

### 482-000-2 Auto-Assignment Procedure Guide

Note: For purposes of this guide, the term plan is defined to mean physical health plan only.

#### Overview

Assignment is the process by which a client, who does not select a health plan and Primary Care Physician (PCP) within a predetermined length of time during enrollment activities, is automatically assigned to a health plan and PCP.

The Department systematically generates the initial letter to notify a client of the requirement to enroll in managed care. The initial letter is generated on a daily basis.

The client has fifteen (15) calendar days to make a choice before assignment occurs. During this fifteen (15) day period, the Enrollment Broker Services (EBS) performs outreach during this fifteen (15) day period.

The Department will track the fifteen (15) calendar days from the date of the initial letter. All clients without a choice of health plan and PCP on the sixteenth (16) day will be assigned a health plan and PCP. Auto-Assignment processing will be completed two days prior to system's cutoff for enrollment, to be effective the first day of the following month.

The Department provides a report to the Enrollment Broker (EB) § prior to the effective date of the auto-assignment enrollment. The EB shall complete any necessary transfers if an incorrect or inappropriate assignment is identified.

Auto-assignment of a client is indicated on the health plan's Enrollment Report.

The Department's auto-assignment algorithm gives priority to provider-client proximity and will maintain family members with the same PCP and plan, if appropriate. It also attempts to distribute client enrollment evenly between the health plans.

For a client in the Blind/Disabled and Department Ward/Foster Care categories, the EB shall facilitate an assignment by selecting a health plan and PCP by taking into consideration eligibility and claims history information known about the client, pursuant to 482 NAC. The EB shall also make a selection for clients with a lock-in. These clients are excluded from auto-assignment.

Assignment is systematically completed based on client data entered on the Department's Eligibility System by the Department of Health and Human Services Eligibility Worker.

### Criteria

The Department will utilize the following criteria when completing an assignment of a client to a health plan and PCP:

1. All members of a family/case will be "grouped" to allow for family/case members to be with one plan, considering the following priorities: Same PCP/Same Plan; Different PCP/Same Plan. If the family is enrolled with different plans, the plan with the most family/case members will be used.

Note: The EB will work with clients to resolve situations where family/case members are enrolled with multiple plans.

2. A "child case" (i.e., all members twelve (12) years of age and under) will be assigned to a PCP whose primary specialty on the Provider File is a Pediatrician, General Practitioner or a Family Practitioner, unless that PCP has specified age restrictions.
3. An "adult case" (i.e., all members thirteen years of age and over) will be assigned to a PCP whose primary specialty on the Provider File is a General Practitioner or Family Practitioner, unless that PCP has specified age restrictions.
4. A "mixed case" (i.e., a combination of a child and adult case) will be assigned to a PCP whose primary specialty on the Provider File is a General Practitioner or a Family Practitioner, unless that PCP has specified age restrictions.
5. A PCP whose primary specialty on the Provider File is an Obstetrician/Gynecologist will not be available for auto-assignment.
6. A PCP must have slots available for assignment. Availability of slots infers that more than five percent of the PCP's total slots are "open" (i.e., 5% of the PCP's slots are saved for client-requested enrollments and transfers), and that the PCP does not limit his/her practice to "established only" clients as indicated on the Provider File (i.e., clients who already have a previous patient-provider relationship with the PCP).
7. Zip code spiraling will be utilized to give location (i.e., client convenience) first priority, appropriate PCP/client match second priority, and equal health plan and PCP distribution third priority.
8. A client will only be assigned if s/he does not have an active or pending managed care enrollment status.
9. A client who has been approved for a waiver of enrollment<sup>2</sup> will not be assigned.

10. The health plan and PCP assignments will be held until the enrollments can be activated.
11. The assignments will be identified as such on the health plan's Enrollment Report.

The EB shall outreach to clients who are excluded from of the auto-assignment algorithm to ensure an enrollment. See 482 NAC 2-002.03B.