

**PIMA HEALTH SYSTEM
MEMBER SERVICES
STANDARDS AND PROCEDURES**

SUBJECT: Member Assignment To A Primary Care Provider	Member Services Administration MS-I-0003
APPLICABLE TO: Acute Care & ALTCS	
EFFECTIVE DATE: 9/2009 APPROVED BY: <i>Patricia Alvarez Hurley, by signature</i>	
SUPERSEDES: 11/1/94, 3/8/94, 1/1/97, 7/1/97, 3/1/98, 7/1/98, 1/99, 11/00, 7/01, 7/02, 2/04, 4/07	

I. STATEMENT OF PURPOSE:

To establish guidelines for assignment of members to a primary care provider at enrollment, when a change of primary care provider is requested by the member, or for any other authorized primary care provider change pursuant to §36-2904 (F), AAC R9-22-518 and PHS contracts with AHCCCS/ALTCS.

II. STANDARDS:

- A. Each PHS member will be assigned to a primary care provider (PCP) to establish a gatekeeper for the member and to ensure continuity of medical care within a managed care system.
- B. Each new PHS member or family will be provided information about PHS within ten (10) calendar days of receipt of notification of the enrollment date. This information will include a list of PHS's available PCP's and inform each member of his/her right to select a PCP in the PHS network.
- C. All vital materials and notices to members shall be written in English and another language when that language is spoken by 1,000 or 5% (whichever is less) of the enrolled member population, who have a Limited English Proficiency (LEP) in that language.
- D. Each new member will be provided with the name, address, and telephone number of the member's PCP within ten (10) calendar days from the date of enrollment. This notice shall include information on how the member may change PCP's if dissatisfied with the PCP assigned.
- E. New PHS members who are identified with a non-English primary language, are assigned to a PHS PCP who is proficient in that language, when available, in order to meet the member's cultural and language needs.
- F. PHS members who re-enroll with PHS within 90 days of dis-enrollment will be re-assigned

to the previously assigned PCP for continuity of care.

- G. Newly enrolled PHS members who have an existing relationship with a provider or family members have an existing relationship with a provider already on PHS will be assigned to the same PCP, or a PCP at the same site as their family member.
- H. Each LTC PHS member admitted to a PHS contracted nursing facility will be assigned to the PHS PCP that has medical responsibility for that facility or unit of that facility, and has the right to request a change of that PCP if dissatisfied with the PCP assigned. Contracted non-facility PHS PCP's may continue as a member's PCP for continuity of care.
- I. Members may make both their initial PCP selection and any subsequent PCP changes either verbally, in person, or in writing by contacting PHS Member Services Division, or their assigned case manager. PHS shall confirm any PCP change in writing to the member.
- J. Most PCP changes are effective the first of the following month. If the PCP change is within the same network, or if an immediate change is necessary due to extenuating circumstances, the change will be processed on the date requested.
- K. PHS maintains the right to limit the number of PCP changes a member will be granted. Requests for a change of PCP for members who exhibit the need for case management (behavioral, OB, high risk or utilization) will be assessed by the designated PHS associate for review, approval or intervention with the member as necessary.
- L. When reassignment of members is required due to the loss of a provider or clinic site which is no longer contracted with PHS the following standards apply:
 - 1. Affected members or family units will be notified within 15 days from receipt of the termination notice of their freedom to select a new provider in the PHS network
 - 2. If a choice is not made by the provider termination date or notice deadline each member will be reassigned to a PHS contracted PCP, of the same specialty at the same clinic site or within the same general service area.
 - 3. Notification of the reassignment of PCP will be sent to all affected members or family units informing them of the new provider, site and the effective date of the change.
 - 4. When receipt of the notice of termination occurs after the provider's effective termination date, not permitting the member time to select a new provider, the notification of a change in provider, site or location shall be provided to each affected member or family unit as soon as possible informing them of their new provider.
 - 5. The notice will inform members of their right to request a change of PCP if they are not satisfied with the new PCP assignment.
- M. If the PCP is terminating with a contracted network, but will continue to contract with PHS under a new network or independently, members will be informed, of their option to remain with their PCP due to continuity of care and of their freedom of choice to select a new PCP. If a request to change PCP is not made each member will be re-assigned to the PCP under his/her new affiliation for continuity of care.

- N. All newborns may be auto assigned to the hospital attending physician if he/she is a PHS PCP as of the date of birth. If the attending physician is not a PHS PCP, the newborn may be assigned to a PCP affiliated with the mother's assigned PCP network.
- O. Members who are children from birth through seventeen years of age may be assigned to a pediatrician, a family practitioner, or a pediatric nurse practitioner, where available, as the PCP. PHS will encourage the assignment of members who are 12 years old and younger to Board certified pediatricians.
- P. Members who are aged 18 and older may be assigned to an internist, a family practitioner, or an adult nurse practitioner, when available, as the PCP. Assignment to a physician assistant is an option for those members who do not have a chronic medical condition.
- Q. Female members may choose an obstetrician as their PCP to allow for freedom of choice and in order to not compromise continuity of care.
- R. Members enrolled in the Family Planning Extension Services (FPS) program who are not already assigned to a Family Practice or OB/GYN physician will be assigned to one in order for them to receive the scope of family planning services under this program.
- S. Obstetricians or Certified Nurse Midwives (CNM) will be assigned as the secondary PCP when the member identifies pregnancy and makes a selection. When requested by the member either verbally, in person, or in writing, the obstetrician can be assigned as the primary PCP. Licensed midwives will always be the secondary PCP with a PCP for primary medical care.
- T. Members determined by the Utilization Management Division to require the services of a specialized immune-deficiency provider, and who wish to participate in any treatment regimen overseen by the AHCCCS Aids Advisory Committee (AAAC), must be assigned to one of the providers on the PHS immune-deficiency provider listing approved by the AAAC.
- U. For quality medical management purposes, high risk HCBS clients identified by Case Management staff will be assigned to physicians that provide home based primary care.
- V. Members who choose to utilize a non-PHS PCP under a different primary payor source will be assigned the PCP of ALTCS/AAMB NON PHS PCP.
- W. If a member requires medical services prior to PCP assignment, the member may seek medical care at a PHS PCP site. At the point of service, or the next working day, if service is provided after hours, on a holiday or weekend, the clinic staff or the member must call PHS Member Services to receive a PCP assignment. Clinics will make telephones available for this purpose. The assignment will be effective the date of the member's PHS enrollment.
- X. Upon request, contracted PCP's receive either tape/electronic transmission or a printed member roster by PCP on a scheduled basis for identification of members assigned to each PCP.

- Y. PHS will monitor the member assignment process utilizing member data reports to ensure that each member is assigned to an individual PCP, that the data regarding PCP assignments is current, and that members are assigned and informed according to established standards and procedures.

III. PROCEDURES - ALL POPULATIONS:

- A. All PCP assignment and changes will be processed by the Member Services Division.
- B. PHS will assign each member to a PCP effective their date of enrollment. The member will be notified of the assignment by mail or by hand delivery with instructions on how to change the assignment if they deem necessary.
- C. Member Services staff will utilize the 'Enrollment Activity Report' produced by PHS's MIS Division, to auto assign each member to a PCP as determined by the member's residence zip code and the standards set above. Staff will review the member's history to determine if a prior PCP relationship exists, or if other family members are already assigned a PCP, or other household PCP relationships exist in order to assign accordingly for continuity of care or continuity of family/household. When it is determined that no other continuity of care or continuity of family/household exists, Member Services staff will utilize the current Zip Code Default chart (**EXHIBIT A**) to auto assign the member a PCP.
- D. Member Services staff utilize the current 'PHS Provider Languages Report' (**EXHIBIT B**) to assign members with a non-English primary language to a PCP with proficiency in that language, in order to meet the member's cultural and language needs.
- E. When a member requests a change of PCP, the Member Services staff will process the change and send written notification to the member or member representative of the new PCP and the effective date of the change. Notification will also be made to the assigned case manager if applicable.
- F. All newborns will be auto assigned to the hospital attending physician if he/she is a PHS PCP. If the attending physician is not a PHS PCP, the newborn will be assigned to a PCP affiliated with the mother's assigned PCP network. Member Services staff will receive newborn work sheets/logs from Utilization Management staff on a daily basis. The work sheet will indicate the hospital of birth, and the newborn's attending physician. The newborn will then be assigned accordingly effective with the date of birth.
- G. A monthly query of the QNXT system is utilized to determine members age eighteen (18) or older who are assigned to a pediatrician or pediatric nurse practitioner. The data is then merged into a WORD document template, then printed for mailing. This document is the notification to the member to select an Internal Medicine or Family Practitioner as their new PCP. Member Services will auto assign the member to an adult PCP within the same PCP network if notification of a choice by the member is not received within thirty (30) days, unless special circumstances prevail and the continued pediatrician assignment is more

suitable. Each member will receive notification of the new PCP and effective date.

- H. Request for PCP changes for members who exhibit the need for case management will be forwarded to the appropriate staff ie, (Behavioral Health Coordinator, Maternal Child Health Coordinator, ALTCS/Acute Casemanager). The staff member will review the request and intervene with the member to determine which PCP is in the member's best interest. The staff member will notify Member Services whether or not to process the requested PCP change.
- I. When mass reassignment of members is required because of the loss of a provider or a clinic/facility site, Member Services will identify which members are affected and send them notification requesting a selection to another PHS PCP. The notice to the members will be sent within 15 days of receipt of the provider's termination notice. Notification shall be provided as soon as possible when unforeseen circumstances require an immediate change in services, sites or locations or the receipt of the provider's termination is received after the effective term date. If a choice is not made, or if time does not permit the member choice, each member will be reassigned to a contracted primary care provider either by mass reassignment or manually processed by Member Services. Each member will receive notification of the new PCP and effective date.
- J. All PCP assignment and change transactions will be documented in the memo field of the member's file in QNXT and the PCP Actions Database in order to generate notification letters to the member. When the PCP change request is made telephonically, it will be tracked in the system wide concerns call tracking portal.
- K. Member Services will track PCP assignment capacity by utilizing a daily report generated by MIS as identified in Provider Network Capacity Monitoring Policy and Procedure. Monthly PCP Network and individual PCP Assignment totals are reported to management. Utilizing the provider's compliance with appointment standards, each PCP's capacity and status is reviewed quarterly by PHS.
- L. MIS produces daily or weekly member assigned files on a bulletin board server for providers to utilize or produces monthly member rosters by PCP/Network for mailing to identified contracted providers. Member Services will mail rosters to approved contracted providers within one working day of receiving the rosters from MIS.
- M. Member Services staff will review standardized reports to determine if the PCP assignment process continues to be effective or needs updating. Policy updates will be documented in this Standard and Procedure.

IV. PROCEDURES - ACUTE PLAN:

- A. PHS's MIS Unit will produce a daily roster for all new enrolled members. Member Services staff will mail the member information packet which includes the PHS PCP listing within one working day after notification of the enrollment. The date of enrollment, and the mailing date of the packet to the member, will be entered daily on the Member Handbook

log to verify compliance.

V. PROCEDURES - LONG TERM CARE:

- A. The daily roster of all new enrolled members produced by the MIS Unit will be forwarded to Member Services for auto assignment of the PCP, and to the CM Support employee who creates a new member case folder to enable case management assignment.
- B. The case management intake support employee will assign new members to a case manager the same day of notification of the new member's enrollment. The intake support employee will provide the assigned case manager with the case folder, and will leave a voice mail message notifying the case manager of the new client name, address, telephone/contact phone number and any other pertinent demographic information. The intake support employee will document the case manager assignment in the company wide spreadsheet, 'ALPHA INTAKE LOG.xls'.
- C. The assigned case manager will contact the new member within two (2) working days of receiving the case assignment to schedule an in-person interview.
- D. Member Services will forward all PCP auto assignment letters to the intake support employee on a daily basis.
- E. The intake support employee will prepare member packets for all new members. These packets will include the member handbook, advance directives, list of primary care and pharmacy providers and the PCP auto assignment letter.
- F. The assigned case manager will be responsible to ensure the member receives the PCP auto assignment letter and member packet either in person or that the letter and member packet are mailed out by the 8th calendar day after enrollment. The assigned case manager will obtain the information packet from the intake support employee if the in-person interview is scheduled within eight (8) calendar days of enrollment, and log the client's name and date of scheduled in-person interview on a log kept in the intake support employee's office. If the assigned case manager does not pick up the information packets within the eight (8) calendar days, the intake support employee will mail the packet in the afternoon of the 8th day.
- G. **HCBS:** At the initial in-person interview and assessment, the case manager will review with the member, or the member's representative, the PCP assignment and the contents of the member packet which includes a list of the current PHS PCP's.

INSTITUTIONAL: Members who require nursing facility services will be informed by the case manager that each nursing facility has an assigned LTC PCP, and that they will be assigned to the facility's corresponding PCP. The case manager will also review the contents of the member packet with the member or member representative.

- H. At the initial in-person interview, the assigned case manager will reiterate the PCP change process in case the member is dissatisfied with the assigned PCP. PCP change requests for

institutional members will be reviewed by the Case Manager. If the change of PCP is in the best interest of the member, the Case Manager will identify the changed assignment and forward to Member Services for processing.

- I. A request for a PCP change that is directed to the assigned case manager will be forwarded to Member Services for processing.
- J. Member Services will process all PCP changes and forward a letter acknowledging the change to the case manager. The case manager will forward the letter to the member .
- K. After the initial in-person interview is completed, the assigned case manager will fill out the “Intake Feedback Slip” indicating the actual date of the intake visit, and forward it to the office support employee who will enter the scheduled interview date, the actual interview date, and the date of member packet mailing (when applicable) in the ‘ALPHA INTAKE LOG.xls’ spreadsheet.
- L. The company wide ‘ALPHA INTAKE LOG.xls’ spreadsheet will be utilized to monitor timeliness in case management assignment, in-person interview, and mailing date of PCP letter and member packet.

Pima Health System PCP Assignment Zip Code Default
Effective 7/2009

Region	Zip	LTC Auto Assignment	Adult Auto Assignment	Child Auto Assignment (<17)
South	85706	UPI-Kino/AMS/PVT/El Rio	UPI-Kino/PVT/El Rio /ACP	UPI-Kino/El Rio
E/SE	85708	UPI-Kino/ACP	UPI-Kino/ACP	UPI-Kino/ACP
S/SW	85713	UPI-Kino/ACP/El Rio	UPI-Kino/PVT/El Rio /ACP	UPI-Kino/El Rio
South	85714	UPI-Kino/PVT/El Rio	UPI-Kino/El Rio/PVT/ACP	UPI-Kino/El Rio
South	85757	UPI-Kino/PVT/El Rio	UPI-Kino/El Rio/PVT/ACP	UPI-Kino/El Rio
Far SE/Vail	85641	UPI-KINO/ACP/PVT	UPI-Kino/CMG	UPI-Kino/ACP/PVT
Far SW	85746	UPI-Kino/PVT/TCMF/El Rio	UPI-K/TCMF/EL RIO/CMG	UPI-Kino/EL RIO
Far SE	85747	ACP/PVT	UPI-Kino/ACP/CMG/PVT	UPI-Kino/ACP/UHC/PVT
N/C	85705	UPI-ALV/El Rio	UPI-Kino/EL RIO/CMG	UPI-Kino/EL RIO
N/C	85716	UPI-ALV/El Rio	UPI-Kino/EL RIO/CMG	UPI-Kino/EL RIO
N/C	85719	UPI-ALV/El Rio	UPI-Kino/EL RIO/CMG	UPI-Kino/EL RIO
East	85710	UPI-ALV	CMG	ACP/PVT/UHC
East	85711	UPI-ALV	CMG	ACP/PVT/UHC
East	85712	UPI-ALV	CMG	ACP (East)/PVT/UHC
East	85715	UPI-ALV	CMG	ACP (East)/PVT/UHC
East NE	85718	UPI-ALV	CMG	ACP (East)/PVT/UHC
Far East/SE	85730	UPI-ALV	CMG	ACP (East)/PVT/UHC
Far East	85748	UPI-ALV	ACP/CMG	ACP (East)/PVT/UHC
Far NE	85749	UPI-ALV	ACP/CMG	ACP (East)/PVT/UHC
NE	85750	UPI-ALV	ACP/CMG	ACP (East)/PVT/UHC
NW	85704	PVT/ACP	CMG/PVT/EL RIO	CMC/PVT/EL RIO
NW	85741	PVT/ACP	CMG/PVT/EL RIO	CMC/PVT/EL RIO
Far W/NW	85743	PVT/ACP	CMG/PVT/EL RIO	CMC/PVT/EL RIO
Central	85701	UPI-Kino/St. E's/El Rio	UPI-Kino/EL RIO/St. E's	UPI-Kino/EL RIO/St. E's
West	85745	PVT/RNFP/WFP	CMG/EL RIO/RNFP	EL RIO/SMG
Far NW	85742	MARANA CLINIC	MARANA CLINIC	MARANA CLINIC
Cortaro	85652	MARANA CLINIC	MARANA CLINIC	MARANA CLINIC
Marana	85653	MARANA CLINIC	MARANA CLINIC	MARANA CLINIC
Rillito	85654	MARANA CLINIC	MARANA CLINIC	MARANA CLINIC
Far North	85737	NWAP/PVT	NWAP/PVT/CMG	CHOLLA PEDS/MARANA-OV
Far North	85738	NWAP/PVT	NWAP/PVT/CMG	CHOLLA PEDS/MARANA-OV
Catalina	85739	NWAP/PVT	NWAP/PVT/CMG	CHOLLA PEDS/MARANA-OV
Grn Valley	85614	CONTINENTAL CLINIC	CONTINENTAL CLINIC	CONTINENTAL CLINIC
Sahuarita	85629	CONTINENTAL CLINIC	CONTINENTAL CLINIC	CONTINENTAL CLINIC
Sasabe	85633	THREE PTS CLINIC	THREE PTS CLINIC	THREE PTS CLINIC
Far	85735	THREE PTS CLINIC	THREE PTS CLINIC	THREE PTS CLINIC
Far	85736	THREE PTS CLINIC	THREE PTS CLINIC	THREE PTS CLINIC
Ajo	85321	DESERT SENITA CLC	DESERT SENITA CLC	DESERT SENITA CLC
Lukeville	85341	DESERT SENITA CLC	DESERT SENITA CLC	DESERT SENITA CLC
Sells	85634	DESERT SENITA CLC	DESERT SENITA CLC	DESERT SENITA CLC
Arivaca	85601	ARIVACA CLINIC	ARIVACA CLINIC	ARIVACA CLINIC

P.O. BOXES

85652	85725	85734	85622
85702	85726	85740	
85703	85731	85751	
85717	85732	85752	
85721	85733	85754	

Pima Health System PCP Assignment Zip Code Default for Santa Cruz County
Effective 7/2009

Region	Zip	LTC Auto Assignment	Adult Auto Assignment	Child Auto Assignment (<17)
Nogales-East	85621	NOGALES CLINIC	NOGALES CLINIC	NOGALES CLINIC
Nogales-North	85621	NOGALES CLINIC	NOGALES CLINIC	NOGALES CLINIC
Nogales-South	85621	MARIPOSA CLINIC	MARIPOSA CLINIC	MARIPOSA CLINIC
Nogales-West	85621	CMG	CMG	CMG
Amado	85645	ARIVACA CLINIC	ARIVACA FAM MED	ARIVACA FAM MED CTR
Elgin	85611	MARIPOSA CLINIC	MARIPOSA CLINIC	MARIPOSA CLINIC
Patagonia	85624	MARIPOSA CLINIC	MARIPOSA CLINIC	MARIPOSA CLINIC
Rio Rico	85648	MARIPOSA CLINIC	MARIPOSA CLINIC	MARIPOSA CLINIC
Sonoita	85637	MARIPOSA CLINIC	MARIPOSA CLINIC	MARIPOSA CLINIC
Tubac	85646	MARIPOSA/CMG/NOGALES	MARIPOSA/CMG/NOG	MARIPOSA/CMG/NOGALES
Tumacacori	85640	MARIPOSA/CMG/NOGALES	MARIPOSA/CMG/NOG	MARIPOSA/CMG/NOGALES

P.O. BOXES

85628	85662	
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