NC Medicaid Managed Care: Primary Care Provider/Advanced Medical Home Auto-Assignment Guidance

NC Medicaid

Background

NC Medicaid beneficiaries enrolled in Prepaid Health Plans (PHP) have a designated Primary Care Provider/Advanced Medical Home (PCP/AMH). The goal is to prospectively establish a geographically-accessible "medical home" where members–including previously unengaged members–can consistently receive primary care services and preventive care.

Assignment Process

If a beneficiary does not select a PCP/AMH, their health plan will assign one using NC Medicaid defined criteria. This process is called PCP/AMH auto-assignment. NC Medicaid uses a similar auto-assignment process for members not enrolled in managed care (NC Medicaid Direct).

AMH Tiers

- PCPs choosing to participate in the AMH program meet minimum care coordination and beneficiary access requirements.

- PCP practices opting into the Standard Plan AMH Tier 3 model meet the same minimum requirements as AMH Tier 1 and 2 providers and, additionally, accept responsibility for care management and population health for their Medicaid managed care patients.

- AMHs receive monthly per member payments based on their assigned members.

Accurate Assignment Importance

Accurate assignment is important for:
- Provider effectiveness and engagement in population health initiatives
- Quality performance incentive arrangements
- Quality improvement efforts

Incorrectly applied auto-assignment processes can result in inappropriate changes to beneficiary assignment, including assigning members to providers beyond their panel limits and listing inaccurate PCPs on member insurance cards, which contributes to confusion for both members and providers.
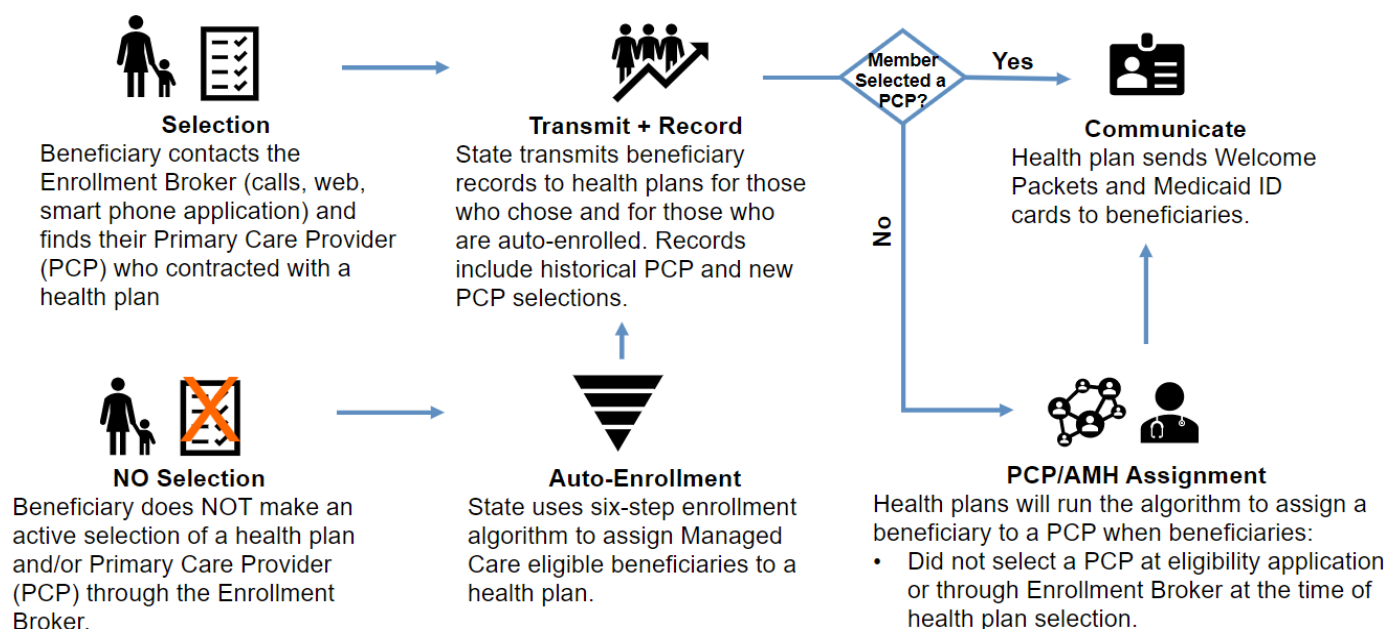
Key implications include:

- AMH Payments: Accurate assignments are important to facilitate correct and timely payment of per member per month (PMPM) medical home and Standard Plan care management fees (where applicable).
- AMH Medical Home Care Coordination and Standard Plan Care Management: Accurate assignments help ensure primary care providers know the population for which they are responsible for providing primary care and care coordination services, including referrals and authorization. Additionally, in the Standard Plans, it identifies the population for which delegated AMH Tier 3 practices are responsible for care management, including chronic condition and medication management, referrals to community-based services and other requirements.
- Quality Measurement: Quality scores and performance metrics are more reflective of actual care relationships when assignments align with the providers who are delivering care.[1]

This fact sheet for providers summarizes information on PCP/AMH auto-assignment processes and offers guidance for navigating common assignment challenges.

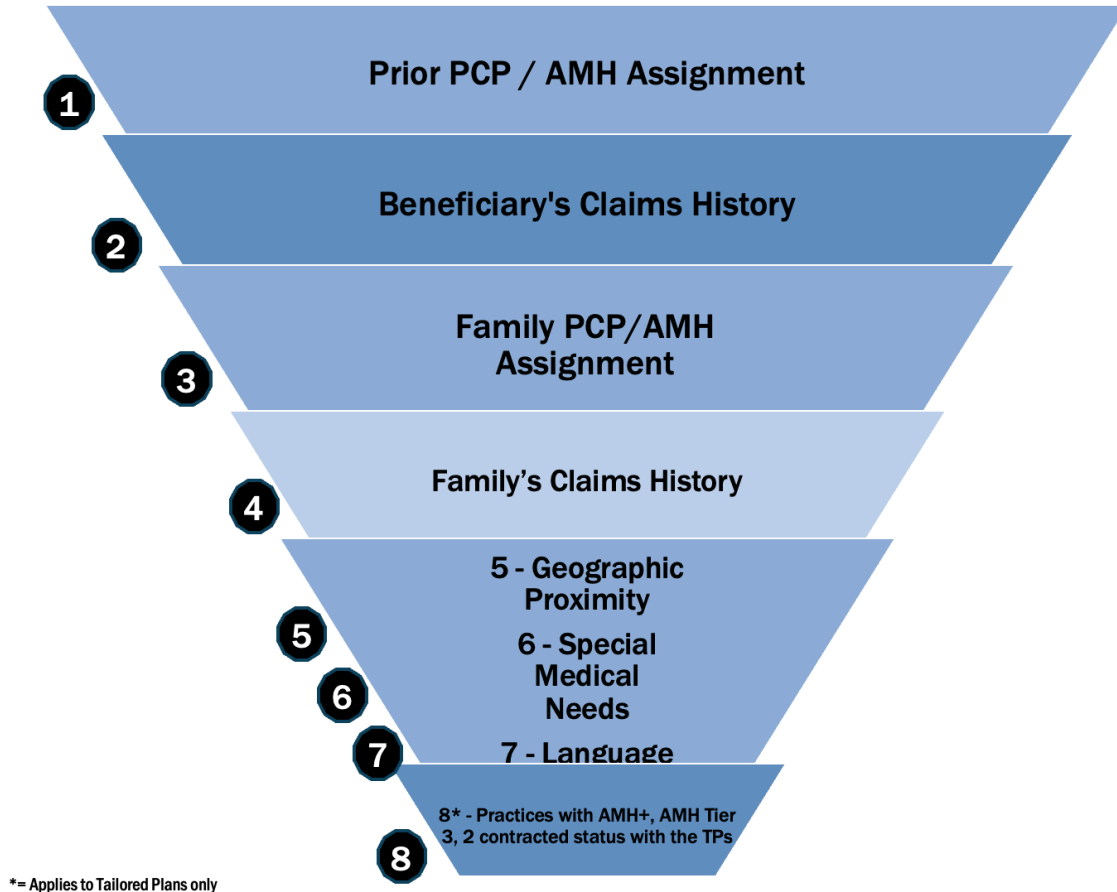## MEMBER ENROLLMENT PROCESS

Beneficiaries are encouraged to select a PCP/AMH when selecting their PHP. The diagram below outlines the member enrollment process, including assignments to a PHP and PCP/AMH.

Selection
Beneficiary contacts the Enrollment Broker (calls, web, smart phone application) and finds their Primary Care Provider (PCP) who contracted with a health plan

NO Selection
Beneficiary does NOT make an active selection of a health plan and/or Primary Care Provider (PCP) through the Enrollment Broker.

Transmit + Record
State transmits beneficiary records to health plans for those who chose and for those who are auto-enrolled. Records include historical PCP and new PCP selections.

Auto-Enrollment
State uses six-step enrollment algorithm to assign Managed Care eligible beneficiaries to a health plan.

Member Selected a PCP?

Yes — No

Communicate
Health plan sends Welcome Packets and Medicaid ID cards to beneficiaries.

PCP/AMH Assignment
Health plans will run the algorithm to assign a beneficiary to a PCP when beneficiaries:
- Did not select a PCP at eligibility application or through Enrollment Broker at the time of health plan selection.

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[1] The process of determining which beneficiaries are included in a provider's quality metrics is known as "attribution" and is not standardized by NC Medicaid. Each PHP may have a different approach to attribution.

PCP/AMH AUTO-ASSIGNMENT CRITERIA

Once a beneficiary is enrolled in a health plan, if the beneficiary did not select a PCP/AMH, the health plan will assign a PCP/AMH to them based on the criteria in the diagram below. Beneficiaries are assigned to a PCP/AMH at the practice level, which is defined as NPI and location code, rather than to an individual clinician:

1 Prior PCP / AMH Assignment

2 Beneficiary's Claims History

3 Family PCP/AMH Assignment

4 Family's Claims History

5 5 - Geographic Proximity

6 6 - Special Medical Needs

7 7 - Language

8 8* - Practices with AMH+, AMH Tier 3, 2 contracted status with the TPs

*= Applies to Tailored Plans only

A beneficiary will only be assigned a PCP/AMH that is in-network for their health plan. Individual PHPs may also modify the algorithm upon Division approval.

MANAGING COMMON AUTO-ASSIGNMENT CHALLENGES

To minimize common auto-assignment challenges, PCPs/AMHs can take several actions within various scenarios.

Initial Auto-Assignment Accuracy

- Providers should confirm that their records in NCTracks include accurate information critical to member assignment, including patient age range served and group/individual affiliations. Make updates via the Manage Change Request process as needed to maintain accurate records of availability for Medicaid patients.
- Providers should update panel limits with each PHP to reflect the number of members they are willing to accept. See the Panel Management for PCPs fact sheet for additional guidance.
- Providers should verify or update their contact details in NCTracks so that the 50-day notification of provider enrollment termination notices reach the appropriate person. See the Provider Reverification guidance from NCTracks.

Assignment Files
- All AMH Tiers (1, 2 and 3) may review the PCP Enrollee report generated in NC Tracks which contains information on member assignments.
- AMH Tier 3s or their affiliated CIN also receive a Beneficiary Assignment (BA) full file (not incremental) which contains beneficiary information on members assigned to Tier 3 AMHs.
- If there are discrepancies or questions, PCPs/AMHs should collaborate with PHPs as soon as possible to identify causes and resolutions. If escalation is required, providers should contact Medicaid.ProviderOmbudsman@dhhs.nc.gov

Panel Limit Alignment
- Providers should confirm panel limits (open/closed, age, gender, capacity) are up to date in NCTracks and with each contracted plan.
- Providers may set different panel limits (open/closed, age, gender, capacity) by plan
- Providers can see the Panel Management for PCPs fact sheet for additional guidance.

Expectations for Unengaged Members
- All members are assigned to a PCP to ensure access to and encourage engagement with a primary care medical home. Understand that some members may be correctly assigned to the practice, even if they are new or unfamiliar.
- Proactively attempt to engage assigned members, including previously unengaged ones.

Member Reassignment
- Members can request PCP assignment change by contacting their plan.
- Providers can help members request to be added to their practice using their PHP's Change Request Form (AmeriHealth, Carolina Complete Health, Healthy Blue, United Healthcare, WellCare). All Standard Plans use a common format for this form to streamline submissions and accept provider attestation of verbal consent if direct member signature is not possible. Similarly, Behavioral Health/Intellectual Developmental Disabilities Tailored Plans also have pathways for updating member assignments (Alliance, Partners, Trillium, Vaya).
- Providers can request a change to member assignment without member approval only in certain circumstances. NC Medicaid is developing additional guidance on these scenarios.

Assignment Errors
- Assignment errors are defined as beneficiaries assigned outside a provider's age or gender panel limits and should be reported to the beneficiary's PHP.
- If the beneficiary remains incorrectly assigned the following month after first working with the PHP, report PCP assignment errors, including Medicaid IDs of affected members, to the Provider Ombudsman at Medicaid.ProviderOmbudsman@dhhs.nc.gov.

Enrollment Churn and Missing Members
- Members may appear to be 'missing' when they are reassigned due to issues such as expired eligibility spans, incorrect data on assignment files or delays in claims history updates.
- Providers should regularly confirm and update panel limits on NCTracks and with each contracted PHP.
- Providers and members can request assignment changes through the PHP.

Practice Location Changes

- Update practice locations in NCTracks using the Manage Change Request (MCR) process. Add the new service location to the record before terminating the old one to prevent gaps in beneficiary assignment.
- Once the new location can accept assignments, plans will issue an updated member ID card reflecting the new PCP information. However, if a patient presents with a card listing the previous location, advise them to contact their managed care plan or the enrollment broker to update their PCP assignment.

UNRESOLVED ISSUES WITH ASSIGNMENT

Providers should reach out to their contracted PHP to resolve assignment issues directly. PHPs are the primary point of contact for addressing PCP assignment.

If the issue cannot be resolved with the PHP, email the Provider Ombudsman for further assistance: Medicaid.ProviderOmbudsman@dhhs.nc.gov. Use secure email to include specific details such as member Medicaid IDs to facilitate resolution.

For questions related to your NCTracks provider information, please contact the General Dynamics Information Technology (GDIT) Call Center at 1-800-688-6696. To update your information, please log into NCTracks (https://www.nctracks.nc.gov) provider portal to verify your information and submit a MCR or contact the GDIT Call Center.

NC Medicaid is reviewing and monitoring the application of assignment algorithms and considering potential updates to assignment rules to improve the accuracy and stability of PCP/AMH auto-assignments. Any updates to PCP/AMH auto-assignment rules will be communicated as they are finalized.