



**COLORADO**

Department of Health Care  
Policy & Financing

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# Phase III Attribution Changes

Accountable Care Collaborative Phase III | April 2025

The Department of Health Care Policy and Financing (HCPF) administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify. Created in 2011, the Accountable Care Collaborative (ACC) is the primary delivery system for Health First Colorado. Regional Accountable Entities (RAEs) are responsible for promoting member health and well-being by administering the capitated behavioral health benefit, establishing and supporting networks of providers and coordinating medical and community-based services for members in their region. Current contracts with the RAEs, referred to as Phase II, end on June 30, 2025. **New contracts, ACC Phase III, will launch July 1, 2025.**

## Common terms to know about the ACC and Attribution

**Assignment:** The method used to connect Health First Colorado members to a RAE.

**Attribution:** The process used to link Health First Colorado members to a Primary Care Medical Provider.

**Enrollment:** The term that HCPF uses for registering members into the ACC.

**Primary Care Medical Providers (PCMPs):** Providers enrolled with Health First Colorado that meet certain licensing requirements and contract with the RAE covering the region in which their practice is located. PCMPs serve as the focal point of care for members attributed to them and partner with their RAE to coordinate the health needs of their members.

## Why does the HCPF use attribution for the ACC?

Attribution serves multiple purposes. Most importantly, it helps connect members to a PCMP to serve as their focal point of care, and it helps assign members to a RAE to serve as their point of contact for additional support. Additionally, it ensures that providers know which patients they are responsible for as it relates to value-based payments and performance measures. It also provides the basis for RAEs to pay PCMPs per-member-per-month payments based on the Health First Colorado members for whom they provide care.

## How will attribution and assignment work in ACC Phase III?

### Standard Attribution and Assignment Methodology

All full-benefit Health First Colorado members, with some exceptions, are enrolled into the ACC. Beginning July 1, 2025, **most members will be automatically attributed to a PCMP and assigned to a RAE based on the location of their PCMP** in the following way:

1. **Member choice:** Members may see any Health First Colorado PCMP, and can call Health First Colorado Enrollment (Enrollment Broker) at any time to be attributed to

the provider of their choosing. Members can also make the request to be attributed to a provider via the secure Health First Colorado Enrollment online portal. Members who do not select a provider will be attributed according to their utilization.

2. **Utilization:** If a member has not selected a PCMP, then a predominance of claims in the following order will determine their attribution:
  - The two most recent primary care visits\*
  - Preventive service visits (for ages 0 to 19)
  - All Evaluation and Management (E&M) claims
  - All other claims
3. **Unattributed members:** Members who cannot be attributed to a PCMP using either member choice or utilization will remain unattributed. Members that remain unattributed will be assigned to the RAE covering the region in which their home address is located.

\* Note: For the initial Phase III attribution run on July 1, 2025, HCPF will continue to use the predominance of visits over the past 18 months (the current methodology), instead of the two most recent visits for the claims-based methodology. HCPF will begin using the two most recent visit methodology in Fall 2025 as part of the reattribution process.

## Managed Care Organization Passive Enrollment

Members in certain counties may be passively enrolled in a comprehensive physical health managed care organization (MCO) if they are eligible. These members would not be attributed to a PCMP, but would still be enrolled with the RAE covering their geographic region. Members may disenroll without cause from the MCOs within 90 days of enrollment in either plan or during their open enrollment period, which is two months prior to the member's birth month. See the table below for the MCO, the counties in which members are eligible for passive enrollment and the eligibility criteria specific to each plan.

MCO	Counties	Eligibility Criteria
Elevate (Denver Health) Medicaid Choice	Adams, Arapahoe, Denver and Jefferson	In Denver County, adults and children are passively enrolled in this plan until the enrollment cap is reached.  Adult and child members in Adams, Arapahoe and Jefferson Counties may opt-in to this plan.
Rocky Mountain Health Plans PRIME	Delta, Garfield, Gunnison, Mesa, Montrose, Ouray, Pitkin, Rio Blanco and San Miguel counties	In these counties, children with disabilities and adults are passively enrolled in this plan until the enrollment cap is reached.

## Additional Attribution Details

- **Reattribution:** The process by which member attribution is updated to reflect new utilization patterns using the standard attribution methodology noted above. This means that member attribution may be updated if they begin seeing a new PCMP, which could also result in a change of assigned RAE. Members will receive a letter from Health First Colorado Enrollment informing them of the change with the PCMP and/or RAE information.
  - This process occurs **monthly** for members ages 0 to 1 and unattributed members.
  - This process occurs **quarterly** for all members.
- **Foster Care Assignment:** To comply with [House Bill 20-1237](#), child and youth members in foster care are assigned to a RAE based on the county where their case was initiated.
  - Parents/legal guardians can contact Health First Colorado Enrollment to select a PCMP. This could update the member's RAE assignment.
  - These members are exempt from the claims-based attribution process. If they have not selected a PCMP, they will remain unattributed.
- **Losing and Regaining Medicaid Eligibility:** If a member loses and regains eligibility within 60 days, the member will be reattributed to the same PCMP and assigned to the same RAE. Members who lose eligibility for 60 days or more will be attributed as a newly enrolled member.
- **Member Notifications:** Newly enrolled members receive a letter from HCPF notifying them of their attributed PCMP and assigned RAE. Members may call Health First Colorado Enrollment at any time to select a different PCMP.
  - This process is different for members enrolled in MCOs as they are not attributed to a PCMP. They will receive instructions in their new enrollment letter about their ability to disenroll from an MCO within a certain timeframe.
- **CHP+ Encounters:** CHP+ encounters with contracted PCMPs may also be used for attribution purposes and will be treated as any other claim.
- **Questions:** PCMPs can contact their RAE with questions regarding attribution.

## What are the key differences between Phase II and Phase III attribution?

1. **Geographic attribution ending:** HCPF attributed members to a PCMP near their home address if they had no prior utilization history. Both members and providers shared their challenges with this methodology. Given the feedback we received, HCPF has removed geographic attribution for ACC Phase III. Going forward, members without utilization history will remain unattributed, and will be assigned to a RAE based on their home address.
2. **Family attribution ending:** If multiple members in one household were enrolled in Health First Colorado, HCPF would attribute all members to the same provider. This led to instances where some members were attributed to providers that may not have been the best fit for the care they needed. For that reason, HCPF has decided to remove family attribution for ACC Phase III.

3. **Reflecting recency versus majority of visits:** In the current attribution methodology, members are attributed to a provider based on the predominance of claims to a single PCMP in the past 18 months. In Phase III, claims-based attribution will be decided first on the two most recent primary care visits, then by a predominance of E&M claims over the previous 18 months.
  - Note: this change will not begin until Fall 2025.

## What are the expected impacts from the change in attribution methodology?

Changes made for ACC Phase III were informed by extensive feedback from members and providers about challenges with the current attribution methodology. With the removal of geographic and family attribution and the updated claims methodology to reflect recency of visits, PCMPs can expect attribution lists that more closely reflect members who have an established relationship with each provider. This will lead to better alignment of care and less confusion for members. This also means that PCMPs are no longer responsible for the quality performance outcome measures for members that they have never seen. For more information about how quality payments will be distributed for PCMPs in ACC Phase III, please refer to the [ACC Phase III PCMP Payment fact sheet](#).

## What do providers have to do for members to be attributed to them?

1. Be enrolled as a Medicaid provider through the Colorado interChange.
2. Contract with a RAE. Each site of a practice must be contracted with a RAE as a PCMP to receive attributions. For more information, see the contracting guidance on our [ACC Provider and Stakeholder Resources Center](#).
3. Providers must submit claims with the appropriate billing National Provider Identifier (NPI). Members will be attributed using the service facility location submitted on the claim. If the service facility location NPI is populated and is associated with a contracted PCMP, it will be used for attribution. Otherwise, the billing NPI will be used.