ATTRIBUTION METHODOLOGY

OVERVIEW

In 2014, the Center for Medicare and Medicaid Innovation awarded Connecticut a four-year, $45 million State Innovation Model (SIM) Test Grant. Connecticut's SIM is working to improve Connecticut's healthcare system for the majority of residents by establishing a whole-person-centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality and care experiences; empowers individuals to actively participate in their health and healthcare; and improves affordability by reducing healthcare costs.

One aim of Connecticut's SIM is to increase transparency related to healthcare cost and quality by disseminating information through a public online healthcare quality scorecard (hereafter "CT Scorecard"). The CT Scorecard will:

- Allow healthcare organizations access to information on their performance relative to peers to drive quality improvement through transparency
- Provide CT policy makers, payers, and employers with information to assess CT healthcare performance
- Provide consumers access to healthcare quality information

The CT Scorecard will provide an annual performance assessment of CT health care organizations with at least one contract for value based payment using a set of measures identified by the SIM Quality Council. This information will be displayed on a web-based platform accessible to a broad set of stakeholders including patients, providers, and policymakers.

ATTRIBUTION

Attribution is the assignment of a patient to a provider who is accountable for the patient's quality and cost of care[1]. The UConn Health Evaluation Team has reviewed existing attribution models and is recommending a strategy based on the TREO/3M attribution model[2]. This model is widely used in the healthcare industry, employing a straightforward approach that is based on the preponderance of evaluation and management (E&M) services (visits with CPT codes 99201-99499) a patient receives from a primary care physician. It is a two-step process that attributes patients to providers and providers to medical groups. TREO also allows for customization in the providers to whom patients can be attributed and in the time period used to determine attribution.

[1] Pantely SE. Whose patient is it? Patient attribution in ACOs. Milliman Healthcare Reform Briefing Paper. 2011 Jan

[2] What can go wrong with PCP attribution and how it can be prevented downloaded from https://www.3mhisinsideangle.com/blog-post/what-can-go-wrong-with-pcp-attribution-and-how-it-can-be-prevented/ Downloaded 12/10/2017.

CT Scorecard Attribution Logic

The proposed CT Scorecard attribution model utilizes the available data in the CT All-Payer Claims Database (APCD) to rate the performance of healthcare organizations to whom patients are attributed. It is important to note that this attribution is not intended for payment purposes. The proposed CT Scorecard attribution model has been developed in collaboration with the SIM Quality Council and has been discussed with the CT Office of Health Strategy which is developing CT's Core Data Analytics Solution (CDAS). Although the data available and the goals of CDAS differ from those of the CT Scorecard, all parties agree that the two groups can work collaboratively to achieve consistency in the attribution methods used for the CT Scorecard and CDAS. The proposed attribution model meets this criterion.

The CT Scorecard attribution method is a two-step process. The intent of the attribution logic is to determine the healthcare organization that is responsible for a patient's primary care.

Step One: Attribute patients to providers. The CT Scorecard attribution model first attributes a patient to a provider with whom the patient has had the most visits during the measurement year using the following definitions. Please see the attached flow chart for the attribution logic steps.

Evaluation & Management Visits*:* E&M visits are defined as outpatient visits with CPT codes of 99201-99499.

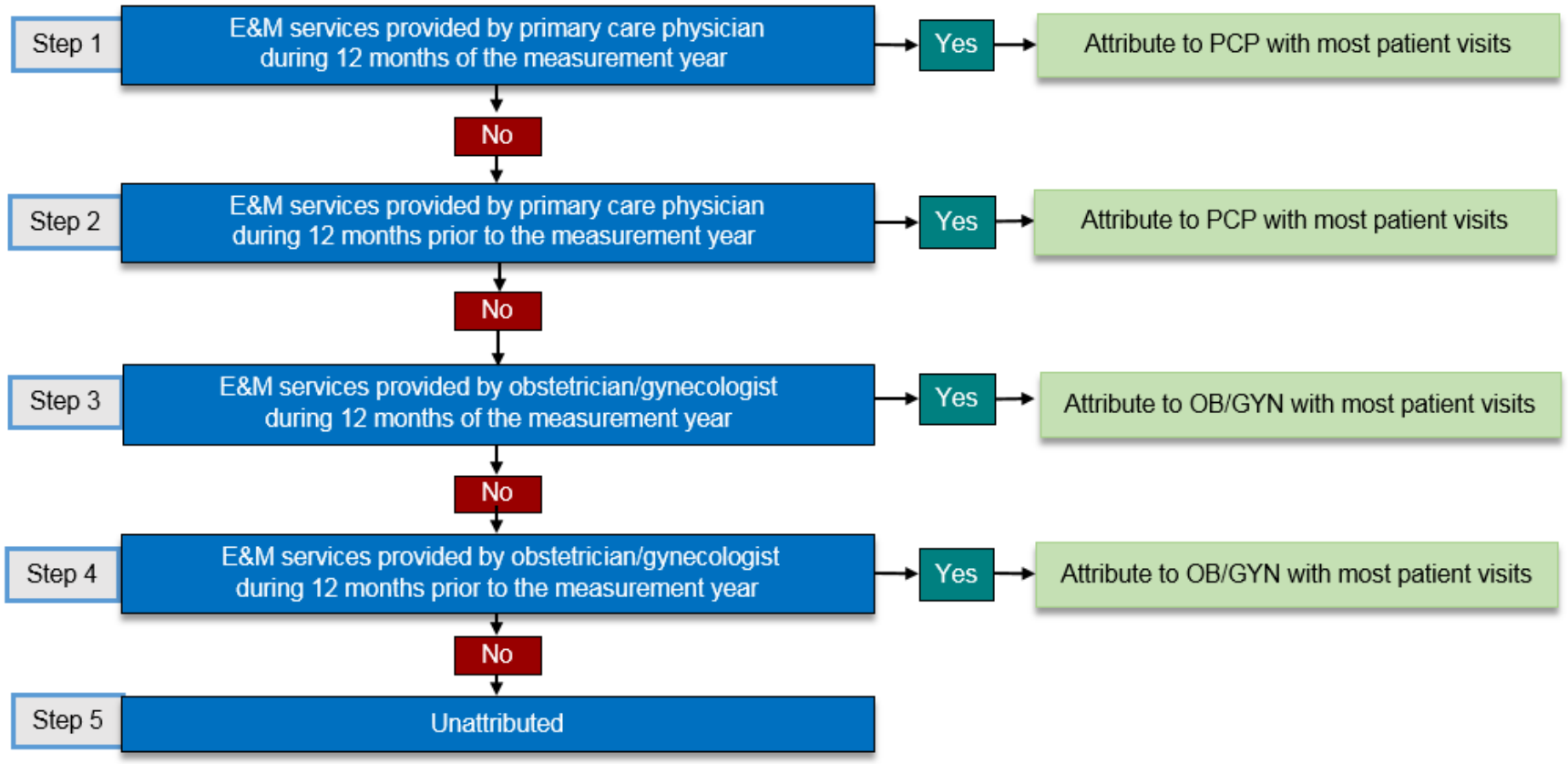
Primary Care Provider (PCP): Physicians, Advanced Practice Registered Nurse (APRN), or Physician Assistants (PA) with the specialty of Family Medicine, Internal Medicine, Pediatrics, or General Practice. Note: attribution to APRNs and PAs as allowed by data.

Measurement Year: The 12 month period beginning on 10/1 and ending 9/30 during which healthcare organization performance is being rated.

Step Two: Attribute to a healthcare organization*.* Providers are attributed to a healthcare organization using billing National Provider Identifier (NPI) or site of care. An initial list of NPIs will be produced by UConn Health. Rated entities will be given the opportunity to revise this list prior to rating calculation.

ATTRIBUTION METHODOLOGY

Patient Attribution Flow Chart



Note: If a tie breaker is required at any step in this process then the provider with the most non-E&M services is selected followed by the provider with the most dates of service and then the most recent date of service.