

July 2021

OVERVIEW:

Aetna Better Health of Louisiana (ABHLA) is aligned with the Louisiana Department of Health's Medicaid Services Manual, and would like to remind providers to refer to these manuals when submitting claims. If the manual requires additional guidance impacting reimbursement, the details will be outlined by ABHLA in the Provider Manual or in a supporting reimbursement policy.

In alignment with the Louisiana Department of Health MCO Manual, ABHLA uses an enrollment reassignment policy to ensure enrollees are assigned to the most appropriate Primary Care Provider (PCP).

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 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
- 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 ABHLA'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.

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 (including wellness visits and sick visits) and will prospectively attribute members to primary care providers where care is being delivered.

The results of the above claims analyses will be used to determine enrollee reassignment. An enrollee will be eligible for reassignment only if they have visited an unassigned PCP at least once within the previous 12 months. Additionally,

- 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 enrollee will be reassigned 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 of Reassignment

ABHLA will publish the results of the claims analysis to the [provider portal](#) on the 15th calendar day of the second month of each quarter. When this due date falls on a weekend or a State-recognized holiday, the ABHLA will publish the results on the next business day.

The claims analysis results will be available for downloading and exporting into Microsoft® Excel®. The results will 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 [Provider Dispute Protocol](#).

New enrollees will be flagged in the claims analysis results so that providers may easily identify enrollees on their rosters/panels. Additionally, auto-assigned enrollees will be designated with their own, easily identifiable flag. This flag is for all enrollees, not solely for reassigned enrollees.

Provider Dispute Protocol

Providers have 15 business days to review changes made to their rosters 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) during the previous 12-month period.

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

- ABHLA 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 member represents 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 #

Enrollee Notification of Reassignment

ABHLA will notify enrollees of reassignment.

LDH Notification of Reassignment Analysis

Within 15 calendar days after the quarter, ABHLA will report the following data to LDH:

- number of PCPs included in the analysis
- number of PCPs with at least 1 enrollee reassigned from their panel
- number of PCPs with at least 1 enrollee reassigned to their panel
- name(s) of PCPs with no changes to their panel(s) from the reassignment analysis

Please note that providers may see reimbursement impacted if not aligned to the Louisiana Department of Health's Medicaid services manual within 30 days of the date of this reminder notification.

Questions and Support:

For questions, please contact LAProvider@AETNA.com or call 1-855-242-0802 and follow the prompts.