

Attribution Report Training

December 10, 2025

Melanie Maddocks, Senior Actuarial Analyst, Leif Associates
Doug Bolton, Population Health Manager, RMHP



ROCKY MOUNTAIN
HEALTH PLANS®

A UnitedHealthcare Company

Attribution

Per HCPF: 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 (starting in the fall of 2025)
 - 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.



Assignment

1. Assignment by HCPF of members to a RAE is based on location of the members attributed PCMP, or if unattributed, the home address of the member.
2. RMHP intends to "assign" the unattributed members to PCMPs, using a methodology that looks at claims, prior attribution, geographic location, member demographics, practice details, etc.

RMHP will not be making payment to the assigned PCMP's for these unattributed members.

To help providers grow their attribution, and payment, the Assigned But Not Attributed (ABNA) members will be listed on a separate tab of the report. Practices are encouraged to outreach these members, as visits or member choice elections will result in PMPM pay in later months once the attribution is picked up by HCPF.

Note: After producing the ABNA info for the July cycle of reports, it became apparent that system revisions were needed. Staff is working on those now, and we will turn the reporting back on once given the all clear.

Base Payment Methodology

For ACC 3.0, starting July 2025, RMHP's base PCMP pay, per member per month (PMPM), is as follows:

Provider Tier	Low Acuity Member Tier		Medium Acuity Member Tier		High Acuity Member Tier	
	Adults	Youth	Adults	Youth	Adults	Youth
0 (lowest)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	\$0.00	\$0.00	\$1.94	\$2.84	\$1.94	\$2.84
2	\$0.00	\$0.00	\$2.86	\$3.67	\$10.02	\$15.02
3 (highest)	\$0.00	\$0.00	\$4.32	\$5.54	\$15.13	\$22.66

Adults = ages 22+

Youth = ages 0-21



Provider Tiering

These three progressive tiers are designed to recognize participants' varying experience in value-based care, aligning with CMS' Making Care Primary (MCP) three-track model and DOI HB 22-1325 Aligned Primary Care APM Regulation.



PCMP Tier 1

- New to value-based care
- More RAE support
- RAE TA for use of Dept. tools (Prescriber Tools phase I & II, eConsult, etc.)



PCMP Tier 2

- Semi-advanced practices
- Some value-based care experience
- Some accountability for member outcomes
- Required use of Dept. tools (Prescriber Tools phase I & II, eConsult, etc.)



PCMP Tier 3

- Advanced practices
- Very experienced in value-based care
- Accountable for member outcomes
- **Require open Medicaid panels**
 - This is not a MUST PASS on the HCPF Practice Assessment to determine your HCPF Tier but will be in the future.
 - To be eligible for additional RMHP funding such CIAs PCMPs will need to be a Tier 3 and open to Medicaid.
- Required use of Dept. tools (Prescriber Tools phase I & II, eConsult, etc.)

Member Tiering

High Acuity Member

- Top 10% per LIRS*
- Other Complex subpopulations (Colorado Systems of Care, Foster, Homeless, BH)

Low Acuity Member

- Bottom 30% of Youth per LIRS
- Bottom 15% of Adults per LIRS

Medium Acuity Member

- All others

*LIRS = 3 Month Lag IPRO Risk Score (i.e. the highest risk score of the most recent 3 months)

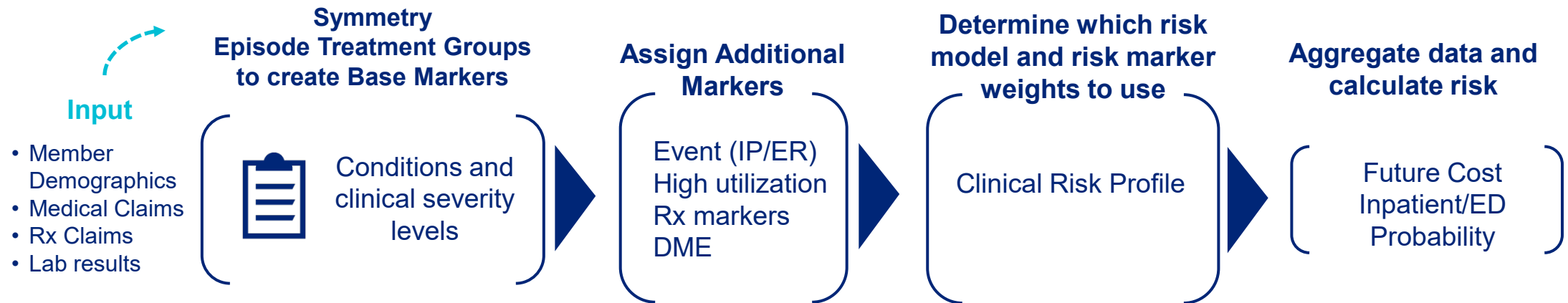


Member Risk Scoring: Impact Pro (IPro)



IPro is a predictive analytics and risk stratification tool identify populations for care coordination and other clinical interventions.

- Uses most recent 12 months of claims experience
- Calculates Member relative risk and probability of future cost and utilization
- Impact Pro uses over **1130 risk markers to create a risk profile**



IPro: Risk Score Example



A Member with an Impact Pro score of 10.1277 is anticipated to have 10 times the future cost of a normalized member.

Description	Risk weight
Clinical Markers	
• Insulin dependent diabetes, with co-morbidity (base marker)	1.1079
• Inpatient stay, diabetes primary within recent 3 months	4.5714
• CHF with co-morbidity (base marker)	1.0737
• Significant CHF episode clusters, recent 3 months	1.8619
• Chronic bronchitis with co-morbidity (base marker)	0.3978
• Blood, anticoagulants, CHF	0.3938
Age-gender Marker	
• Male, 55-64	0.7212
Total Risk Score	10.1277

Add On Payments

RMHP makes additional payments for:

Underserved Members

- Home Address in a CEAC County (County with Extreme Access Considerations), or
- Language is not English or Null, or
- Ethnicity is not White or Unknown or Null, or
- Race is anything but Not Hispanic/Latino

Social Determinants of Health (SDoH)

- Members having a screening in the last 12 months, with a need identified. This pay is extended if the member continues to receive annual screenings, regardless of whether a need is identified.
- Members with Z codes in the claims data in the last 12 months

Electronic Clinical Quality Measures (eCQM)

- Practices that commit to submit quarterly data to RMHP



Report Review

RMHP RAE PCCM Practice Summary Report

Report for:

As of: **October 2025**

Key Info:

This is for ACC 3.0, RAE 1.

RAE PCCM = Members in the RAE Region 1, in RAE only (not Prime), for which RMHP is paid a PCCM cap by HCFF.

Pay is for both October 2025 and prior months adjustments based on 820 cap pay reports, as paid through 10/2/25.

Adjustments in pay from HCFF to RMHP will result in adjustments to PCCM pay.

Payment methodology is noted at the bottom of this tab.



RAE PCCM Patient Summary for Practice:

Current Month By Member Type

Attributed to You 652

Coverage Month	Count	PMPM	Pay
202507	-	\$0.00	\$0.00
202508	-	\$0.00	\$0.00
202509	-	\$0.00	\$0.00
202510	652	\$7.90	\$5,152.97
Total	652	\$7.90	\$5,152.97

Aid Category	Count	PMPM	Pay
AwDC	98	\$7.24	\$709.87
Children	317	\$7.27	\$2,304.99
Disabled	27	\$13.34	\$360.22
Elderly	10	\$6.83	\$68.33
Foster Care	-	\$0.00	\$0.00
Parent Expansion	22	\$6.01	\$132.22
Parent Non-Expansion	178	\$8.86	\$1,577.34
Total	652	\$7.90	\$5,152.97

Provider Tier	Count	PMPM	Pay
Tier 3	652	\$7.90	\$5,152.97
Tier 2	-	\$0.00	\$0.00
Tier 1	-	\$0.00	\$0.00
Tier 0	-	\$0.00	\$0.00
Total	652	\$7.90	\$5,152.97

Member Tier	Count	PMPM	Pay
High	134	\$19.09	\$2,557.78
Med	396	\$6.19	\$2,449.49
Low	122	\$1.19	\$145.70
Total	652	\$7.90	\$5,152.97

Count	PMPM	Pay
-	\$0.00	\$0.00
-	\$0.00	\$0.00
7	\$6.65	\$46.56
-	\$0.00	\$0.00
7	\$6.65	\$46.56

Count	PMPM	Pay
-	\$0.00	\$0.00
5	\$6.81	\$34.05
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
2	\$6.26	\$12.51
7	\$6.65	\$46.56

Count	PMPM	Pay
7	\$6.65	\$46.56
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
7	\$6.65	\$46.56

Count	PMPM	Pay
-	\$0.00	\$0.00
7	\$6.65	\$46.56
-	\$0.00	\$0.00
7	\$6.65	\$46.56

Count	PMPM	Pay
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00

Count	PMPM	Pay
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00

Count	PMPM	Pay
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00

Count	PMPM	Pay
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00
-	\$0.00	\$0.00

Total Pay
\$0.00
\$0.00
\$46.56
\$5,152.97
\$5,199.53

Total Pay
\$709.87
\$2,339.04
\$360.22
\$68.33
\$0.00
\$132.22
\$1,589.85
\$5,199.53

Total Pay
\$5,199.53
\$0.00
\$0.00
\$0.00
\$0.00
\$5,199.53

Total Pay
\$2,557.78
\$2,496.05
\$145.70
\$5,199.53

RMHP RAE PCCM Practice Summary Report

Report for:

As of: **October 2025**

LIRS = 3M Lag Ipro Risk Score



Report	PayMo	Prov Tier	Age	Age Cat	Gender	Race	Language	CEAC	Underserved	SDOH	ECQM	LIRS	Complex Mem	Mem Tier	CovMo	Aid Category	Base Pay	Underserved Pay	SDOH Pay	ECQM Pay	Total Pay	Adjust	Medicare Flag
2025 10 v1	202510	3	8	Youth	M	White-Hispanic	Spanish	N	Y	Y	Y	0.5143	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	3	Youth	F	White-Hispanic	Spanish	N	Y	Y	Y	0.2157	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	17	Youth	M	White-Hispanic	Spanish	N	Y	Y	Y	0.3215	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	8	Youth	F	White-Hispanic	English	N	Y	N	Y	0.3031	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	42	Adult	F	White-Hispanic	Spanish	N	Y	Y	Y	0.7455	N	Med	202510	Parent Expansion	\$4.32	\$0.55	\$0.55	\$0.50	\$5.92		N
2025 10 v1	202510	3	43	Adult	F	White-Hispanic	English	N	Y	N	Y	2.4393	Y	High	202510	Parent Non-Ex	\$15.13	\$0.55	\$0.00	\$0.50	\$16.18		N
2025 10 v1	202510	3	17	Youth	F	White-Hispanic	Spanish	N	Y	Y	Y	1.3498	Y	High	202510	Children	\$22.66	\$0.55	\$0.55	\$0.50	\$24.26		N
2025 10 v1	202510	3	68	Adult	M	White-Hispanic	Spanish	N	Y	Y	Y	0.7357	N	Med	202510	Elderly	\$4.32	\$0.55	\$0.55	\$0.50	\$5.92		Y
2025 10 v1	202510	3	63	Adult	F	White-Hispanic	Spanish	N	Y	N	Y	1.3073	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	3	Youth	M	Black/African Ar	Spanish	N	Y	N	Y	0.2098	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	2	Youth	F	White-Hispanic	Spanish	N	Y	Y	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.55	\$0.50	\$1.60		N
2025 10 v1	202510	3	3	Youth	M	Unknown-Hispa	Spanish	N	Y	N	Y	0.2076	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	37	Adult	F	Unknown-Hispa	Spanish	N	Y	N	Y	0.4518	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	15	Youth	M	White-Hispanic	Spanish	N	Y	N	Y	0.1985	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	12	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.00	\$0.50	\$1.05		N
2025 10 v1	202510	3	30	Adult	F	Unknown-Hispa	Spanish	N	Y	Y	Y	1.5262	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.55	\$0.50	\$5.92		N
2025 10 v1	202510	3	5	Youth	F	White-Hispanic	Spanish	N	Y	Y	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.55	\$0.50	\$1.60		N
2025 10 v1	202510	3	2	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.5615	Y	High	202510	Children	\$22.66	\$0.55	\$0.00	\$0.50	\$23.71		N
2025 10 v1	202510	3	25	Adult	F	Unknown-Not H	Spanish	N	Y	N	Y	0.4647	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	4	Youth	F	White-Hispanic	English	N	Y	N	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.00	\$0.50	\$1.05		N
2025 10 v1	202510	3	1	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.1700	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	61	Adult	F	White-Hispanic	Spanish	N	Y	N	Y	0.6669	N	Med	202510	AwDC	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	39	Adult	F	White-Hispanic	English	N	Y	Y	Y	0.6059	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.55	\$0.50	\$5.92		N
2025 10 v1	202510	3	10	Youth	M	White-Not H	Spanish	N	Y	N	Y	0.2414	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	15	Youth	M	White-Hispanic	Spanish	N	Y	Y	Y	0.1985	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	16	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.2102	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	10	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.1838	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	4	Youth	F	White-Hispanic	Spanish	N	Y	N	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.00	\$0.50	\$1.05		N
2025 10 v1	202510	3	0	Youth	M	White-Hispanic	Spanish	N	Y	Y	Y	0.2781	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	15	Youth	F	Multiple-Hispa	Spanish	N	Y	N	Y	0.2339	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	33	Adult	F	Unknown-Hispa	Spanish	N	Y	N	Y	2.6551	Y	High	202510	Parent Non-Ex	\$15.13	\$0.55	\$0.00	\$0.50	\$16.18		N
2025 10 v1	202510	3	14	Youth	F	White-Hispanic	English	N	Y	N	Y	0.2529	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	27	Adult	F	White-Hispanic	English	N	Y	N	Y	0.5513	N	Med	202510	Parent Expansion	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	0	Youth	M	White-Hispanic	Spanish	N	Y	Y	Y	0.4092	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	34	Adult	F	Unknown-Not H	Spanish	N	Y	N	Y	0.5541	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.00	\$0.50	\$5.37		N
2025 10 v1	202510	3	9	Youth	F	White-Hispanic	English	N	Y	N	Y	0.1500	N	Low	202510	Children	\$0.00	\$0.55	\$0.00	\$0.50	\$1.05		N
2025 10 v1	202510	3	36	Adult	F	Unknown-Hispa	Spanish	N	Y	Y	Y	2.7358	Y	High	202510	Parent Non-Ex	\$15.13	\$0.55	\$0.55	\$0.50	\$16.73		N
2025 10 v1	202510	3	9	Youth	M	Multiple-Not H	Spanish	N	Y	Y	Y	0.2620	N	Med	202510	Children	\$5.54	\$0.55	\$0.55	\$0.50	\$7.14		N
2025 10 v1	202510	3	30	Adult	F	White-Hispanic	Spanish	N	Y	Y	Y	2.0551	N	Med	202510	Parent Non-Ex	\$4.32	\$0.55	\$0.55	\$0.50	\$5.92		N
2025 10 v1	202510	3	2	Youth	M	White-Hispanic	Spanish	N	Y	N	Y	0.2277	N	Med	202510	Children	\$5.54	\$0.55	\$0.00	\$0.50	\$6.59		N
2025 10 v1	202510	3	26	Adult	F	White-Hispanic	English	N	Y	N	Y	2.5803	Y	High	202510	Parent Non-Ex	\$15.13	\$0.55	\$0.00	\$0.50	\$16.18		N



Report Access

First, log into the UHC **Provider** Portal at <https://www.uhcprovider.com/>.

From the home screen select “Documents & Reporting” then select “Document Library”.

From the list on the left side of the screen select “Management Documents”.

On the right side of the screen you should see your reports.

Receiving Payments

Payments are processed monthly. Distribution is by check or ACH Direct Deposit, depending on how you are set up in the vendor system.

- Melanie Maddocks sends an email to all stating that payments have been made and reports have been posted.

If your focus is strictly on the payment, itself, and not the member level detail, you can get info as follows:

- Log into the UHG **Vendor** Portal (<https://supplierportal.unitedhealthgroup.com/>).
- This site has invoice and payment info for the current year plus two prior calendar years.
- Each vendor may have an admin (you'll hear AP call them Supplier Portal User Admins or SPUA) that can invite others and control access.
- This site also gives you the ability to enroll in ACH, update address, and our "hotline" to get answers quicker than the standard aphelp@uhc.com general mailbox.

And this is important: whenever you update your address or make changes regarding how you receive payments, please let Melanie Maddocks know.



Primary Contacts

For attribution, assignment, monthly pay, monthly reporting, or the email distribution list:
Melanie Maddocks melanie.maddocks@uhc.com

For the RMHP RAE 1 PCMP program in general, Provider Tiering, or ECQM:
Kim Herek kimberly.herek@uhc.com

For your contract with RMHP for RAE 1 PCCM:
Chasity Hackbarth chasity.hackbarth@uhc.com

For help with the UHC Provider Portal: call 855-819-5909

For help with the UHG Vendor Portal: support@supplierportal.uhg.com



Questions?



Appendix

IPro: Predictive Accuracy

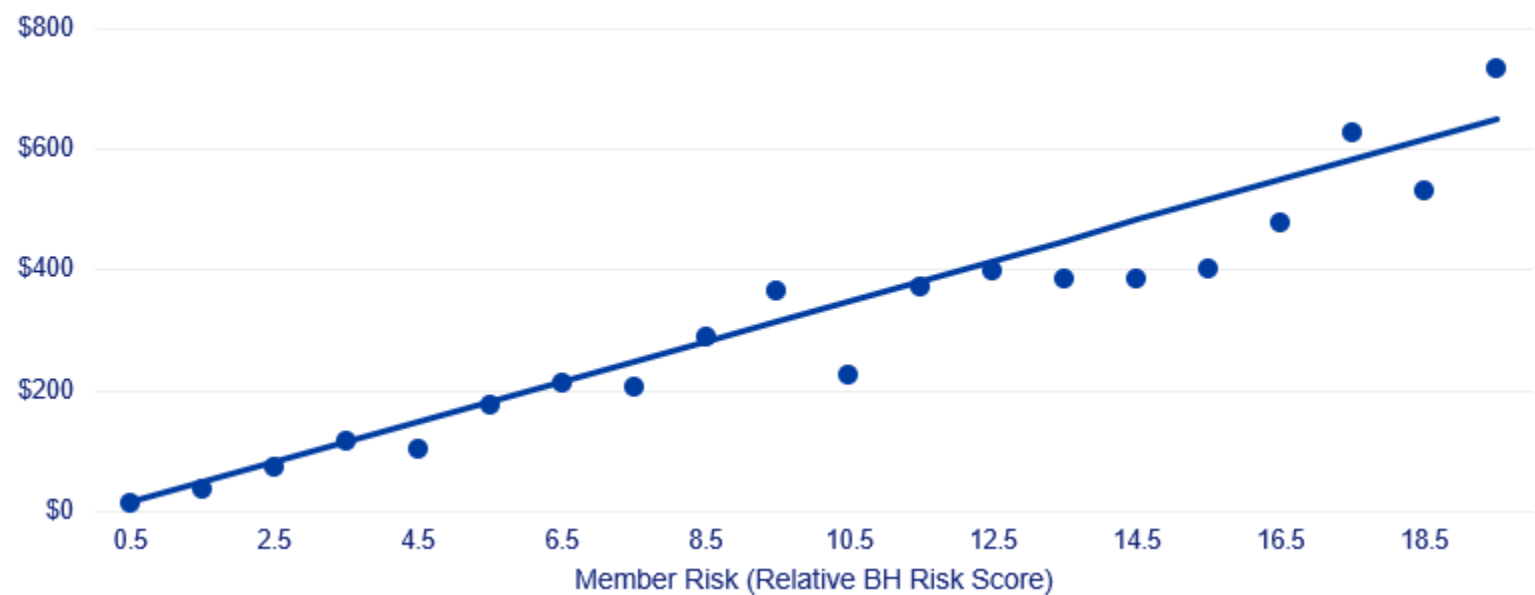
		R-Squared (higher is better)		MAE (lower is better)		Area Under Tolerance Curves Through 3.0 (higher is better)	
Model	Organization	%	Rnk	%	Rnk	%	Rnk
Impact Pro	UHC	20.7%	1	94.6%	1	77.7%	1
ACG System	Hopkins	17.2%	3	97.6%	3	77.4%	3
CDPS+MRX	UCSD	10.0%	4	107.0%	4	74.9%	4
Truven	IBM	20.7%	1	96.4%	2	77.5%	2
Source: Accuracy of Claims-Based Risk Scoring Models, Society of Actuaries Table 4.2.2 and 4.5.3							



Top performing risk adjustment factor (RAF) according to Society of Actuaries

IPro: Accurate Projection of BH Costs in RAE1

Member BH PMPM vs IPro BH Risk Score



Solid line shows IPro Projected BH costs. Dots show average cost by Member risk bin (e.g., 0.5 dot shows average PMPM for every Member with a risk score between 0 and 1)