DATE: July 21, 2023

TO: OHA PCP Assignment RAC

FROM: Deborah Rumsey, Executive Director, Children's Health Alliance

SUBJECT: PCP perspective on Patient Assignment Process

The Children's Health Alliance is supportive of patient assignment requirement of 2022 SB 1529, which requires DCBS to adopt rules prescribing a methodology for insurers offering individual or group health benefit plans to assign and attribute a primary care provider (PCP) to their enrollees if an enrollee does not choose a PCP within 90 days of joining the plan.

The state has demonstrated its commitment to reducing the total cost of health care and has identified the movement to value-based care as a critical element to achieve its goals. Assignment of patients to providers is critical to the success of the transition to value-based models by which providers accept accountability for managing the care provided to their patients, as well as the associated outcomes as defined by specific quality measures. Reliably assigning patients to primary care providers based upon patient choice is crucial for effective payment.

As DCBS navigates the best way to align with the recommended attribution principles developed by the VBP workgroup, we would like to share our perspective on the importance of each of the principles outlined by the VBP workgroup and considerations as DCBS develops rules.

a) Prioritize patient choice – always ask the patient for a PCP in enrollment information (even if not "required" by the health plan).
Patients' choice of PCP should always be prioritized. Regardless of product type (PPO, HMO, etc.), health plans should always provide the opportunity for patient choice in the enrollment process. The industry is at a critical point in time as it shifts to value-based care. To ensure the success of value-based care in Oregon, all parties must be engaged and make changes to the utilization or delivery of health care services. Health plans and providers continue to adapt to changes in how they deliver and are paid for services. Requiring patients to choose a provider is one of the necessary changes in this transition. In alignment with the new requirements, it should be clear on the enrollment paperwork that the patient needs to identify/choose their PCP or do so within 90 days, otherwise, a

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provider will be selected for them. Emphasis on patient choice of the PCP and the ability to make changes at any time in the future, along with the process to notify the health plan of changes is also important.

These changes and accountability will not be effective if the member/patient does not understand their role in the transition to value-based care and decrease in overall health care costs. A member who has selected a PCP will be more engaged with, and responsive to, the provider, who is connecting with the member to engage them in preventive services, immunizations, important screenings, or closing gaps in care. Requiring and/or allowing for selection of PCP is one way to ensure the patient is matched to the desired provider from the beginning of their enrollment period and could improve patient access to care if the patient knew that a provider would be available to help meet their health care needs.

b) If the patient does not choose a PCP, attribute the patient to a provider based upon utilization, and the attribution principles outlined.
Attribution or assignment should be a small percentage of the member population if patient choice of a primary care provider is prioritized in the enrollment process. Should a health plan need to assign a primary care provider because the patient choice was not obtained, attribution (or assignment) that prioritizes utilization of primary care providers and preventive visits can be an indicator of the patient's desired provider. A limitation of assignment based on historical utilization is the claims history with a specific health plan. If a member is new to a specific plan, their utilization history and preference with a specific provider may not be available for health plan assignment, even if the member consistently received care from a specific provider in the past. In addition, assignment based upon utilization needs to be cognizant of urgent care locations or utilization of services that are one-time, single instances of a service that does not indicate affiliation with a primary care medical home (past COVID vaccinations are an example). Additional considerations of assignment based upon utilization includes geographic proximity of the provider to the patient and assignment of siblings and family members to the same medical home.

c) If the patient chooses a PCP, but then has predominant utilization with another PCP, assign the patient to that provider and communicate to the patient the opportunity to reselect their preferred PCP.
This criteria should be further refined to reassign only after patient choice of the new provider has been confirmed with the patient (i.e. the PCP assignment

should not be changed without patient verification). This element emphasizes the importance of patient engagement in the selection process and an easy way for patients to update and change their selection. Utilization at a different provider than chosen could indicate that the patient has updated their medical home. Changing the PCP assignment should be verified by patient choice – through an easy mechanism for the patient (online or via phone), outreach by the health plan to confirm the desired provider, or a mechanism for the selected PCP to notify the health plan when they contact the patient and confirm the provider choice has changed.

d) If no patient choice and no prior utilization, assign all patients to primary care providers to enable the best opportunity to serve the entire insured population. *It is important that <u>all patients</u> are assigned to a primary care provider based upon provider capacity and geographic proximity, as well as provider type (i.e. family medicine, internal medicine or pediatrician, etc.). Assigning all patients even if they have not previously utilized services at that specific health plan is one of the best ways to encourage access and utilization of preventive services. If assignment is done without patient contact, an opportunity to update the provider selected should be an important part of the health plan processes.*

In addition, the PCPRC has agreed that payers should have a patient correction process and work in partnership with providers to correct inaccurately attributed patients.

A mechanism to correct or change the patient-provider assignment is critical to the ongoing success of an assignment process. Changes to the patient-provider assignment should be made based upon the patient choice – through an easy mechanism for the patient (online or via phone), outreach by the health plan to confirm the desired provider, or a mechanism for the selected PCP to notify the health plan when they contact the patient and confirm the provider choice has changed.

Critical to the success of the patient choice and assignment process is patient and provider transparency. Patients must be notified of the provider assignment and educated on the importance of utilizing services from their chosen provider. This notification will be especially important if the patient has been assigned a primary care provider by the health plan. Equally important is the notification of the patient selection or assignment by the health plan to the primary care provider. This regular and consistent communication and sharing of rosters will enable the desired outreach and action by the primary care provider to encourage patient engagement, preventive visits, screenings, and the closure of care gaps – all with the desired goal of improved health of the patient.

We appreciate the development of rules to guide adoption of the patient assignment process with health plans, which is an important element to help drive the success of value-based care models. We hope that the additional considerations for the assignment and attribution elements will help guide DCBS as they finalize rules for patient assignment as outlined in SB 1529.

If you have any questions or need clarification on the considerations outlined in this document, please do not hesitate to contact Deborah Rumsey at drumsey@ch-alliance.org.

5901 S Macadam Ave, Suite 220 • Portland, Oregon 97239
(503) 222-5703 • Fax: (503) 224-3938