

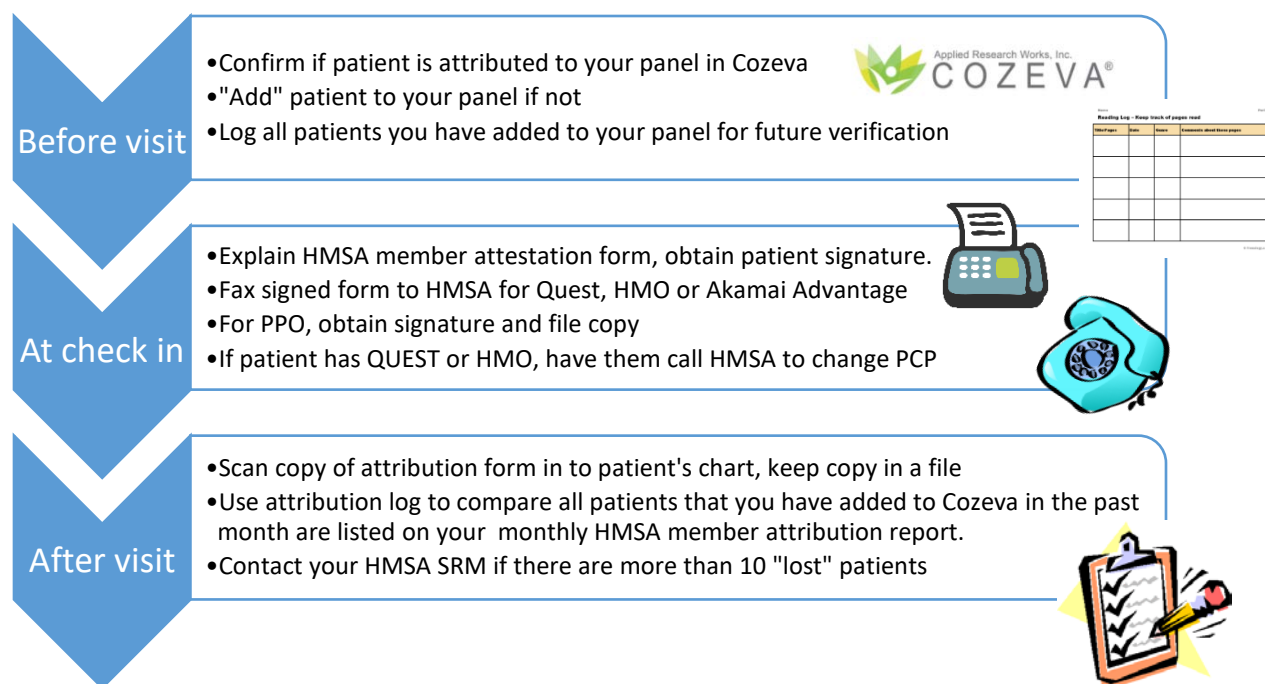
HMSA Member Attribution to PCPs

The goal of the attribution process is to reflect members' preference for a provider as their PCP by member selection or based on their office-visit pattern. Member attribution must be verified monthly with their HMSA membership status. A PCP's panel will be based on HMSA's attribution methodology, which consists of two elements:

Member selection: HMSA members are attributed to their PCP. (HMO, Quest & Akamai Advantage)

Claims history: HMSA PPO members are attributed to a provider they've seen most frequently based on claims.

Process for all HMSA patients seen in your clinic:



PCP attestation/request: To attest/request that a member be attributed, a PCP must use the process in Cozeva. The provider should log in to Cozeva, click the Panel tab, and select Add Patient. This will take the PCP to an electronic request form that must be completed with the member's full name, date of birth, HMSA subscriber ID, and gender. The PCP must also attest with an electronic signature that there's a medical need to access this member's personal health information.

Member attestation: To encourage member engagement, PCPs should have the member complete and sign a member attestation form. The form requires the member's signature to confirm that the provider is his/her PCP or the HMSA subscriber's or authorized representative's signature of a child 18 years old and under.

PCPs should work with their patients to obtain member attestation forms. HMO, QUEST Integration, and HMSA Akamai Advantage members must notify HMSA of their choice to change their PCP. HMSA will conduct periodic audits to ensure that members who are added to a provider's panel have completed an attestation form.

PCPs should note that attribution requests made via Cozeva can take up to several weeks to be reflected in HMSA's systems for purposes of PMPM band payment.