospitals Bayou Health contract.

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Reimbursement Policy Statement

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**A. Policy/Overview**

This policy applies to:

- All in-network PCP's (primary care providers)
- All enrollees that have been assigned to their current PCP for at least 90 days
- Enrollees who have not seen their assigned PCP during a 12 month look back period

Aetna Better Health of Louisiana is committed to partnering with Providers to ensure appropriate access for members to primary care services. Upon enrollment to Aetna Better Health of Louisiana (ABHLA) all members will be assigned to a primary care provider based on their selection of a PCP at enrollment to Medicaid or assignment to ABHLA. For members who decline to pre-select a primary care provider they will be auto-assigned to a provider based one or more of the following criteria:

- Historical utilization

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- Geography
- Age/Gender preferences/restrictions
- Family linkage
- Providers ability to accept new members

A **member** at any time during enrollment may select a new primary care provider. A member may change their primary care provider for any reason. After a member has been assigned to a PCP for at least 90 days, a member may also be **prospectively** re-assigned to a different PCP based on the MCO's claims analysis or network availability of the most appropriate PCP. A member will be notified of the change of PCP but a member authorization may not be required.

Participating providers of Aetna Better Health of Louisiana who are contracted as primary care providers agree, unless otherwise stipulated, to provide for the coordination of care of ABHLA members. A Primary Care Provider shall provide or arrange for the provision of covered services, including, without limitation, emergency services, regardless of whether a participating group provider has previously seen or treated the Member.

A provider may not request member re-assignment due to a lack of engagement per the terms of the provider agreement or for any discriminatory practices against the member or plan.

**Aetna Better Health of Louisiana**, on a quarterly basis, will conduct a claims analysis using no less than 12 months and no more than 18 months of claims data and will prospectively attribute members to primary care providers where care is being delivered. The grid below is a timeline for the claim's analysis and communication of rosters:

Measurement Period	Claims Analysis Conducted	Initial Panel Results to Providers	Provider Review Complete (15 business days)	Reported on Provider Portal
≤ 18 mo. look back ending 06/30/2019	07/01/2019	07/15/2019	08/02/2019	08/05/2019
≤ 18 mo. look back ending 09/30/2019	10/01/2019	10/15/2019	11/04/2019	11/08/2019
≤ 18 mo. look back ending 12/31/2019	01/01/2020	01/15/2020	02/04/2020	02/07/2020
≤ 18 mo. look back ending 03/31/2020	04/01/2020	04/15/2020	05/05/2020	05/08/2020

The provider portal can be accessed [HERE](#). A Provider shall have 15 business days to review changes made to their roster prior to any changes being made. If a Provider chooses to dispute any member assignments, they should contact their Provider Relations Liaison to initiate their dispute. To successfully dispute any re-assignment, the provider must show documentation (medical record, proof of billed claim, etc. for at least one DOS) that they have seen the enrollee(s)

within the claims analysis 12 to 18 month look back period.

A **primary care provider** may request that a member be re-assigned to another provider based on the following criteria:

- The MCO conducts a claims data analysis within 30 days of the request and determines that the member is receiving care from another Provider that supports an existing PCP relationship. A response will be sent to the provider with the rationale used to make the decision.
- The members represent a substantiated safety threat to provider, office staff or other patients.
- The Provider must make the request by including:
  - The member's full name
  - MCO ID #
  - The reason for the request
  - The requesting PCP's NPI #
- 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 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.

## B. Definitions

**Member:** As it relates to the Louisiana Medicaid Program and this RFP, refers to a Medicaid or CHIP eligible who enrolls with Aetna Better Health of Louisiana under the provisions of this RFP and refers to "enrollee" as defined in 42 CFR §438.10(a).

**Primary Care Provider (PCP):** An individual physician, nurse practitioner, or physician assistant who accepts primary responsibility for the management of a member's health care. The primary care provider is the patient's point of access for preventive care or an illness and may treat the patient directly, refer the patient to a specialist (secondary/tertiary care), or admit the patient to a hospital.

**Assignment:** The process by which a member either selects or is auto-assigned to a PCP as a condition of enrollment to Aetna Better Health of Louisiana.

**Re-Assignment:** The process by which the responsibility for a member's care is moved from one primary care provider to a different primary care provider. This move can be requested by either the member or the originally assigned PCP or could be a result of a claims analysis performed by the MCO to properly align members with where the care is being given.

**Attribution:** The process by which a member may be assigned to a provider or group of providers based on an analysis of that member's claim data to ensure that members are aligned

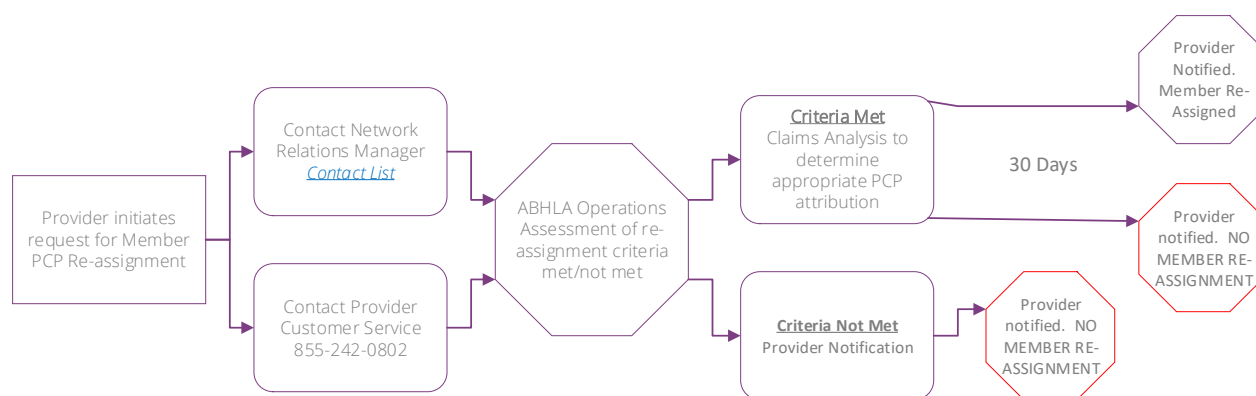
with providers where they are receiving their care.

**Auto-Assignment:** Members, for whom Aetna Better Health of Louisiana is the primary payor, who do not proactively choose a PCP will be auto-assigned to a PCP by the MCO. Members will be assigned to a PCP based on historical PCP assignment, family linkage, geography, age/gender preferences and/or restrictions, cultural competency and PCP's with open panels.

**Member Selection:** The member has selected a PCP as a part of the Medicaid enrollment process and is indicated in the Member File from the Enrollment Broker to Aetna Better Health of Louisiana. Or, upon enrollment the member has chosen a PCP the ABHLA Provider directory.

**Discriminatory:** Any practice or request to modify a member's PCP assignment by a Provider whereas no data exists to suggest a more appropriate assignment based on member utilization, a substantiated safety concern exists or where a Provider seeks to improve a quality scores or reimbursement.

### C. Process



To initiate this process a Provide-r can:

- Call Provider Services at 855-242-0802
- Contact their Network Relations Representative. A listing of Network relations Representatives can be found here:

<https://www.aetnabetterhealth.com/louisiana/assets/pdf/providers/ABHLA%20Quick%20Guide%2010012018.pdf>

### D. Frequently Asked Questions

**Q:** Can a member choose a PCP or different PCP at any time?

**A:** Yes. A member can select a different PCP with or without reason as often as needed. provider.

**Q:** How will a Provider be notified if a member is either assigned or re-assigned to their panel?

**A:** Within the Provider Portal all PCP's can access their assigned members. New members to their practice will be flagged as new.

**Q:** If my panel is closed to new patients could I still be assigned new members?

**A:** Yes. If the enrollee has an established relationship, defined by at least one claim, with an

unassigned PCP, the MCO will reassign that enrollee appropriately, even if the unassigned PCP's panel shows closed. The enrollee-PCP relationship takes priority over a closed panel.

**E. Review/Revision Date**

Action	Date	Comments
Date Issued	03/01/2019	
Date Revised		
Effective Date	04/01/2019	

**F. Resources**

Link to Informational Bulletin when published