



COLORADO

Department of Health Care
Policy & Financing

Accountable Care Collaborative Phase II Attribution

Frequently Asked Questions June 2018

Common Terms Related to the Accountable Care Collaborative and Attribution

Enrollment: Enrollment is the term the Department uses for registering members into the Accountable Care Collaborative (ACC).

Assignment: Assignment is the method used to connect a Health First Colorado (Colorado's Medicaid Program) member to their Regional Accountable Entity (RAE). For Phase II, the Primary Care Medical Providers (PCMP) attribution will also determine a member's RAE assignment. Members will be assigned to the RAE region in which their PCMP is located. This is a change from Phase I of the program, as members were assigned to a Regional Care Collaborative Organization (RCCO) based on their county of residence. The Department decided to change the attribution and enrollment process in response to stakeholder feedback indicating a desire for each practice site to have a single regional entity to work with.

Attribution: Attribution is the method used to link Health First Colorado members to their medical home, or PCMP.

Auto-attribution: Auto-attribution occurs when a Health First Colorado member is systematically assigned to a PCMP.

How will ACC members be attributed in Phase II?

Members will be attributed to a PCMP in one of the following four ways:

- 1. Auto-attribution – Utilization:** If an ACC member has a demonstrated claims history with a practice over the last 18 months, the system will automatically attribute the member to that location. 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.

E&M codes include the following:

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

Children's preventive service codes include the following:

- 99381-99385
- 99391-99395

This process will be different from the Phase I attribution process in two ways:

- Preventive service codes will be prioritized for children. This change is in response to stakeholder feedback indicating that individuals should be attributed to the location where they receive their preventive and well-child care as this is the best indication of a medical home relationship. The Department is first implementing this with children as the code set is known and to assess whether the change improves the accuracy of attribution. If so, the Department, with stakeholders, will explore building this into the attribution methodology for adults.
- The lookback period has been extended from 12 to 18 months. This change is also in response to stakeholder feedback and intended to capture better the utilization of members who may see their PCMP less frequently than once a year.

- 2. Auto-attribution – Family Connection:** If a member has no utilization history with a PCMP within the past 18 months, the system will look at whether a family member has a claims history with a PCMP and will attribute the member to the family member's PCMP. This attribution will occur only if the PCMP is appropriate. For example, a parent will not be attributed to a child's PCMP if that PCMP is a pediatrician.

Family relationships will be assumed when a member shares last name, street address, city, ZIP code (5-digit), and county code.

- 3. Auto-attribution – Proximity:** If neither a member nor a family member has a utilization history with a PCMP, the system will determine the closest appropriate PCMP within the member's region and attribute to that location. This step is not part of the attribution process in the current ACC, rather individuals

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have not been attributed until they developed a utilization history or were in contact with the Health First Colorado enrollment broker to select a PCMP. For Phase II, because attribution will drive the RAE assignment, all members must be attributed to a PCMP.

- 4. Member Contact with the Health First Colorado Enrollment Broker:** All members will be attributed upon enrollment using one of the methods above. However, every ACC member has the option of choosing a different PCMP at any time.

How will attribution work for members enrolled in the ACC at the time of implementation of Phase II?

At the time of ACC Phase II implementation, every member will be run through the attribution methodology described above as a new member. This includes members who have contacted the Health First Colorado enrollment broker to select their PCMP during Phase I. This means members may be attributed to a different PCMP if their utilization history indicates a stronger relationship with another PCMP; in essence the Department is aligning attribution with the provider the member has selected to see “with their feet.”

The Department is doing this to ensure members are attributed to the brick and mortar site location at which they are receiving services at the time of implementation. In the current ACC, many members are attributed to a billing or system ID which might be far from the site at which they receive services. For example, retaining the attribution to the billing ID in Adams County does not make sense when the member lives in Summit County, is receiving services there, and should be enrolled to the RAE in that region.

The Department is attributing members who have previously contacted the Health First Colorado enrollment broker to select a PCMP in the past because, in many cases, the member has a stronger utilization history with a PCMP whom the member did not select. For example, this could be because the member lived in Mesa County and chose a PCMP in Mesa County but has since moved to Denver County and has utilization with a PCMP in Denver County.

How will attribution work for new Health First Colorado members after the implementation of Phase II?

New Health First Colorado members, including members who have lost Health First Colorado eligibility for more than 60 days, will be attributed using the methodology above.



What changes are occurring to the passive enrollment process for member's residing in Denver county?

The passive enrollment policy for Denver Health Medicaid Choice (DHMC) will not change after July 1, 2018. A member that gains Health First Colorado eligibility while residing in Denver county will be enrolled into DHMC. Members will receive an enrollment notice five days after enrollment from Health First Colorado Enrollment, stating the details of the enrollment, as well as information on their 90-day without-cause window to opt-out of DHMC. After the 90-day opt-out period, the member will be allowed to change health plans at any time for cause, or 60 days before their birth month.

If a member loses eligibility, will they be reattributed to the same practice?

Medicaid rules dictate that if a member loses and regains eligibility within 60 days, they will be reattributed with the same PCMP. Members who lose eligibility for 60 days or more will be treated as a new enrollment and will be attributed using the methodology above.

How will reattribution work in Phase II?

Every six months the Department will conduct a reattribution process to ensure PCMP attributions reflect the member's strongest PCMP relationship. This is a change from Phase I in which the process occurred every 3 months. The decision to change the frequency was made to provide more stability in enrollment during the roll-out of ACC Phase II and may be re-evaluated at a later date.

The reattribution process under ACC Phase II will prioritize attributions made when the member contacted the Health First Colorado enrollment broker if that contact was within the 18 month look-back. If the member contacted the Health First Colorado enrollment broker outside of the 18 month look-back, and the client has a stronger claims history with a different provider, the member will be reattributed to the new provider whom they have been seeing.

How will members be notified when they are reattributed?

When a member is reattributed to a new PCMP, they will be notified via a letter from the Health First Colorado enrollment broker. If this also triggers a change to the RAE assigned to the member this will be stated on the letter. If a member contacts Health



First Colorado Enrollment and selects a new PCMP, they will not get a letter from Health First Colorado Enrollment.

In what scenario would a member not be able to see their current PCMP?

Members are not locked in to any provider and can continue to see any Medicaid provider they choose.

How are members attributed to a specific practice location?

In ACC Phase II, members will be attributed to the brick and mortar service location, rather than the group Medicaid billing ID. This means that all PCMPs must ensure they are billing utilizing site IDs and that each site is contracted with their RAE. All claims submissions must adhere to Colorado Medicaid billing guidelines as outlined in the Billing Manuals. Specifically, claims must be submitted using the proper service location ID and address where services are rendered. For guidance see the [Multiple Service Locations fact sheet](#).

Once attributed to a particular site, will the member's ability to seek care from other providers or locations be restricted?

No changes have been made to restrict a member's ability to seek care from another provider. Providers with multiple sites should note that patient attribution will be to the site they most frequently utilize for primary care but the patient is not required to only receive care from their attributed site.

Can any provider receive attributions?

No. Providers must be contracted as a PCMP in the ACC program before they can receive attributions. Providers must meet specific criteria to be considered for PCMP contracting and have a signed agreement with the RAE serving their region. For More information see our Primary Care Medical Provider Contracting Guidance Fact Sheet on CO.gov/HCPF/ACCPhase2.



Will providers who have missed the contracting deadline for the mass attribution be able to receive attributions after July 1, 2018?

Yes, the RAEs will continue to contract as necessary and providers who become PCMPs after the mass attribution will be able to receive attributions of new members each month. For more information see our Primary Care Medical Provider Contracting Guidance Fact Sheet on CO.gov/HCPF/ACCPPhase2.

When will I know where my patients are attributed and how many patients I have?

All contracted PCMPs can request a monthly roster from their RAE. PCMPs will also have access to the Data Analytics Portal, which provides monthly attribution data as well as KPI performance and member utilization data.

Will providers be able to see member attribution on the State Eligibility Portal?

Yes. PCMP attribution will continue to be displayed via the state's eligibility portal.

Can I limit my Health First Colorado panel size? How do I set up my panel limit?

PCMPs may limit their panel size at any time by contacting their RAE network representative.

Do all providers have to go through the credentialing process? How is credentialing different than revalidation?

Behavioral health providers must go through the credentialing process with their RAE. All providers, including behavioral health providers and PCMPs must be validated by the Department and enrolled as a Medicaid provider. Providers that successfully revalidated do not need to do so again. More information see our [Primary Care Medical Provider Contracting Guidance Fact Sheet](#) and [Behavioral Health Provider Contracting Guidance](#)



[Fact Sheet](#) on CO.gov/HCPF/ACCPhase2.

For more information

CO.gov/HCPF/ACCPhase2

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