Unassigned Members to a PCP/PCMH

[2] **PCP Attribution Logic:**

- Members new to the program or existing members not previously attributed have their claim data criteria run retro to 15 months prior to the date of the current attribution month.
- If the claim data criteria identifies a usual source of care during that time period, the member will be attributed to that PCP.
- If during this timeframe the member has seen multiple PCP's, they will be attributed to one of the PCP's using the plurality logic. The plurality logic is based on who has billed the most codes based on established claims data criteria.
- In the instance of a tie regarding the number of visits to a PCP, the PCP who has the latest preventative visit, based on date of service, will be the PCP the member is attributed to.
- If there have been no preventative visits billed by either provider, the PCP with the most recent claim (based on the claim DOS and claims data criteria[1]) would be the PCP the member is attributed to.
- If a PCP is no longer affiliated with a group, this provider is considered to be invalid by DSS and members cannot remain attributed to this PCP.
- All members attributed to this invalid PCP will be re-attributed to the group or the claims logic will look to see if a claim from another PCP has been received.
- If a claim from another PCP has been identified, the claim must have a later date of service then the previously attributed provider.

[3] **Please note:**
CHNCT will work directly with unassigned members to connect them with a PCP/PCMH if they come to CHNCT's attention through members services, utilization management or intensive care management.

On a monthly basis, PCP attribution reports are run by CHNCT that includes all members (new, unattributed and assigned) based on the established claims data criteria[1]

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If claims history shows claim data for a PCP/PCMH, the member will be attributed based on the PCP Attribution Logic[2]

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If a member does not have claims data matching the established criteria during the attribution run they will remain unattributed [3]

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For Members who are attributed and access the secure web portal:

- Members can view their assigned PCP/ PCMH
- Providers can view their member rosters.

[1] **Claims Data Criteria:**
Preventative code ranges: 99381-99387 & 99391-99397
E&M code ranges: 99201-99215 & 99401-99409
Revenue codes: 510, 514, 515, 517, and 519