Patient Attribution Final

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SPEAKERS

Wendy Rubas, Intro Music, Mason Budelier, Steve Valdiserri

I **Intro Music** 00:02

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W **Wendy Rubas** 00:23

Hi, welcome to Working Smarter. I'm Wendy Rubas, General Counsel VillageMD. And I'm so happy today to be joined by two special guests, super experts, a VillageMD, Steve Valdiserri, he's the Vice President of value based attribution. Steve welcome, thank you why to have anywhere, and Mason Budelier he is a senior lawyer in the legal department, and one of our big experts in the world of payer contracts and agreements. And we're so happy to have both of you here with us today to talk about attribution. This is important because I think there's so many people working in healthcare that don't understand what attribution is, and why it's important, I just hope for today is that we can just sort of explain the basics. I was talking about this recently with a group. And I was trying to explain what attribution is. And I think what I said was, imagine you take your car to a mechanic, they change your muffler, you pay for the muffler, that's fee for service care, in a sense for a car. And that's the origin of Medicare, it started as fee for service pay for charges, and then episodes of care you get paid. That's obviously cause lots of problems, and the expenses have been rising ever since. And so now we're in this value based world,

which going back to the mechanic, that would be like if a mechanic was paid to keep cars on the road cars driving. And the very first question they would ask is, well, what cars and that is the process of attribution as which cars is the mechanic responsible for your regardless of whether they ever bring them in, the mechanic is paid for how often do the cars make it out to the road. And so many people have a parent or they have a aunt or something that's on Medicare. And it might be helpful just to walk us through from a patient's perspective, what this all means, and how you end up in a plan that in which you're attributed.

S Steve Valdiserri 02:21

So So from the angle, the patient what they know, even before Medicare's they know, who they see for their primary care, they believe is their doctor. And the same thing from their doctors angle is that, you know, if you see your patient in the office for a visit, but then you also see him maybe in the grocery store, you say, Oh, that's my patient and the patient say, Oh, that's my doctor. That's kind of the nuts and bolts of what the general belief is around attribution. But what we found is that it's much more complicated than that. And it's not always the case that who the patient believes is their provider, and who the provider believes is their patient is not necessarily always true. And so that's why we've had such a deep dive and attribution is to try to understand why some of these patients are not you know, our patients. So if we look at it from the patient's angle, you know, right, as they enroll in Medicare, they probably have already been seeing doctor for a while. And then they get they get a couple of options. Once they hit Medicare, they can either choose the Medicare Advantage route, where they're getting additional benefits, like Part D coverage and Part B coverage as well. Or they could go to just the traditional Medicare route, where there a lot of the Part A and then they can elect into Part B for outpatient services as well.

W Wendy Rubas 03:28

Now, I'm old enough speaking of my age, I'm old enough to remember when like, there was a time like what Medicare Advantage started to proliferate. And I remember it vividly because people would call me and they would go, my mom's on Medicare. But now all of a sudden she's getting mail from Humana and like people did not understand what that was. And I still think today, you're telling us these patients select it, they opt in, but many times I do not think the patients understand what they're electing is Do you see that, Steve?

S Steve Valdiserri 03:55

Yeah, absolutely. Because when the generic term Medicare is given, you know, they believe Oh, I'm 65. I have a government provided insure? Well, that's true for some patients that just choose traditional Medicare. But then Medicare also enlists in coverage from private insurers like Humana, and like Aetna, and like anthem. And so they essentially it's Medicare benefits through a private insurer that might have additional coverage details, additional coverage benefits, other things that might benefit the patient dependent upon their health conditions.

W **Wendy Rubas** 04:26

There's so much interesting literature out there about the impact of being in Medicare Advantage, and even studies that show risk adjusted mortality is improved for patients. And is that Steve, do you think because Medicare Advantage, you get more sometimes benefits and you're managed in a different way?

S **Steve Valdiserri** 04:43

Yeah, I think so. And it's the way that some of the Medicare Advantage plans that are again, it's specific to the private insurer that offers as they allow those different benefits policies and allow different coverages and, and also the way that some of those Medicare Advantage plans are structured with provider groups, various the way that you know, a traditional Medicare relationship is with a provider group. And so it's advantageous to provider groups when it comes to Medicare Advantage because there's plans within Medicare Advantage like PPO plans or preferred provider organizations, or HMO plans where patients are allowed to or they're able to select a PCP. And with a selection of a PCP comes, you know, additional benefits for not only the patient, but also the provider that we'll talk about yourself.

M **Mason Budelier** 05:30

What Steve is focusing on there from the Medicare Advantage perspective is, the thing that makes Medicare Advantage seemed like it's a little bit more innovative, and a little bit more focused on beneficiary engagement than the fee for service side of this chart here. But I think it's important to know both in terms of the innovative and beneficiary engagement side of things, and also, the attribution issues that we're discussing today is that if you look on this fee for service side, and downstream from the fee for service box is something called the DC E. And that's a direct contracting entity. That program is specifically designed by the federal government to make fee for service act a little bit more like a Medicare Advantage program. And the key to that really is providing what's called voluntary alignment, which allows fee for service patients to actively select their

own doctor to be their primary care physician. And CMS thinks that that engages the population a little bit more. And they've also allowed for some benefit enhancements and beneficiary engagement tools to kind of even out the playing field.

W Wendy Rubas 06:39
Steve, do you want to just touch on this from a physician or providers perspective?

S Steve Valdiserri 06:43
Yeah, so the interesting thing about all of this is that when it comes to Mason's exact point around this voluntary alignment, and that all of these programs, Medicare Advantage, and what Mason just mention about the direct contract again, see, they're trying to bolster primary care, they're trying to beef up primary cared for it to be a much more prominent health care delivery channel in the United States, because right now, we are just so far behind other countries, when it comes to primary care, on average, 5% of healthcare spending goes to primary care in the United States, whereas about 14% in other wealthy countries. So we're just lacking so far behind in that, and there's been some recent articles that have come out by modern healthcare, that have showed that the importance of selecting a PCP that every American kind of has their American right as a citizen, is that they should be a lot of a primary care physician, and they should actively choose one. And so that is the crux of this entire, you know, slide that give the providers and give the doctors the ability to see patients that they know are theirs, and then give them the information and arm them with the information necessary in order to better take care of those patients.

W Wendy Rubas 07:47
Got it. So if you take nothing else away, hopefully people listening can understand at least the concept of attribution. And now I think, Steve, you're going to take us through a little bit more detail you and may send to kind of describe what this is all about.

S Steve Valdiserri 08:01
Yeah, absolutely. So when we look at a little bit more nuts and bolts from an attribution perspective, another term for attribution, you could say is assignment, you know, provider assignment. So who is a patient assigned to attribution is a payer term or an insurance company term. So who is the patient assigned to within the company? And that can happen one of two ways for the most part, one could be that that member actively selects Dr. Mason as his or her provider. And that is typical in most HMO plans. And also, like

Mason just mentioned in the voluntary alignment in the direct contract against it. So that is the patient actively telling the insurance company, Dr. Mason is my PCP, like a doctor?

W **Wendy Rubas** 08:42
Yeah, definitely Mason has a nice ring.

S **Steve Valdiserri** 08:44
Dr. Mason JD has a nice ring. But then the other way that a patient can get attributed or assigned to a provider with the insurance company is through visits and through what we call claims. So this could be claims based attribution where a patient's visit history, then points them toward an assigned provider within the insurance company. So this is like sometimes typical of a PPO plan, where a patient selection of a provider is not required, whereas in an HMO plan, patient selection is required. So it gets a little bit more nuanced in the claims based attribution world which ties back to Wendy's original comment about you know, the car mechanic, is you got all these cars out there, you got to fix it, you don't know which ones are yours that you actually need to fix. That's kind of like the claims world is that we don't necessarily know exactly who our patients are, unless we just know that the provider patient relationship is established, like I mentioned that see the provider in the grocery store.

M **Mason Budelier** 09:39
So Steve, you and I deal quite a bit with the insurance companies that the payers as we refer to them here. Can you just get into a little bit about how an insurance company might assign a patient to a particular doctor?

S **Steve Valdiserri** 09:52
Yeah Mason we've had some good conversations about this because, you know, we're all we're under the kind of the impression that all attribution logic is made the same. This may be equally, but I think we quickly found out that there are just many, many details and nuances that make every payers attribution logic different. And so what makes that complicated is it's our responsibility to try to figure that out and to try to crack that Rubik's Cube, and sort it all out on behalf of the patient. We want to do this for our patients to make sure that they are getting appropriately assigned to us. So a couple of the factors that plan to attribute, just generic speaking pay or attribution logic are things first off what we just talked about, you know, does the patient have to select a PCP based on the type of plan that they have HMO plans remember, they're required to select a PCP

and PPO plans, they are not required, but they are encouraged to select a PCP that helps dictate attribution logic, the look back period. So if we remember from the previous conversation around claims based attribution, their look, back periods are a little different. Some payers will look back 12 months worth of visits, some payers will look back 24 months worth of visits. And when they look at those visits, typically what they do is they do something that I'll call plurality. So if a patient sees one PCP throughout that entire 12 or 24 month period, then that is the PCP that will be assigned. What happens if a patient sees two PCPs during that 24 month period, or 12 month period? Well, that's where the payer start getting into their their hierarchical calculations about who the patient actually gets assigned to it.

W Wendy Rubas 11:23
This is like my head is spinning. I didn't actually realize this is so complicated. And you're right.

S Steve Valdiserri 11:29
And you know, what's even crazier? Wendy is once we get into like, what if a patient sees a PCP one time and two PCPs? Two times? Well, that's fairly simple, right? They go plurality who did the patient see more? But what if it's a tie? What if the patient sees two PCPs? Two times each? Well, payers vary in the way they treat that situation. Some will say, well, who do you see most recently? And that's going to be who we're going to assign you to? Some payers would say, what is the distance between your first visit with that PCP and the last visit that PCP, and then whoever has the longest distance in between gets assignment?

W Wendy Rubas 12:04
But this is an area that we need policies wise, some simplification? Absolutely, this has to get easier. This is so complicated. But I think the main point that we take away from this is, the logic varies. And so we like to say on the packet, it's a good time to be with village MD. And if you're a provider, you need to be with VillageMD. So you have someone like Steve helping you sort this out.

M Mason Budelier 12:26
So Steve, with all that in mind, is there one key takeaway from from that overall presentation.

S Steve Valdiserri 12:33

And Mason, the great thing about primary care is that we try to enlist in patients and in providers, this concept of seeing your provider regularly. And as I just described, you know, there's a component of attribution centered around visits. And so if we can just ensure patients are seen on an appropriate cadence, you know, whether that's annually, whether that's monthly, whether that's quarterly, we can just ensure that our patients are being seen, and getting the care that they need, that a lot of times can organically help solve our attribution problems.

M Mason Budelier 13:03

An amazing point there about the organic nature of how patient care can help sort all of this out and cut through some of that automatic logic that computers run behind the scenes at insurance companies. Can we focus on that a little bit and discuss why attribution is important from both the provider and the patient perspective?

S Steve Valdiserri 13:24

Yeah, absolutely. And that's kind of, like I mentioned before, it's the attribution just seems such like an a concept of well, wait, well, I see that patient, so their mind, or from the patient's perspective, oh, yeah, that's my doctor. I, you know, I saw him last week. So understanding the why that is so important, can really drive home, you know why we invest so much in the operations around visits the operations around attribution. And so let's let's talk from the provider angle first. From the provider perspective, attribution is a way that we can make sure payers are giving us the information we need in order to better take care of patients. So just to use some nuts and bolts terminology is that if a patient in the payer world is not attributed to us, we don't get a vast amount of data around that patient to try to coordinate their care things like we won't get their medication, you know, history, you won't get their chronic condition history, we won't get their visits to the specialist. Or if they happen to go to the ER, we won't get that kind of visit information. And if we don't have that information, how are we supposed to arm our providers with coordinating care for that patient and being able to provide exceptional care for that patient? We can. And so patients that are not attributed we don't get that we're kind of flying blind a little bit. And so attribution is so important that an attributed patient we get all that information. So then what can we do? Our awesome analytics team can then run you know, pretty complicated analytics around you know, putting patients into certain care programs that's going to help get them healthier, or identify them to get them in touch with care managers or, or even simple things like they might have gone to the hospital. It'll ping us to let them know They're in the hospital so we can help them discharge safely from the hospital and get them back into CS after they've

been discharged home. So attributed patients, we get that information. So providers are just more equipped with the information necessary to better take care of these patients. Now, if we looked at it from the patient angle to keep this one pretty simple, is that how do we make sure patients insurance company knows who they go to for primary care, again, because how I just mentioned all that data that the provider gets the patient benefits and that obviously, the patient benefits in some way from that. So it allows the patient to solidify who they are who they see regularly for primary care. And so that nobody else said all other PCPs out there know that Dr. Mason is my PCP who I go to for for regular primary care.

M Mason Budelier 15:47

All right, I see why attribution assignment alignment, however you want to call it, I see why that's important from the patient perspective, that provider perspective and even really the insurance company perspective. But if I'm a patient, and I've got certain insurance, and I want to make sure that Dr. Mason, who is the fantastic physician, I want to make sure that I remain attributed to Dr. Mason, how do I go about doing that? Yeah, absolutely.

S Steve Valdiserri 16:13

So Mason, just like we talked about before how processes and logic differs by payer. Unfortunately, there are some differences in pairs when it comes to the way that patients can select their PCP. So, so we've mentioned before, I'm not going to talk much about HMO plans, because that one's fairly straightforward, they have to select at the time of enrolling in that HMO plan. So it's mainly patients that aren't necessarily required. And so those PPO patients, so there's typically three ways that patients can actually select a PCP. One is the old fashioned way of picking up the phone and dialing, you got to call the insurance company call that number on the back of their your insurance card customer service, as the customer service agent that you want to select a PCP wait on hold for, you know, a little bit of time, and then they can actually get it done. That's not an ideal scenario.

W Wendy Rubas 16:59

I'm aggravated just hearing you describe it.

S Steve Valdiserri 17:02

Hey, imagine that elevator music will just be playing in your head over and over Wendy of waiting on hold on.

W Wendy Rubas 17:06
I can't take it.

S Steve Valdiserri 17:07
The good thing about that, though, is all payers allow that some form of selection. So that's kind of our base. Next up, we've got some payers a little bit more innovative, and payers that allow selection via their online portal, which is nice, because you don't have to wait on customer service. And you can just log into your portal, assuming that you're active on their portal.

W Wendy Rubas 17:24
Let's see, my mother cannot log into an online portal. She is a fan of the podcast. Okay. probably our biggest fan. And I would have to do that for her. And I'm now I'm irritated again.

S Steve Valdiserri 17:35
So Mrs. Wendy's Mom, please have Wendy, your wonderful daughter do that for you? Yes, yes, I'd have to recommend it. But yeah, no, you're right. The limitations there, Wendy, is that one limitation, only few pairs actually allow selection via an online portal. And the other limitation is just like you mentioned technological, either inadequacies, or you know, they don't have availability of technology. So that is definitely a downfall to online. But it is a lighter burden on the patients that actually take action on it and do it. It's not you don't have to wait on hold. So it's kind of our best practice good, better best. That's kind of our better scenario. Now what we want to get to is we want to get to something that, you know, we mentioned voluntary alignment prior with the direct contracting entity, they allow voluntary lymond be assigning a form. And via signing this form, it is electing that I am saying Dr. Mason is my PCP and I select Dr. Mason on the form, I sign it, and then I give it to Dr. Mason and Dr. Mason, right, or I sign it at home and I put it in the mail or I say, you know, wherever I sign it, I make sure Dr. Mason gets it and that then Medicare or insert insurance company gets that piece of paper that is exactly like calling the insurance company, but you don't have to actually call you're doing it via form. That's what we want to get to because then we can truly ingrain it as a regular part of our clinic operations as the as the SR form to the HIPAA form.

M Mason Budelier 18:56

And I think it's important to note too, that that's, that's where the federal government wants it to go to, especially through their efforts to give providers that participate in the direct contracting entity program, the flexibility to proactively market to those fee for service beneficiaries, to get them to voluntarily align to dcps.

W **Wendy Rubas** 19:16

Well, hopefully Mason, we can advocate for change to the Medicare Advantage rules as well, to maybe even require that option that just seems so natural and intuitive to me, that that should be available to people that just break this down and save us all the trouble.

M **Mason Budelier** 19:31

That's exactly right. Especially considering the fact that you know, whether you're a Medicare fee for service patient, or whether you're enrolled in a Medicare Advantage plan, you as a patient have the same rights. And one of those rights is to be able to freely choose your provider without any interference from the outside. So yeah, I think that that's a great point. And to the extent that we can make that easier, whether it's through phone portal, or these forums, I think that's where we're headed.

S **Steve Valdiserri** 19:57

And I think maybe just a touch to put the exclamation point in that sense is we got to make it easy for our patients. This has got to be something simple for our patients to do, because it seems like such a simple concept. But we're clearly seeing there's a lot of nuanced details. So we've always got to keep the patient in mind when we're doing this. And I think that that's a good segue here to our next slide.

M **Mason Budelier** 20:16

I think it's important to put the patient at the center of this because overall, the main point, I think, that we're trying to focus on here is that attribution, having that relationship locked in between the patient and a PCP just means better care overall. Can you expand on that a little bit, Steve, if you wouldn't mind?

S **Steve Valdiserri** 20:33

Yeah, absolutely. And I mentioned this, this earlier, that there's been some research that came out lately about the importance of just not only primary care, but the importance of selecting a primary care physician, and that the coordination of care is such a key

component in our healthcare industry, because of the amount of different care modalities that we have, you know, you see specialists, there's urgent care, there's hospitals, there's primary care, there's surgery centers, there's cosmetics, you know, there's so many different, you know, modalities for and channels for health care, that it can very easily become uncoordinated, if you don't have a quarterback, helping direct the game. And that quarterback can be you know, the patient and the provider are right there together, kind of helping direct the game hand in hand. And having that one person that you're that you know, our patients are attributed to, can lead to coordinating all of those other efforts. I'm an ex football player. So I always like the football analogy, that if we're going to, you know, you know, throw the ball out to the wide receiver, and that's a specialist, we need to always come back to the quarterback, right? If we're going to toss the ball to the running back and have them go around and take a big game, it needs to come back to the quarterback for coordination of care. So so I think that's just such a big emphasis on attribution, that coordinating care leads to better care leads to healthier patients and better outcomes.

W **Wendy Rubas** 21:51

Well, I just want to thank both of you. This has been so helpful. Steve and Mason, both thank you both so much for joining us, and hope you'll come back. And maybe we'll do you know, attribution 201 and you can give us more detail about I know you have so much more knowledge and detail about the complexities but we just really wanted some basics for today. So thank you both.

S **Steve Valdiserri** 22:14

You bet Wendy.

M **Mason Budelier** 22:15

Thank you.

I **Intro Music** 22:17

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