



COLORADO

Department of Health Care
Policy & Financing

Policy Statement

August 4, 2015

Division or Office: Health Programs Office

Effective Date: September 2015

Policy Name: SFY 15-16: Reattributing ACC clients whose claims history indicates a stronger relationship with a primary care medical provider (PCMP) other than their current attributed PCMP.

Purpose

This policy document explains the Department's process for reattributing ACC clients whose claims history indicates that they are going to a different PCMP for most of their general health care.

Background

Correctly attributing ACC clients to primary care providers is an essential first step in monitoring program performance and designing incentives to improve primary care. Most ACC clients are attributed accurately to the primary care provider who they see for most of their general health care. However, over time, some ACC clients have changed their utilization patterns (perhaps because of a move or other life event) and their recent claims data indicates that they are seeing a new provider for most of their primary care.

A recent systems change allows us to adjust our systematic attribution process in a way that will improve the accuracy of a provider's ACC panel by an average of 17%. Implementing this process will help to ensure that PCMPs are receiving the per member per month (PMPM) payments for the clients they are seeing regularly and improve the Department's performance evaluation efforts. We proposed this process change to our Program Improvement Advisory Committee and our Regional Care Coordination Organizations (RCCOs) in March 2015. Over the last four months, we have conducted stakeholder outreach on the policy, with specific outreach to small providers. We have collected the stakeholder input and worked to integrate it into this policy and to minimize stakeholder concerns. The vast majority of stakeholder feedback has been supportive of the process. Six out of seven of our RCCOs strongly support the change. The seventh RCCO agrees with this policy change, but is concerned that it will affect the care coordinator/client relationship, when care coordination is delegated to a PCMP. The Department has agreed to work with that RCCO to provide additional data so that

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they can prepare for any care coordinator issues in their region. Responses to stakeholder concerns can be found at the end of this document.

The Attribution Process

Clients can be attributed to a PCMP through two processes. Clients may be systematically-attributed to a PCMP based on their claims history, with evaluation and management (E&M) claims taking priority in a multi-level hierarchy. Or, clients may call HealthColorado and request a specific PCMP; this active client choice takes highest priority in the system.

Historically, the Department has not systematically changed the attribution of ACC clients, even if their care use patterns shift and a more recent claims history indicates a closer primary care relationship with a different provider. An estimated 78,000 ACC clients who were assigned to their PCMP using the Department's current systematic methodology have a stronger relationship with a different, ACC-contracted PCMP based on their most recent claims history.

A Recent Systems Change to Improve our Attribution Process

Prior to the spring of 2015, the Department's attribution contractor did not receive the data necessary to differentiate between systematically-attributed clients and clients who actively chose their PCMP. However, the ACC program recently completed a systems change, allowing us to provide our contractor with the field that indicates whether a client actively chose their PCMP. We are now able to re-run our current attribution algorithm on only systematically-attributed ACC clients and to reassign them to the providers they are seeing for the majority of their general health care. Therefore, this change will not impact any client who made an active choice of their PCMP.

Policy

On a quarterly basis, beginning in October 2015, the Department will re-run our current 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. 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).

Because in the first three years of the program we did not reassign clients to new PCMPs based on their utilization patterns (our systems were unable to differentiate between systematic assignment and client selection), re-running our current attribution algorithm on systematically-attributed clients in September of 2015 will result in the reassignment of about 78,000 clients. Recognizing the potential financial impact of these reassignments on some providers, the Department will be providing the RCCOs with lists of the approximate total number of reassignments by each provider ID. We anticipate that in subsequent quarters the number of clients reassigned will be significantly lower.



Stakeholder Comments and the Department's Response

The majority of stakeholder feedback has been generally supportive of the proposed process change. For example, one respondent noted, "I...agree with the described 'potential solution' to increase the accuracy of ACC attribution." A Family Physician noted, "If a patient has been seeing a provider regularly, and has a relationship, then they should be attributed to that provider... that provider is doing the work and should get the credit." Responses to the specific concerns we received are below.

1. The Department should prioritize the reattribution for the unattributed over reattribution for clients currently assigned to a PCMP.

The Department agrees; we implemented monthly reattribution for ACC clients who are unattributed in September 2014.

2. How many visits will be necessary to trigger a re-assignment?

This policy does not change our current attribution methodology. Under our current methodology, each client is evaluated based on a 12-month look-back in his claims history. Therefore, clients will be reassigned to a new, ACC-contracted PCMP only if they show a pattern of generating more primary care claims at a new PCMP over that 12-month period.

3. Will clients who are pregnant automatically be reassigned to their OB/GYN?

If the client's OB/GYN is a contracted PCMP and has billed more E&M claims for that client over the course of the most recent 12-months, the client will be reassigned to the OB/GYN. However, most claims for medical care provided during pregnancy, labor and delivery, and the postpartum period are billed using the global OB codes. Therefore, if the client is seeing a primary care provider during this time, it is unlikely that she will be reassigned to her OB/GYN.

4. High-performing, Patient Centered Medical Home certified practices should be rewarded with attribution, as they work to achieve the triple aim.

Increasing the accuracy of systematic attribution to ensure that a client's PCMP is representative of who that client is seeing regularly is a top priority for the Department. We estimate that this process change will **increase the accuracy of a provider's ACC panel by an average of 17%.**

There are other methods of rewarding high performing PCMPs without compromising accurate attribution. For example, the Department launched an enhanced PCMP initiative in July 2014, reimbursing PCMPs who offer services beyond the traditional fee-for-service primary care model of care. PCMPs that meet five of the nine enhanced primary care factors, such as integrating behavioral health care, tracking client referrals, and offering weekend hours, now receive an additional



PMPM payment from the Department, paid out annually. Further, the majority of ACC-enrolled clients are attributed to a PCMP who meets these enhanced standards.

5. It takes time for providers to reach out to their panels. Therefore, attribution needs to be longitudinal. Clients who have not generated an E&M claim with any PCMP within a year should not necessarily be reassigned because their PCMP may be attempting to reach the client and schedule them for an appointment.

The Department understands that outreach is an important responsibility of the PCMP. If an ACC client has not seen a different, ACC-contracted PCMP within the last year, they will remain assigned to their current PCMP. However, if a client has been seeing a different PCMP, it is important that the client be attributed to the new PCMP so that the new PCMP can be measured based on the quality of care received by that client.

6. Because the ACC program is a fee-for-service system, some clients will not be loyal to the PCMP and will go elsewhere.

We are revising our systematic attribution policy to assign clients to the provider that they go to for most of their primary care. The ACC program does not lock clients into PCMPs.

7. Would the Department consider reassigning this population less frequently than once a month?

This suggestion has been incorporated into the Department's policy. The Department plans to run the systematic attribution process on attributed clients once per quarter.

8. Patients should be allowed to choose a PCMP when enrolling in Medicaid.

Because of the different data systems involved in eligibility determination, Medicaid enrollment, and enrollment into the ACC, we currently lack the technological capability to allow clients to select an ACC-contracted PCMP when enrolling into Medicaid. However, clients are able to choose their own PCMP once they are enrolled in the ACC and the Department will not reassign any clients who chose their PCMP. Further, clients can call [Health Colorado](#) and change their PCMP at any time. The Department is also exploring the feasibility of adding a PCMP choice to Peak and the [Peak Health mobile app](#) in the future, to make it even easier for clients to make these selections.



9. The Department should test the reassignment methodology first on a small cohort in each RCCO.

Testing the new methodology on a subset of enrollees would require additional Department, contractor, and RCCO resources. It would also be difficult to choose an appropriate subset of clients for reassignment.

10. The Department should provide each provider with a list of the clients in her practice who will be re-attributed according to this policy.

The Department will provide every RCCO with a list of the approximate total number of reassignments for each PCMP at least 30 days before the first reassignments are made. If providers have specific questions about how their client panel may change, they can reach out to Hanna Schum at the Department of Health Care Policy and Financing (hanna.schum@state.co.us) to request a list of their clients who will be reassigned. Such requests will be evaluated on a case-by-case basis.

11. The Department should look back over a longer period than 12 months when re-assigning clients.

Our current attribution methodology uses a 12-month claims lookback and this policy employs our current attribution methodology on individuals who were systematically-attributed to a primary care provider. This policy review did not include a review of our current attribution methodology. In addition, early in the program, the Department looked at using longer claims look-back periods but found that longer lookbacks did not significantly increase the number of attributions, but did make attributions less accurate overall because our attribution hierarchy prioritizes frequency over recency.

12. The needs of the Denver metro homeless need to be considered separately.

Unfortunately, we cannot identify the Denver metro homeless population in our MMIS. We are always looking for ways to improve our client experience and are open to discussing how the Department and the RCCOs can better link these clients to a medical home that meets their specific needs.

