Comparing the Cost of Care Provided to Medicare Beneficiaries Assigned to Primary Care Nurse Practitioners and Physicians

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Appendix 1: Sensitivity of Results to Attribution Threshold

To understand the impact of the attribution threshold on results, we re-estimated our models using 4 different attribution thresholds: 20, 30, 40 and 50 percent. As shown in Table 1, the NP effect is relatively stable as the attribution threshold is increased. However, the adjusted mean payment per beneficiary decreases, an indicator that the sample is becoming more biased. Additional analysis (not shown here) indicates that at a 50 percent threshold many beneficiaries have only a single visit to one provider in the year leading to the reduction in the overall mean paid amounts.

Table 1: Propensity Score Weighted Regression of Total Payments Based on Attribution Threshold

	Total Paid Amount, 20% Attribution Threshold^	Total Paid Amount, 30% Attribution Threshold#	Total Paid Amount, 40% Attribution Threshold#	Total Paid Amount, 50% Attribution Threshold#
Number in model	516,919	474,975	393,617	304,674
Intercept	3084	2955	2691	2386
Female	-32	-22	-14	1
White	88	67	85	104
Age (years)	-36	-34	-31	-28
Duals	-531	-511	-469	-412
NP	**-546**	**-522**	**-494**	**-465**
Adjusted R-squared	0.323	0.321	0.316	0.306

Note: Parameter estimates in dollars adjusted for beneficiaries' sex, race, age, dual eligibility status, provider type, rural status, CMS regions and 30 Elixhauser co-morbidities (parameter estimates are not shown for the geographic variables and Elixhauser co-morbidities.)

^ All parameter estimates are significant at the <.0001 level.

All parameter estimates **except for Female** are significant at <.0001 level.