

ATTACHMENT M - ACCOUNTABLE ENTITY- ATTRIBUTION GUIDANCE

Table of Contents

1. Attribution Overview

1.1 Attribution Methodology Goals

2. Background

3. Comprehensive AE Attribution

3.1. Population Eligible for Attribution to a Comprehensive AE

3.2. Certified Comprehensive AE-Identified Providers

3.3 Hierarchy of Attribution for Comprehensive AEs

Attachments

- Attachment A: Excerpts from EOHHS-MCO Contracts Regarding Assignment of Primary Care Providers
- Attachment B: Qualifying Primary Care Services as Identified by CPT Codes

1. Attribution Overview

Attribution is the process of assigning accountability for members' health care costs to an Accountable Entity. Effective attribution incents providers and Accountable Entities (AEs) to invest in care management and other appropriate services with the intent of earning shared savings by lowering total costs and ensuring high quality care. Attribution does not affect consumers' freedom to choose or change their providers at any point. However, AEs are expected to have continuing responsibility for the care and outcomes of their attributed members on an on-going basis, unless there is a compelling reason for that responsibility to change.

2. Background

Attribution links members to an AE and identifies the population for whom the AE is accountable for access, quality, and total cost of care. The program intends to recognize and strengthen an existing relationship of the member with the AE and its clinical programs. For members who do not have an established relationship with a primary care provider (PCP), the program intends to establish such a relationship.

The foundation of attribution includes:

- A population of Medicaid beneficiaries eligible for attribution.
- A defined provider roster for each of the certified AE to which members may be attributed.
 - Each certified AE will have a defined roster of providers that will qualify the AE for attributed members.
 - The provider roster will consist of PCPs, as described in Section 3.2
- A clear methodology for attributing eligible members to a certified AE that includes
 - MCO algorithm for initial PCP assignment and attribution; and
 - Methodology for updated attribution based on utilization of identified primary care services provided by an eligible PCP.

An attribution-eligible provider can only participate in one comprehensive AE at a time for the purposes of attribution only. A member can only be attributed to a single comprehensive AE at a time.

3. Comprehensive AE Attribution

3.1 Population Eligible for Attribution to a Comprehensive AE

The population eligible for attribution to a comprehensive AE consists of all Medicaid-only beneficiaries enrolled in managed care. Members who have both Medicare and Medicaid coverage are not eligible for attribution to a comprehensive AE.

3.2 Certified Comprehensive AE-Identified Providers

An AE's defined roster of PCPs is the basis of attribution. A PCP is defined as the individual physician or team selected by or assigned to the member to provide and coordinate the member's health care needs and to manage referrals for specialized services. PCPs are Medical Doctors or Doctors of Osteopathy in the following specialties: family and general practice, pediatrics, internal medicine, or geriatrics who have a demonstrated clinical relationship as the principal coordinator of care for children or adults and who have contracted with the MCO to undertake the responsibilities of serving as a PCP as stipulated in the MCO's primary care agreements. PCPs shall also meet the credentialing criteria established by the MCO and approved by EOHHS. In addition to physicians, the PCP may be a nurse practitioner, physician assistant, or a Federally Qualified Health Center (FQHC). The provider roster shall identify PCPs by TIN and by NPI.

AEs that include FQHCs are required to attest to a list of the clinicians' NPIs that provide direct patient primary care services in an FQHC. This attestation will be part of the application process for all comprehensive AEs and shall be updated minimally on a quarterly basis.

3.3 Hierarchy of Attribution for Comprehensive AEs

Members will be attributed to comprehensive AEs based upon the following logic:

- Step 1: Assignment by the MCO at the point of entry into the MCO
A fundamental requirement of EOHHS' contract with the MCO is that the MCO must ensure that the member has an identified PCP. The managed care contract sets forth certain requirements on procedures for PCP assignment that are intended to promote an appropriate PCP assignment for the member (see Attachment A).
- Step 2: Quarterly updates to PCP assignment and attribution based on:
 - Member requests that the MCO change the PCP to one that is not participating in the AE to which the member is currently attributed.
 - Analyses of utilization that demonstrate member use of a different PCP than the one assigned by the MCO

Despite best efforts by MCOs at initial PCP assignment and the ready accommodation of member requests for a change in the assigned PCP, there will be some differences between the assigned PCP of record and the actual pattern of primary care utilization by the member. MCOs will update attribution on a quarterly basis to reflect both changes in member choices and retrospective analysis of actual patterns of primary care use.

EOHHS establishes the following stepwise attribution logic to be used in updating PCP-related attribution:

1. Attribution to the AE will be based on PCP assignment of record within the MCO. PCP assignment of record shall be based on:

- 1.1. Original assignment by the MCO
 - 1.2. Change of PCP assignment of record based on a member's request to change PCP
 - 1.3. Change of PCP assignment of record based on analysis of the member's actual primary care utilization
2. Attribution based on actual primary care utilization:
- 2.1. Not later than thirty days after the close of each calendar quarter, claims for eligible members shall be analyzed to identify the presence of visits to a PCP with qualifying primary care services as identified by CPT codes and/or FQHC encounter codes for the preceding twelve-month period (see Attachment B for qualifying CPT codes). The provider specialty must be a PCP eligible for attribution.
 - 2.2. Attribution will be at the AE level based on aggregating utilization across all TINs that are part of the AE roster of attributable providers. Multiple visits to PCPs within an AE will be aggregated to that AE.
 - 2.3. For attributed members who have received all their qualified primary care services from a qualified provider within the AE of which their current PCP assignment of record is participating, the PCP assignment will be unchanged from the PCP assignment as recognized by the MCO.
 - 2.4. For members who have not received any primary care services during the period, attribution will continue to be based on the MCO's PCP assignment of record.
 - 2.5. The MCO will identify beneficiaries who have received at least one primary care service from a PCP who is not a participating provider in the AE of which their current PCP assignment of record is participating.
 - 2.5.1. For those beneficiaries, the attribution hierarchy will then be as follows:
 - 2.5.1.1. Where the member has only had one visit to a PCP for qualifying primary care services and that provider is not participating in the AE of which their current PCP assignment of record is participating, the member will not be attributed to an AE.
 - 2.5.1.2. Where there are two or more visits to a PCP for qualifying primary care services, the sum of the visits provided at each AE are compared to the number of visits provided at the non-AE PCP with the highest number of visits.
 - 2.5.1.2.1 If a non-AE PCP has the highest number of visits, the member will not be attributed to an AE.
 - 2.5.1.2.2 If an AE has the highest number of visits, the member will be attributed to that AE, even if it does not align with their PCP assignment of record.

2.5.1.2.3 If the AE's providers are tied for the highest number of visits, attribution will remain with the AE that aligns with their PCP assignment of record.

MCOs are required monthly to provide AEs and EOHHS with electronic lists of attributed members, inclusive of identification of additions and deletions. These lists will be updated to reflect changes including new members, persons who have lost Medicaid eligibility, persons who have requested a PCP not included in the AE, and the results of quarterly updates to PCP assignment and attribution.

MCOs are required quarterly to provide AEs and EOHHS with reporting that backs up the claims-based attribution additions and deletions. Reporting must include for each member a count of qualifying provider visits, which AE each visit applied to, and the attribution disposition.

Attachment A: Excerpts from EOHHS-MCO Contracts Regarding Assignment of Primary Care Providers

PCP assignment by the MCOs must comply with EOHHS contractual requirements. The following excerpts from Sections 2.05.07 and 2.05.08 of EOHHS' Medicaid Managed Care Services contracts with the MCOs describe the MCOs' contractual requirements related to PCP assignment:

2.05.07 Assignment of Primary Care Providers (PCPs)

The Contractor will have written policies and procedures for assigning each of its members who have not selected a primary care provider (PCP) at the time of enrollment to a PCP. The process must include at least the following features:

- The Contractor must allow each enrollee to choose his or her health professional to the extent possible and appropriate.
- If a Medicaid-only member does not select a PCP during enrollment, the Contractor will make an automatic assignment, taking into consideration such factors as current provider relationships, language needs (to the extent they are known), member's area of residence and the relative proximity of the PCP to the member's area of residence. The Contractor then must notify the member in a timely manner by telephone or in writing of his/her PCP's name, location, and office telephone number, and how to change PCPs if desired. The Contractor will auto assign members to a NCQA recognized Patient Centered Medical Home, where possible.
- In addition to the above, EOHHS recognizes the importance of members being enrolled in a certified AE and a Patient Centered Medical Home (PCMH). EOHHS expects that, as applicable to the eligible populations, the Contractor will prioritize auto-assignment (a) first, to PCPs in a PCMH practice that is also a participating provider in a certified and contracted AE; second, to PCPs in a PCMH practice that are not in a contracted AE; third to non-PCMH PCP participating in a contracted AE; and fourth to PCPs in a non-PCMH and non- AE participating practice.

The Contractor is responsible for creating an auto-assignment algorithm and submitting this algorithm to EOHHS for review and approval within ninety (90) days of the execution of this contract. Once this logic is approved by EOHHS, the health plan should operationalize this within sixty (60) days. The Contractor should consider the following when creating the algorithm: a) When auto assignment is being utilized, the Contractor must regularly monitor member panel size to ensure that providers have not exceeded their panel size; b) The provider's ability to comply with EOHHS's specified access standards, as well as the provider's ability to accommodate persons with disabilities or other special health needs must be considered during the auto-assignment process; c) In the event of a full panel or access issue, the algorithm for auto assignment must allow a provider to be skipped until the situation is resolved. Additionally, the

Contractor will be required to provide registries of patients to each PCP facility where the patients are assigned, no less frequent than quarterly or at an interval defined by EOHHS.

- The Contractor will notify PCPs of newly assigned members in a timely manner.
- If a Medicaid-only member requests a change in his or her PCP, the Contractor agrees to grant the request to the extent reasonable and practical and in accordance with its policies for other enrolled groups. It is EOHHS's preference that a member's reasonable request to change his or her PCP be effective the next business day.

The Contractor will make every effort to ensure a PCP is selected during the period between the notification to the Contractor by EOHHS and the effective date of the enrollee's enrollment in the Contractor's Health Plan. If a PCP has not been selected by the enrollee's effective date of enrollment, the Contractor will assign a PCP. In doing so, the Contractor will review its records to determine whether the enrollee has a family member enrolled in the Contractor's Health Plan and, if so and appropriate, the family member's PCP will be assigned to the enrollee. If the enrollee does not have a family member enrolled in the Health Plan but the enrollee was previously a member of the Health Plan, the enrollee's previous PCP will be assigned by the Contractor to the enrollee, if appropriate.

2.04.01 Changing PCPs

The Contractor will have written policies and procedures for allowing members to select or be assigned to a new PCP including when a PCP is terminated from the Health Plan, or when a PCP change is ordered as part of the resolution to a formal grievance proceeding. In cases where a PCP has been terminated, the Contractor must allow members to select another PCP or make a re-assignment within ten (10) calendar days of the termination effective date.

Attachment B: Qualifying Primary Care Services as Identified by CPT Codes

Evaluation/Management CPT Codes: 99201-99205, 99211-99215

Consultation CPT Codes: 99241-99245

Preventive Medicine CPT Codes: 99381-99387, 99391-99397