



CORPORATE POLICY & PROCEDURE

	Policy Name: MS1- Member Assignment and Reassignment
Department: Customer Care	Policy Number: MS1
Version: 5	Creation Date: 04/26/2017
Revised Date: 10/16/18, 8/28/19, 8/12/20, 6/27/22	

3. Patient-Centered Primacy Care Home (PCPCH) attested with the Oregon Health Authority (UHA); Tier 3 or higher with the exception of a new practice/Tax identification number (TIN) that is within the first 1 ½ year of business.
4. Willing to accept new members without prior approval or screening.
5. Provides UHA with the patient capacity that allows for assignment. A PCP will remain open until capacity is met.
 - a. Example; provider capacity is 500 with 400 patients/members currently assigned. The provider will remain on an open status until 500 members are assigned.

Patient-Centered Primary Care Home (PCPCH): A health care team or clinic as defined in Oregon Revised Statue (ORS) 414.655, which meets the standards pursuant to OAR 409-055-0040, and has been recognized through the process pursuant to OAR 409-055-0040.

Primary Care Provider (PCP): An enrolled medical assistance provider who has responsibility for supervising, coordinating, and providing initial and primary care within their scope of practice for identified members. PCPs are health professionals who initiate referrals for care outside their scope of practice, consultations, and specialist care, and assure the continuity of medically appropriate member care. PCPs include:

- (a) The following provider types: physician, naturopath, nurse practitioner, physician assistant or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care;
- (b) A health care team or clinic certified by the Oregon Health Authority (OHA) as a PCPCH as defined in OAR 409-055-0010.

Reassignment: The internal process UHA takes to redistribute members to a new PCP under certain scenarios.

Termination: Process in which a PCP request a member be reassigned from its practice.

PROCEDURES

Initial PCP Member Assignment

1. All UHA members on plan type CCOA and CCOB (who qualify for physical health services) are assigned to an Open PCP upon becoming eligible with UHA.
2. Initial assignments are made within the first week of enrollment for all members, including:
 - a. Members newly enrolled to UHA.
 - b. Members newly re-enrolled to UHA.
 - c. Members transferring from fee-for-service or from another Coordinated Care Organization (CCO).



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- i. UHA will assign a member to a Closed PCP if there was a previous relationship and the provider has capacity.
 - ii. If an incoming member is transferring from fee-for-service or another CCO, UHA will honor and assign the member to their former PCP.
 - iii. If that PCP is out of network, UHA will approve the out-of-network PCP for up to 90 days or until a new Open PCP is established and have been able to review the member’s treatment plan in accordance with OAR 410-141-3850.
 - 1. A separate process is available for members with Special Health Care needs (see Transfer of Care section).
- 3. For all initial assignments (with the exception noted above in 2.c.i), an automated process assigns all unassigned members to a PCP according to an algorithm. The assignments are done on a weekly basis on the Monday the member becomes eligible if the member’s eligibility was in the 834 enrollment files received from the Oregon Health Authority the previous week. .
- 4. Members will be assigned to an open PCP using the following automated algorithm.
 - a. If a member has been enrolled with UHA before, assignment is done in the following order:
 - i. The automated algorithm will look for and assign the member to the open PCP that has a previous assignment in the database if the members physical address resides within the designated zip codes assigned to the provider by Customer Care.
 - ii. If the provider the member was previously assigned to is no longer contracted, the algorithm will assign according to the criteria used for members with no prior enrollment.
 - b. No prior enrollment with UHA:
 - i. The automated algorithm assigns to an open PCP, close to the members address by time and distance standards according to the zip code;
 - ii. Assignments are made according to provider capacity. The automated process will not assign members to a provider who has reached their capacity;
 - iii. Assignments are made by member age within the providers designated age range provided to Customer Care (ie. pediatric provider accepts ages 0 - 17);
 - iv. Families are kept together if the age range of the provider allows, and this is the only exception to the algorithm logic which assigns one member at time;
 - v. Equal distribution among the available providers that assigns by logic utilizing a randomized with round robin logic that selects a provider that meets the requirements above. To facilitate priority assignments to new



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providers building a panel, the algorithm will select that provider without round robin until the minimum requirement has been met.

Manual Member Reassignments from a PCP

1. The Customer Care Department may have to reassign members to a new PCP.
2. Such common reasons for reassignment include:
 - a. Provider chooses to relinquish all of their UHA assigned members.
 - i. Provider is no longer contracted.
 - ii. Provider leaves and the practice/office closes or does not have another provider who is open to new patients/member assignments.
 - b. Member exceeds the standard for travel time of 30 minutes urban/60 minutes rural or the distance of 30 miles urban/60 miles rural.
3. In the event members needs to be reassigned from their PCP, the Customer Care Department will follow the process below:
 - a. Customer Care will contact the members impacted and advise them about the need to reassign them from their current PCP.
 - i. Members will be given an option to select a new open PCP within the network. Member choice is top priority.
 - b. In the event a PCP is not selected, UHA will reassign an open PCP to a member using the following algorithm.
 - i. Reassigned to the same practice/ TIN, but to a different open PCP within the practice.
 1. Ensures the promotion and continuation of care for members by maintaining the medical record by their previous PCP's clinic. This is especially important in scenarios where a provider moves to a new practice or moves out of the areas.
 - a. Practice must have capacity and providers who are open to new patients/member assignments.
 - b. If the practice has a related TIN (e.g. at a different office location), members may be reassigned to the other location so as long as there is capacity, providers are open to new membership and the member's travel time does not exceed 30 minutes urban/60 minutes rural or 30 miles urban/60 miles rural.
 - ii. Open PCP with the same TIN as a mental health provider with whom the member has a current relationship (seen in the last 15 months).
 - iii. An open PCP has a past relationship with a member as defined by the PCP who performed the plurality of visits in the last 24 months, or most recent office visit.
 - iv. Closest open PCP office to member's home.



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- v. Open PCP that can accommodate certain member needs (e.g. age, special needs, language, disabilities, other family members assigned etc.

Request for Member Assignment

1. Members are allowed to select their own PCP or change PCP’s at any time. UHA allows each Member to choose their own PCP from available participating providers and facilities to the extent possible and appropriate. For a member in a service area serviced by only one CCO, any limitation UHA imposes on the freedom to change between PCP’s or to obtain services from non-participating providers, if the service or type of provider is not available with UHA’s Provider Network, UHA will not be no more restrictive than the limitation on disenrollment in the CCO contract Section 9, below Exhibit B, Part 3.
2. Member choice for PCP assignment is encouraged and, at any time, the member may call UHA to change PCPs. However, to facilitate accurate and convenient member assignments, a provider can request a PCP change on behalf of a member.
 - a. The change can be made by secure email, phone or by using the PCP Change Request form.

Transfer of Care

1. The OHA requires UHA to coordinate care for members with special health care needs who are transferring to or from another CCO. Qualifying members will be allowed to continue receiving treatment from an established non-participating PCP. To accommodate this, transferring members will be exempt from PCP assignment for the first 90 days of UHA eligibility. These members will be notified in writing of the requirement to choose an in-network PCP within 14 days of enrollment. Once the 90 days has ended, the member will be treated as an initial assignment and assigned to an open PCP the first day following the 90-day transition period.

Request for Member Termination

1. Providers may request a member to be terminated and reassigned to another provider.
2. In the event a provider seeks a member termination, the provider office must contact UHA’s Customer Care Department for approval prior to termination.
 - a. Prior approval is not needed for:
 - i. Aggressive, assaultive, and/or disruptive behavioral that is not due to a member’s special needs or disability.
 - ii. Illegal or fraudulent activities (e.g., illegal conduct on clinic property, tampering or forging prescriptions or medical records).
 - iii. Providers are still expected to notify UHA’s Customer Care Department about the incident and termination, in which UHA may ask for additional documentation such as medical records and police reports, see MS10



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Member Enrollment and Disenrollment policy for more details on this process.

3. Depending on the nature for termination, UHA expects providers to consider, on an individual basis, whether termination would be appropriate for the member.
4. If possible and safe to do so, providers should attempt to mitigate any behavior in order to maintain the relationship. Such activities may include:
 - a. Counseling or educating the member on the concern.
 - b. Contacting UHA for care coordination needs.
 - c. Communication with the member that any future events will result in termination.
 - i. Example: Speaking to the member by phone, during an appointment, and/or by letter. Documentation of the discussion should be noted in the member's medical record.
5. UHA will authorize a request for termination for frequent missed appointment only if the following has occurred:
 - a. Member was given a copy of the provider's policy at intake.
 - b. The policy allows no less than four missed appointments over a six-month period.
 - c. The provider has made documented attempts to remind the member of upcoming appointments.
 - d. The provider has attempted to reduce barriers (e.g., transportation needs).
 - e. The provider has previously reached out to UHA's Customer Care Department regarding the member, requesting a care coordination referral to assist with member engagement.
6. UHA will not approve a termination request for the following reasons:
 - a. Because of a physical, intellectual, developmental, or mental disability.
 - b. Because of an adverse change in the member's health.
 - c. Excessive or lack of utilization.
 - d. Member requests a second opinion.
 - e. Member requests a hearing.
 - f. Member exercises his or her option to make decisions regarding their medical care.
 - g. Member utilizes too much of clinic's staff time and/or resources.
 - h. Member has an unpaid account.
 - i. Member exercises any of their rights under OAR 410-141-3320.
7. Upon receipt of the request, UHA's Customer Care Department will render a decision within five business days on whether the request has been approved.
8. Customer Care will also inform the Provider Network Department of any potential termination requests that do not align with this policy.
 - a. The Provider Network Department will then contact the provider for remediation strategies.



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Coordination of Termination

1. Once a request for termination has been approved, providers are expected to assist in the coordination of care process.
2. Upon approval of termination, the provider office must inform the member by mail of the termination within two business days of approval.
3. Content of the letter to the member should include:
 - a. Reason for termination, if appropriate.
 - b. Timeline for termination.
 - i. If possible and safe to do so, providers should attempt to provide a 30-day or more transition period.
 1. In certain situations, a longer transition may be warranted if it is feasible and safe to do so.
 2. Shorter transitions may be necessary specifically in situations where safety is a concern (e.g., immediate reassignment).
 - ii. Provider availability during the transition, such as being willing to see the member during the transition timeframe for routine and/or urgent appointments.
 - c. Prescriptions.
 - i. If member is currently using prescription prescribed by the provider, a dialogue of future refills (if applicable) is needed during the transition.
 - d. Referrals, labs, and/or imaging studies follow up.
 - i. If member currently has open referrals, labs, imaging studies, etc. that were referred by the provider, the letter must discuss the process for follow up of these services during the transition period.
 - e. Name, address, and phone number for new provider (if known).
 - f. Language that member's medical records will be available for ten years.
4. If there are any barriers during the transition process, providers should contact UHA's Customer Care and/or Care Coordination team for assistance.

Monitoring for Compliance

1. UHA will routinely monitor provider compliance with this policy. Potential problematic activities include:
 - a. Failure to timely schedule an appointment with new members.
 - b. Not responding to UHA's access to care surveys.
 - c. Using screening or applications processes on members.
 - d. Providers who are frequently requesting termination.
 - e. Inability to address barriers to care.
 - f. Lack of coordination during the termination process.
2. In the event a provider is found to be engaging in practices incongruent with this policy, administration sanctions may be imposed, including:



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- a. Corrective action plans.
- b. Suspension of new member assignment.
- c. Reassignment of current members.
- d. Termination of provider agreement.

Weekly Assignment Roster

1. To assist UHA’s PCPs with identifying their newly assigned members and to establish care, a weekly list is sent.
2. The member list is delivered weekly on the last business day after assignment. Or on the next business day if Friday was a holiday.
 - a. Customer Care sends the list to PCP’s via secure email.
 - b. Sign up or unsubscribe to the weekly PCP list by emailing UHCustomerCare@UmpquaHealth.com.

Quarterly Member Reconciliation Process

1. To ensure that UHA members are accurately assigned, UHA will institute a quarterly reconciliation process.
 - a. On the first business day of the quarter, a list of all assigned members will be sent to all PCP’s.
 - b. The PCP’s office has 15 calendar days to verify the accuracy of the assignment list and may add or remove members as needed.
 - c. Any response received after the 15th day will be disregarded.
 - d. No response will be interpreted as an admission that the list sent was accurate with no changes necessary.
2. On the 16th day, UHA will review and reconcile the updated lists received from each office.
 - a. For any unassigned, removed, or disputed members (e.g. multiple offices declare assignment), UHA will use the algorithm for assignment described above in this policy.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Customer Care	Unassigned List Process 2020	SOP-MS1-1	11/3/2020	1