



PPO Attribution for Global Payment

Matthew Day, FSA, MAAA
Senior Director
Provider Financial Management

March 30, 2011

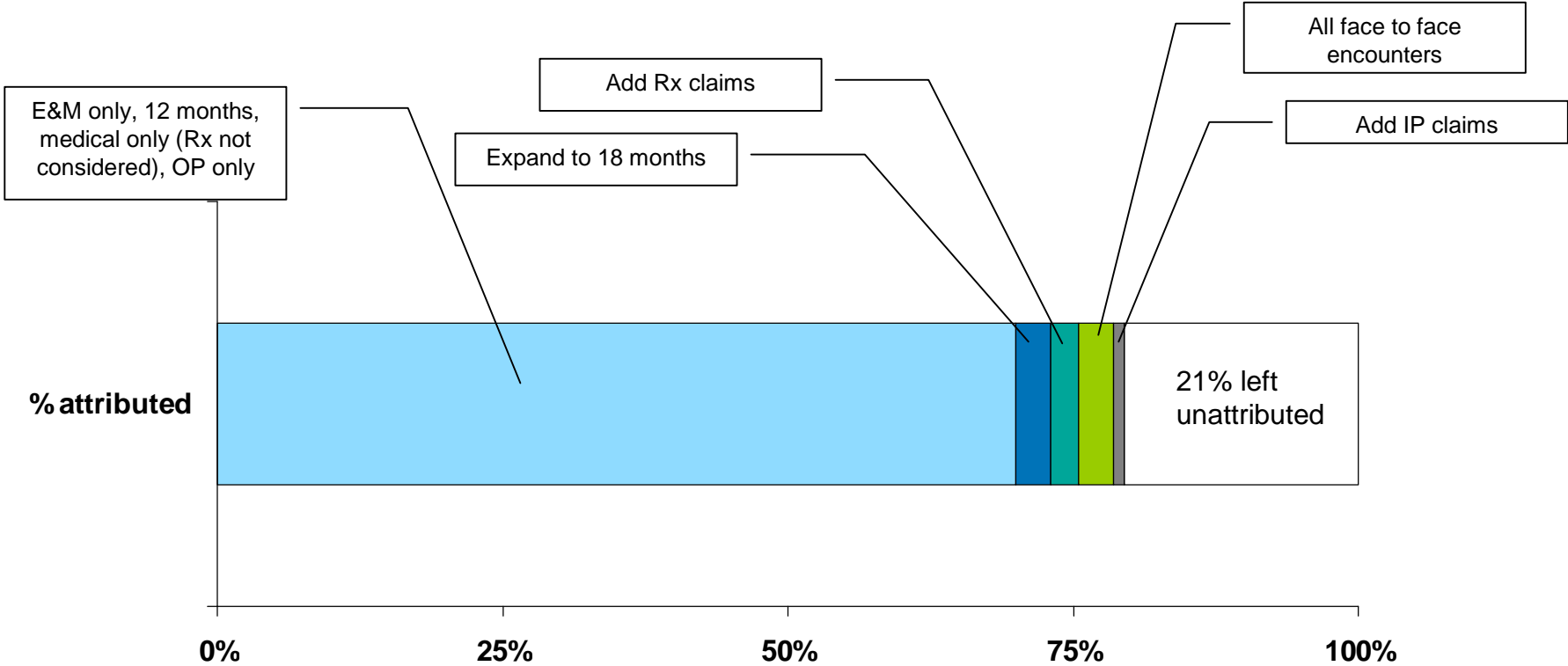
Goals

- 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

		PCP location	
		MA	Other
Account	Home	Attribute	No provider data
	Host	No member data	No member or provider data

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



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



MASSACHUSETTS