

ACC Attribution

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•What is Attribution?

- *Method used to attribute Health First Colorado members to their medical homes, or Primary Care Medical Providers (PCMPs)*
- *Used to determine a member's RAE assignment*



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Attribution Methodology

Utilization

Family
Connection

Geographic

Member
Choice



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Utilization

- If a member has a predominant claims history with a practice over the last 18 months, and the practice is contracted as a PCMP, the member will be 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 will be prioritized.



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Family Connection

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



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Geographic

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



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Member Choice

- All members are initially attributed using:
 - Utilization,
 - Family connection, or
 - Geographic
- Every ACC 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



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Panel Limits/Controls

- PCMPs can limit their panel sizes by setting a limit, or by turning off geographic/proximity based attributions.
 - Panel limits do not apply to claims based attributions
- PCMPs can limit attributions to specific populations and age ranges.



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Reattribution

- Reattribution is the process by which the Department attributes a member to a new provider if they develop a stronger relationship with that provider after the initial attribution
 - Every month for members 0 to 1 years old
 - Every 6 month for all members



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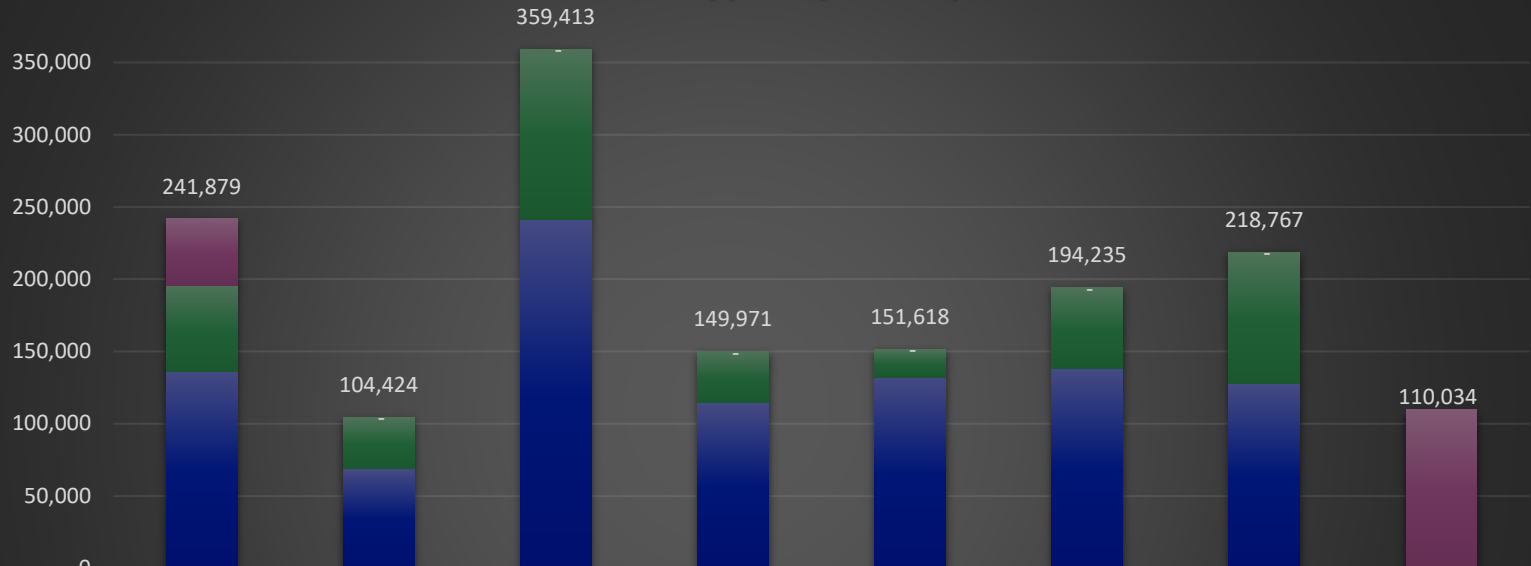
Attribution Exclusions

- Denver Health Medicaid Choice
 - Passive Enrollment
 - All newly eligible members in Denver County will first be assessed for DHMC eligibility before PCMP attribution
 - Members can opt-out during first 90 days of enrollment, and during their open enrollment period
- Rocky Prime
 - Passive Enrollment
- PACE
- Out of state Members



Current Attribution

ACC Attribution Type By Entity - June 2022

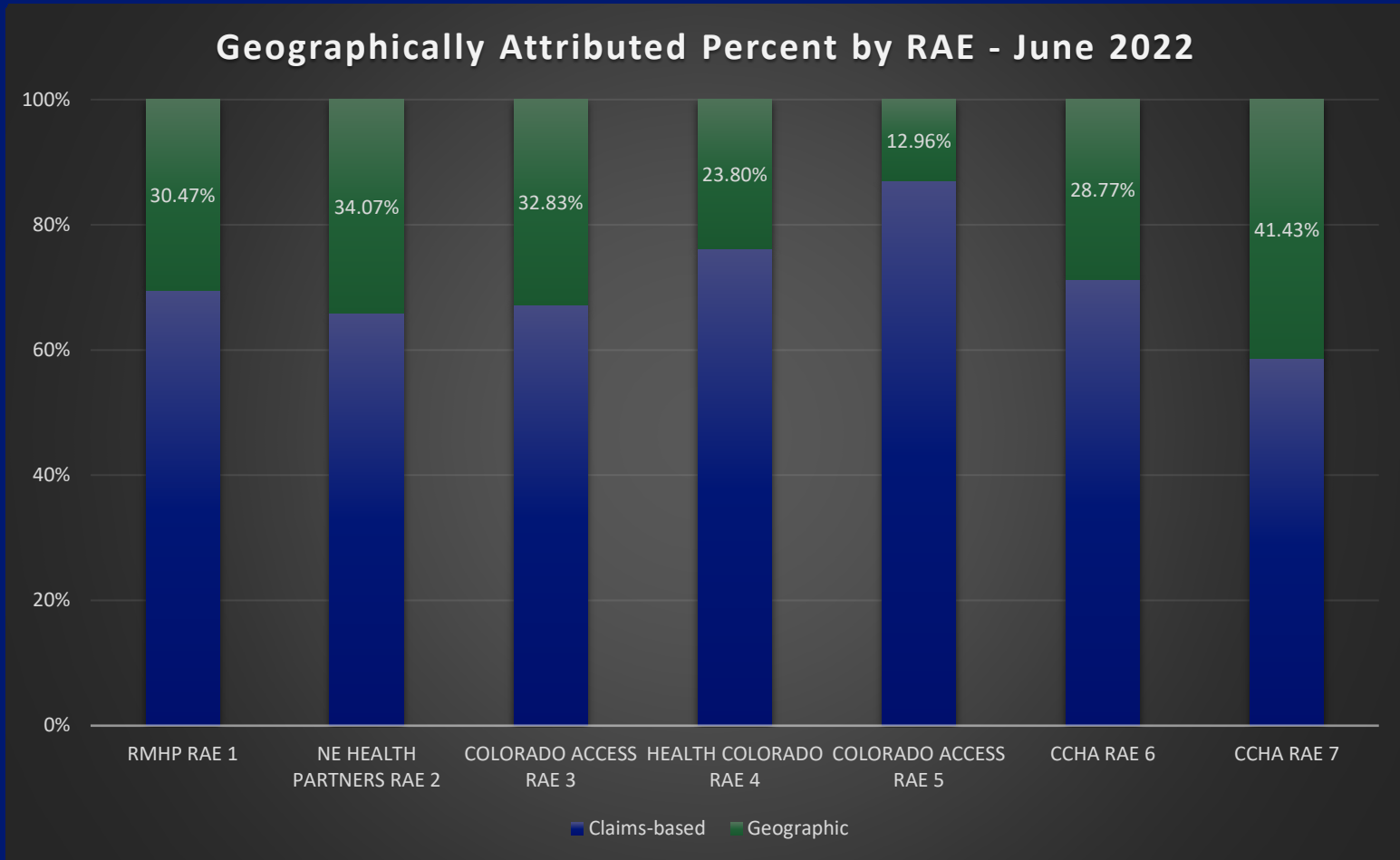


	RMHP RAE 1	NE Health Partners RAE 2	COLORADO ACCESS RAE 3	HEALTH COLORADO RAE 4	COLORADO ACCESS RAE 5	CCHA RAE 6	CCHA RAE 7	DHMC
MCO	45,993	-	-	-	-	-	-	110,034
Geographic	59,680	35,579	117,981	35,694	19,645	55,883	90,633	
Claims/Choice	136,206	68,845	241,432	114,277	131,973	138,352	128,134	
Total	241,879	104,424	359,413	149,971	151,618	194,235	218,767	110,034

■ Claims/Choice ■ Geographic ■ MCO Total

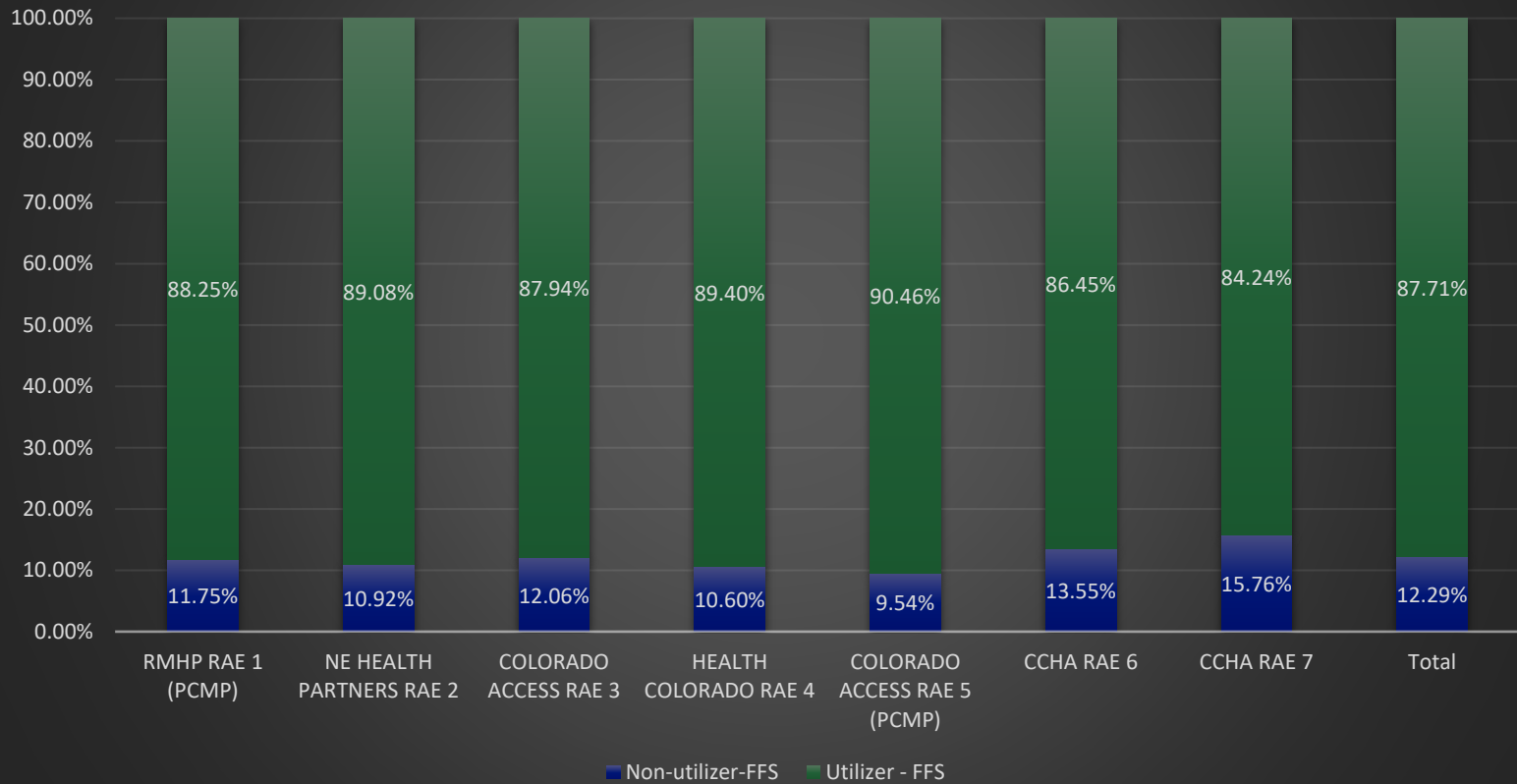


Geographically Attributed



Non Utilizers

Percent of FFS Non-utilizing Members by RAE - September 2021



Frequently Asked Questions

- Where do I find Attribution Lists?
 - Lists can be downloaded from Data Analytics Portal
- Why don't I see a Member attributed to me?
 - Member has more claims with another provider (or more prioritized claims for children)
 - Member has selected another provider via enrollment broker
 - Timing of Reattribution
 - Billing issue (billing provider must be contracted PCMP)
 - Panel limit/control issue



Future Enhancements

- Data Analytics Portal Attribution Dashboard
- Updates to Disenrollment Rules for Age Ranges
- Reattribution to include changing a member's start reason
- Roster Report indicators



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Talk with your RAE

- To verify/adjust panel limit
- To turn geographic attributions on/off
- If you have questions about current attributions
- To control attributions for specific populations
- If you have further questions



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Questions?



Thank you!

