

Alabama Coordinated Health Network (ACHN)

Thursday, September 12, 2019 -- The webinar will begin at 12:00 p.m. CST

Attribution in the ACHN

Attention!

Please MUTE your phone and computer microphone!

- You will not hear any sound until the webinar begins.
- Use the Chat Box function to type in questions.
- Questions will be answered at the end of the webinar.

Alabama Coordinated Health Network:

Attribution in the ACHN



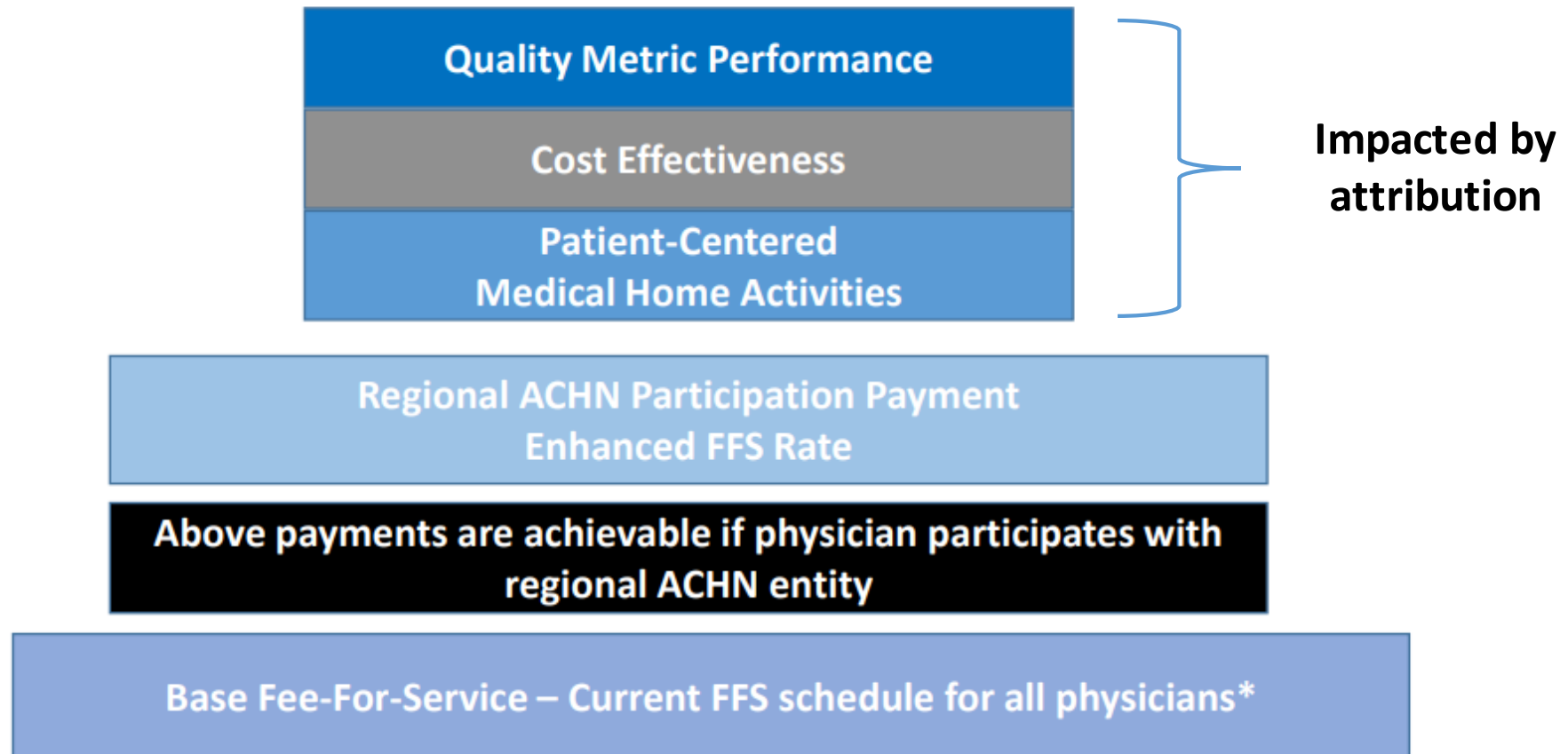
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Attribution Overview



- Attribution is the process that will be used to associate a Medicaid recipient to the PCP Group that provides primary care to that recipient.
 - PCP Groups must sign the two agreements (one with Medicaid, one with an ACHN entity) to participate.
- Under the ACHN Program, Medicaid recipients will be attributed to PCP Groups based on historical claims data utilization.
- PCPs are encouraged to continue seeing patients, as medically necessary, on a consistent basis to increase the likelihood of attribution.
- Attribution is a critical factor in determining distribution of bonus payments among eligible providers.
- Attribution will replace panel assignments. Under ACHN, the Patient 1st program ceases to exist and capitation payments will no longer be paid.
 - A smaller number of attributed members compared to members in the previous panel does not necessarily equate to a reduced payment.

PCP Payment Structure



* Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will **NOT** be eligible for Participation Rates or Bonus Payments.

PCP Bonus Payment Timeline



				Fall 2019			Winter 2020			Spring 2020			Summer 2020			Fall 2020			Winter 2021			Spring 2021			Summer 2021											
	July-19	August-19	September-19	October-19	November-19	December-19	January-20	February-20	March-20	April-20	May-20	June-20	July-20	August-20	September-20	October-20	November-20	December-20	January-21	February-21	March-21	April-21	May-21	June-21	July-21	August-21	September-21									
Base Timeline Model For Initial Calculated Payment																																				
Patient Attribution				<i>Rolling 24 Month Lookback</i>																																
Quality							<i>Calendar Year w 6 Months Roll Out</i>																													
Cost Effectiveness				<i>12 Months Data w 3 Months Roll Out</i>																																
PCMH																																				
				<i>Data Source Month</i>									<i>First Calculated Payment Date</i>																							

Guiding Principles of Attribution Methodology



- Consistency with ACHN's principles of paying for activity.
- Continued emphasis on care coordination and health outcomes with a focus on preventative care.
- Acknowledgement that some recipients require specialist care.
- Evaluation of activities at the group level.

Key Steps in Attribution



- Medicaid recipients that have met criteria for the ACHN Program for three out of the previous 24 months will be attributed. This does not have to be a continuous period.
- The previous two-year history of face-to-face provider visits:
 - Both preventive visits and regular office visits are scored.
 - Preventive visits receive a higher point value.
 - Recent visits receive a higher point value than older visits.
 - PCP visits receive a higher point value than specialist visits.
- The previous 12-month history of filled prescriptions for chronic care conditions are scored.

Attribution Process



On a quarterly basis, the Medicaid Agency will determine attribution for each Medicaid recipient under the ACHN Program in accordance to the following process:

- Point values for face-to-face visits will be assigned to the individual provider that performed the service.
- The individual PCP scores will be combined to form the PCP Group's total point score for each patient.
- The PCP Group with the highest number of points will have the Medicaid recipient attributed to that PCP Group.
 - If a specialist group has the highest number of points, then the specialist group will be attributed the Medicaid recipient.

Attribution Process - Points Allocation



	Type of Visit	0-6 Months Ago	7-12 Months Ago	13-18 Months Ago	19-24 Months Ago
Primary Care	Regular	4	4	2	2
	Preventative	8	4	4	2
	Prescriptions	Points for maintenance medication			
Specialist	Regular	2	2	1	1
	Preventative	4	2	2	1

- Regular Visits: CPT 99201-99205, 99211-99215
- Preventative Visits: CPT 99381-99387, 99391-99397
- Maintenance Medications examples : Allergy & Asthma Meds (Proventil HFA, Singulair, Flonase), PPIs (Omeprazole, Protonix), etc.

Scenario One



Member	Visit Date	Visit Type	Provider	Provider Group	Points
Steven Seagal	1/5/18	PCP - Regular	Donald Anspaugh	Gallagher Family Practice	2
Steven Seagal	2/6/18	PCP - Regular	Steve Hardy	Apollo Internal Medicine	2
Steven Seagal	2/8/18	PCP - Regular	Steve Hardy	Apollo Internal Medicine	2
Steven Seagal	5/9/18	PCP - Regular	Mark Greene	Gallagher Family Practice	2
Steven Seagal	7/7/18	PCP - Regular	Angela Hicks	Gallagher Family Practice	2

- In this example, the member sees 4 different providers across 2 provider groups.
- Two visits were made with Dr. Hardy and 1 visit with the other 3 providers.
- Dr. Hardy, who is with Apollo Internal Medicine, had the most individual visits. Apollo Internal Medicine received a score of 4.
- However, the member is attributed to Gallagher Family Practice, as he has the most visits with multiple providers in that group. Gallagher Family Practice received a score of 6.

Note: The above names do not represent actual members, providers, or provider groups.

Scenario Two



Member	Visit Date	Visit Type	Provider	Provider Group	Points
Jane Doe	10/3/17	PCP - Regular	Allison Cameron	Princeton-Plainsboro	2
Jane Doe	11/13/17	PCP - Regular	Gregory House	Princeton-Plainsboro	2
Jane Doe	1/26/18	PCP - Regular	Allison Cameron	Princeton-Plainsboro	2
Jane Doe	2/5/19	PCP - Regular	Zoe Hart	Bluebell Pediatrics	4
Jane Doe	6/27/19	PCP - Regular	Zoe Hart	Bluebell Pediatrics	4

- In this example, the member sees 3 different providers across 2 provider groups.
- The member's 2 most recent visits were to Bluebell Pediatrics, and the 3 older visits were to Princeton-Plainsboro.
- Although Princeton-Plainsboro had the most visits by the member, the group only received a score of 6 as a result of the older visit dates.
- The member is attributed to Bluebell Pediatrics, as her most recent visits were made with this practice. Bluebell Pediatrics received a score of 8.

Note: The above names do not represent actual members, providers, or provider groups.

Scenario Three



Member	Visit Date	Visit Type	Provider	Provider Group	Points
Denny Duquette	11/5/17	PCP - Regular	Alex Karev	Grey-Sloan	2
Denny Duquette	3/25/18	PCP - Regular	Addison Montgomery	Seaside Health	2
Denny Duquette	4/1/18	PCP - Regular	Addison Montgomery	Grey-Sloan	2
Denny Duquette	4/16/18	PCP - Regular	Addison Montgomery	Seaside Health	2
Denny Duquette	1/4/19	PCP - Regular	Miranda Bailey	Grey-Sloan	4

- In this example, the member sees 3 providers across 2 provider groups with 1 provider belonging to both provider groups.
- Three of the member's 5 visits were to Dr. Montgomery, who is in 2 provider groups.
- Seaside Health received a score of 4 based on the number of visits and visit dates.
- However, the member is attributed to Grey-Sloan group with more visits and more recent visit dates. Grey-Sloan received a score of 8.

Note: The above names do not represent actual members, providers, or provider groups.



Attribution Reconsideration Process

- A PCP Group may request the attribution calculation for any Medicaid recipient who has received care from the group within the previous 2 year period.
- If a PCP Group believes the Medicaid Agency has not properly attributed one or more Medicaid recipients to the PCP Group, the group may request the Medicaid Agency to reconsider their attribution calculation.
- A request for reconsideration must be submitted to the Medicaid Agency in writing and within seven business days of the quarterly attribution notification. The written request for reconsideration must contain:
 - the period of attribution,
 - the name(s) of the Medicaid recipient(s) that the PCP Group believes was/were not properly attributed,
 - supporting information and/or documentation demonstrating that the Medicaid Agency either failed to or improperly considered information which had a material impact on the result of the attribution.

Attribution Reconsideration Process, Continued



- The PCP Group that was originally attributed the Medicaid recipient(s) subject to the request for reconsideration shall be notified by the Medicaid Agency of the request and be permitted to submit information for Medicaid Agency consideration within three business days of the notice.
- If the PCP Group that was originally attributed the Medicaid recipients subject to the request for reconsideration does not respond to Medicaid within the three-day time frame—Medicaid will continue the review without submitted information.
- The Medicaid Agency will review all relevant information and complete any adjustments to the PCP Group's Medicaid recipient attribution within seven business days of receipt of the request for reconsideration.
- Contact information will be included in the quarterly attribution information.

Questions



- **Website:**

https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx

- **[Direct Link to Frequently Asked Questions:](https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1_ACHN_FAQs.aspx)**

https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.1_ACHN_FAQs.aspx

- **Submit questions for official response to: ACHN@medicaid.alabama.gov**