Figure 3: Patient Attribution Flow Chart

**Key Steps in Patient Attribution**

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)

Verify attribution results with patient

**Accelerating And Aligning Population-Based Payment Models:** Patient Attribution recommends a 6-step process of assigning each patient to a provider. This process begins with patient self-reporting and proceeds to the use of claims or encounter data to identify a patient’s revealed preferences regarding their regular personal doctor. Using a patient’s declared or revealed preferences is a wholly different approach to attribution from auto-assignment, which is the method used in other models. The Work Group recommends that these guidelines be adopted by commercial insurers and, when possible, government programs.