To: Debbie Morales, Lauretta Converse

From: Linda Katz

Re: Comments on Program Year Two Public Stakeholder AE Requirements Documents

Date: October 19, 2018

Submitted via e-mail:

Thank you for the opportunity to comment on the AE documents. The following are my suggestions and questions. I look forward to discussing further with you.

Social Determinants of Health

Addressing 'social determinants of health' is a term much used in support of the establishment of AEs – and is recognized more and more as a vital component of health care. The AE requirements, quality measures and total cost of care, should support the following requirements for AEs regarding addressing social determinants of health: screen attributed members for 'social determinants', including at a minimum, food and housing insecurity
record the outcome of the screening for each measure
record the services provided to the member to address the issue (including to whom a referral was made and the outcome of the referral)
record issues where a referral was not made
record issues where a referral was made but services are not available.

We know that there is a severe lack of affordable, safe housing in our state and that Medicaid participants may be homeless, live in substandard housing, be 'doubled up' in apartments that are not large enough for more than one family, and move frequently. The AE structure can help establish the need to address the housing crisis in our state by collecting data from patients about housing circumstances and recording the need. Medicaid is not able to address the housing needs, but the AE structure can help make the case. While food insecurity may be addressed by referring a patient to a pantry or to apply for SNAP, there will be no such comprehensive resources for housing.

Specific to the proposed documents, the Medicaid Infrastructure Incentive Program should be used to promote implementation by AEs of processes to screen, refer and track patients for social determinants of health. All MCO/AEs should be required to address this in their HSTP Program Plan. There may be need for investments for data collection, retention and analysis, for example.

Minimally, OHHS should ensure that at least one (if not more) MCO/AEs adopt the social determinant of health issue as a priority in their HSTP Program Plan. This must be a priority for OHHS.

AE Attribution requirements (Attachment M)

1.1 Attribution Methodology Goals

How is the attribution method made "transparent and understandable to program participants"?

3.2 Certified Comprehensive AE-identified providers. Glad to see that NP, PA and FQHC can be a PCP.

3.3 Assignment and Appendix A. I strongly object to auto assignment of a new Medicaid enrollee who does not select a PCP through the application process. The MCO should be required to reach out to the new member before assignment to a PCP to ascertain whether he/she has an established relationship with a provider, a provider preference, etc. While it is important to assign a person to a PCP as expeditiously as possible, it is equally important to assign a person to a PCP s/he will want to engage with. Requiring this contact by the MCO with the member is also an opportunity for the MCO to educate the member about using health care services wisely, and encourage an appointment with the new PCP as soon as possible.

Question: What happens when a person attributed to an AE requires 'high' or 'highest' level of long term care services in the community? What notice is provided to the individual? What is the transition plan from the AE to "non-AE"?