






Figure 5: Comparison of the PBP Work Group Recommendations and CMS Program Approaches to Attribution

PBP Work Group Recommendations		Medicare Shared Savings Program Tracks 1 and 2	Medicare Shared Savings Program Track 3	Pioneer ACOs	Next Generation ACOs
	1 Patient Self-Report Gold standard when it is available	None	None	1 Voluntary Alignment Tested 2015 onward	1 Voluntary Alignment Beginning 2016
	2 Primary Care Providers E&M codes for wellness and preventive care	1 Primary Care Providers Plurality of primary care services	1 Primary Care Providers Plurality of primary care services	2 Primary Care Providers Plurality of primary care services	2 Primary Care Providers Plurality of primary care services
	3 Primary Care Providers Other E&M codes				
	4 Primary Care Providers Prescription	N/A	N/A	N/A	N/A
	5 Specialty Care E&M codes for specialty care (selected specialists)	2 Non-Primary Care Providers Primary care services	2 Non-Primary Care Providers Primary care services	3 Non-Primary Care Providers Primary care services	3 Non-Primary Care Providers Primary care services
Prospective or Concurrent Attribution	Either is Acceptable As long as provider has timely, actionable data on the attributed patients	Concurrent Attribution	Prospective Attribution Limited exclusions occur throughout the performance year and at the end	Prospective Attribution Limited exclusions occur throughout the performance year and at the end	Prospective Attribution Limited exclusions occur throughout the performance year and at the end