



Accountable Care Collaborative Client Attribution

Frequently Asked Questions

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The Accountable Care Collaborative (ACC) uses specified logic to attribute, or assign, each ACC client to a Primary Care Medical Provider (PCMP). Below are some frequently asked questions about the attribution process and policies.

1) What is attribution?

Attribution is the method used to assign ACC clients to PCMPs. In this case, “attribution” refers only to ACC clients; your ACC panel includes all clients who have been assigned to you or who have chosen you as their PCMP. Your practice is the medical home for these clients, and should be the first contact for their medical needs.

2) How are ACC clients attributed to my practice?

In general, a client is attributed to a practice in one of three ways:

- **System Assigned - Utilization:** If an ACC client has a claims history predominately with your practice over the last 12 months, the system will automatically assign that client to your panel. Specifically, the system first looks at paid Evaluation and Management (E&M) claims within the last 12 months. If attribution cannot be made based on E&M claims, then other types of claims are considered. To determine a PCMP, the data is evaluated in the following order:
 1. If a client has claims, the billing provider with the most **E&M claims** is selected as the client’s PCMP.
 2. If there is a tie for maximum number of E&M claims, including ties of 0 (no E&M claims were found), the provider with the maximum number of **total claims** is selected as the client’s PCMP.
 3. If there is a tie for maximum number of total claims, the provider with the **most recent date of service** is selected as the client’s PCMP.
- **System Assigned - Family Connection:** If a client has no utilization history with a PCMP, the system looks at whether or not a family member of the client has a claims history with a PCMP, and assigns the client to the family member’s PCMP.
- **Client Choice:** Every ACC client has the option of choosing their own PCMP. Often, clients have no consistent history with medical providers, and rely on location, hours



of operation, gender, or other means to choose their PCMP. It is possible that a client may choose your practice without ever having met or received services from you. **This active client choice takes highest priority in the system.**

3) Why does my ACC panel differ from what I think it should be?

It is not unusual for the roster report (the list of ACC clients attributed to you) to differ from your own list of clients on your ACC panel. This happens for various reasons:

- Clients may change their doctor or see other providers, and not tell you. You may have provided services to a client who had a stronger claims history with another provider and was therefore assigned to that provider. Or the client may have selected another doctor as their PCMP.
- Many clients regularly cycle on and off of Medicaid and, therefore, may not show up as part of your panel in any given month because they have lost Medicaid eligibility for a period of time.
- Clients may opt out of the ACC and remain in Medicaid. Some of your regular Medicaid clients may have chosen to opt out of the ACC program, so even though you provide Medicaid services to them, they are not on your ACC panel.

Beginning in October 2015, and ongoing on a quarterly basis, the Department will re-run our current ACC attribution algorithm on all systematically-attributed ACC clients and allow the system to assign those clients to PCMPs based on claims history over the most recent 12-month period. This change will re-assign those systematically-assigned ACC clients who have changed their utilization patterns (perhaps because of a move or other life event) and whose recent claims data indicates that they are seeing a new provider for most of their primary care. Clients will be notified of the change to their PCMP assignment via normal Departmental notification processes (a letter to the client informing them of the assignment which is sent before the effective date). **This change will not impact any clients who made an active choice of their PCMP by calling HealthColorado.**

4) Why does my ACC panel include clients whom I have never seen?

Because of family connection assignments or client choice assignments, your ACC panel may include clients you have never seen. Please reach out to these clients and welcome them to your practice. If you feel it is appropriate, your outreach may include asking the client if there is another provider they would prefer as their PCMP. If the client answers yes, feel free to direct the client to HealthColorado (888-367-6557) to make the change. You may not, however, encourage or discourage a client from choosing you or another provider as their PCMP.

5) If I cannot contact all my clients, I cannot have the impact I would like on their overall health and health outcomes. Do the clients on my panel affect the incentive payments I receive through the ACC?



KPI incentive payments are calculated based on the size of your panel, but health outcomes are calculated regionally, not at the practice level. This way, providers are not individually penalized for clients on their panel with whom they have no relationship.

6) Will I be liable for the Per Member Per Month (PMPM) payment I receive for clients on my panel who I have neither seen nor had any contact with?

PMPM payments are made to PCMPs based on the size of their panel on the day these payments are processed (the first Saturday of the month). The Department will not recoup any PMPM for your attributed clients, regardless of whether or not you have been able to make contact with them. **However, any PMPM mistakenly paid for deceased clients will be recouped.** It is very important to inform your RCCO if you know of a client on your panel who has passed away.

7) How will deceased clients be removed from my panel?

After you notify your RCCO of a deceased client, the RCCO will give that information to the Department so we can remove that person from Medicaid. The entire process takes approximately one week to complete. The PCMP will be paid a PMPM for any client on their panel as of the start of each month. Therefore, it is important that you inform your RCCO about a deceased client as soon as you know so the client can be removed before the start of the following month.

8) What happens when clients cycle on and off of Medicaid? Do they remain attributed to my practice?

There are two ways that the system deals with changing eligibility, depending on the length of time a client is ineligible for Medicaid.

- If a client becomes ineligible for Medicaid and then becomes eligible again **within 60 days**, the client is automatically placed on his or her PCMP's panel again. For example:
 - John Client gets Medicaid and is assigned to your panel on March 1;
 - John Client loses Medicaid on March 21, and is removed from your panel, beginning April 1;
 - John Client regains Medicaid on May 15;
 - Because John cycled off of Medicaid for less than 60 days, he will be automatically placed on your panel again beginning on June 1.
- If a client loses Medicaid eligibility for **longer than 60 days**, he or she is considered a new Medicaid client after becoming eligible again. In this case, the client will be attributed to a PCMP based on the usual attribution process, as described above (see "How are ACC clients attributed to my practice?").



9) Can I have clients dismissed from my panel?

Yes, under the conditions specified in the ACC contract you signed with the Department (Section 3.1.3. Disenrollment). These conditions include:

- The client moves out of your region.
- Because of moral or religious reasons, your medical services do not cover the service(s) the client seeks.
- Your practice type is inappropriate for the client, such as adults assigned to pediatric practices or men assigned to OB-GYN practices.
- The client needs related services to be performed at the same time, not all related services are available within the network and you determine that receiving the services separately would subject the client to unnecessary risk.
- Other reasons "for cause" such as disruptive or threatening behavior. You must document these reasons and follow the procedures for dismissal, as outlined in your ACC contract.

You may not request removal of a client from your panel for any of the following reasons:

- Adverse changes in the client's health status;
- Change in the client's utilization of medical services;
- The client's diminished mental capacity;
- Any behavior from the client resulting from the client's special needs, as determined by the Department, unless those behaviors seriously impair your ability to provide services to that client or other clients.

10) What is the process for dismissing a client?

Contact your RCCO. RCCOs are responsible for ensuring that all dismissals meet state and federal requirements (as outlined in Section 3.1.3 of your PCMP contract and listed above). The RCCO will forward to the Department the dismissal requests that meet the requirements. Each RCCO has a slightly different process for handling client dismissals, so please check with your RCCO if you need to dismiss a client.

Clients may not be removed from your panel simply because you feel they have been incorrectly attributed to you. The only exceptions are for adults who may be attributed to a pediatric practice or men who may be attributed to an OB-GYN practice. Contact your RCCO if you feel one of these situations applies to you.

Contact Information

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