Aetna Better Health® of Oklahoma | Humana Healthy Horizons® in Oklahoma | oklahoma complete health

Member auto-assignment logic for primary care providers in Oklahoma

Overview

Attribution is the process of assigning a member to an appropriate Primary Care Provider (PCP) who, if participating in shared savings, becomes accountable for the member's overall cost of care, quality outcomes, care coordination, and experience. This serves as the foundation for value-based care (VBC) programs by clearly identifying which provider is responsible for performance measurement and reimbursement. Providers are responsible for submission of complete and accurate rosters. This will assist health plans in ensuring proper PCP attribution takes place.

When a member is newly enrolled to SoonerSelect, the health plans maintain the member's existing provider relationship based on the PCP identified by OHCA on either the 834 enrollment file or supplemental file. However, if a member requires a PCP assignment, the system evaluates potential PCPs using a fixed, sequential order of operations. The member progresses step-by-step through the logic until a valid PCP is identified, at which point the process stops.

Standardized order of operations

All health plans follow a similar order of operations, with only slight differences.

1. Member-selected PCP
2. Existing PCP assignment history
3. Claims-based attribution
4. Eligible provider pool

Note: *Oklahoma Complete Health has an additional step between #3 and #4 which involves considering family PCP history*.

Claims-based panel realignment

SoonerSelect health plans now have adequate claims experience to begin realigning provider panels to reflect utilization patterns. Each health plan will conduct monthly reviews of members' claims for the previous 12 months. Based on the review:

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- If a member has only seen their currently assigned PCP (or no PCP), no change is made;
- If a member has seen multiple PCPs:
    - Aetna Better Health® of Oklahoma updates attribution to the most frequently utilized PCP. If PCP utilization is equal, the most recently seen PCP is used;
    - Oklahoma Complete Health attempts outreach to ask if the member wants to change their PCP assignment; and
    - Humana updates the attributed provider to the PCP seen by the member two or more times.
- If a member has seen only a non-assigned PCP, the member may be reassigned to that provider's panel and notified of the change.
- If a member temporarily loses eligibility with Humana, when they become eligible again, they are reassigned to the PCP they had previously.

NOTE: *SoonerSelect members may change PCPs at any time, and this request overrules all other assignment considerations.*

Provider eligibility and validation standards

To be eligible for member assignment:

Provider is designated as a PCP	Patient load thresholds are not exceeded
Provider is participating and in-network	Geographic access standards are met
Age and gender limitations are met	Language considerations are met where applicable
Panel status is open and valid	Service location is valid and active

For questions or assistance related to attribution, please reach out to the appropriate contact listed below.

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