

# Aledade Colorado Value-Based Care Summit

Gaylord Rockies Resort & Convention Center  
Denver, CO

September 22, 2023



# Your ACO Success Strategy

Getting Sticky With It: Patient Attribution

Risk

Quality

Care Transitions

- ED Utilization

- Immunizations

- ED Outreach (and follow up as needed)

- Transitions of Care Management (TCM)

# Patient Attribution in Medicare Shared Savings Program



Patient attribution is the process of determining the specific patient population assigned to an MSSP ACO. ACOs are held responsible for the cost and quality outcomes for their attributed patient population.



# How Attribution Works: Claims Based – List of Specialties

**Step 1:** Voluntary Alignment - has the patient declared to CMS explicitly who their PCP is?

**Step 2:** Has the patient had a visit with a physician with a primary care specialty taxonomy code?

If so, was plurality of visits obtained?

**Step 3:** Next option - if no visit with a primary care physician

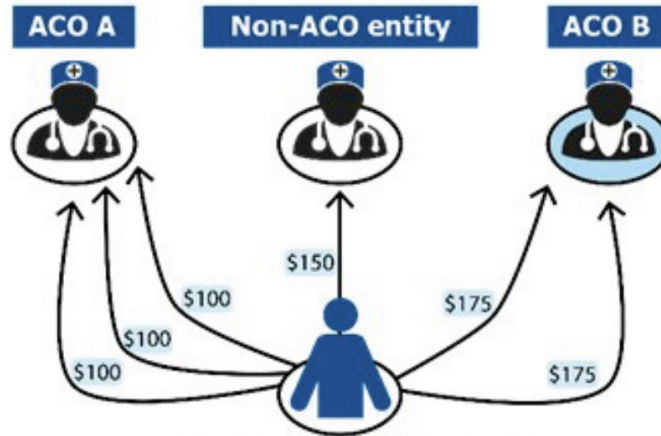
SPECIALTY CODE	DESCRIPTION	PRIMARY CARE PHYSICIAN (STEP 1)	SPECIALIST (STEP 2)
01	General practice	Yes	No
06	Cardiology	No	Yes
08	Family practice	Yes	No
11	Internal medicine	Yes	No
12	Osteopathic manipulative medicine	No	Yes
13	Neurology	No	Yes
16	Obstetrics/gynecology	No	Yes
23	Sports medicine	No	Yes
25	Physical medicine and rehabilitation	No	Yes
26	Psychiatry	No	Yes
27	Geriatric psychiatry	No	Yes
29	Pulmonary disease	No	Yes
37	Pediatric medicine	Yes	No
38	Geriatric medicine	Yes	No
39	Nephrology	No	Yes
46	Endocrinology (eff. 5/1992)	No	Yes
70	Multispecialty clinic or group practice	No	Yes
79	Addiction medicine (eff. 5/1992)	No	Yes
82	Hematology (eff. 5/1992)	No	Yes
83	Hematology/oncology (eff. 5/1992)	No	Yes
84	Preventive medicine (eff. 5/1992)	No	Yes
86	Neuropsychiatry (eff. 5/1992)	No	Yes
90	Medical oncology (eff. 5/1992)	No	Yes
98	Gynecologist/oncologist (eff. 10/1994)	No	Yes

NOTE: All specialties listed in this table are used to create the finder file based on non-FQHC/RHC claims. For FQHCs/RHCs participating in an ACO, CMS will use all claims for services furnished by all FQHC/RHC practitioners submitted by the FQHC or RHC, when creating the finder file. In Assignment Step 1, CMS includes any MD/DO at an FQHC/RHC, including those with specialties not listed in the above table. The same finder file used for prospective claims-based assignment will be used for determining eligibility for voluntary alignment.

# Medicare Shared Savings Attribution: Understanding Plurality



MEDICARE  
SHARED SAVINGS  
PROGRAM



## Plurality of Primary Care Services

Plurality of primary care services is based on allowed charges. *Plurality* refers to a greater proportion of **primary care services** as measured in allowed charges *within the ACO* compared to primary care services *outside the ACO*. The plurality is determined by the total allowed charges for primary care services and can be less than a majority of the total number of primary care services provided. In this example, the beneficiary is assigned to **ACO B**, because ACO B provided the greatest amount of allowed charges.

Figure 2. Claims-based assignment is based on the plurality of allowed charges for primary care services



# Defining Attribution: What are assignable visit types?

Type	CPT (Private Clinic)	Type	CPT (Private Clinic)	Type	CPT (Private Clinic)
E&M	99211-99215*	Transitional Care Management	99496	Preventive Screenings and Counseling	G0442
	99201-99205*		99495		96127
Wellness	G0402	Telephone Call	99441		G0443
	G0438		99442		G0444
	G0439		99443		G0447
AWVs are the highest charge code on the list		Care Management	99490		G0473
			99487		99406
			99489		99407
			G0506		99497
					99498

In order to be *eligible for assignment* to an ACO, a patient must have had at least one (1) assignable visit. See to the left for a list of the most common assignable visit CPT codes used in Aledade partner practices.

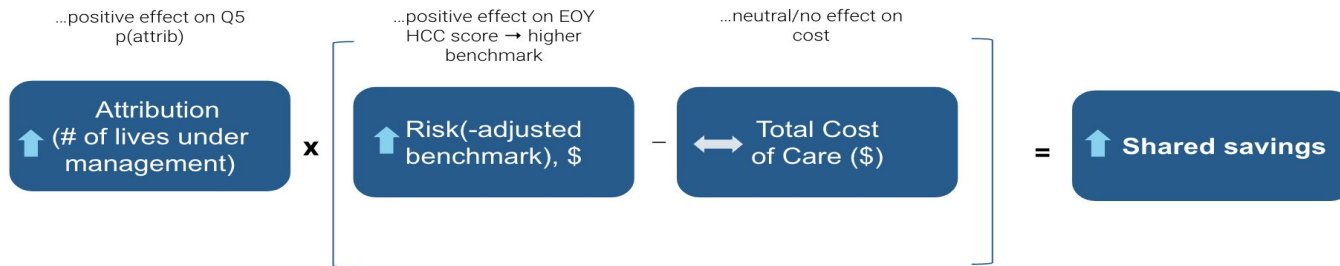
CMS' full list of "primary care services" are available at [www.cms.gov](http://www.cms.gov)

**Note:** All services rendered should be clinically relevant and be supported by appropriate clinical documentation. This guidance is intended to help healthcare providers accurately and completely code and/or bill services that, with proper documentation, may be reimbursable by a state or Federal healthcare program. This information is a tool for addressing common billing and coding issues, which are explained more fully in the CPT® Manual and the official, CMS-approved ICD-10 guidelines. You should review the CPT® Manual as well as the official, CMS-approved, ICD-10 guidelines and not rely exclusively on this informational material. Each healthcare provider bears full responsibility for its own billing and coding, as well as compliance with all applicable Federal and state laws and regulations.

# Wellness Visits can solidify attribution **and** drive revenue

Annual Wellness Visits (AWVs) are associated with higher attribution rates and can drive savings revenue

- MSSP patients who had an AWV have a **26% greater chance of attribution at the end of the PY** and a **13% higher likelihood of attribution in the following PY**. If an AWV is done this PY, **there is a 43% higher likelihood of having an AWV next PY**.
- When AWVs increase attribution, this is a **multiplier in determining the practice's portion of ACO earned shared savings**. AWVs are a component of the Aledade Shared Savings Distribution Formula calculation.



# Attribution and the Aledade App

Wellness Worklist is your tool for attribution *offense* and *defense*!

WELLNESS VISITS											TRANSITIONS OF CARE	EMERGENCY LIST	CHRONIC CARE MANAGEMENT LIST	CARE GAPS	ADD MANUAL ADT
73 OUTREACH NEEDED											1 FOLLOWUP NEEDED	29 OUTREACH COMPLETED	COVID VACCINE WORKLIST	CALL THIS LIST	
NAME	OUTREACH STATUS / DATE	PHONE	PAYER	AWV DUE ON/AFTER	NEXT APPT TYPE / DATE	RETURNED FOR	MSSP SOURCE	DUE FOR	ATTR	PRI.					
<input type="checkbox"/> Horton, Miriam 02/26/1943	Appointment was Made Today	202-555-1212	MSSP-MEDICARE	08/31/21			MSSP-attributed								
<input type="checkbox"/> Hunt, Anita 08/22/1947		202-555-1212	MSSP-MEDICARE				MSSP-Medicare								
<input type="checkbox"/> Jenkins, Alan 08/16/1946	Appointment was Made Today	202-555-1212	MSSP-MEDICARE				MSSP-Medicare								
<input type="checkbox"/> Lyons, Sally 10/10/1932	Appointment was Made Today	202-555-1212	MSSP-MEDICARE				MSSP-Medicare								
<input type="checkbox"/> Mitchell, Devin		202-555-	MSSP-				MSSP-Medicare								

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## Welcome to Medicare:

- Patients aging into Medicare
- Opportunity to gain attribution for new Medicare patients

## Annual Wellness Visits:

- Ensure patients are seen at least once per year
- High priority patients may be at risk for loss of attribution






## Attribution:

- Patients who need an assignable visit

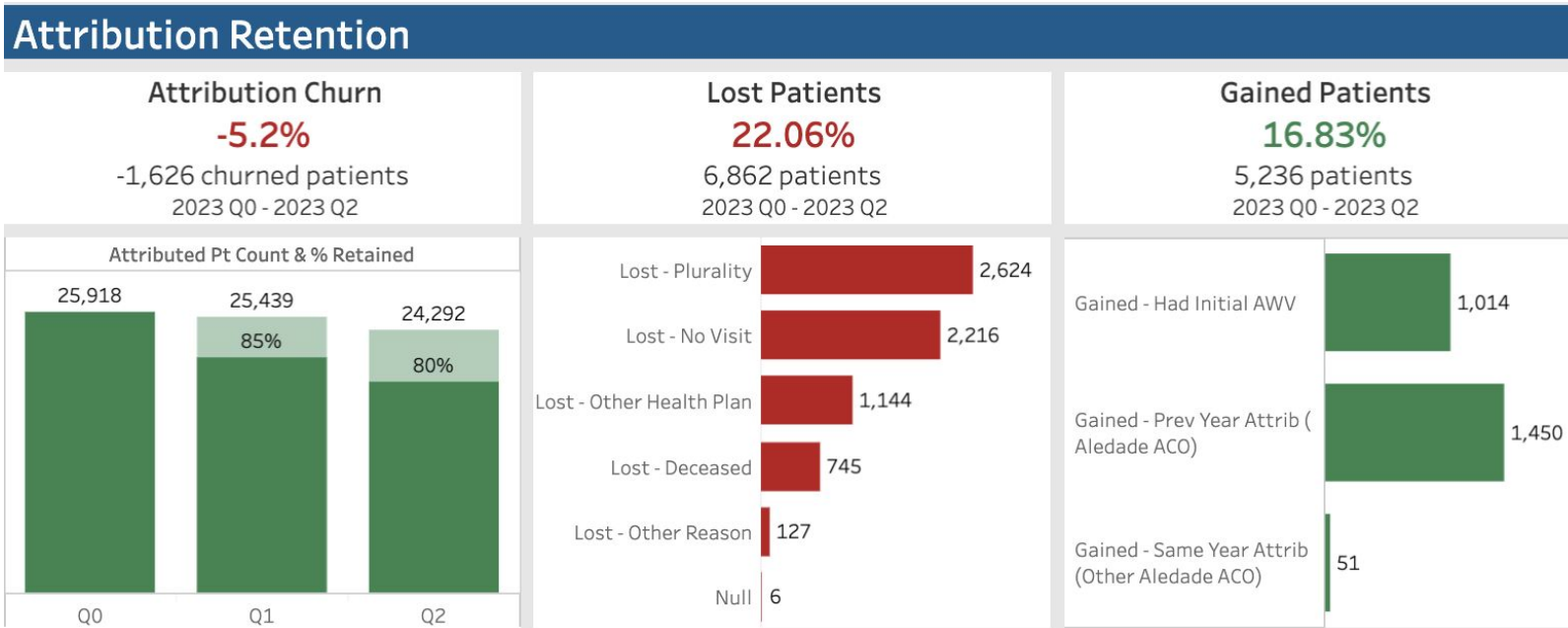




# Wellness Worklist: Worklist Entry Prioritization

Order	Entry Type
1 	<p><b>Attribution Risk Patients   <i>Schedule ASAP</i></b></p> <p>Worklist entries for patients that are either at-risk of attribution loss, or were recently attributed but not currently attributed. These are patients your practice has already cared for, but may not receive credit for (via attribution) this year without additional billed services. If eligible, they should be scheduled for an AWV, otherwise practices should schedule appropriate follow up evaluation and management (EM) visits depending on the clinical needs of the patient</p>
2 	<p><b>Medicare Age-In Patients   <i>Always Eligible</i></b></p> <p>Worklist entries for patients that are suspected to have recently aged-in to Medicare (MSSP or Medicare Advantage) coverage. Scheduling these patients for an AWV can increase preventive screening rates and help grow attribution.</p>
4 	<p><b>High Priority MSSP &amp; MA AWVs   <i>Schedule ASAP</i></b></p> <p>Worklist entries for currently-attributed patients in MA and MSSP contracts who are currently due for an AWV who are at an increased clinical risk compared to other patients in their respective ACO. These patients should be scheduled for an AWV ASAP.</p>
5 	<p><b>Medicare Advantage AWVs   <i>Eligible 1/1 Yearly</i></b></p> <p>Worklist entries for Medicare Advantage patients currently due for an AWV.</p>
6 	<p><b>Remaining MSSP AWVs   <i>Eligible Now</i></b></p> <p>Worklist entries for attributed MSSP patients currently due for an AWV.</p>

# Lost Attribution of Patients



# Lost Attribution due to “No Visit”

Practice	Total Lost Count	Lost Attribution due to No Visit	Lost No Visit Count
Colorado Primary Health Care	118	58%	68
Northeast Colorado Family Medicine Associates	76	50%	38
Colorado Mountain Medical PC	872	46%	405
Family Practice Associates PC	57	42%	24
Flatiron Internal Medicine	32	41%	13
South Suburban Family Medicine	59	37%	22
Primary Care Partners	1566	36%	556
Glenwood Medical Associates	373	35%	130
Peak Family Medicine LLC	129	33%	42
Mednow Clinics Inc	253	31%	78
Midvalley Family Practice PC	54	31%	17
Coal Creek Family Medicine	116	30%	35
La Plata Family Medicine Associates	196	29%	57
Front Range Family Medicine	76	28%	21
Altitude Family And Internal Medicine LLC	83	27%	22
Boulder Medical Center, PC	1035	27%	282
Academy Park Family Practice	22	27%	6
Rocky Vista Health Center LLC	105	26%	27
Pavillon Family Medicine	75	25%	19
Ponderosa Family Physicians	103	24%	25
DTC Family Health	70	24%	17
Summit Medical Clinic PC	139	24%	34
Elevated Internal Medicine	48	23%	11
Miramont Wellness Centers	294	23%	69
South Routt Medical Center	79	22%	17
Tri County Medical Center	18	22%	4
The Family Practice	67	21%	14
William T. Gipson MD	24	17%	4
James Regan MD	41	17%	7
Internal Medicine And Aesthetics Of The Rockies	46	17%	8
AgeWell Medical Associates, PC	97	16%	16
Destiny Internal Medicine	214	13%	27
Lakewood Internal Medicine Professional LLC	11	9%	1

# ACDC: Accurate and Comprehensive Diagnosis Coding

	ReDOC Rate
DTC Family Health	67.9%
Summit Medical Clinic	65.3%
Colorado Primary Health Care	63.2%
Midvalley Family Practice	61.9%
James Regan MD	61.5%
Peak Family Medicine	61.3%
Colorado Springs Family Practice	60.0%
Northeast Colorado Family Medicine Associates	56.3%
Mednow Clinics	55.8%
Primary Care Partners	55.8%
Boulder Medical Center	55.5%
Glenwood Medical Associates	55.2%
AgeWell Medical Associates	55.1%
Front Range Family Medicine	54.1%
William T Gipson MD	53.4%
Lakewood Internal Medicine	53.0%
Ponderosa Family Physicians	52.7%
Miramont Wellness Centers	51.4%
Elevated Internal Medicine	49.5%
Altitude Family And Internal Medicine	45.9%
La Plata Family Medicine Associates	44.0%
Broomfield Family Practice	43.2%
Family Walk-In Clinic	43.0%
Cedar Point Health	42.7%
Conifer Medical Center	42.3%
Destiny Internal Medicine	41.9%
Family Practice Associates	40.9%
Rocky Vista Health Center	40.3%
Academy Park Family Practice	37.1%
Coal Creek Family Medicine	36.4%
Pavilion Family Medicine	34.9%
Colorado Mountain Medical	34.9%
The Family Practice	34.6%
South Suburban Family Medicine	33.1%
Flatiron Internal Medicine	32.6%
South Routt Medical Center	30.1%
Internal Medicine And Aesthetics Of The Rockies	30.0%
Tri County Medical Center	15.9%

## Overall Market ReDOC Performance: 49%

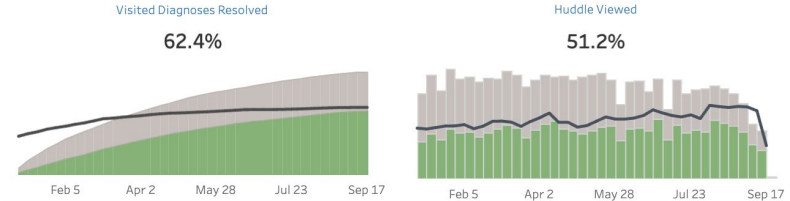
### Who are these patients with non-recaptured HCC codes?

58% have been seen this year (42% haven't been seen)  
19% have had their AWW

### What conditions haven't we addressed yet this year?

Major Depressive	2,627 patients
Diabetes with Chronic Complications	1,130 patients
Congestive Heart Failure	1,031 patients
Chronic Kidney Disease	941 patients
Morbid Obesity	933 patients

### Visited Diagnoses



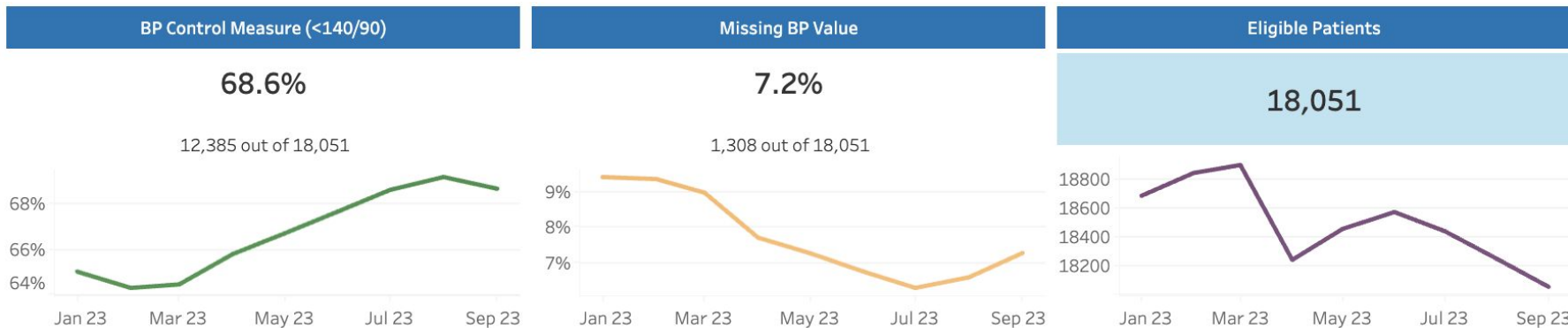
### Visited Diagnoses KPIs by Primary Practice

Primary Practice	Count	Current Rate	Target Rate	Last Update
Colorado Primary Health Care (1229)	164	89.6%	68.7%	9/11/2023
DTC Family Health (1100)	1,657	87.7%	91.2%	9/18/2023
WILLIAM T GIPSON MD (1074)	302	86.1%	94.5%	9/6/2023
AgeWell Medical Associates, PC (570)	1,177	83.5%	46.2%	9/18/2023
Northeast Colorado Family Medicine Associates (1067)	1,108	80.8%	89.2%	8/21/2023
Colorado Springs Family Practice (CO) (1474)	283	75.3%	90.3%	8/25/2023
Summit Medical Clinic Pc (1156)	522	75.0%	80.8%	9/13/2023
Miramont Wellness Centers (1078)	2,026	74.4%	74.0%	9/16/2023
Glenwood Medical Associates (1117)	1,949	74.0%	64.5%	9/15/2023
Coal Creek Family Medicine (1150)	2,191	72.3%	96.1%	9/12/2023
Altitude Family And Internal Medicine LLC (1314)	395	70.1%	44.7%	9/11/2023

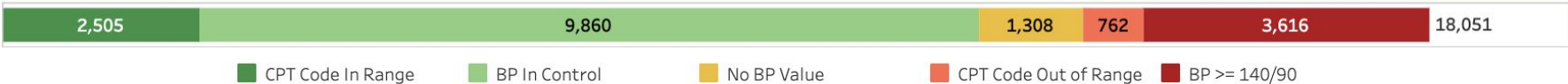




# Blood Pressure Control and Control of Diabetes



## Current Quality Performance Summary (patient counts)



## Quality Comparisons (Current Performance for 10/1/2022 - 9/30/2023)

Click **Aledade** name to filter the dash

This view is filtered to MA contracts by default. To see all contracts, change the Contract Type filter.



# Eligible Patients

% of Pts with Controlled BP

% of Pts with No BP Reading



# Transitions in Care

## Summary Insights 1

View top-level insights for the core TCM performance metrics, TOC Worklist Outreach Attempted and TCM Billing

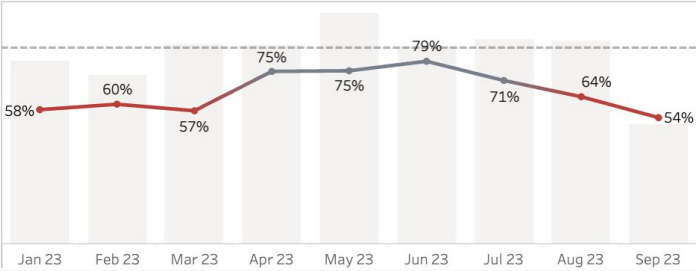
### TCM OUTREACH ATTEMPTED

# 67%

1,799 outreach attempts / 2,697 opportunities  
1/1/2023 - 9/21/2023

#### Outreach Trend

w/ monthly opportunity size



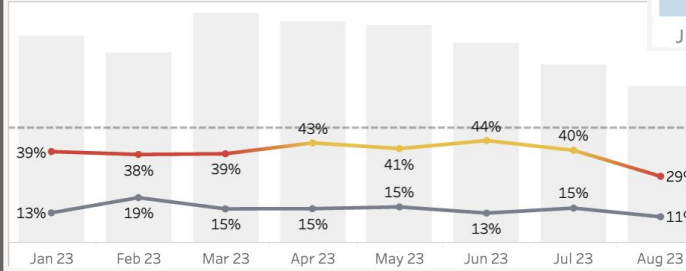
### TCM BILLING

# 39%

549 TCMs billed / 1,391 opportunities  
1/1/2023 - 8/25/2023

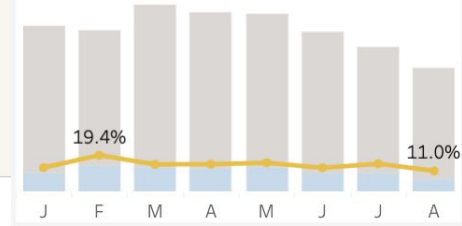
#### Billing Trend

w/ monthly opportunity size (impacted by claims lag) [E&M Billed in gray]



### E&M Billed

# 14.5%



### Top 10 Performers - Outreach: Practice

Eligible discharge count used to break ties

Colorado Primary Health ..	100%
James Regan MD (1394)	100%
Village Pediatrics (1385)	100%
AgeWell Medical Associat..	96%
Family Practice Associate..	95%
Ponderosa Family Physiци..	94%
DTC Family Health (1100)	93%
Coal Creek Family Medicin..	92%
Flatiron Internal Medicine..	91%
The Family Practice (629)	90%

### Top/Bottom 10 Performers

Top

### Top 10 Performers - Billing: Practice

Eligible discharge count used to break ties

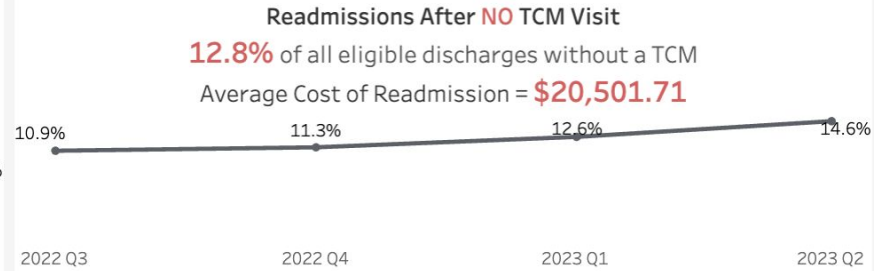
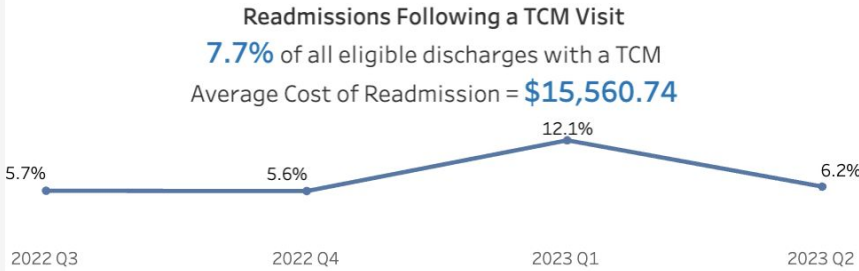
Cedar Point Health LLC (1..	100%
Family Practice Associate..	83%
DTC Family Health (1100)	78%
Miramont Wellness Cente..	68%
South Suburban Family M..	67%
Elevated Internal Medicin..	67%
First Street Family Health..	63%
AgeWell Medical Associat..	62%
Coal Creek Family Medicin..	58%
WILLIAM T GIPSON MD (1..	53%



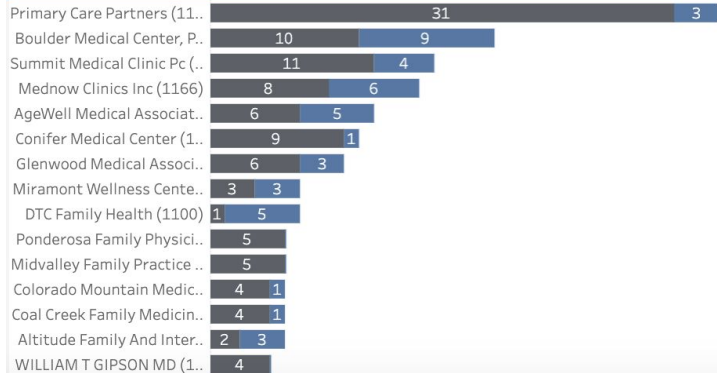
# Transitions in Care and Readmissions

## Readmissions

Readmissions include all hospital admissions that occur within 30 days of a previous hospital discharge. Only TCM-Eligible Discharges received in CCLF Claims are considered for Readmissions Metrics. These metrics are subject to claims lag. This data uses the most recent four quarters of complete payer claim data.



### Readmissions by Practice



### Readmissions by Discharge Facility

