

Payment Reform Council

Attribution Overview

What is Attribution?

Attribution is a process used to assign patients to a provider for the purposes of payment and performance monitoring.

Retrospective reconciliation: A final update of patient attribution at the end of the performance period, to support a financial settlement and in some cases, quality measurement.

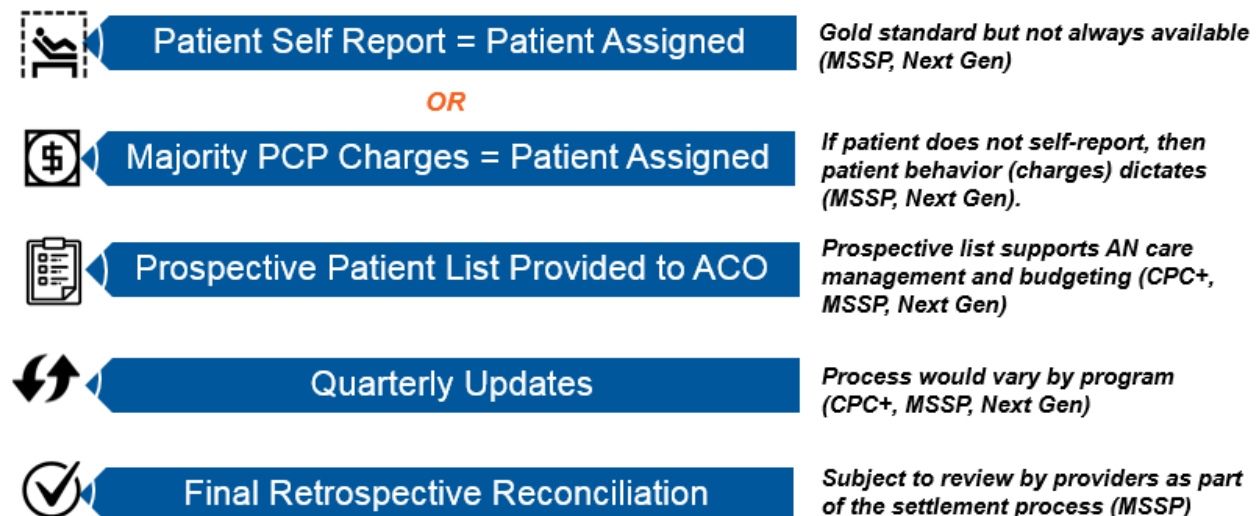
For a deeper dive:

[Whose patient is it? Patient attribution in ACOs](#)

Susan Pantely, FSA, MAAA, Milliman
Healthcare Reform Briefing Paper

Strawman of Proposed Approach for Medicare Fee-for-Service Beneficiaries:

Advanced Networks maintain most current CMS attribution methodology as it relates to primary care specialties (MSSP or Next Gen).



Recommendation for Other Payers: Begin with existing methodology and adjust over time.

Additional Considerations for Other Payers:

- Attribution should be transparent. Payers should provide PCPs with a roster of attributed patients at the beginning of the measurement period. This roster will change with periodic updates, based on an agreed upon schedule, and upon reconciliation.
- A correction process should balance the desire to accurately assign patients to the provider that rendered most of their care with providers' need to have sufficient predictability and stability in their populations for budgeting.
- A patient should be attributed to only one provider at a time.
- PCPs should be paid fee for service for services delivered to anyone who is not attributed to their group even if that patient cannot be attributed to anyone else.

- Benefit designs, patient outreach and communications should encourage strong engagement with a PCP care team.
- Over time, attribution methodologies should be updated to reflect PCP interactions via non-office-based visits and care delivered by other team members.

Why this makes sense for CT's Primary Care Modernization Initiative

- Providers:
 - Preference for prospective attribution for bundled payments
 - Beneficiaries assigned to only one provider entity
 - Patient churn presents an efficiency and revenue challenge for practices
- Payers:
 - All payers will use existing algorithms in the short term; in the long term, payers will refine the methodology to reflect care outside PCP office visits
 - Not all beneficiaries are attributed to a PCP currently
- Consumers and Patients
 - Patient choice, whether represented by PCP selection or use patterns, is respected

Responding to Consumer Input, Questions and Concerns

The PCM payment model will allow consumers to maintain relationships with current PCPs or choose a new one.

- Consumer relationships with specialists who are not PCPs will be unaffected.
- Consumers will continue to have access to all covered services under the benefit plan.
- PCPs seeing unattributed patients will be paid fee-for-service to ensure continuing access.
- New clinical capabilities of PCP practices will enhance care delivery to patients.

What other consumer protections should be considered or established, such as data sharing limitations? Should there be guidelines about how PCPs engage patients when there is a desire to increase panel sizes?

Questions

- What about this proposed approach seems on target? What needs to be modified?
- What should be the provider role in attribution and validation?
- What stakeholder concerns are not addressed by our recommendations?
- What implementation considerations are important to identify?
- If payers' methods attribute widely variable fractions of patients, how should we ensure fairness in payments made?