PPO Attribution for Global Payment

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Goals

- Create a claims based attribution algorithm for purposes of global budget model
- Accurately attribute as many members as possible
- Each member can be attributed to one and only one contracted PCP
- Focus on commercial PPO products, Home accounts, in-state PCPs

<table>
<thead>
<tr>
<th>PCP location</th>
<th>MA</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Home</td>
<td>Attribute</td>
<td>No provider data</td>
</tr>
<tr>
<td>Host</td>
<td>No member data</td>
<td>No member or provider data</td>
</tr>
</tbody>
</table>
Methodology & Results

- 18 months of medical (IP+OP) and Rx claims for any face-to-face encounter with a contracted PCP
  - “Most recent” PCP attributed member if multiple found

![Diagram showing percentage of attributed encounters and steps to increase attribution](image-url)
Validation

• BCBSMA shared PPO Attribution results with one large physician organization

• The physician organization consists of multiple sub-groups which are each made up of multiple practice sites of primary care and specialty providers practicing together

• BCBSMA shared list of members attributed to contracted PCPs in the organization for them to validate
  — 70% exact match of member to PCP
  — 16% practice site match; different PCP
  — 5% sub-group match; different practice site and PCP
  — 1% physician organization match; different sub-group and PCP
  — Overall 92% successful ‘match’ rate to the physician organization

• The organization was comfortable enough with the results to continue specific discussions on taking risk for a global budget arrangement on the attributed population
Future considerations for attributed global payment

• Payment mechanism / flow of funds
  • Prospective payment through FFS rates
  • Cash flow/up-front funds required by providers

• Growth of HMO AQC model in MA
  • 450,000 members in 2010