EQIP Attribution Guide for Entities

Attribution is the process EQIP uses to determine which provider is accountable for an episode of care.

Once an episode is attributed, its costs and quality outcomes are assigned to the provider's EQIP Entity for performance measurement.

Important Note: This document provides a simplified overview of EQIP attribution. Actual attribution is determined using detailed episode-specific methodologies, including multiple business rules, data elements, exclusions, and tie-breaking criteria that are not fully described in this guide. Because attribution methodologies vary by episode type, this guide is intended to provide a high-level understanding rather than address every possible attribution scenario.

How Attribution Works

EQIP uses different attribution methodologies depending on the type of episode.

Chronic Episodes

A chronic episode is attributed to the provider who provided the greatest amount of ongoing management of the condition.

EQIP:

1. Review Evaluation & Management (E&M) services.
2. Counts E&M visits across the baseline/performance period and the prior year.
3. Attributes the episode to the provider with the highest number of E&M services.
4. Uses allowed dollars as a tiebreakers if necessary.

Acute Episodes

Acute episodes generally follow responsibility for the hospitalization.

Medical episodes

- Attending physician first
- Operating physician if no attending physician exists

Surgical episodes

- Operating physician first
- Attending physician if no operating physician exists

Outpatient events

- Operating physician first
- Attending Physician if no operating physician exists
- Rendering physician is used when no attending or operating physician is available.

Treatment / Procedure Episodes

A treatment or procedural episode is usually attributed to the provider most closely connected to the triggering procedure.

EQIP looks at professional claims within two days either side of the trigger claim's date of service, keeps the ones that carry the episode's trigger codes, and attributes the episode to the rendering NPI using:

1. Highest allowed dollars
2. Highest visit volume when needed for tie-breaking

Emergency Department Episodes

ED episodes are attributed to the clinician most directly linked to the ED service.
If more than one clinician is involved, EQIP applies a series of tie-breaking rules that look first at direct linkage to the triggering event and then at allowed dollars.

Musculoskeletal Episodes

MSK episodes are attributed to the provider with the greatest number of qualifying services associated with the episode.

Claim volume is the primary driver, with allowed amounts functioning as a secondary ranking factor.

Common Questions From Providers

"I saw the patient—why isn't this episode mine?"

Attribution depends on the episode type.

Examples:

- Another physician may have had more E&M visits for a chronic condition.
- Another surgeon may have been identified as the operating physician.
- Services may have been billed under a group NPI rather than an individual provider NPI
- Another clinician may have generated the trigger claim.

Simply participating in care does not guarantee attribution. Attribution follows standardized rules.

"Why am I responsible for costs after the procedure?"

EQIP measures an episode, not an individual claim.

An episode includes:

- Trigger event

- Lookback period
- Close period

Costs occurring during the entire episode window may be assigned to the episode.

"Can two providers receive credit for the same episode?"

No.

EQIP attribution identifies a single attributed provider for each episode. Tiebreaking methodologies are used when multiple providers qualify.