Overview

In 2014, the Center for Medicare & 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 Health Quality CT, a public healthcare quality scorecard (hereafter "Scorecard"). The Scorecard will:

- Allow providers access to information on their performance relative to peers to drive quality improvement through transparency
- Provide CT policy makers with information to assess CT healthcare performance
- Provide consumers access to healthcare quality information

The Scorecard will provide an annual performance assessment of Advanced Networks and Federally Qualified Health Centers (hereafter healthcare organizations) in Connecticut 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 (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.

Scorecard Attribution Logic

The proposed scorecard attribution model utilizes the available data in the CT APCD to rate the performance of healthcare organizations to whom patients are attributed. It is

[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.

important to note that this attribution is not intended for payment purposes. The proposed 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 scorecard, all parties agree that the two groups can work collaboratively to achieve consistency in the attribution methods used for the scorecard and CDAS. The proposed attribution model meets this criterion.

The 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 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.

E&M Visits*:* E&M visits are defined as outpatient E&M visits with ICD 10 codes of 99201-99499.

PCP: MD, APRN or PA with the specialty of Family Medicine, Internal Medicine, Pediatrics, or General Practice. Note: attribution to APRNs and PAs as allowed by data.

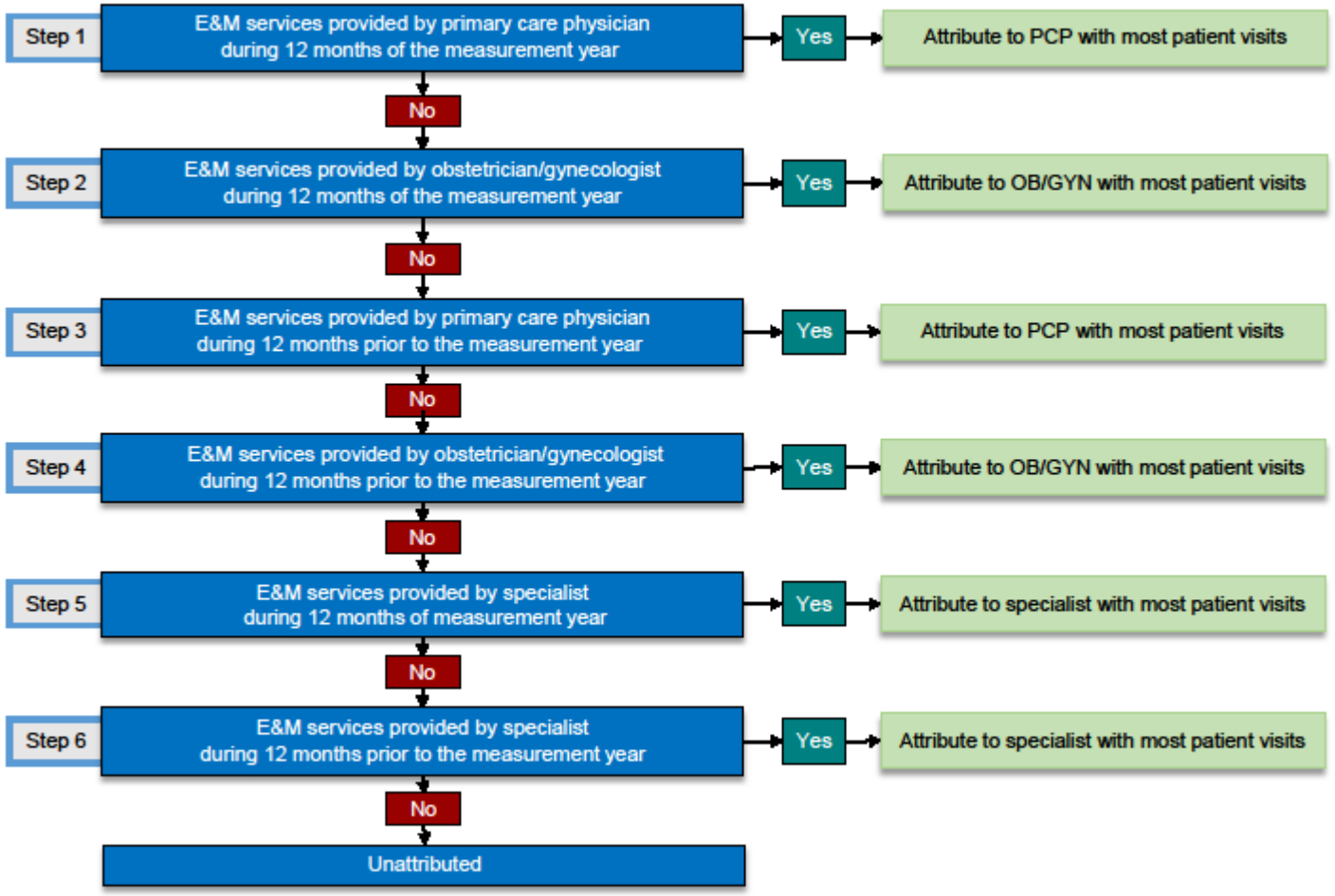
Measurement Year: The 12 month period beginning on 10/1 and ending 9/30 during which healthcare organization performance is being rated.

Specialist: Specialists eligible for attribution are:

Addiction medicine	Neurology
Cardiology	Neuropsychiatry
Endocrinology	Osteopathic manipulative medicine
Geriatric psychiatry	Palliative/hospice
Hematology	Physician medicine & rehabilitation /physiatrist
Hematology/oncology	Preventative medicine
Medical oncology	Psychiatry
Multispecialty clinic or group practice	Pulmonary disease
Nephrology	Sports medicine

Step Two: Attribute to a healthcare organization*.* Providers are attributed to a healthcare organization using billing 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.

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.