

April 2019

## PCP patient reassignment

**Background:** Healthy Blue has updated its *Member PCP Linkage Analysis and Reassignment* policy. This ensures the member's assigned PCP is the one most involved with treatment of the member, which will promote health outcomes and access to care.

### What is the new procedure?

On a quarterly basis, Healthy Blue will initiate an analysis of PCP panel data to identify members eligible for PCP reassignment and prospectively reassign members as outlined in this bulletin. Below is the timeline that Healthy Blue is following:

Q1 Cycle	
Date	Action(s)
By January 15	Initiate claim analysis to identify members eligible for reassignment.
By February 1	Distribute panel analysis results to providers for review with 15 business day deadline to respond.
By February 22	Review provider responses and begin reassignment process.
By March 1	Complete processing of reassignments.
By March 15	Send notification letter to impacted members and update provider panel data on web.
Q2 Cycle	
Date	Action(s)
By April 15	Initiate claim analysis to identify members eligible for reassignment.
By May 1	Distribute panel analysis results to providers for review with 15 business day deadline to respond.
By May 22	Review provider responses and begin reassignment process.
By June 1	Complete processing of reassignments.
By June 15	Send notification letter to impacted members and update provider panel data on web.
Q3 Cycle	
Date	Action(s)
By July 15	Initiate claim analysis to identify members eligible for reassignment.
By August 1	Distribute panel analysis results to providers for review with 15 business day deadline to respond.
By August 22	Review provider responses and begin reassignment process.
By September 1	Complete processing of reassignments.
By September 15	Send notification letter to impacted members and update provider panel data on web.

<https://providers.healthybluela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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Q4 Cycle	
Date	Action(s)
By October 15	Initiate claim analysis to identify members eligible for reassignment.
By November 1	Distribute panel analysis results to providers for review with 15 business day deadline to respond.
By November 22	Review provider responses and begin reassignment process.
By December 1	Complete processing of reassignments.
By December 15	Send notification letter to impacted members and update provider panel data on web.

### To whom does this policy apply?

This policy applies to:

- All in-network PCPs.
- All members who have been assigned to their current PCP for at least 90 days.
- Members who have not seen their assigned PCP in the last 12 months.

### When is a member eligible for PCP reassignment?

A member will only be eligible for PCP reassignment if they meet the policy criteria outlined above and have visited an unassigned PCP at least once in the last 12 months.

If the member has an established relationship with an unassigned PCP, the member will be prospectively reassigned to that PCP if they are in-network with a valid primary care specialty. Unassigned PCPs meeting these specifications will have closed panel status overridden to complete member reassignment if necessary.

**Please note:** If the member has seen an unassigned PCP with the same TIN as their assigned PCP, the member will **not** be reassigned.

### How can one dispute a reassignment?

If a provider is identified as having members eligible for PCP reassignment, the provider can dispute. To dispute a reassignment:

- Submit valid documentation demonstrating you have seen the member within the last 12 months via communication method outlined in the notification message.
  - Examples of valid documentation include medical records, proof of billed claims, third-party liability, etc.
- Provide documentation within 15 business days.

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.