

## Policy: Physician Attribution (Proper Assignment of Provider Roles)

<b>ORGANIZATIONAL: Effects two or more departments.</b>							
<b>Folder</b>	Organizational Choices: Medical Staff			<b>Sub-Folder</b> (If Applicable)	<b>HIM</b>		
<b>Original Effective Date</b>	2/23/2016	<b>Scope</b>	<i>What departments does this policy apply to? State "All" as is may apply to the entire organization. Medical Staff Services, Quality Management, HIM</i>				
<b>Approved</b> (Approver/Date)	Director of HIM: 9/11/18, Director of Quality Management: 9/11/18, Medical Staff Services Manager: 9/11/18, Multidisciplinary Policy Committee: 9/20/2018, MEC: 09/25/2018						
<b>Last Reviewed/ Revised Date</b>	9/20/2018	<b>OSHA Category</b> (If Applicable)	Not Applicable	<b>Standard</b> (If Applicable)	MACRA	<b>Number of pages</b>	3

### PURPOSE:

To establish common guidelines for assigning physician roles to a specific patient's episode of care. The physician attribution assignment will provide consistency of the data within Hospital Information Systems.

**SKILL LEVEL:** Trained coders

### GUIDELINES:

CMS requires a single physician to be accountable for a case, even if multiple providers are involved in the care. On the CMS FL-76 form, refer to attending provider name and identifier. The attending provider is the individual who has the overall responsibility for the patient's medical care and treatment reported in the claim/encounter. Decision of attribution is determined at the local level.

### PROCEDURE:

Attribution is assigned by the Health Information Management (HIM) Department (coders) following the guidelines below. If there is a discrepancy based on the guidelines, the Department Chair of the appropriate Medical Staff Department will be consulted in making the attribution (3-5 day window to resolve).

1. The admitting physician role will be assigned to the physician who admitted the patient to the hospital.
2. The consulting physician role will be assigned to any physician with a documented request from the attending physician for a consult on the patient's care. There may be one or multiple consulting physicians, which will be determined by reviewing the patient's medical record.

3. The surgeon's role will be determined by the surgeon who performs the principal procedure. If multiple procedures are performed, the surgeon's role is attributed to the surgeon performing the principal procedure. Surgical trauma patients who did not actually have a procedure will be assigned to the physician who rounded daily. Open heart patients are assigned to the surgeon who cuts the chest.
4. Specialty cases are attributed to the procedural physician. If there was not a procedure, the case will be attributed to the physician who rounded daily. When multiple physicians are on the case, attribution is assigned to the physician who sees the patient initially.
5. Delivered patients are assigned to the delivering physician. Newborn patients are assigned to the physician who performs the initial newborn exam.
6. Same day surgery/procedure patients will be assigned to the physician who performed the principal procedure.
7. ED patients are assigned to the provider who completes the initial assessment and workup.
8. The attending physician role will be assigned to the physician who saw the patient for the primary diagnosis, regardless of the specialty. The nocturnist hospitalist is not to receive attribution for the attending role.
  - a. If the admitting physician formally turns care over to another physician and signs off the case, then the physician to whom the care was turned over would be listed as the attending, regardless of who provided the majority of care.
9. If a sentinel event causes an increased length of stay, the attribution is assigned to the physician who is responsible for the sentinel event.
10. For short stay (1-2 days), attribution is assigned to the rounding physician unless there is a complication, then it is attributed to the procedural physician.
11. All above assigned physician roles will be those documented in the permanent medical record.

Quality Management – Medical Staff Indicators:

The attribution of the responsible physician for medical staff indicators used in the ongoing professional practice evaluation (OPPE) will be assigned during case review based on the physician documented as providing the care when the event occurred.

1. Complication of procedure will be assigned to the specific provider performing the procedure as documented in the medical record.
2. If more than one provider is assisting with procedure or performing secondary procedure, a general complication such as sepsis that is not clearly associated with a specific procedure shall be associated to both procedures.
3. For complications of care identified through event reporting, QM review shall be assigned to specific provider as documented in the medical record.
4. Change of assigning/associating complication of procedure/care shall be initiated through the Peer Review process if documentation is not clear in the medical record.
5. The attribution of the responsible physician for individual core measures will be assigned during the core measures abstraction process according to regulatory guidelines.

**REFERENCES:**

Attribution Discussion: 2012, the Advisory Board Company

Crimson Continuum of Care Toolkit – Advancing Physician Case Attribution: 2012, the Advisory Board Company

Centers for Medicare and Medicaid Services: [www.CMS.gov](http://www.CMS.gov); FL-76 – Attending Provider Name and Identifiers (NPI)

**Attachments:** (Label as Appendix A, B, C, etc.)

None