



## Troy Medicare Policy and Procedure

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|---|--|---|--|
| <b>Title:</b> PCP Selection, Assignment and Attribution   |  | <b>Policy Number:</b> ENR102  |  |
| <b>Primary Department:</b><br>Operations -Enrollment  |  | <b>LOB:</b><br>Medicare Advantage   |  |
| <b>Effective Date:</b><br>01/01/2023  |  | <b>Author:</b><br>Martin Cross  |  |
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### POLICY PURPOSE

Troy Health, Inc. (dba Troy Medicare) is committed to comply with all regulations, requirements and contractual obligations for the process of Member's selecting a Primary Care Physician (PCP) and/or the Plan assigning or attributing a PCP to a Member's record/profile.

Troy Medicare requires for a Member to have a Plan contracted PCP on record to assist in providing and overseeing a Member's care. Members may self-select a PCP at the time of enrollment, may self-select or change their PCP at any time by requesting through Member Services/Call Center or in writing to the Plan. In addition, if Member does not self-select through those mechanisms, the Plan will deploy Member outreach mechanisms to assist in assignment or utilize historical claims data for attribution.

### SCOPE

This policy applies to Troy Medicare, referred to in this policy as the Plan, and the process to ensure that Plan Members have a Primary Care Provider practice selected and/or assigned in the Plan Core Operating systems to support accurate claims processing, continuity of care and care management.

### REFERENCES

- Medicare Managed Care Manual - Chapter 4 - Benefits and Beneficiary Protections

## RESPONSIBLE PARTIES

- Enrollment
- Member Services
- Sales and Marketing
- Care Management

## DEFINITIONS

**Default PCP:** a designation utilized in the PCP field of the Plan's Core Operating system to identify a Member that does not yet have a Plan contracted PCP selected as their Primary Care Physician.

**Enrollee:** Also referred to in this policy as Member; an eligible individual who has elected a Medicare Advantage, Prescription Drug, or cost plan or health care prepayment plan (HCPP).

**Member:** An eligible individual who has elected a Medicare Advantage, Prescription Drug, or cost plan or health care prepayment plan (HCPP).

**PCP:** Primary Care Physician; MDs and DOs whose scope of practice is consistent with providing Primary Care and who have valid licensure of General Practice, Family Practice, Internal Medicine, or Geriatrics as well as Primary Care – Physician Assistants, Primary Care – Nurse Practitioners. Troy Medicare's contracted PCPs are listed in the Provider Directory as PCPs.

**Plan:** Troy Medicare; a Medicare Advantage Plan. also refers to employees of the Plan performing tasks and activities as indicated in the policy.

**Representative:** Under Part C, as defined in §422.561, an individual appointed by an enrollee/Member or other party, or authorized under state or other applicable law, to act on behalf of an enrollee/Member or other party involved in a Grievance, organization determination, or appeal. Under Part D §423.560 defines "representative" as an individual either appointed by an enrollee/Member or authorized under state or other applicable law to act on behalf of the enrollee/Member in filing a Grievance, obtaining a coverage determination, or in dealing with any of the levels of the appeals process. For both Part C & Part D, unless otherwise provided in the applicable law, the Representative will have all of the rights and responsibilities of an enrollee/Member or other party, as applicable.

## POLICY

The Plan will provide a mechanism for a Member to self-select a Plan contracted PCP at the time of enrollment by providing information on contracted PCPs within the Plan's provider directory and by providing a field on the application for the selection to be entered. Members who are assisted in applying by a Plan Sales Agent or Broker, will ensure the field is completed prior to submission. If in reviewing the application the Member did not select a PCP, the Plan Enrollment team will enter "Default PCP" into the Member's record/profile in the Plan's Core Operating system. The Plan will conduct outreach to Members who have "Default PCP" designation in order to assist in selecting a PCP. In circumstances where a Member is unreachable from outreach attempts, the Plan will review and utilize historical claims data to determine attribution and assign PCP. Members may self-select or change their PCP at any time by requesting through Member Services/Call Center or in writing to the Plan.

## PROCEDURE

1. As a prospective enrollee is applying, Plan Sales or Broker Agents will assist in identifying a Plan contracted PCP and entering required information for PCP assignment on the application form (paper or electronic form).
  - If a prospective enrollee applies without speaking to a Plan Sales or Broker Agent, while the field will indicate selection is required, an application will not be rejected without the information being present.
2. Upon receipt of an application, the Enrollment team will process the application and enter the selection of the Plan contracted PCP into the Member's record/profile in the Plan's Core Operating System.
  - If the application does not have one of the Plan's contracted PCP listed, the Enrollment team will assign "Default PCP"
3. A report of all active Members with "Default PCP" assignment will be provided to Clinical and Pharmacy team leadership for Member Outreach activities:
  - Upon successful completion of Member Outreach and assistance with selecting a Plan contracted PCP, the Clinical or Pharmacy team member will contact the Enrollment department to update Member's record/profile by sending email to Enrollment department.
    - Email should include the statement "I have spoken with Member and assisted to select Dr. X as their PCP. Name, location and NPI or Tax ID"
  - Members who are unreachable or unresponsive to outreach attempts will be assigned PCP based upon attribution methodology:
    - Historical claims data will be reviewed to identify any services provided by a contracted PCP; the provider with the most recent services will be identified as PCP and selection will be provided to Enrollment for updating Member's record/profile.
      - If services are not found, "Default PCP" will remain for additional outreach efforts and/or review of additional 6 months of claims history.
4. When a Member contacts the Plan and requests to change or update their PCP, the Call Center will assist Member in selecting and will then follow workflow processes to ensure Core Operating system is updated with PCP selected.

- Members may also contact Plan in writing.
- Members may change PCP at any time.

#### **ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES**

- Enrollment Application

#### **APPROVALS**



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**COO, Operations**

06 / 27 / 2023

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**Date:**



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**Committee Approval**

06 / 27 / 2023

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**Date:**

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