EOHHS Attribution Guidance for the AE Program
Neighborhood's Comments
September 14, 2017

Neighborhood Health Plan of Rhode Island is pleased to have the opportunity to review The Executive Office of Health and Human Services (EOHHS) Attribution Guidance of August 14, 2017.

Comprehensive AE
Neighborhood agrees with the overall algorithms suggested for AE attribution and use of assigned PCP as the basis for attribution.

However, Neighborhood believes that quarterly updates to attribution make the algorithms unnecessarily complicated. An analysis by Neighborhood of the quarterly updates to assignment based on review of members who may have requested a PCP belonging to an AE different from the one chosen or assigned on the point of entry indicates such movements to average approximately 5% of membership, which is not quantitatively enough of a shift to introduce more complexity into the attribution processes. Neighborhood will discuss these findings with the AEs to remind them of the need to reach out and create meaningful connections with their assigned members. Issues associated with non-AE PCP usage have not been substantiated by any AE.

Recommendation: We strongly encourage EOHHS to eliminate the proposed quarterly update logic because this provision introduces complexity without a probability of impacting TCOC or quality measurement based on Neighborhood's findings

LTSS AE
Neighborhood fully embraces EOHHS' intent around the LTSS AE, to promote the creation of networks of long-term care providers focused on keeping members healthy and living in the community while preventing unnecessary hospital utilization and improving quality. Neighborhood believes the proposed attribution guidelines for the potential LTSS AEs are premature and need further investigation before guidelines can be finalized. Neighborhood would like to work with EOHHS to discuss and determine the requirements of attribution. Neighborhood would like to partner with EOHHS to assess the usefulness of data from claims and/or authorizations to determine the LTSS AE population.

We encourage EOHHS to keep the guidelines broad and allow flexibility for Neighborhood and any potential LTSS AEs to negotiate the means by which attribution will occur. Given the formative nature of the LTSS AE and the minimal population size, Neighborhood recommends a less prescriptive approach to accommodate these new organizations. The LTSS AE program still has many unknowns and unlike the Comprehensive AE program is without replicable precedent.

Neighborhood recognizes the potential for the LTSS AE concept to support LTSS rebalancing. However, we caution EOHHS to approach the guidelines in a more open fashion to attract the formation of LTSS networks.