

**EVOLENT HEALTH LLC
POLICY AND PROCEDURE**



POLICY NUMBER: MS.006.E.KY
 REVISION DATE: 08/19
 PAGE NUMBER: 1 of 3

POLICY TITLE: Primary Care Provider
DEPARTMENT: Member Services
ORIGINAL DATE: July 2016

Approver(s): Judy Palmer, Director Member and Provider Services

Policy Review Committee Approval Date: September 4, 2019

Product Applicability: mark all applicable products below:

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large
	<i>States:</i> <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All
	<input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
OTHER	<input type="checkbox"/> Self-funded/ASO

Regulatory Requirements: Department for Medicaid Services Contract, Section 24.6

Related Documents: Member Handbook

PURPOSE

The purpose of this policy is to establish guidelines for a Member Service Representative (MSR) to change a Primary Care Provider (PCP) upon a member’s request.

DEFINITIONS

Appeal – A request for review of an Adverse Benefit Determination, or a decision by the Contractor related to Covered Services, services provided or the payment for a service.

POLICY

It is the policy of Evolent Health (Evolent) that any member has the right to change the PCP at any time. All changes are effective the day of the call. The department will ensure this policy is being followed by the Auditors via phone monitoring live and recorded.

PROCEDURE

- I. The MSR will verify the address and phone number of the member.
- II. The MSR is to determine which members need to be changed by verifying all family members and the status of their PCP assignments.
- III. The MSR will verify information of the provider that the member is requesting such as address and any panel limitations.
- IV. When provider panel limitations warrant that a change cannot be made (e.g: age limit, existing patients only, specialty care) and the member has received authorization from that provider's office, the MSR must document the call reflecting that the PCP give permission to add the member to their panel and instruct to have the PCP call Provider Services in order to make the change.
- V. The MSR confirms the reason for the change.
- VI. The MSR will advise the member of the effective date of the PCP change.
- VII. The MSR will complete the change in the departmental system.
- VIII. All changes are then documented by the MSR in the departmental system with the determination of the call being an inquiry or a grievance.
- IX. All Primary care changes will be made at the time of call.
- X. In the event a PCP is auto assigned and the member is requesting a change, the MSR will retro the new PCP (within 30 days of the initial auto assignment).

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE REVISED
New Policy	11/16
Reviewed	2/2018
general updates due to annual procedural/regulatory changes	3/2018

Primary Care Provider Change
POLICY NUMBER: MS.006.E.KY
REVISION DATE: 08/19
PAGE NUMBER: 3 of 3

Annual Review	8/2019
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