



SB 1529 Primary Care Provider Assignment Rules Advisory Committee RAC meeting #1 review and discussion material

DATE: 7/11/2023

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SUBJECT: SB 1529 - Primary Care Provider Assignment and Attribution Methodology

SB 1529 (2022) 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.

Rulemaking will establish a PCP assignment and attribution methodology that ensures accuracy and agreement between insurers and providers. We expect the rules will align with a set of PCP assignment and attribution principles that are recommended by the Primary Care Payment Reform Collaborative (PCPRC). Administrative rules will set sideboards, but allow insurers some flexibility with the specific business processes.

In early 2022, OHA convened a value-based payment (VBP) workgroup to develop a VBP model in conjunction with the PCPRC and the model is near being finalized. The original VBP model recommendation developed in 2018 only included patient attribution principles. (Attachment B of **Exhibit**)

After more review and discussion of attribution during 2022-2023, during VBP workgroup meetings and with individual workgroup members, the following patient attribution principles were agreed upon when the workgroup last met in late May, 2023:

- a) Prioritize patient choice – always ask the patient for a PCP in enrollment information (even if not “required” by the health plan).
- b) If the patient does not choose a PCP, attribute the patient to a provider based upon utilization, attribution process (as defined in Attachment B of **Exhibit**).
- 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 re-select their preferred PCP.
- 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.

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.

SB 1529 requires DCBS's rules to be consistent with recommendations from the PCPRC. OHA PCPRC staff have requested that the provider assignment and attribution methodology developed and adopted by DCBS through rulemaking align with the OHA PCPRC VBP model workgroup's recommendations.

Exhibit:

Primary Care Payment Reform Collaborative (PCPRC)
Value-Based Payment (VBP) Model Development Workgroup
Summary of Preliminary Design Decision Recommendations
Reflecting updates through April 2023