

OHHS Accountable Entity Program

Attribution Methodology

September 5, 2017

Reminder: AE Program Goals

- ✓ **Financial Incentives**
Transition from fee for service to value based purchasing. Focus on Total Cost of Care (TCOC)
- ✓ **Organizational Structures**
Deploy new forms of organization to create shared incentives across a common enterprise. Multi-disciplinary and extending beyond traditional health care providers
- ✓ **Accountability**
Population based accountability for an attributed population
- ✓ **Care Delivery**
Apply emerging data capabilities to refine and enhance care management, pathways, coordination, and timely responsiveness to emergent needs

The Attribution Methodology is a core building block toward these program goals

Agenda

- ❖ **Attribution Overview**
goals, definitions, foundations and principles
- ❖ **Attributable Populations and Providers**
What specific populations are included?
Provider rosters
- ❖ **Attribution Methodology: Comprehensive**
Attribution Hierarchy: IHH and PCP
PCP Attribution details
- ❖ **Attribution Methodology: Specialized**
Attribution Hierarchy: Specialized

What is Attribution?

***Attribution:** Assigning a provider, or providers, who will be held accountable for a member...The attributed provider is deemed to be responsible for the [member's] cost and quality of care... (Milliman)*

- ❖ Attribution is the foundation of the linkage of the member to an AE: identifies the population that the AE is accountable for in the overall AE program
- ❖ Includes accountability of the AE for the health and health care for that person as represented in access, quality, and total cost of care metrics.
- ❖ Does not affect consumers' freedom to choose or change their providers at any point in their care

Attribution Goals

- ❖ Intended to **recognize and strengthen an existing relationship of the member with the AE** and its clinical programs.
 - For comprehensive AEs, it is also to establish the basis for such relationship for members who do not have an established relationship with a primary care provider (PCP).

- ❖ Allow providers who have identified responsibility for member costs **to earn savings** by reducing those costs in the future
 - Allow Integrated Health Homes (IHH) to assume this responsibility for members with an approved IHH diagnosis
 - Allow Long-Term Services and Supports (LTSS) providers to assume this responsibility for members receiving certain long-term care services

- ❖ Be **transparent and understandable** to all program participants

Attribution Foundations

- ❖ **A population of Medicaid beneficiaries eligible for attribution.**
- ❖ **A defined provider roster** of the certified AE to which members may be attributed
- ❖ **A clear methodology for attribution** of eligible members to a certified AE
 - ✓ For comprehensive AEs, this includes:
 - MCO algorithm for initial PCP assignment and attribution; and
 - Methodology for updated attribution based on utilization of identified primary care services provided by an eligible PCP.
 - ✓ For specialized LTSS AEs, this includes:
 - Monthly attribution based on service authorizations; and
 - AE validation of the attribution.

Attribution Principles

- ✓ AEs are expected to have **continuing responsibility** for the care and outcomes of attributed members on an on-going basis

- ✓ An attribution **eligible provider**
 - can only participate in one comprehensive AE at a time
 - can only participate in one Specialized LTSS AE at a time

- ✓ **A member**
 - can only be attributed to a single comprehensive AE at a time
 - A member can only be attributed to a single specialized LTSS AE at a time

- ✓ A member who meets the requirements for attribution for a comprehensive AE and a specialized LTSS AE **at the same time will be attributed to both AEs**

Agenda

- ❖ **Attribution Overview**
goals, definitions, foundations and principles
- ❖ **Attributable Populations and Providers**
What specific populations are included?
Provider rosters
- ❖ **Attribution Methodology: Comprehensive**
Attribution Hierarchy: IHH and PCP
PCP Attribution details
- ❖ **Attribution Methodology: Specialized**
Attribution Hierarchy: Specialized

Attributable Populations

Comprehensive

Includes **Medicaid only** beneficiaries enrolled in managed care

- ❑ Rite Care, Rhody Health Partners, and Rhody Health Expansion members
- ❑ RHO members if they have Medicaid benefits only (not Medicare)

Not eligible: Members (RHO and Medicare-Medicaid Plan) who have both Medicare and Medicaid coverage

Specialized

Medicaid only and Medicaid-Medicare beneficiaries who are receiving attributable services

- ❑ Adults age 21 and older with Medicaid-only and Medicare-Medicaid coverage who are receiving any services identified as attributable services
- ❑ Includes people enrolled in Medicaid managed care and people not enrolled in Medicaid managed care

Not eligible: children under age 21

Provider Rosters

Attribution is based on a defined roster of providers, including:

Comprehensive

- **IHH providers**, as recognized by BHDDH if an IHH is a recognized Partner Provider or Affiliate Provider in the AE
- **PCPs** at a Partner Provider or Affiliate Provider in the AE.
 - **Definition:** individual plan physician or team selected by or assigned to a member to provide and coordinate all of the member's health care needs and to initiate/monitor referrals for specialized services
 - **Includes:** MDs and DOs in family/general medicine, pediatrics, internal medicine or geriatrics who are prepared to undertake the responsibilities of serving as a PCP. Can also be a NP, PA or FQHC
 - Clinicians included in provider roster shall be **identified by TIN & NPI**

Specialized

- Agencies licensed by RI DOH to provide one or more attributable services:
 - Home care (homemaker, home health aide/CNA/attendant care), adult day health, assisted living, supported living/shared living, and/or long-stay/custodial nursing facility services
 - Do not include services managed by BHDDH for people with intellectual and developmental disabilities

Agenda

- ❖ **Attribution Overview**
goals, definitions, foundations and principles
- ❖ **Attributable Populations and Providers**
What specific populations are included?
Provider rosters
- ❖ **Attribution Methodology: Comprehensive**
Attribution Hierarchy: IHH and PCP
PCP Attribution details
- ❖ **Attribution Methodology: Specialized**
Attribution Hierarchy: Specialized

Comprehensive AEs: Attribution Hierarchy

First: IHH Assignment

If a member is assigned to an IHH, and that IHH is a part of a comprehensive AE, then the member is attributed to that AE.

❑ **Step 1: IHH Assignment**

Assign to the AE based on IHH assignment, as determined by BHDDH
Includes people using ACT services

❑ **Step 2: Quarterly updates**

A member attributed to an AE based on IHH assignment shall continue to be attributed to that AE after IHH discharge unless:

- Member requests to change his/her PCP to one not participating in AE; or
- The member is assigned by BHDDH to a different IHH

Second: PCP Assignment by the MCO

❑ **Step 1: PCP assignment** by the MCO at the point of entry into the MCO

❑ **Step 2: Quarterly updates** based on:

- Member requests to change his/her PCP to one not participating in AE;
- Retrospective analyses of actual patterns of primary care utilization demonstrating use of a different PCP

Comprehensive AEs: Retrospective Utilization Analysis

- ❖ Not later than 30 days after the close of each quarter, claims will be analyzed to identify a visit to a PCP with qualifying primary care services for the preceding 12-month period
- ❖ Attribution will be at the AE level based on aggregating utilization across all TINs in the AE roster of attributable providers. Multiple visits to PCPs within an AE will be aggregated to that AE

All primary
care within
AE

No primary
care

Attribution will be
unchanged

At least one PCP service from non AE provider

- **Single visit** to a PCP within the AE and a single visit to a non-participating provider: no change
- **3 or more visits to providers:** attribution will be based on plurality of primary care visits (the provider with the highest # visits)
- **Tie:** More than two providers and a tie for the highest # visits, attribution will remain with the AE
- **4 or more visits** and a tie: attribution will be based on the most recent primary care visit.

Specialized LTSS AEs: Attribution Hierarchy

Step 1: Monthly attribution based on service authorizations

❖ **Initial attribution**

Based on any active authorization or approval, as of the first day of the month, for an attributable service with any provider on the AE roster

❖ **Monthly Updates**

On a monthly basis, attribution will be updated to reflect new authorizations for services, changes in authorization, and changes in Medicaid eligibility

- Monthly updates will include people newly attributed to an AE, people removed from AE attribution, and people whose attribution changed from one AE to another
- If a beneficiary stops receiving services from a provider in a specialized LTSS AE: He/she will continue to be attributed **for at least 12 months** after the service ends, unless there is a new authorization for a different attributable service with a provider in a different AE (attribution can be updated 90 days after the terminated authorization ends)

❖ **Attribution will be unaffected by changes in managed care enrollment**

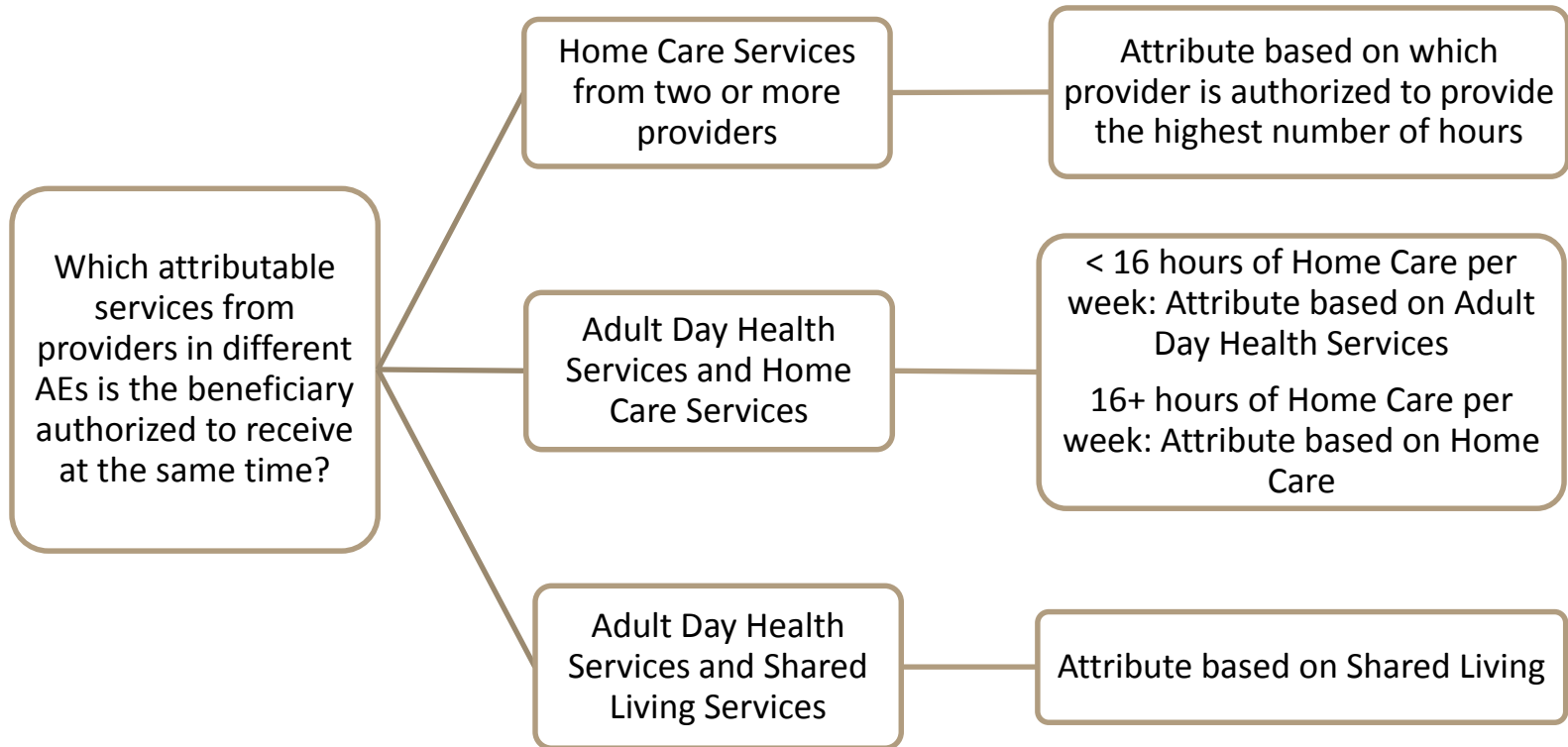
as long as the provider is contracted with the beneficiary's MCO/payer

Attribution Hierarchy for Specialized LTSS AEs

Step 2: AE validation of the attribution

- ❖ By the 5th of each month, the AE will receive a list of all Medicaid beneficiaries attributed to the AE from each MCO/payer
- ❖ The AE will have 5 business days to identify and report any person actively receiving attributable services who is not included in the attribution list
- ❖ MCO/payer will validate the AE-reported information and update the attribution list as appropriate
- ❖ MCO/payer may validate and adjust the assignment as needed to address other discrepancies on a case-by-case basis

Receipt of Attributable Services from Providers in Different LTSS AEs



Questions?
