

# PATIENT ATTRIBUTION

## FOR POPULATION-BASED PAYMENT MODELS



**Patient Attribution** is a method of identifying a patient-provider health care relationship. It is a foundational component of population-based payment (PBP) models, which are based on a simple concept: providers accepting accountability for managing the full continuum of care for their patients. The graphic below outlines key steps in patient attribution.

This **5-step process** begins with a patient choosing a primary care provider. If patient-report isn't available, patients can be matched to primary care providers by analyzing data on wellness visits, then on primary care visits, and finally on prescription data. Lastly, if none of the above information is available, patients may be matched to an eligible subspecialty provider.

### KEY STEPS

### RECOMMENDATIONS

**1 Patient Self-Report**  
Gold standard when it is available

**2 Primary Care Providers**  
E&M codes for wellness and preventive care

**3 Primary Care Providers**  
Other E&M codes

**4 Primary Care Providers**  
Prescription Data

**5 Specialty Care E&M codes for specialty care**  
(selected specialists)

- ✓ Encourage patient choice of a primary care provider.
- ✓ Analyze claims- or encounter-based data when patient attestation is not available.
- ✓ Define which providers would be eligible to take on accountability for patients at the beginning of the performance period.
- ✓ Provide transparent information to patients about the doctors to which they have been matched.

- ✓ Prioritize primary care providers when analyzing claims or encounter data.

- ✓ Consider subspecialty providers if no primary care encounters are evident

- ✓ Use a single approach for attribution for performance measurement and financial accountability.
- ✓ Use patient attribution nationally for commercial products.
- ✓ Align the patient attribution methodology used with commercial, Medicare, and Medicaid populations when possible and adjust if needed.
- ✓ Ensure providers have clear, actionable information about patients attributed to them, regardless of whether prospective or concurrent attribution is used.

Read the White paper.  
For a full list of recommendations and  
to read the full white paper go to:

<https://hcp-lan.org/groups/bpb/pa-final-whitepaper/>

