

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
		Section D: Member Enrollment and Disenrollment	25		
D-1	A, B, and C	D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.	5		
D-5	A, B, and C	D.2 Describe your approach to meeting the newborn enrollment requirements, including how you will: <ul style="list-style-type: none"> • Encourage Members who are expectant mothers to select a CCN and PCP for their newborns; and • Ensure that newborn notification information is submitted, either by you or the hospital, to DHH or its Agent within twenty-four (24) hours of the birth of the newborn. 	5		
D-8	A, B, and C	D.3 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in CCN Initiated Member Disenrollment, Section § 11 of this RFP. If applicable, provide an example of a case in which you have successfully intervened to avert requesting the disenrollment of a member.	10		
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Question D.1

Enrollment Procedure Requirements

Section D: Member Enrollment and Disenrollment

D.1 Describe your enrollment procedure requirements, including how you will ensure that you will coordinate with DHH and its Agent.

Overview

Louisiana Healthcare Connections (LHC) will rely on the experience of our parent company, Centene Corporation (Centene) and the lessons learned by our affiliate health plans to ensure we implement enrollment procedures that are compliant with DHH and ensure our members are enrolled into our system appropriately and timely. Centene currently processes eligibility for all eleven of our health plans. Each Plan utilizes the HIPAA compliant 834 enrollment transaction for enrollment processing. Each state has specific rules, types of data, and frequency of file transfer and we configure our Electronic Data Interchange (EDI) toolset for the specificity of each transaction. Centene has processed eligibility for our plans for over 27 years. Over these years, there have been many changes in federal and state regulations, state specific requirements and business processes. Centene has consistently managed these processes and improved on them based on lessons learned across our health plans. Our staff is fully dedicated to the successful implementation of the Coordinated Care Program, the on-going successful operation of the program and will work with DHH, DHH's enrollment broker and/or fiscal agent to resolve any issues as quickly and efficiently as possible.

Coordination with DHH/Agent. LHC will have an Eligibility Specialist (ES) who will work with the Centene IT department to create additional, Louisiana-specific business rules for processing DHH data as necessary. The ES will be primarily responsible for coordinating with DHH and its Agent on enrollment procedures, including communicating regularly with DHH/Agent, facilitating the acceptance of daily Benefit Enrollment and Maintenance transaction files as specified in the CCN-P Systems Companion Guide, reviewing weekly reconciliation of the membership list of new enrollments and dis-enrollments against our internal records, notifying the Agent of inconsistencies within 10 days of receipt of the data file, and providing feedback on the effectiveness of enrollment procedures and systems. The Compliance Officer will coordinate with the ES and DHH/Agent to ensure compliance with all enrollment and overall program requirements. LHC will accept all eligible individuals without restrictions or discrimination on any basis including but not limited to: age; sex; ethnicity; language needs; health status; health history; need for health care services or adverse change in healthcare status or on the basis of age; religious beliefs; sex/gender or sexual orientation. LHC will accept potential enrollees in the order in which they are assigned without restriction up to the enrollment capacity limits set under the contract with DHH.

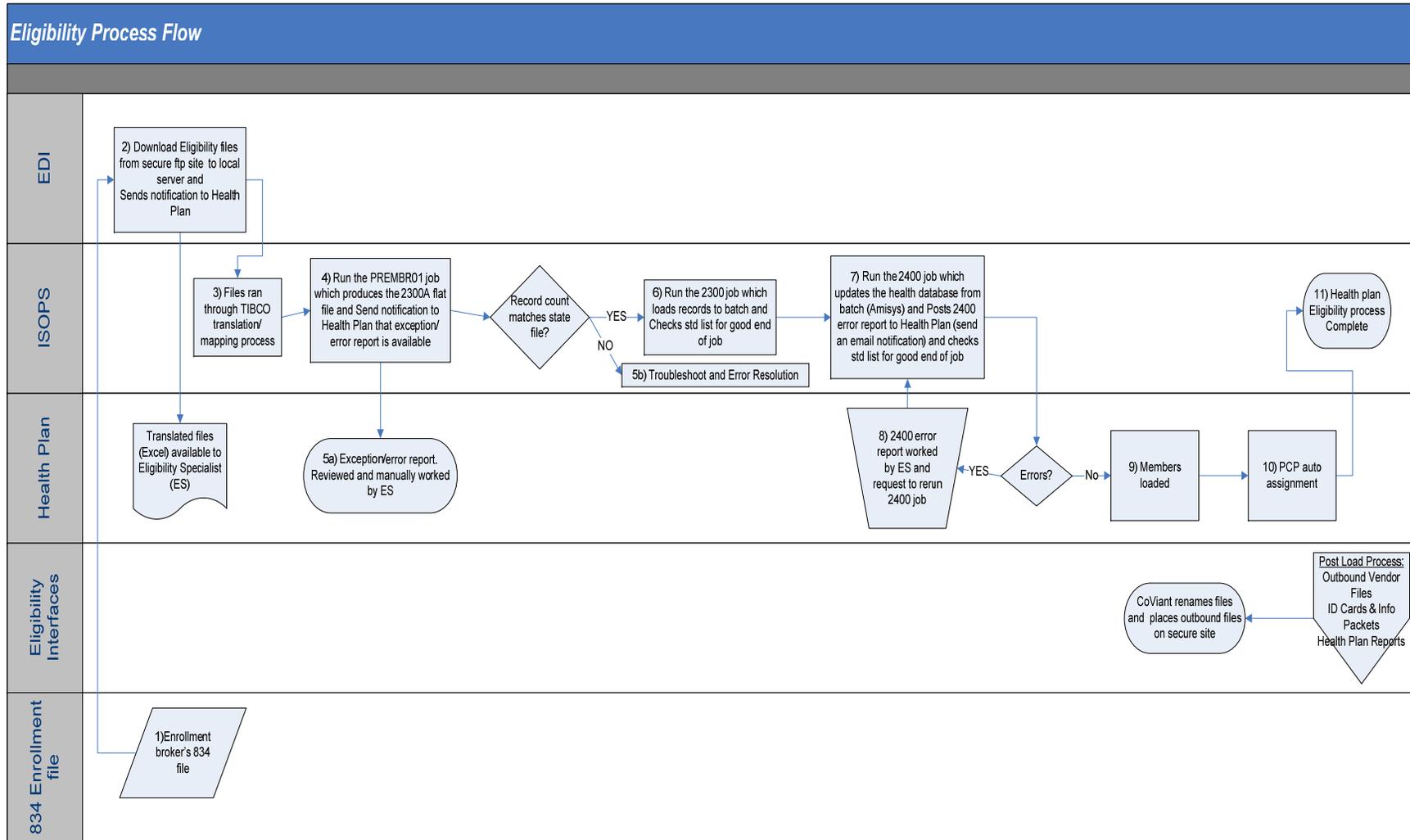
Enrollment Procedure

LHC will use mapping/translation programs, configured by Centene's IT Department for DHH specific rules, to load DHH enrollment files into our Member Relationship Management and AMISYS Advance eligibility and claims processing system. We will configure our Electronic Data Interchange (EDI) toolset to accept the DHH enrollment broker's ASC X 12N 834 benefit enrollment and maintenance transaction files. The mapping/translation programs load state eligibility files, then validate and map data to the AMISYS Advance standard membership batch input file format. The batch membership interface subsystem then validates, cross-checks and loads the membership data (including member name and date of birth; member and provider ID numbers; member demographics; PCP; and other information) into the main AMISYS Advance tables, where the data is accessible from all subsystems. LHC will ensure the file load includes Louisiana specific business rules for processing the data provided by DHH against the internal member database.

Ensuring Accuracy. Our ES will use standard and customized reports created to ensure data validity and provide support for LHC to track new membership, member changes (such as PCP changes), and verify terminated membership. The raw data received in the DHH and enrollment broker files will also be stored

in an easily accessible area where the ES can search and review the original data submitted by DHH for reconciliation. To ensure accurate data, as illustrated in **Figure D.1-A** below, the ES will monitor the load process, check initial record counts, and address errors before member records are loaded into our core systems.

Figure D.1-A



The ES will also work with DHH to resolve potential issues that include but are not limited to:

- **Member information inconsistent with DHH files (date of birth, category of aid, effective or term dates, etc).** The ES will work with DHH or the enrollment broker to resolve any data issues identified at the time of the load.
- **Subsystem Issues.** The ES will monitor a work queue for internal departments to report eligibility or enrollment information problems. The ES will investigate and reach out to DHH if needed to resolve issues. The ES will also work with the Finance Department to reconcile discrepancies related to capitation.
- **Vendor Files.** The ES will generate an error-free membership file for vendors, such as OptiCare Managed Vision, our affiliated vision benefit subcontractor. The ES also will track and monitor file exchanges with vendors to ensure a load match of data. We will require vendors to confirm receipt of enrollment and provide membership counts.

Suspension of and/or limits on Enrollments. LHC will identify the maximum number of members we are able to enroll and maintain, following DHH approval, under the contract with DHH. In consideration of the reporting requirements outlined in RFP Section §18.0, LHC will submit a quarterly update of the maximum members in each GSA. LHC will track slot availability and notify DHH's enrollment broker when filled slots are within 90% of capacity. LHC will maintain a record of total PCP linkages and report them quarterly to DHH.

Question D.2

Newborn Enrollment Requirements Approach

D.2 Describe your approach to meeting the newborn enrollment requirements, including how you will:

- Encourage Members who are expectant mothers to select a CCN and PCP for their newborns; and
- Ensure that newborn notification information is submitted, either by you or the hospital, to DHH or its Agent within twenty-four (24) hours of the birth of the newborn.

Overview & Experience

Louisiana Healthcare Connections (LHC) understands the importance of primary care provider (PCP) selection for newborns prior to delivery. Encouraging our pregnant members to select a PCP for their baby early enables LHC to support members as they establish the life-long habit of appropriately accessing preventive care services that starts with the newborn exam during the delivery admission. LHC will employ several methods to encourage pregnant members to choose a pediatrician, or other appropriate PCP, for the care of their newborn baby before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, we will assign one through our auto-assignment process described in our response to question G.7. If LHC is not aware that the member was pregnant until she presents for delivery, we will assign a pediatrician or a PCP to the newborn baby within one (1) business day after birth.

LHC will implement Centene's Start Smart for Your Baby[®] (Start Smart) program, a best practice program implemented in all Centene health plans, which aims to identify pregnant members as early in the pregnancy as possible, educate members about the importance of early and ongoing prenatal care and engage high risk members into case management. The Start Smart program includes processes to educate and assist pregnant members to choose a PCP for their newborn.

Identifying Pregnant Members Early

Enrollment data. LHC will use enrollment files as a source to identify our pregnant members. Once eligibility data is loaded and processed in our Member Relationship Management (MRM) system, that data will be systematically promulgated to our TruCare utilization and care management system, our claims pre-processing, document workflow, and customer service platform, and our Enterprise Data Warehouse (EDW) data integration engine. The data is then aggregated, matched, consolidated and distributed throughout our organization. LHC will run monthly reports to identify pregnant members as indicated by eligibility population such as LaMOMS or LaCHIP Phase IV Program and outreach to those members to enroll them in our Start Smart program.

Health Risk Screening. The HRS form may be completed during the new member welcome call, submitted through the Member Portal or through the mail after being received in the new member welcome packet. If a member is identified as pregnant during the welcome call, we will complete the NOP form with the member at that time. HRS forms completed in hard copy or telephonically are entered directly into TruCare. LHC will generate a weekly report identifying those members who indicated pregnancy on the HRS and outreach to those members to enroll them in our Start Smart program.

Notification of Pregnancy (NOP). The Start Smart program includes a notification of pregnancy process to encourage early identification of pregnant members. LHC's NOP process is a streamlined approach to identify and engage pregnant members as early in their pregnancy as possible to establish a relationship between the member and health plan staff. The NOP includes the member's current contact



information, provider information, Estimated Date of Confinement (EDC), medical history pertaining to pregnancy and newborn PCP selection if known at that time. LHC providers are educated and incentivized to submit an NOP upon confirmation of pregnancy. We also encourage our members to submit an NOP; if a member completes an NOP LHC will offer a small incentive such as a digital thermometer and members who have a NOP on file will be eligible for rewards through our CentAccount program for receiving prenatal and timely postpartum care. If the NOP includes selection of PCP, we will document this information in TruCare. A copy of the form is included in the Provider Orientation packet, is available to print from the LHC website and can also be submitted electronically through our secure Member and Provider Portals.

Claims Data. LHC will also use claims data to identify members who may be pregnant. We will reach out to these members through our Proactive Outreach Manager (POM) process letting them know about our Start Smart program and encouraging them to contact us to confirm pregnancy and complete the NOP form.

Encouraging Members to Select a CCN and PCP

Start Smart for Your Baby Mailings. Upon confirmation of pregnancy, LHC will mail pregnant members our Start Smart Pregnancy Mailing packet which will include a newborn PCP selection form. We will include instructions on how and when to select a PCP and notify the member that if a PCP is not selected one will be automatically assigned within 1 business day of the birth of the newborn.

MemberConnections. LHC will implement Centene's intensive, community-based member outreach program called MemberConnections[®]. These outreach staff will be hired from within the community they serve and are comprehensively trained on covered health benefits. We will hire MemberConnections Representatives (MCRs) from Louisiana, preferably from the parishes in their assigned territory, to ensure our staff is knowledgeable about the cultural, geographic, demographic and other aspects of our members' communities, and the resources available within the various communities. MCRs will establish relationships with members and deliver personalized service that engages them, resulting in improved access and outcomes. Outreach will occur in a variety of settings, including by phone, in the member's home, and in provider offices. MCRs will organize and staff community outreach events, an approach that Centene health plans have found successful in reaching members for face-to-face education. For example, MCRs will work with our partner, FQHC's and community based organizations to organize Baby Showers for pregnant members, which include education about prenatal, postpartum and EPSDT services and instructions to select a CCN and PCP for their baby at least 60 days prior to their expected date of delivery. LHC will also look into partnering with our FQHC provider partners at LPC&A to offer a Mom and Baby Mobile Health Center. This mobile health unit is available through Southwest Louisiana Health Education Center (SWLAHEC) and March of Dimes. The original mission of the mobile health unit program was to provide prenatal and well infant care to women and children in hurricane affected regions of Louisiana. LHC would like to continue to outreach to members in rural parishes within Regions 4 and 5 offering prenatal and well infant care in addition to primary care. During these prenatal visits we will be able to encourage our members to complete an NOP and/or select a PCP for their baby.

Telephonic Outreach. LHC will run a monthly report identifying those pregnant members who are in their sixth month of pregnancy and implement a postcard campaign reminding them to select a PCP for their baby. Using our audio postcard process, members will receive the telephonic reminder message and be able to select the option to speak to an LHC representative to communicate their PCP selection. For high risk pregnant members that are engaged in our case management programs, selection of the newborn's PCP will be included in the member's care plan. The case manager will educate the member about PCP selection and encourage the member to select a PCP prior to the third trimester of pregnancy.

Selection At Time of Delivery. In some cases, LHC may not become aware that the member is pregnant until she presents for delivery. For these cases, we will engage our concurrent review staff to encourage PCP selection upon delivery. This may be done telephonically through interaction with the hospital case management staff or directly with the member at high-volume hospitals where we will have onsite

concurrent review, such as Women's Hospital in Baton Rouge.

Assuring that Hospital Providers Report Births

Provider Contracts. LHC's hospital contract will require hospital providers to report births to DHH using DHH's web-based Request for Newborn Manual within 24 hours of birth and that all births are registered through the LEERS system.

Provider Training and Education. Interactive training for providers is critical in establishing good relationships and ensuring compliance with DHH requirements for reporting and registering births. LHC's community-based Provider Relations Specialists (PRS) will provide pre-implementation hospital provider orientation with scheduled follow-up training after implementation. We will provide office based and group training for PCPs, specialists, hospitals, and ancillary providers.

LHC will use a variety of communications mechanisms, coupled with carefully developed, well-tested content, to ensure that providers receive the information needed to fully comply with DHH requirements for reporting and registering births. Our provider education and training will be the cornerstone of communications, as it provides a forum within which to receive feedback and answer questions in real-time. To reinforce our training, we will provide written manuals and guides for providers and their staff to use as reference materials, and we will use peer support, web-based communication, standing committees, and a provider call center to round out a communications system that has proven to be highly successful in all of our affiliate health plans.

Ensuring Compliance. LHC will monitor member deliveries through a Daily Delivery Admissions Report (DDA), which is based on authorizations from the medical management census on hospitalized members. The DDA, generated each morning, will reflect members for whom the hospital obtained an authorization for labor and delivery. LHC's onsite concurrent review nurses will also monitor the daily medical management report that identifies all hospital admitted LHC members. A dedicated concurrent review Case Manager will identify and validate deliveries on the daily census report and coordinate the completion of the Request for Newborn Manual report and the LEERS registration with the hospital provider within 24 hours of birth. The Quality Assessment and Performance Improvement Committee (QAPIC) will monitor quarterly reports to ensure that delivery reports were sent within the required timeframe, and will implement improvement activities as needed to ensure compliance.

Question D.3

Interventions Prior to Disenrollment
of a Member

D.3 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in CCN Initiated Member Disenrollment, Section § 11 of this RFP. If applicable, provide an example of a case in which you have successfully intervened to avert requesting the disenrollment of a member.

Overview and Experience

Through Centene’s experience in other states and the extensive local experience of our joint venture partner LPC&A, LHC understands the challenges involved in serving Medicaid and CHIP populations and the unique needs of Louisiana Medicaid and CHIP members. Cultural considerations, little familiarity with accessing care through a PCP/health plan model, difficulty with transportation and other such factors influence the ability of members to interact with providers and health plan staff. Centene’s health plans take these differences into account when structuring policies and procedures for assisting and working with members, and LHC will do likewise. It is quite rare that Centene health plans request disenrollment of any member. For example, Centene’s Wisconsin affiliate (MHS – WI), has involuntarily disenrolled less than 20 members in more than 30 years of operations.

Experience. We believe that an emphasis on cultural competence is an important aspect of preventing issues from escalating into plan-initiated disenrollments. We will capitalize on the unique knowledge of LPC&A to help us develop culturally competent and effective programs, services, outreach and member materials that will establish LHC as a credible source for quality care and educational programming. We will also rely on LPC&A to assist in the development of our staff training curricula, to ensure that Member Services Representatives (MSRs), NurseWise nurses and other staff are familiar with the cultural characteristics (particularly those related to health care access) of predominant groups in the area. Centene believes and our experience has proven that healthcare is best delivered locally. LHC’ MemberConnections program will deliver locally hired and trained “boots on the ground” member outreach and education. LHC’ MemberConnections Representatives (MCR) live and will work in the communities we serve to meet face to face, with members to understand and positively influence member behaviors.

Interventions to Avoid Disenrollment

Member Education and Outreach. Written materials and phone calls are not always the most effective way to educate and help Medicaid and CHIP members. LHC’ MemberConnections program is an example of how LHC intends to “go the extra mile” to accommodate the needs of Medicaid and CHIP members. Prior to requesting an involuntary disenrollment we follow a rigorous outreach strategy involving Case Management (CM), MemberConnections and care coordination. For members at risk to harm to themselves through chronic failure to comply with treatment plans, the CM or MemberConnections staff reach out to the member by phone or through a personal visit either in their home or another agreed upon location. We fully describe the member’s options and endeavor to come to a consensus on a treatment plan to which the member can commit. LHC MemberConnections staff then interacts face-to-face with members, caregivers, providers and other affected parties, to quickly resolve problems.

Member Assistance. We understand that issues may result from a member needing help to appropriately access services or communicate with providers. If members are missing appointments because of transportation issues or are having difficulty understanding when to go to the PCP, our Member Services Representative (MSR) will provide telephonic assistance (such as arranging for transportation, helping the member make an appointment or explaining the member’s need to a provider).

Face to Face Support. Barriers such as literacy, language, and other social issues can be important factors and represent areas the member may not otherwise have opportunity or initiative to address. In some cases, face-to-face contact by a local MCR is more likely to uncover the real reason for the issue. For example, a member who is unable to read, may act out when presented a form or privacy notice rather

than admit they are illiterate. LHC' MCRs are available to provide support to the member and provider and may meet them together at the provider's office to ensure effective communication.

Case Management and Treatment. LHC will take a holistic view of situations in which members are exhibiting abusive, fraudulent, non-compliant or other behaviors typically cited as reasons for plan-initiated disenrollment requests. Centene's experience with Medicaid and CHIP members in other states is that most of these behaviors can be addressed through education and assisting the member, and virtually all when case management and treatment approaches are used with members who don't respond to education and assistance. Our case managers are committed to building a trusting, interactive relationship to ensure the best outcome for the member. With case management efforts, the member is offered an opportunity to communicate one on one with the CM and share preferences and experiences which may represent causative factors for inappropriate behaviors. Underlying issues may be easily addressed or even corrected with active outreach. The case manager acts as an advocate, coach and liaison between the member and the PCP, while addressing activities that impact overall health. The goal is to empower the member to become an active stakeholder in their care and to attain and maintain their individual highest level of wellness.

Success Preventing Involuntary Disenrollment

Peach State Health Plan. One of the most dramatic examples of our efforts to work with our members to avoid disenrollment is from Centene's Georgia affiliate – Peach State Health Plan (Peach State). Peach State identified members exhibiting self-destructive drug seeking behavior. One member in particular had 120 ER visits in one calendar year (2009) including trends of poly facility, poly provider and poly pharmacy. This member actually traveled the Georgia coast seeking care at every ER along the way. Each ER visit was followed by pharmacy claims for narcotic pain medications. Over the course of the next year, Peach State established a multifaceted ER program. Through Hospital ER Director outreach, one hospital provider implemented a system wide policy change for narcotic administration. Rather than seek disenrollment of this member, Peach State's MemberConnections and Case Management staffs worked with her to access appropriate care that included behavioral health, pain management and the appointment of her endocrinologist as her PCP for diagnoses including diabetes, hyperlipidemia, and hypertension. The following year this member had only two visits to her ER and remained enrolled in Peach State Health Plan.

Managed Health Services – Wisconsin (MHS-WI). MHS-WI received multiple complaints from providers that a member was using abusive and foul language that was disrupting the provider and MHS' ability to deliver adequate care. Following outreach by MemberConnections and CM staff the member's behavior persisted. As one last step before disenrollment, MHS' Vice President of Medical Affairs reached out to and counseled the member about appropriate behavior, assisted the member in selecting a new PCP and accessing behavioral health services. The member is now appropriate with their providers and MHS staff and remains enrolled in MHS-WI.

Managed Health Services – Indiana (MHS-IN). MHS-IN recently received an anonymous letter asserting a member is fraudulently receiving Medicaid benefits. Upon receipt of the letter MHS-IN reported the notification to the state as required for investigation. Until further notice from the state, MHS-IN continues to provide needed services to this member.

Requesting Disenrollment

Administrative Disenrollment. There are administrative reasons LHC will request to disenroll members, including those events described in DHH's RFP Appendix U: A member's loss of eligibility; the member dies; the member moves outside of an LHC GSA or out of state; the member intentionally provides fraudulent information, elects hospice, is admitted to a nursing facility, is incarcerated or is enrolled in Medicare. In these cases, LHC will submit the disenrollment request to the enrollment broker and include

at a minimum: the member's name, ID number and a description of the administrative reasons for requesting the disenrollment utilizing the CCN Initiated Request for Member Disenrollment form.

Involuntary Disenrollment. Prior to seeking involuntary member disenrollment, LHC will conduct extensive member education and outreach in an attempt to avoid necessity for such disenrollment. Even in the event that a member misuses or loans their ID card to someone to seek services fraudulently, LHC will immediately report such events to the Medicaid Program Integrity Section and may consider helping link the borrower to necessary services and educating the member about why they should not lend their ID card to anyone. Should all interventions fail to result in a positive outcome, LHC may request to disenroll a member having issues that cause them to be disruptive, unruly, abusive or uncooperative to the extent that enrollment in LHC seriously impairs LHC's ability to furnish services to the member or other members. LHC will notify the member in writing that LHC is requesting disenrollment, the reason for the request and an explanation that LHC is requesting that the member be disenrolled in the month following member notification. LHC will also submit the disenrollment request to the enrollment broker that will include at a minimum: the member's name, ID number, detailed reasons for requesting the disenrollment and a description of the measures taken to correct the member behavior prior to requesting disenrollment utilizing the CCN Initiated Request for Member Disenrollment form.

Transition of Enrollment

LHC will work with DHH and the enrollment broker to establish an agreed upon process to reconcile enrollment/disenrollment issues on a monthly basis. LHC will provide active assistance to member when transitioning to another CCN or back to the Medicaid Fee-for-Service program. We will continue to provide medically necessary covered services during the (up to 30 calendar days) transition period.

Transitioning Hospitalized Members. If a member transitioning to another CCN is hospitalized at the time of the transition, LHC will notify the receiving CCN of the member's hospitalization within five business days.

Transitioning Member Medical Records. LHC will work with the members LHC PCP in the collection and transfer of the member's complete medical files within 10 business days of the receiving CCN's PCP's request. This transition will include LHC responsibility for costs associated with reproducing and forwarding the member's medical records to the receiving CCN's PCP.

Question D.4

Assigning Member to a Different
Provider

D.4 Describe the steps you will take to assign a member to a different Provider in the event a PCP requests the Member be assigned elsewhere.

LHC knows that a strong member/PCP relationship is essential to improving health outcomes. We make every effort to ensure member continuity and quality of care with their selected or assigned PCP.

There may be instances when a PCP feels that a member should be removed from his or her panel including but not limited to:

- A member is disruptive, unruly, threatening, or uncooperative to the extent that the member's behavior seriously impairs the providers ability to provide services to the member, or to other members
- If a member steadfastly refuses to comply with PCP services or treatment recommendations, such as repeated emergency room used combined with refusal to allow the provider to treat the underlying medical condition

A provider may not request the reassignment of a member from their PCP panel due to:

- Adverse change in the member health status or utilization of services which are medically necessary for the treatment of the member's condition
- On the basis of the member's race, color, national origin, sex, age, disability, political belief or religion.

Interventions to Avoid Reassignment

Member Education. Written materials and phone calls are not always the most effective way to educate and help Medicaid and CHIP members. LHCs MemberConnections program is an example of how LHC intends to "go the extra mile" to accommodate the needs of Medicaid and CHIP members. Prior to granting a provider's request to reassign a member, LHC will follow a rigorous outreach strategy involving Case Management (CM), MemberConnections and Member Services. For members at risk to harm to themselves through chronic failure to comply with treatment plans, the CM or MemberConnections staff will reach out to the member by phone or through a personal visit either in their home or another agreed upon location. We fully describe the member's options and endeavor to come to a consensus on a treatment plan to which the member can commit and the provider will accept in order to keep the member on their panel.

Member Outreach and Assistance. We understand that issues may result from a member needing help to appropriately access services or communicate with providers. If members are missing appointments because of transportation issues or are having difficulty understanding when to go to the PCP, our Member Services Representative (MSR) will provide telephonic assistance to perhaps help the member make an appointment, arrange transportation or relate the member's unique situation to the provider.

Provider Education and Outreach. Upon receipt of the request to reassign a member the Member Services Representative (MSR) will notify Provider Services of the request. A Provider Relations Specialist (PRS) or Medical Director (MD) may provide phone or in-person contact to ascertain the reasons for the request; provide education to the provider about the availability of MemberConnections, Case Management, and Disease Management programs that can offer support to the member to influence member behavior. The PRS or MD will seek to avoid the member reassignment with the provider prior to complying with the provider's request to reassign the member.

Face to Face Support. Barriers such as literacy, language, and other social issues can be important factors and represent areas the member may not otherwise have opportunity or initiative to address. In some cases, face-to-face contact by a local MCR is more likely to uncover the real reason for the issue. For example, a member who is unable to read, may act out when presented a form or privacy notice rather than admit they are illiterate. LHCs MCRs are available to provide support to the member and provider and may meet them together at the provider's office to ensure effective communication.

Case Management and Treatment. LHC will take a holistic view of situations in which members are exhibiting abusive, fraudulent, non-compliant or other behaviors typically cited as reasons for PCP reassignment requests. Centene’s experience with Medicaid and CHIP members in other states is that most of these behaviors can be addressed through education and assisting the member, and virtually all when case management and treatment approaches are used with members who don’t respond to education and assistance. Our case managers are committed to building a trusting, interactive relationship to ensure the best outcome for the member. With case management efforts, the member is offered an opportunity to communicate one on one with the CM and share preferences and experiences which may represent causative factors for inappropriate behaviors. Underlying issues may be easily addressed or even corrected with active outreach. The case manager acts as an advocate, coach and liaison between the member and the PCP, while addressing activities that impact overall health. The goal is to empower the member to become an active stakeholder in their care and to attain and maintain their individual highest level of wellness.

Processing Reassignment Request

Should all intervention and outreach efforts result in the provider sustaining their request to reassign the member, LHC will require the PCP submit their request, including the reason and supporting documentation, to the Director of Member and Provider Services, this person will retain a copy and document the request in the Member Relationship Management (MRM) system. Member Services will notify the member of the PCP’s request for the move and offer to assist them in selecting a new PCP.

Assigning a New PCP. To ensure the member continues to have adequate access to quality primary care, we will assign a new PCP that is in our network; and is within a reasonable commuting distance from their residence using the process further described in our response to G7, and confirm the assignment in writing via a new member ID card. With the ID card LHC will include information describing the process for changing PCP’s and encourage the member to make their own choice about the PCP who will serve them. Member Services will work with the member and providers to facilitate transition, which may include such efforts as ensuring that appropriate medical records are sent to the new PCP and that any existing course of treatment is not disrupted by the change.

Monitoring Trends. LHC’ Quality Assessment Performance Improvement (QAPI) program’s Process Improvement Team (PIT) will monitor requests for member reassignment. Should monitoring reveal a trend indicating a specific provider requesting an inordinate number of reassignments, the PIT will refer the issue to the Medical Director or Credentialing Committee for intervention.