ACC Phase III Evaluation Update: Initial Attribution Data

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Presented by:

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Agenda

1. Brief Evaluation Review

2. Attribution Overview

3. Phase III Attribution Data

4. Discussion

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Reminder: Frequently Used Acronyms/Key Terms

Acronym/Key Term	Definition
ACC	Accountable Care Collaborative
Health First Colorado	Colorado's Medicaid program
HCPF	Department of Health Care Policy and Financing
MCO	Managed Care Organization
MCE	Managed Care Entity (we use this term to refer to RAEs/MCOs collectively)
PCMP	Primary Care Medical Provider
RAE	Regional Accountable Entity

Evaluation Plan

The evaluation will be a **deep dive** into three focus areas. The products will be mixed-methods reports that provide insight into how the program is working and the experience of members and providers.

Three Evaluation Focus Areas with Two Scopes of Work for Each

Behavioral Health Benefit

Scope 1: What does access to behavioral health providers look like across the state for members and how do patterns of care vary?

Scope 2: How are specific member groups (demographics, acuity levels, etc.) experiencing the behavioral health system?

Primary Care

Scope 1: What does access to primary care medical providers (PCMPs) look like across the state for members?

Scope 2: What is the impact of MCE support to primary care providers, particularly smaller providers?

Care Coordination

Scope 1: What is care coordination's impact on access to care and member experience?

Scope 2: What is care coordination's impact on cost and quality outcomes?

Each Scope of Work Contains:

- Research questions (3 to 5 per scope) that collectively touch on all five goals of the ACC

- Mixed methods approaches to answer the questions

- Opportunities for stakeholder input and member feedback

- Iterative external report outs

Today's Focus and How It Connects to the Evaluation

Evaluation Early Work: Understanding the New Phase III Primary Care Environment

☑ Descriptive analysis of our RAE-contracted PCMP network. Which types of providers do RAEs contract with, where are they located, who do they serve?

Today's Focus

Given medical homes are a foundational concept of ACC Phase III:
- How many members have a medical home?
- How many are unattributed?
- What do we know about the potential impacts of attribution changes to members and providers?

Where We Think We Need to Go Next for Primary Care Analysis:

Conduct an early descriptive analysis of primary care **utilization** and use the P&CE subcommittee as collaborators.

- Who (demographics, diagnoses, geography, attribution, etc.)? uses primary care?

- Who isn't accessing care?

- What are the barriers to accessing care?

Attribution Overview and Key Changes

Matt Lanphier, ACC Program Operations Section Manager

Reminder: Key Terms

Attribution	The process used to link Health First Colorado members to a PCMP.
Assignment	The method used to connect Health First Colorado members to a RAE.
PCMP	Primary care sites that meet certain licensing requirements and contract with the RAE where their practice is located. PCMPs serve as the focal point of care for their attributed members and partner with their RAE to coordinate their members' health needs.

Phase III Attribution Changes

Feedback		Change
Well visits should be prioritized in the claims-based logic.	>	Methodology attributes based on 2 most recent primary care visits first.
Attribution is inaccurate, which causes member confusion and can negatively impact provider performance measures.	>	Improve overall attribution accuracy by removing geographic and family attribution.
Attribution doesn't reflect changes to member care patterns.	>	Increased frequency for reattribution – quarterly for all members and monthly for unattributed members.
Attribution methodology is not transparent.	>	Detailed fact sheet on our website and included in our evaluation plan.

Attribution Methodology

HCPF system reviews if member has:
1. Selected a PCMP.
2. Utilization history with a PCMP.

1 → Member attributed to PCMP based on choice or utilization. → Member assigned to a RAE based on PCMP location.

2 → Member enrolled in MCO if they meet eligibility requirements. → Member assigned to a RAE based on MCO.

3 → Member assigned to a RAE based on their home address.
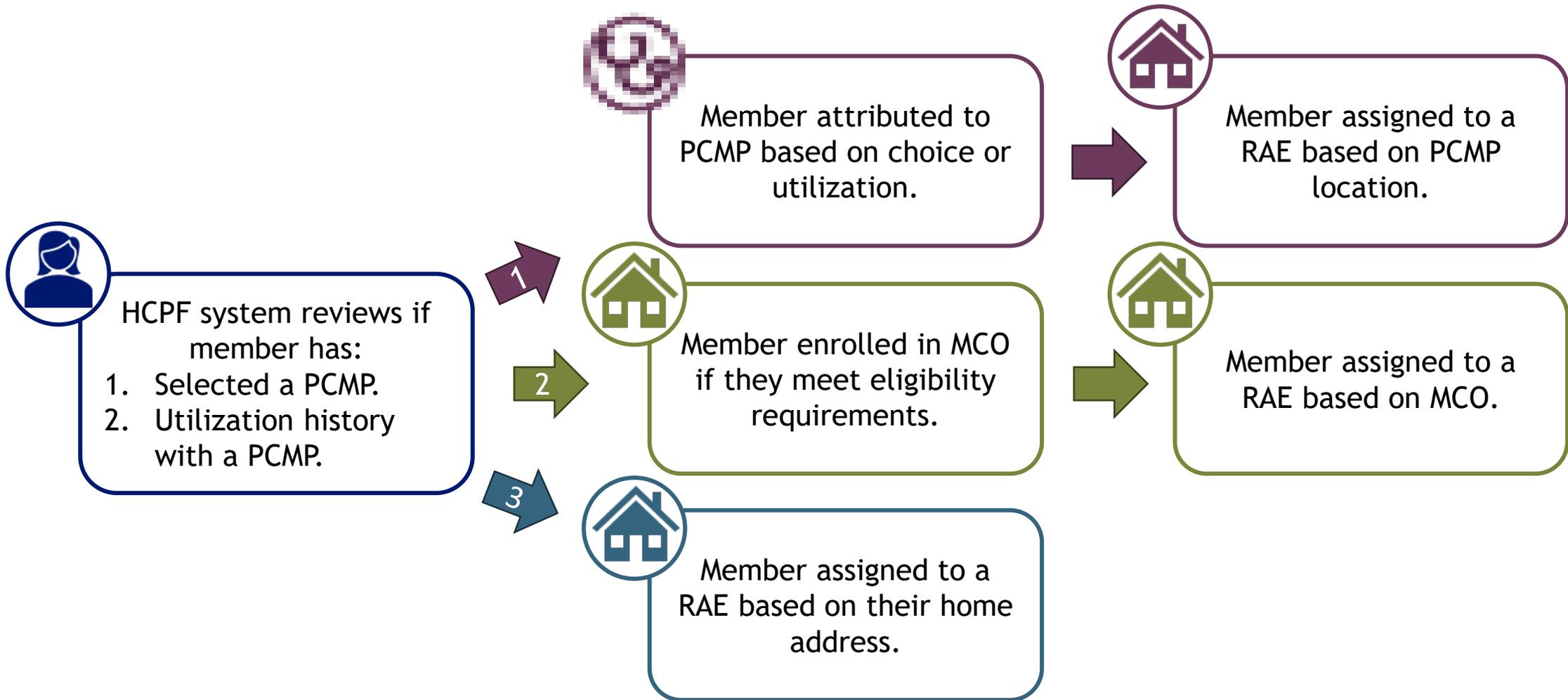
Additional Attribution Information

- **Re-attribution:** Process for regularly updating attribution to reflect new utilization patterns.
  - ➢ Occurs monthly for members ages 0 to 1 and unattributed members.
  - ➢ Occurs quarterly for all members.

- **Member Choice:** members can see any Health First Colorado primary care provider, regardless of their attribution.
  - ➢ Members can contact Health First Colorado Enrollment (our Enrollment Broker) any time to select a new PCMP.

- **Attribution/Assignment Notification**: Members receive a letter upon enrollment with their PCMP and RAE information.
  - ➢ If members are attributed to a new PCMP/assigned to a new RAE during the reattribution process, they receive a letter with that information.
  - ➢ Members can view their PCMP/RAE information on PEAK or in the Health First Colorado mobile app.

Contact Information

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Initial Attribution Data: Pre-work for Primary Care Evaluation Activities

Tamara Keeney and Liana Major
Research and Analysis Team

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Impact to Members

About this Analysis

Included In This Analysis

- Change in percentage of unattributed members from:
  - ➤ June 30, 2025 (end of Phase II) to
  - ➤ July 1, 2025 (start of Phase III) to
  - ➤ December 1, 2025 (most recent data)

- Member characteristics of those more likely to be attributed vs. unattributed
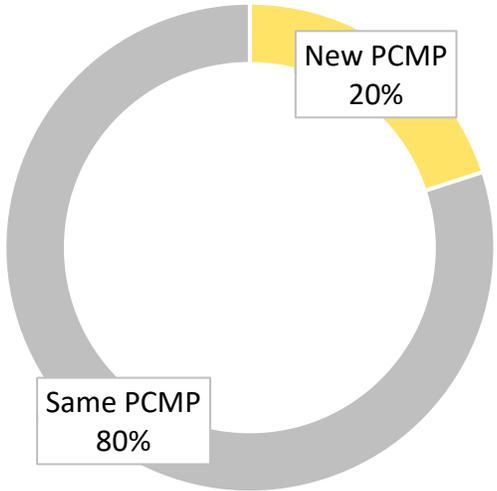
Excluded from This Analysis

- Members enrolled in MCOs were excluded from this analysis due to differences in attribution methods

- Qualitative research to hear from members and providers

Although 38% of ACC members became unattributed at the start of Phase III, this fell to 31% by December 2025. One in five members received a new PCMP at Phase III launch.
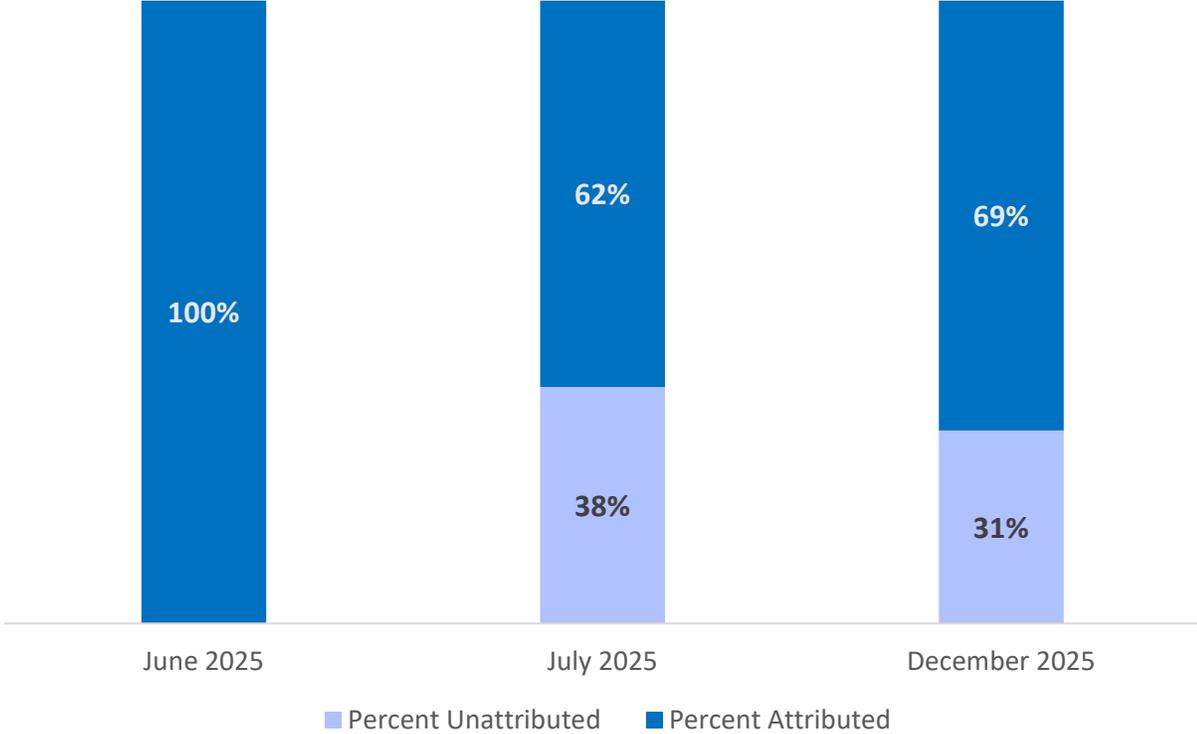
Of members still attributed on July 1, 2025, HCPF assigned a new PCMP to 20% based on their utilization history

June 2025: 100%
July 2025: 62% Percent Attributed / 38% Percent Unattributed
December 2025: 69% Percent Attributed / 31% Percent Unattributed

Legend: Percent Unattributed / Percent Attributed

New PCMP 20%
Same PCMP 80%

As Phase III contracts require, RAEs have been connecting unattributed members to PCMPs of their choosing.

RAE 1: Rocky Mountain Health Plans

➢ PCMPs are the point of intervention. The RAE is beginning to support PCMPs in identifying unattributed members who may be a good fit for their practice and then PCMPs will reach out to members.

RAE 2: Northeast Health Partners (NHP)

➢ NHP is prioritizing outreach to complex members to connect them with medical homes if they are unattributed.
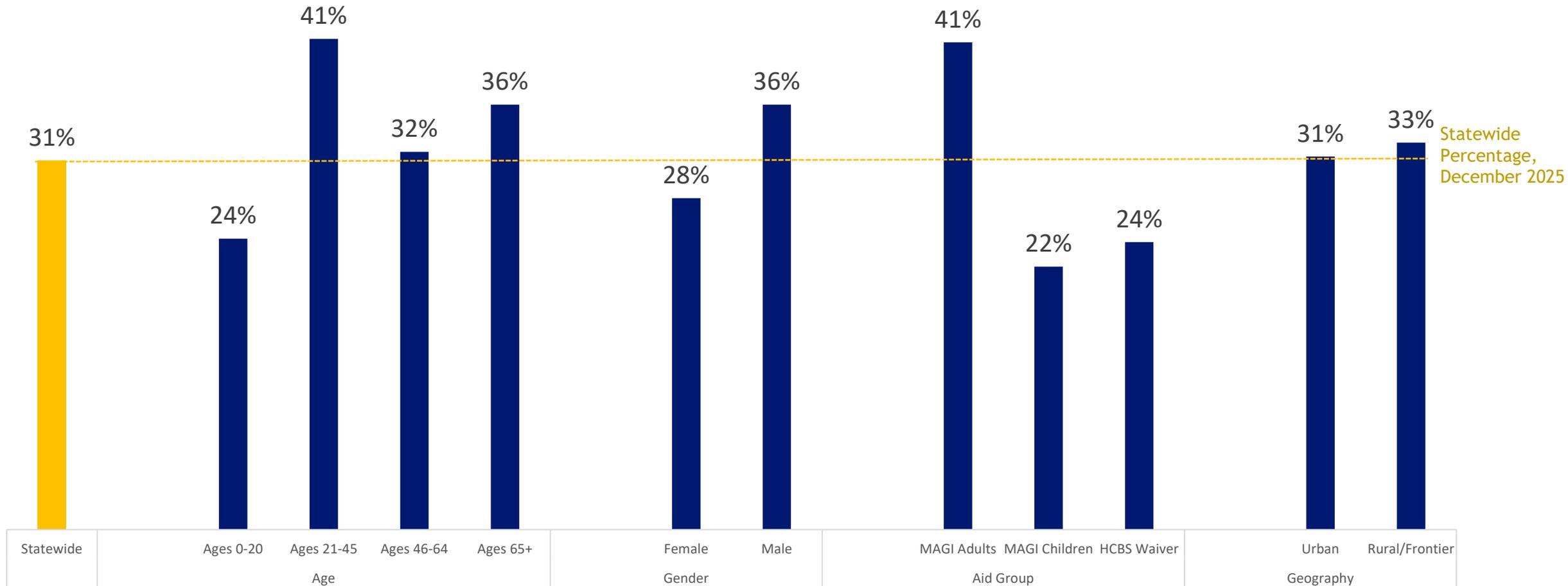
RAE 3: Colorado Community Health Alliance (CCHA)

➢ CCHA is taking an "every member, every time" approach by identifying unattributed members every time they connect with the RAE for other reasons and doing warm hand-offs to PCMPs with availability.

RAE 4: Colorado Access

➢ Colorado Access is engaging members when they call in for other reasons to help them select a PCMP that they feel is right for them. They have a dashboard that can filter medical homes by various options, including age, gender of provider, and eventually disability friendly providers.
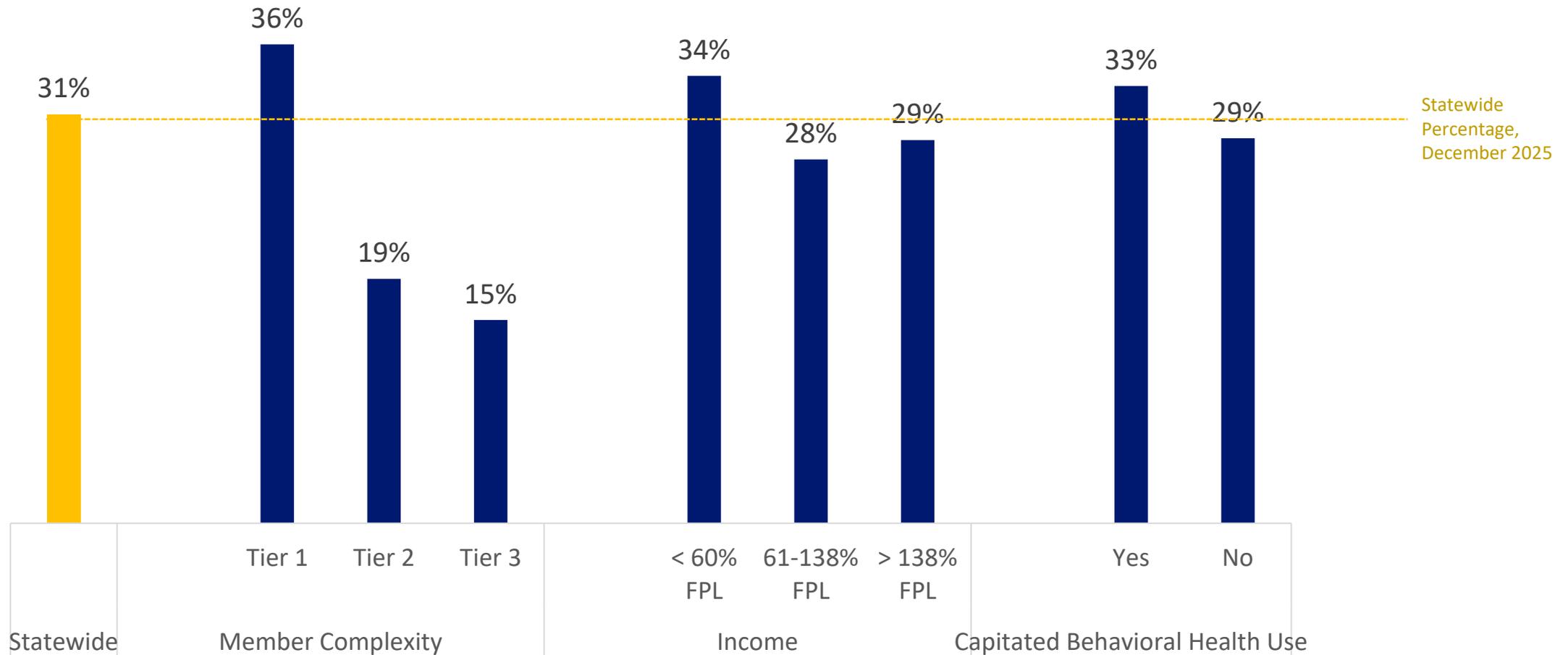
Young adults and MAGI adults have the highest levels of being unattributed; children and members with disabilities are the most likely to be attributed.

Percent of Members In Each Group That Are Unattributed

Statewide	Ages 0-20	Ages 21-45	Ages 46-64	Ages 65+	Female	Male	MAGI Adults	MAGI Children	HCBS Waiver	Urban	Rural/Frontier
31%	24%	41%	32%	36%	28%	36%	41%	22%	24%	31%	33%

Statewide Percentage, December 2025

| | Age | | | | Gender | | Aid Group | | | Geography | |

HCBS – Home and Community-Based Services
MAGI – Modified Adjusted Gross Income; these are members eligible for Health First Colorado based on income

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Members who RAEs consider most complex (Tier 3) were more likely to be attributed to a PCMP than Tier 1 and Tier 2 members.

Percent of Members In Each Group That Are Unattributed

Statewide Percentage, December 2025

Statewide	Member Complexity			Income			Capitated Behavioral Health Use	
31%	Tier 1: 36%	Tier 2: 19%	Tier 3: 15%	< 60% FPL: 34%	61-138% FPL: 28%	> 138% FPL: 29%	Yes: 33%	No: 29%

Impact to Providers

# About this Analysis

Included In This Analysis

- RAE-contracted PCMPs with at least 1 member attributed from:
  - ➢ June 30, 2025 (end of Phase II) to
  - ➢ July 1, 2025 (start of Phase III) to
  - ➢ December 1, 2025 (most recent data)

- ➢ Sample size: 620 PCMPs (there are more RAE contracted PCMPs than this number)

Excluded from This Analysis

- PCMPs that were new to RAE networks or dropped off networks from June to December

- Changes due to factors other than attribution, such as buyouts

As anticipated, most PCMPs (81%) lost some members from Phase II to Phase III. Alternately, 19% of PCMPs gained members or stayed the same.

Attribution Change for PCMPs (June to December 2025)
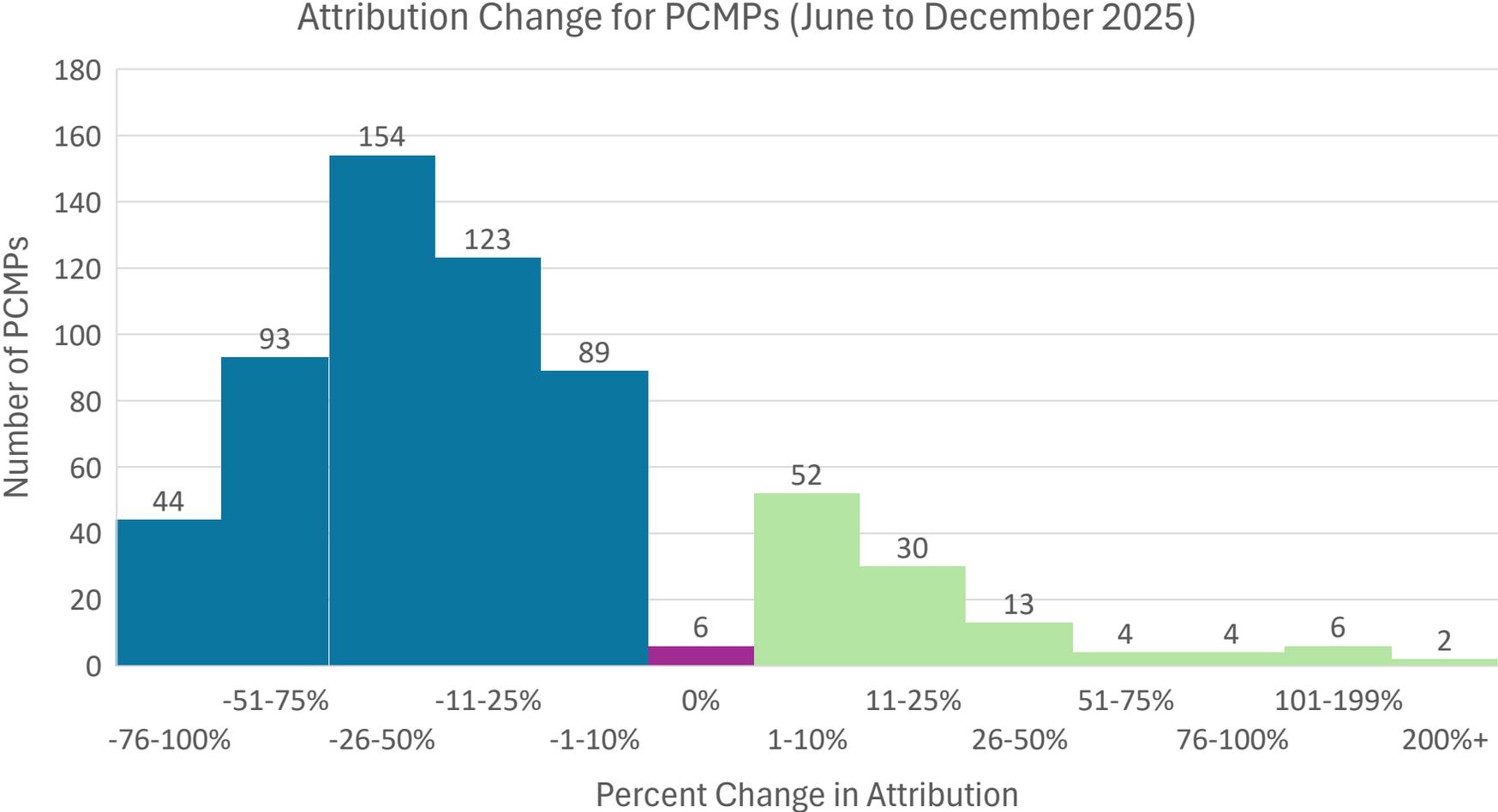
n = 620 PCMPs

Discussion

ACC Policy

- Are there outstanding questions around attribution for Phase III?

- For those impacted by attribution changes, what has been your experience since July 1?

Phase III Evaluation

- The evaluation team plans to conduct a descriptive analysis of utilization next.
  - Are there utilization groups that you're most interested in?
  - Are there types of members you want us to be able to describe?
  - At this early stage, is there qualitative research we should prioritize?

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Thank you!

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