

Summary of Attribution Approaches Used in CPC+, Medicare Shared Savings Programs, Next Gen, CT

Attribute	CPC+	MSSP Tracks 1 and 2	MSSP Track 3	Next Gen "alignment"	Medicaid	Commercial (General Themes)
Eligibility	<ul style="list-style-type: none"> US resident enrolled in Medicare A and B Medicare is Primary <p>Exclusions:</p> <ul style="list-style-type: none"> ESRD and not hospice Managed care Long-term institution Incarcerated Enrolled in any other program or model that includes FFS shared savings opportunity, except MSSP 	<ul style="list-style-type: none"> US resident, enrolled in Medicare A and B and no managed care plan Not in another shared savings initiative 	<ul style="list-style-type: none"> US resident, enrolled in Medicare A and B and no managed care plan Not in another shared savings initiative 	<ul style="list-style-type: none"> US resident, enrolled in Medicare A and B and no managed care plan Medicare Secondary Payer Status is an exclusion 	All Medicaid members are eligible to participate, except: those who have another source of coverage (e.g., Medicare), a limited Medicaid benefit (tuberculosis, family planning, etc.), receive care coordination through other programs, on Behavioral Health Home or Money Follows the Person participants, in hospice.	<p>All members with exclusions based contract restrictions, customer requirements, technological limitations, and other factors as determined by the carrier.</p> <p>Commercial Secondary Payer Status generally is an exclusion</p>
Unit of Assignment	Practice Site	ACO (after PCP selection for patient choice)	ACO (after PCP selection for patient choice)	ACO (after PCP selection for patient choice)	Practice Site	PCP (aggregated to ACO)
Plurality of primary care services	Plurality applies only when the beneficiary is not attributed after	Two step process: if the majority of primary care charges by primary	Two step process: if the majority of primary care charges by primary	Same as Track 1 but step one alignment requires at least 10% of primary care		Algorithms vary but generally give priority to PCP visits

	chronic care management and wellness visit steps and attribution is based on the largest number of primary care visits and if more than one practice site provided an equal number of visits, the beneficiary is attributed to the site of the most recent visit	care specialists are obtained by physicians within the ACO, the beneficiary is assigned; if there are no charges by primary care specialists assignment goes to the ACO with the majority of primary care charges by non-primary care specialists	care specialists are obtained by physicians within the ACO, the beneficiary is assigned; if there are no charges by primary care specialists assignment goes to the ACO with the majority of primary care charges by non-primary care specialists	charges (referred to as qualified E&M or QEM) to have been delivered by a primary care specialist within the ACO. This is intended to avoid situations where a beneficiary is assigned to an ACO based on very limited experience with a primary care specialist.		
Prospective or retrospective	Prospective assignments run every three months	Preliminary prospective assignment with final retrospective assignment for financial settlement	Prospective assignment but beneficiaries are removed quarterly and before final settlement based on criteria	Prospective alignment but beneficiaries are removed quarterly and before final settlement based on criteria		Program dependent
Assignment Timing	Assignments are run every three months	Assignments are update quarterly	Assignments are set at the start of the year with quarterly exclusions	Alignments are set at the start of the year with exclusions applied quarterly and before financial settlement	Member assignments are updated annually	Program dependent