Memo

To:	Debbie Correia Morales, Senior Consulting Manager, Conduent/EOHHS
From:	Patrice Cooper, CEO, UnitedHealthcare Community Plan of Rhode Island
CC:	Renee Rulin, MD; Leslie Percy, UHC
Date:	August 30, 2017
RE:	EOHHS Guidance Attribution Guidance for the AE program dated August 14, 2017

UnitedHealthcare (UHC) is committed to work towards the success of the EOHHS Accountable Entity (AE) program. UHC has reviewed the EOHHS guidance on the attribution methodology as it relates to AE contracts.

Comprehensive AE

UHC continues to assert that an assignment-based model (rather than attribution) will drive the most meaningful engagement and incentive as it relates to the AE program. The complexity of the process outlined in the guidance memo could result in AE's being unclear or uncertain of the membership which will be measured and that they will be responsible for as part of the AE agreement and create an undue administrative burden on the MCO. Our experience is that true clinical practice transformation, which takes time to create, is best accomplished with a large, defined, assigned membership over several years.

To ensure complete, accurate and clear assignment we will provide contracted AEs with monthly assigned membership rosters. It is likely that there will be members on these rosters that have not engaged in primary care -- it is the expectation of the program that the AE use the roster to perform outreach to these members to get them into the office. UHC acknowledges that there could be members that are assigned to a PCP within an AE but are receiving primary care services outside of that AE.

UHC agrees that, in cases like this, it is imperative that MCOs develop a process that will identify these members and re-assign them to the PCP that has engaged that member in primary care. However, that process should be established and managed by the MCO and the AE who together define a membership methodology that is based on assignment. We believe the MCO is in the best position to implement procedures to reassign members to PCPs based on member request (written, verbal or electronic) or on PCP utilization patterns. The MCOs should be given flexibility to manage this process which will support EOHHS policy of that all members have an assigned PCP.

Integrated Health Home members

Integrated Health Home (IHH) members have multiple complex medical and behavioral health conditions which drive high costs. All of the IHH members have an assigned PCP within UHC. Where the IHH and PCP are within the same AE, integration and coordination of care is maximized. However, the challenge arises when a member is attributed to an AE due to their assignment by BHDDH to an IHH, but that member is assigned to a PCP outside of the AE.

We encourage EOHHS to consider replacing IHH attribution with PCP assignment for all AE members, including IHH members. IHH attribution to an AE cannot be easily accepted by our clinical and financial ACO reporting systems. As a result, UHC is less able to leverage the analytic, financial, utilization, roster and reporting capabilities which have been built to support AEs based on PCP assignment. In addition, since we know that PCP assignment is more stable over time than IHH assignment, PCP groups will have more substantial opportunities to manage complex care.

LTSS AE

The LTSS (Long Term Supports & Services) attribution process appears to be complex and will be a manual process similar to IHH. The LTSS program appears to need more consideration given the current instability in the RI homecare environment.