# Attribution Comparison: Onpoint & RTI

## Member-to-Provider Attribution

| | Onpoint | RTI | | |
|---|---|---|---|---|
| **Plan** | All | BCBSRI | NHPRI | UHC |
| **PCP pre-assigned to member in the data?** | No | No | Yes (with periods of coverage included) | Commercial: No<br>Medicaid: Yes<br>Medicare: Yes |
| **Lookback** | 24 mos. on an incurred basis | 24 mos. from 1st day of end month | N/A | 27 mos. from 1st day of end month |
| **Setting** | Outpatient and professional | Outpatient and professional | N/A | Outpatient and professional |
| **Codes Examined** | CPT, HCPCS, and Revenue Codes | CPT | N/A | CPT |
| **Qualifying code(s)** | **E&M - Office or Other Outpatient Services**<br>• New Patient: 99201–99205<br>• Established Patient: 99211–99215<br>**Preventive Medicine Services**<br>• New Patient: 99381–99387<br>• Established Patient: 99391–99397<br>**Initial Nursing Facility Care**<br>• 99304–99306<br>**Subsequent Nursing Facility Care**<br>• 99307–99310<br>**Nursing Facility Discharge Services**<br>• 99315–99316<br>**Other Nursing Facility Services**<br>• 99318<br>**Domiciliary, Rest Home, or Custodial Care Services**<br>• 99324–99328, 99334–99337<br>**Domiciliary, Rest Home, or Home Care Plan Oversight Services**<br>• 99339–99345, 99347–99350<br>**Wellness Visits**<br>• 99381–99389, 99390–99397, G0402, G0438–G0462, G0463–G0439<br>**Clinic visit**<br>• T1015<br>**Facilities**<br>• Revenue codes for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Critical Access Hospitals (CAHs) | **E&M - Office or Other Outpatient Services**<br>• New Patient: 99201–99205<br>• Established Patient: 99211–99215<br>**Preventive Medicine Services**<br>• New Patient: 99381–99387<br>• Established Patient: 99391–99397 | N/A | **E&M - Office or Other Outpatient Services**<br>• New Patient: 99201–99205<br>• Established Patient: 99211–99215<br>**Preventive Medicine Services**<br>• New Patient: 99381–99387<br>• Established Patient: 99391–99397<br>**Consultations - Office or Other Outpatient Consultations**<br>• New or Established Patient: 99241–99245 |
| **PCP specialty/role** | Physician/General practice<br>Physician/Family practice<br>Physician/Pediatric medicine<br>Physician assistant<br>Nurse practitioner<br>Certified clinical nurse specialist | Family practice<br>Internal medicine<br>Nurse practitioner (practicing with PCP)<br>Physician's assistant (practicing with PCP) | N/A | Family practice<br>Internal medicine<br>Pediatrics |

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| **Test 1** | PCP with the highest count of visits | PCP for the most recent preventive visit (codes above) during the 24 months | PCP with a valid NPI number which is listed for the first day of the month | PCP for the most recent eligible visit during the 27 months. If there are multiple providers seen on the day of the most recent visit, choose the provider (among those seen that day) with the most eligible visits during the 27 months. (If there are multiple visits on the same day for the same provider, count as one visit.) If there are **no** eligible visits in the 27 months prior to the first of the month, the PCP for the most recent pharmacy claim in the 27 months is attributed to the member for that month. |
| **If a tie, then…** | PCP with the most recent visit | PCP with the most eligible visits is attributed to the member for that month. (If there are multiple visits on the same day for the same provider, count as one visit). If multiple PCPs have the same number of eligible visits, use the PCP (of those tied with the most eligible visits) seen latest during the 24 months. | If there is more than one PCP listed for that date, one will randomly be chosen. | If there is still a tie, choose the provider with the "highest allowed spend." |
| **If still a tie, then…** | Provider whose provider number is the lowest. | N/A | If there is no PCP listed for the first day of the month with a valid NPI number, the PCP listed for the second day will be used, then the third day, etc. | Provider whose provider number is the lowest. |
| **If still a tie, then…** | N/A | N/A | N/A | If there are **no** eligible visits in the 27 months prior to the first of the month, the PCP for the most recent pharmacy claim in the 27 months is attributed to the member for that month. Again, if there are multiple scripts written on the day of the most recent pharmacy claim, chose the provider (among the scripts written that day) with the most scripts during the 27 months. If there is still a tie, choose the provider with the "highest allowed spend." If there is still a tie, use the provider whose provider number is the smallest. |
| **Unattributed** | No eligible visits in the 24 months prior to the last incurred day of the attribution period. | No eligible visits in the 24 months prior to the first day of the month | No PCPs listed with a valid NPI number for any day during the month | No eligible visits or pharmacy claims during the 27 months prior to the first day of the month |

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| **Plan** | All | BCBSRI | NHPRI | UHC |
| **Exclusions** | Claims paid as secondary; orphaned claims | N/A | 1. If the practice the member is attributed to changes (including changing sites within the same practice) and there is either an ED visit (fitting the all-cause measure), an observation stay or an inpatient stay (fitting either the criteria of the all-cause measure or readmission measure) in the 30 days following the change, the member becomes unattributed for the first 30 days they had been attributed to the new practice. (Note: This 30-day grace period does not apply to the initial practice the member is attributed to due to left-censoring of the data.)<br>2. If the member has a gap in coverage for 32 days or longer during the preceding 12 months, the member becomes unattributed until there is no longer a gap of more than 31 days in the preceding 12 months. | 1. If the practice the member is attributed to changes (including changing sites within the same practice) and there is either an ED visit (fitting the all-cause measure), an observation stay or an inpatient stay (fitting either the criteria of the all-cause measure or readmission measure) in the 30 days following the change, the member becomes unattributed for the first 30 days they had been attributed to the new practice. (Note: This 30-day grace period does not apply to the initial practice the member is attributed to due to left-censoring of the data.)<br>2. If the member has a gap in coverage for 32 days or longer during the preceding 12 months, the member becomes unattributed until there is no longer a gap of more than 31 days in the preceding 12 months. |

## Provider-to-Practice Attribution

| | Onpoint | RTI |
|---|---|---|
| **Roster provided?** | Yes (from CTC) | Yes (from CTC) |
| **Attribution criteria** | A PCP whose NPI was included in the CTC-provided roster was attributed to the indicated cohort. A PCP whose NPI was not included in the CTC-provided roster was assigned to the comparison group. | The practice the attributed PCP belonged to on the date of the attributing event (and not the attribution date) is used to assign whether the member was a CTC, non- CTC PCMH or comparison group. |