

EMERSON Lisa * DCBS

Subject: FW: Rulemaking - PCP Assignment RAC meeting #2 date change

From: Bill Dwyer <bill.dwyer@modahealth.com>

Sent: Wednesday, July 19, 2023 12:51 PM

To: WINKEL Karen J * DCBS <Karen.J.WINKEL@dcbs.oregon.gov>; EMERSON Lisa * DCBS <Lisa.EMERSON@dcbs.oregon.gov>

Subject: RE: Rulemaking - PCP Assignment RAC meeting #2 date change

As a follow-up to my comments at the last RAC, I thought I would pass along some analysis based on real data. I looked at our attribution rates and accuracy for lines of business that have mandatory PCP assignment for all members (must assign all members, including assignment when there is no member choice or utilization history), vs. those where we only attribute when we have data to support the assignment. Here is what I found:

1. Assignment rates for data-based attribution only are very high, 85%+, indicating that most members can be prodded to select a PCP on their own and/or we can tell who the PCP is by utilization.
2. Known error rates for mandatory assignment in the absence of data are very high, nearly double the error rates for the data-based attribution. It's not possible to get an exact figure for how often our forced assignment is wrong, since by definition those members have no history and therefore nothing to compare to. But when we do discover a mismatch when members actually have a visit, those discoveries occur nearly twice as often for the mandatory attribution group. Given the relatively low percentage of cases in which we are required to guess the PCP, the data suggests that a majority of those guesses could be wrong.
3. Rates of PCP utilization were roughly the same for both groups. In other words, the mandatory assignment does not seem to increase PCP utilization.

I think we all agree that getting people connected to primary care is a good idea. The problem is that forcing the health plans to guess the correct PCP in the absence of data does not accomplish that. Rather, it creates an inaccurate picture of primary care connections and a host of downstream problems, such as double-paying for services (capitation to the attributed provider + FFS to the service provider), provider complaints ("this isn't my patient!"), and member confusion ("Who is this provider? I didn't choose them!")

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EXTERNAL MESSAGE - TREAT LINKS/FILES WITH CARE

The PCP Assignment RAC meeting #2 is being rescheduled to allow DFR more time to consider all verbal and written comments received from RAC meeting #1 and time to draft rules.

If you have questions, feel free to reach out to Lisa Emerson by email Lisa.EMERSON@dcbs.oregon.gov or phone with any questions.

Thank you,

Karen Winkel
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Department of Consumer
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