

Auto-Assignment Process in Care Select

The goal of *Care Select* is for all members to have a medical home and develop a positive patient to physician relationship with a *Care Select* primary medical provider (PMP). All people enrolling in the program are linked to a PMP. Enrollees are strongly encouraged to select their own PMP. However, if a member fails to make a PMP selection within 30 days of being determined eligible for *Care Select*, the member is assigned to a PMP through an auto-assignment process. The auto-assignment process is a mandatory federal requirement for the *Care Select* care management program.

IndianaAIM is the management information system (i.e., database) used to maintain member eligibility records. IndianaAIM identifies *Care Select* members who have not selected their PMP within 30 days of being determined eligible for *Care Select*. The overall care management auto-assignment process has the capability of comparing member or family participation between both the Hoosier Healthwise risk-based managed care (RBMC) and *Care Select*. However, the *Care Select* auto-assignment process cannot review the member-physician relationships in other insurance plans outside of the Medicaid care management.

The member auto-assignment process considers several factors when linking a member and a PMP. These factors include the following:

Step 1

Previous PMP in Previous CMO – A *Care Select* member, who had previously been assigned to a PMP that is currently enrolled in the program, is reassigned to that PMP if the appropriate scope of practice and restrictions apply. Because continuity of care is one of the cornerstones of the *Care Select* program, the reassignment of members to their previous PMP takes precedence over other auto-assignment logic in IndianaAIM. The previous PMP auto-assignment logic considers the following when making an assignment determination:

- Previous PMP with Same Service Location
- Previous PMP with Other Service Locations

Step 2

Previous PMP/Group in other CMOs – A *Care Select* member, who had been assigned to a PMP that is currently enrolled in other plans, is reassigned to that PMP if the appropriate scope of practice and restrictions apply. The auto assignment process will look for the neediest CMO and if not found look to the next neediest CMO. The previous PMP lookback period is 365 days. The previous PMP auto-assignment logic considers the following when making an assignment determination:

- Previous PMP with Same Service Location.
- Previous PMP with Other Service Locations
NOTE: This step is identified only by the most recent *Care Select* or Hoosier Healthwise (RBMC) PMP linkage within the last 365 days and not by claims or non-*Care Select* or Hoosier Healthwise (RBMC) relationship. Previous PMP logic looks only at the most recent *Care Select* or Hoosier Healthwise (RBMC) PMP linkage and does not go further.

- Previous Group PMP with Same Service Location

Step 3

Previous CMO –If there is not a previous PMP relationship, the auto-assignment logic looks for a previous relationship with a CMO. The system then attempts to assign the member to an appropriate PMP in the CMO by geographical order at each hierarchical level for lookback period of 365 days.

- Case ID – Family member’s exact PMP Service Location
- Case ID – Family member’s PMP Group Mates
- Other PMP

Step 4

Case ID in other CMOs – If there is not a previous CMO relationship, the auto assignment logic looks in the neediest CMO for the Case ID with active assignments in geographical order at each CMO level - (Family Relationship) - PMPs for family member with the same case ID. The previous PMP auto-assignment logic considers the following when making an assignment determination:

- Case ID – Family member’s exact PMP Service Location
- Case ID – Family member’s PMP Group Mates

Step 5

Default/Other CMO – In the event a previous PMP, CMO, and Case ID, auto-assignment logic attempts fails to make an appropriate PMP assignment, the default level of the auto-assignment logic looks for the neediest CMO and compares the member’s geographical coordinates to PMPs in the neediest CMO in order of proximity. If no match is available in the neediest CMO, the logic continues to the next CMO. When the auto-assignment logic has searched all available CMOs and has not found an appropriate PMP match, the member’s name appears on a potential assignment table and included on the BA Assistance Required report to the enrollment broker. Members who cannot be matched to an appropriate PMP in the auto-assignment process must be manually assigned to an appropriate PMP. Members who are not manually assigned to a PMP remain enrolled in Traditional Medicaid (FFS). The members also remain on the potential assignment table in IndianaAIM and are auto-assigned when an appropriate PMP becomes available in any plan.

Special Characteristics of Auto-Assignment

The rule for determination of auto assignment start date is as follows: If the day that the auto assignment is processed falls between the 1st and the 10th of the month then the PMP assignment start date is the 15th of the current month. If the day that auto assignment is processed falls between the 11th and the 25th then the PMP assignment start date is the 1st of the next month. If the day that the auto assignment is processed falls on or between the 26th and the end of the month then the PMP assignment start date is the 15th of next month.

Auto assignment nuances are listed below:

- Previous PMP
 - A PMP will have its panel full or panel hold status overridden.

- A female member previously linked to an obstetrician/gynecologist (OB/GYN) physician is relinked to the same physician if the physician accepts non-pregnant women and she is not in a pregnancy aid category.
 - A member must remain within the PMP's scope of practice. However, scope of practice type checking will be ignored in previous PMP as the result of the disenroll/reenrollment process
 - A member who lost Care Select eligibility and is re-entering the program after a gap in coverage is auto-assigned to the previous PMP if the assignment is still appropriate within the PMP's scope of practice (for example, the member has not reached an age outside the scope of practice during the gap in coverage). If the gap in coverage is less than four months in duration, the member will be immediately subjected to auto-assignment
 - If the assignment remains appropriate for the PMP's scope of practice, a member who is auto-assigned to the previous PMP at the time of redetermination (with no lapse in coverage) remains in the same CMO, unless the PMP has disenrolled from the CMO.
 - The auto-assignment previous PMP logic does not consider a member and physician relationship that may have existed outside of the member and PMP assignment in the Care Select care management program.
 - If a PMP disenrolls from a CMO or service location and has an active service location in the same or different CMO, the members who were linked to the PMP are auto-assigned to the same PMP in the new CMO or service location if the assignment is appropriate for the PMP's scope of practice criteria at the new service location
- Previous CMO
 - The panel size limit must be greater than actual panel size for a provider to be considered.
- Case Logic
 - Uses same program to check PMPs as previous PMP logic; therefore, the rules are the same but checks for active assignment not previous.
 - A PMP will have its panel full or panel hold status overridden
- Default
 - CMOs targeted for auto assignment are viewed in target percent order, neediest being furthest from target.
 - The Panel size limit must be greater than actual panel size for a provider to be considered.
 - A panel hold must not be active for a provider to be considered.
- Auto-assignment will compare *Care Select* eligibles on lock-in to their lock-in provider list to see if any are assignable PMPs. *Care Select* eligibles will not continue through auto-assignment if no match.
 - All delivery systems will continue to be cross-checked for relational assignments.
 - Auto-assignments will still only occur to the big 5 provider specialty types: 314, 316, 328, 344, 345
 - Overrides will occur in previous PMP and Case ID for hold and full

- Members who are in designated wards or fosters aid categories (MA3, MA4) or are identified as a ward or foster by a caseworker via ward code indicator are not auto-assigned. Instead, they are in a voluntary designation. These members may choose PMPs, but are not auto assigned to PMPs. When a PMP disenrolls (this includes service location changes) these members must request relinkage (assignment) to their PMP if the PMP re-enrolls.
- Auto-assignments do not occur when a PMP's service location is greater than 45 miles from the member's address. Only self selections are allowed to override the 45 mile geographic limits. Deleted: 30
- Auto-assignments do not occur outside the member's region, even if within the 45 mile geographic limit. Members may self-select outside their region. Deleted: 30
- Out-of-state providers are allowed to be PMPs, however, auto-assignments occur only to those with the IFSSA out-of-state designations. Other out-of-state PMPs only receive self selections. IFSSA out-of-state designations are defined in 405 IAC 5-5-2 and delineated as cities that reside outside the state of Indiana, excluded from out-of-state prior authorization (PA) requirements and required to follow in-state PA requirements. The cities defined as IFSSA out-of-state designations are as follows:

Danville, Illinois	Cincinnati, Ohio
Watseka, Illinois	Hamilton, Ohio
Louisville, Kentucky	Oxford, Ohio
Owensboro, Kentucky	Chicago, Illinois
Sturgis, Michigan	

Example of a new Care Select member who does not select a PMP

- At each step, the system tries to make an appropriate PMP to patient linkage after considering the PMP's scope of practice (e.g. such as, specialty, obstetrical service provider or not, and age range), with the patient's information (for example, age and pregnancy aid category).
- A new member does not have a previous Care Select PMP linkage. Because there is no Care Select PMP linkage history for the member in IndianaAIM, it proceeds to Step 3.
- The new member also does not have a previous CMO affiliation, so IndianaAIM proceeds to Step 4.
- If the new member has a family member with an identified family relationship in IndianaAIM, already enrolled in Care Select, and linked to a PMP, then IndianaAIM checks for appropriate scope of PMP practice. For example, a pregnant woman is not assigned to a pediatrician, but could be assigned to either an obstetrician/gynecologist (OB/GYN) or a family practice PMP who provides OB services. If there are no other family members enrolled in Care Select, IndianaAIM proceeds to Step 5.
- Default auto-assignment – Because there was no previous relationship for the member or the member's family, IndianaAIM begins looking for an appropriate new PMP assignment by geographic proximity.

- a. Is there an appropriate PMP available within 45 miles of the member's home address? The system compares the member's geographical coordinates to the PMPs in the CMO with the lowest number of enrolled members in the closest proximity order. Deleted: 30

- If no match is available, the logic continues to the next lowest number of enrolled members (CMO, the next CMO, and so on) forth.
- If a PMP assignment is not located, the member remains on the *Potential Table* awaiting assistance by the enrollment broker.