

# PACK Program Design Review Team

## Meeting 4

March 27, 2024

# Agenda

1. Welcome and Introductions
2. Attribution
  1. What is attribution?
  2. What is the current state?
  3. What is the proposed future state?
  4. Discussion
3. Meeting 3 Recap
4. Looking Ahead
5. Questions

# 1. Welcome and Introductions

# Meet the PACK Team



**Devin Kepler**  
PACK Lead



**Dr. Katie Price**  
Pediatric Consultant



**Suman Mathur**  
Design Review Team Facilitator



**Emily Leung**  
Design Review Team Co-Facilitator



**Samantha Block**  
PACK Support Team



**Andy Wilson**  
PACK Support Team




**Puja Patel**  
PACK Support Team



# Activity 1: Icebreaker

# The Design Review Team will provide iterative feedback to HCPF on key design topics

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1. **Goals and Objectives:** What are we trying to achieve?
  2. **Quality Measurement and Quality Target Setting:** How will performance be measured for both informational and payment purposes?
  3. **Payment:** What adjustments to payment are needed to adequately support high-value care delivery? What is the mechanism of how providers will be paid?
  4. **Performance Improvement:** What information do you need to be successful?
  5. **Program Sustainability:** What types of support will be needed to sustain this program?

# What is the purpose of today's meeting?

- Today's discussion is an educational and informational session.
- Attribution:
  - Is governed by the Department of Health Care Policy and Financing (HCPF) through the Accountable Care Collaborative (ACC).
  - Requires alignment across programs.

# 2. Attribution



# What is the Accountable Care Collaborative?

- The ACC determines the structure by which care is paid for and/or delivered to Health First Colorado members.
- Beginning in July 2018, Phase II of the ACC established Regional Accountable Entities (RAEs), which:
  - Provide a regionally responsive approach and oversight to care,
  - Administer the Capitated Behavioral Health Benefit,
  - Contract with and support a network of PCMPs, and
  - Manage overall administration, data and information, and member access to care and support.

**Attribution is the process by which members are assigned to a RAE and associated to a provider that serves as a focal point of care.**

# What is attribution and why is it important?

## Context

- In general, value-based payment (VBP) models reward providers based on achievement of quality goals and cost savings.
- Accurate determination of the relationship between a member and provider is critical to a VBP model to ensure that the correct providers are held responsible for the member's outcomes and costs.

## Challenge:

Determining which provider is responsible may be complicated given that members may receive care from multiple providers.

## Solution:

Attribution is how Health First Colorado members are linked to a Primary Care Medical Provider (PCMP)

# Phase II: Attribution Methodology

# Where we are today?

(Current Attribution Methodology - ACC Phase II)

Utilization

Member Choice

Family Connection

Geographic

# ACC Phase II Attribution Methodology: Utilization

- If a member has a **predominant claims history** with a practice over the last 18 months, and the practice is contracted with a RAE as a PCMP, the member is attributed to that provider.
- The system first looks at paid Evaluation and Management (E&M) claims, then other types of claims are considered.
- For children up to age 21, a set of 10 preventive service codes is prioritized.

# ACC Phase II Attribution Methodology: Family Connection

- If a member has no claims history with a contracted PCMP, family relationship\* is used.
- This attribution occurs only if the PCMP is appropriate (children are not attributed to 'Adults Only' locations).

\*More information on the attribution methodology for family connection can be found here: [LINK](#).

# ACC Phase II Attribution Methodology: Geographic

- If a member has no claims history with a contracted PCMP, and cannot be attributed via family connection, the system determines the closest appropriate PCMP within the member's region, and attributes to that location.

# ACC Phase II Attribution Methodology: Member Choice

- All members are initially attributed in the following order:
  - Utilization, or
  - Family connection, or
  - Geographic.
- Every member has the option of changing their PCMP at any time by contacting the Health First Colorado enrollment broker.
- Member choice is prioritized above other types of attribution.



# ACC Phase II Attribution Methodology: Reattribution

- Reattribution is the process by which HCPF attributes a member to a new provider if they develop a stronger relationship (identified through claims history) with that provider after the initial attribution.
  - Every month for members 0 to 2 years old
  - Every **six (6) months** for all members

# Phase III: Attribution Methodology

# What are Goals of ACC Phase III as it relates to Attribution?

- Simplify the attribution process for providers, while incentivizing both providers and RAEs to better engage with members.
- Better support providers participating in alternative payment models as attribution should more accurately reflect members' current and active engagement in care.
- Improve communication to members about PCMP attribution and increasing transparency of the attribution process for providers.
- ACC Phase III attribution will go into effect July 1, 2025.

# Where we are going

## (Proposed Attribution Methodology - ACC Phase III)

Utilization

Member Choice

Family Connection

Geographic

*No longer used in ACC Phase III*

# ACC Phase III Attribution Methodology: Utilization

- The **two (2)** most recent claims with a contracted PCMP will be prioritized.
- The system will first look at paid Evaluation and Management (E&M) claims, then other types of claims are considered.
- For children up to age 21, a set of 10 preventive service codes will be prioritized.

# ACC Phase III Attribution Methodology: Member Choice

- Members with claims history will be initially attributed through utilization.
- Every member will continue to have the option of changing their attributed PCMP at any time by contacting the Health First Colorado enrollment broker.
- Attribution by member choice will be prioritized over attribution via utilization.

# ACC Phase III Attribution Methodology: Unattributed Members

- Members who cannot be attributed to PCMP through utilization and have not chosen a PCMP themselves, will be assigned to a RAE, who is responsible for:
  - Supporting the member by connecting them with a PCMP for members who are utilizing health services, or
  - Promoting members' engagement in preventive services for members who are not utilizing health services.

# ACC Phase III Attribution Methodology: Reattribution

- Under Phase III, member reattribution will be based on the two (2) most recent claims to a PCMP and will occur as follows:
  - Every month for members 0 to 2 years old
  - Every **three (3) months** for all members





## For discussion:

- Menti Poll - On a scale of 1 - 5: How clear is the proposed Phase III methodology to you?
  - What aspects of the proposed Phase III methodology do you find unclear?
- What aspects of the proposed Phase III methodology do you appreciate?
- What are potential unintended consequences of the Phase III approach?
- Menti Poll - On a scale of 1 - 5: Will the proposed "two (2) most recent PCMP visits" reattribution approach update member attribution in a more accurate and timely way?

# 3. Meeting 3 Recap

# Goal 6: Develop a pediatric VBP program that is sustainable for both providers and HCPF

## Measures for consideration



What other measures should the State consider to support:

- Evaluating and tracking program success
- Continuous improvement activities for providers

Objective	Improve pediatric provider and practice staff experience
Objective	Minimize provider administrative burden
Objective	Create model design which is operationally efficient and financially sustainable for both HCPF & providers
Objective	Provide health information technology tools for PCMPs that provide actionable insight into performance
Objective	Increase adoption of pediatric-specific practice transformation in all primary care settings that care for child and adolescent members

Measure(s)	• TBD
Measure(s)	• TBD
Measure(s)	• TBD
Measure(s)	• TBD
Measure(s)	• TBD

*Measure potentially tied to payment*

*Measures TBD: Informational Only*

# Approval of Meeting Minutes

- Are there any proposed changes to Meeting Minutes from Meeting 3?
- Any objections to posting a de-identified, abbreviated version of this document to the HCPF website (publicly accessible)?
- Once approved, Meeting Minutes will be posted on PACK webpage.

# 5. Looking Ahead

# What's Next?

- **Next DRT Session:** April 10, 2024 from 5-7pm
- **Topic:** TBD
- **Resources** available for your review:
  - [Team Charter](#)
  - [PACK Program Resources](#)
- **Questions?** Please email us at [HCPF\\_VBPStakeholderEngagement@state.co.us](mailto:HCPF_VBPStakeholderEngagement@state.co.us)



# 6. Questions?



# Upcoming PACK DRT Meeting Topics

Date	DRT Session	APM Framework Component	PACK DRT Session Topic (Subcomponent)
Feb 6	1	DRT Overview	Sessions, expectations, background
Feb 28	2	Goals and Objectives	Feedback on goals
Mar 13	3	Quality Measurement & Quality Target Setting	Feedback on quality measures and targets as well as operationalization
Mar 27 - Today!	4	Payment	Feedback and proposed considerations for attribution method
Apr 10	5	Payment	Overall process of payment and target setting
Apr 24	6	Quality Measurement & Quality Target Setting	Feedback on quality measures
May 8	7	Payment	Feedback, pros, cons for risk adjustment methodology considerations
May 22	8	Payment	Overall process of reconciliation
June 12	9	Performance Improvement	Actionable insights, provide 'must haves', nice to haves
June 26	10	Program Sustainability	Prioritize types of Support



# PACK DRT Roster (1/2)

DRT Member	Organization/Affiliation
Alison Keesler	Intermountain Healthcare
Amber Griffin	Thompson River Pediatrics
Andrea Loasby	Children's Hospital Colorado, University of Colorado School of Medicine
Cassie Littler	Denver Health, American Academy of Pediatrics, Colorado Chapter
David Keller	Children's Hospital Colorado
Ealasha Vaughner	Health First Colorado Member
Erica Pike	Colorado Association of Family Physicians
Hillary Jorgensen	Colorado Cross-Disability Coalition
Hoke Stapp	Pediatric Care Network
Jane Reed	Colorado Access
Laura Luzietti	Every Child Pediatrics

# PACK DRT Roster (2/2)

DRT Member	Organization/Affiliation
M. Cecile Fraley	Pediatric Partners of the Southwest - Durango
Mark Gritz	University of Colorado School of Medicine, Farley Health Policy Center
Melissa Buchholz	Children's Hospital Colorado, HealthySteps
Mike DiTondo	Children's Clinic of Pueblo
Rebecca Gostlin	Youth Healthcare Alliance
Robert Haywood	Health First Colorado Member
Sarah Bennett	Colorado Community Health Alliance
Sarrah Knause	Colorado Access
Stephanie Gold	Colorado Association of Family Physicians
Toni Sarge	Colorado Children's Campaign

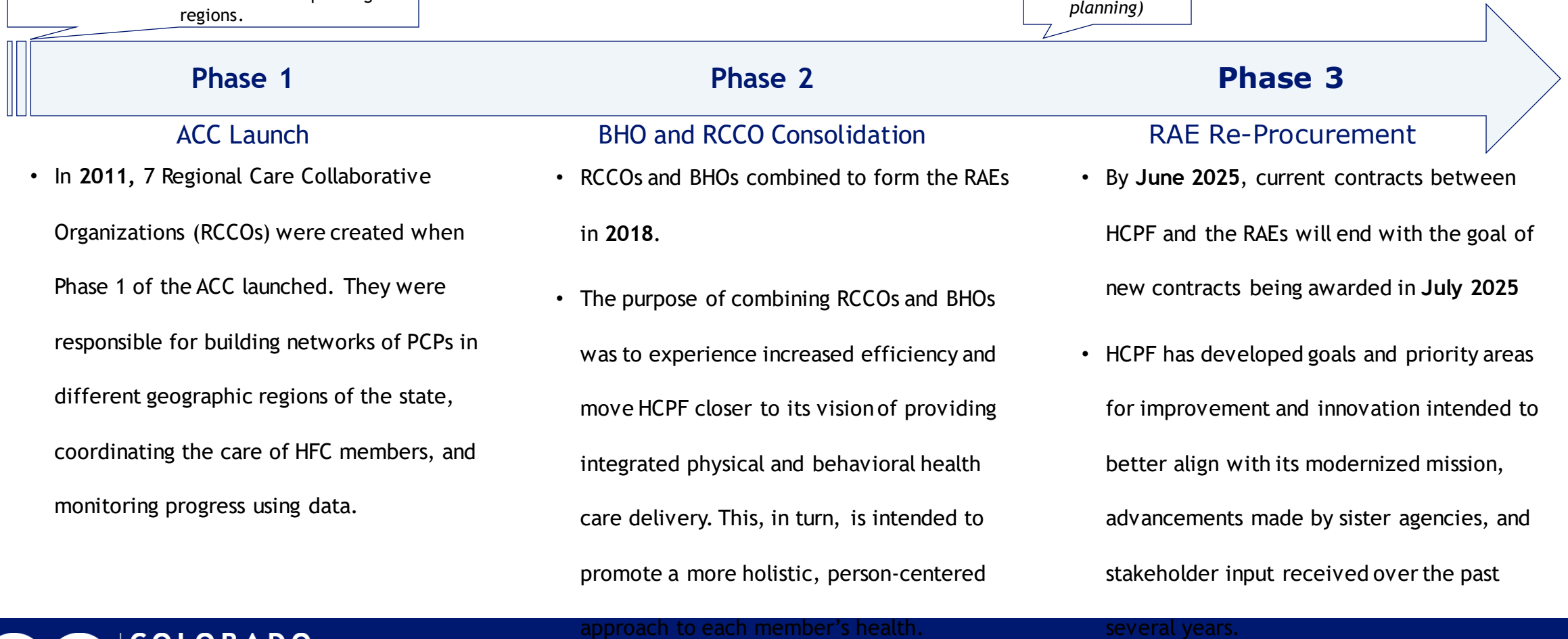
# Thank you!

# Appendix

# ACC and RAE Historical Timeline

In 1995, legislation passed to create 5 Behavioral Health Organizations. The BHOs arranged for behavioral health care services for HFC members in their corresponding regions.

We are here...  
(Phase 3 planning)



# Attribution Procedure Codes

The ACC determines attribution based on a member's claims history within the past 18 months, focusing on specific codes in order of priority. Initially, members are assigned to practices with paid Evaluation and Management (E&M) claims. If necessary, other claim types are considered. The E&M codes are:

- 99201-99205
- 99211-99215
- 99381-99387
- 99391-99397

For children up to 21 years old, these set of 10 preventive service codes are prioritized:

- 99381-99385
- 99391-99395

Source: Colorado Department of Health Care Policy and Financing. (June 29, 2018) *Accountable Care Collaborative Phase II Attribution Frequently Asked Questions*. Retrieved from [link](#).

# Attribution Taxonomy Codes

PCMPs are defined using the following:

- [APM 2 Provider Taxonomy Codes](#)
- [APM Procedure Code Set](#)

\*In Phase III: Behavioral health providers offering integrated physical health services may serve as PCMPs

# Attribution Checks - ACC Phase II

The validity of a members' attribution is checked and fails if the member:

## Post- Attribution Checkpoints

- Is attributed to a non-contracted PCMP
- Is attributed to a PCMP not contracted with RAE
- Is an adult attributed to a child-only practice
- Is a child attributed to an adult-only practice
- Is a male attributed to a women only practice