Advanced Network Attribution Model for the Commercial Population

2018 Commercial Scorecard

Attribution is the process of determining which Advanced Networks (ANs), if any, are responsible for the primary care provided for which Connecticut residents. Attribution is a two-step process using claims from the Connecticut All Payer Claims Database. First we attribute patients to individual health care providers (physicians, advanced practice registered nurses, and physician assistants providing primary care). Then we connect primary care providers to ANs.

Step 1: Attributing patients to primary care providers

Generally, patients are attributed to the primary care provider from whom they have received the most primary care services within the measurement year, federal fiscal year 2017 (October 1, 2016 to September 30, 2017). If a patient has not received any primary care from a primary care provider in the measurement year, attribution is based on the most primary care received in the prior year, federal fiscal year 2016 (October 1, 2015 to September 30, 2016). These two years are referred to as the "attribution period." If a patient has not received primary care from a primary care provider during the attribution period, but has received primary care from a provider specializing in obstetrics-gynecology within the attribution period, then the resident is attributed to that provider in the same manner as if the provider were a primary care provider. Patients who have not received primary care services from a primary care or obstetrics-gynecology provider during the attribution period are not attributed and not included in any health care quality measures. (See Figure 1 below.)

Figure 1.

Patient Attribution Flow Chart
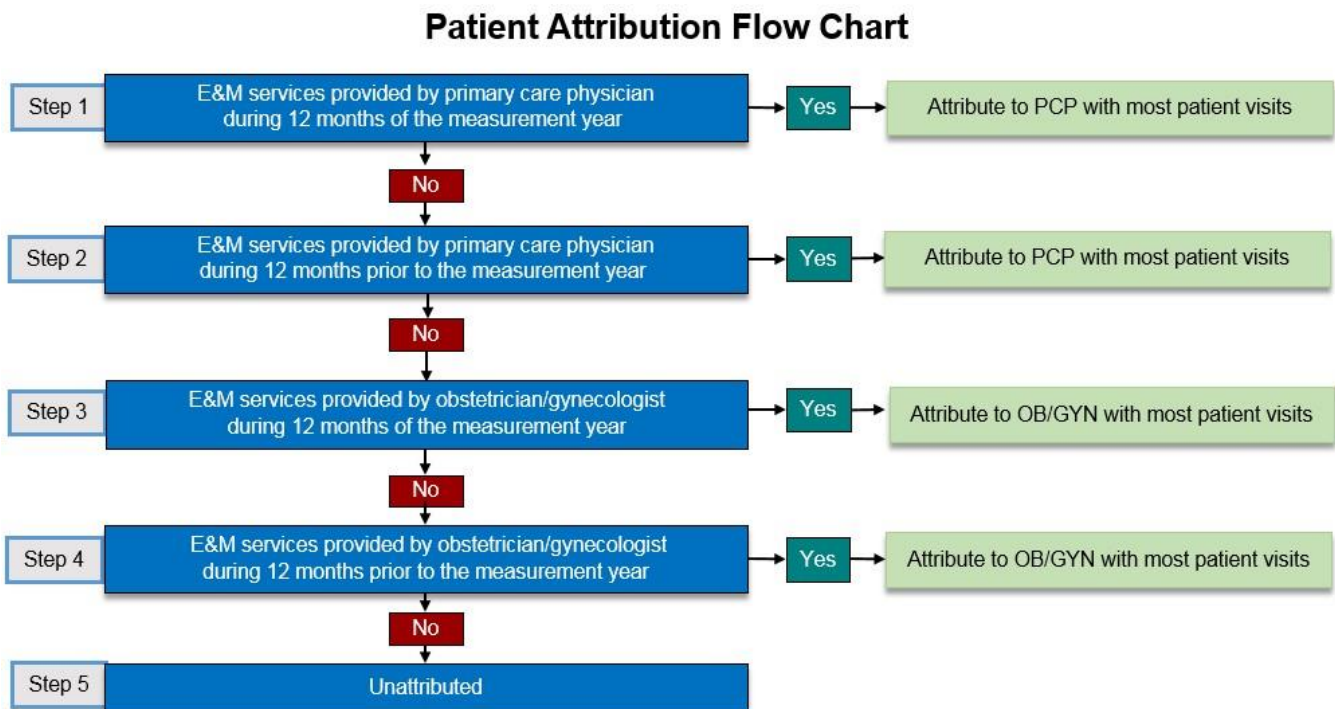
We use several "tiebreaker" methods to attribute patients who have received the same amount of primary care during the attribution year from multiple primary care providers. These are, in order: the patient is attributed to the provider who rendered the highest number of non-primary care services, to the provider with whom the patient had the most visits in the attribution year, and, finally, to the provider the patient most recently visited. In cases where a tie remains after these tiebreakers, the patient is attributed to both providers.

We define primary care services as claims coded with the Current Procedural Terminology (CPT) codes of 99201-99215 (office of other outpatient visits), 99381-99429 (preventive medicine services), and 99241-99255 (consultation services). Only office-based visits are considered for attribution. Telehealth, messaging, and other forms of care delivery that do not involve an in-person meeting between the health care provider and the patient are not included for attribution purposes.

We define primary care providers to be physicians, advanced practice registered nurses and physician assistants who specialize in Family Medicine, Internal Medicine, Pediatrics, or General Practice, or, in some cases, Obstetrics-Gynecology. Each of these types of health care specialties includes several subspecialties. The following subspecialties were excluded from the definition of primary care provider: School Nurse Practitioners; Preventive Medicine/Occupational Environmental Medicine Physicians; Public Health & General Preventive Medicine Physicians; Maternal & Fetal Medicine and Reproductive Endocrinology.

We identified primary care providers' areas of practice using data in the National Plan & Provider Enumeration System National Provider Identification Directory (NPI Directory). Every practicing health care provider has a federally assigned NPI number. These data include names, areas of specialty, and practice location. In some instances, providers list more than one specialty; in those cases we only used the provider's primary specialty.

Step 2: Connecting primary care providers to ANs

After patients are attributed to primary care providers, we then connect primary care providers to the Advance Networks with which they are affiliated, if any. All patients attributed to the individual provider are attributed to the AN(s) to which the provider is attributed. Providers who are affiliated with more than one AN are connected to all the ANs with which they are affiliated. If a provider is affiliated with an AN and another, non-rated health care organization, the provider is attributed to the AN even if most of the provider's work is with the non-rated health care organization.

To determine which providers are affiliated with which ANs, we created a default provider list for each AN, based on the ANs' websites, and then sent the lists to the ANs for verification. ANs were instructed to include primary care providers whose performance would impact their value based contracts. For ANs that did not return updated lists the default provider list was used.