

How to read your episode report



Ohio | Governor's Office of Health Transformation

How to read your gain/risk-sharing episode report

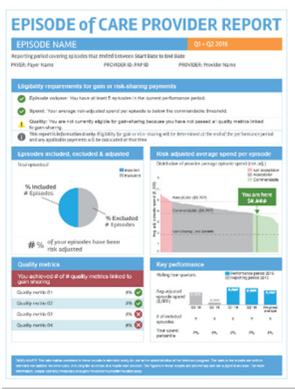
This guide explains how to read an episode report and understand detailed episode data using illustrative examples. Principal Accountable Providers (PAPs) are the target audience for this guide. It may help PAPs to:

- Understand the cost and quality of care related to patients
- Identify potential areas for improvement.

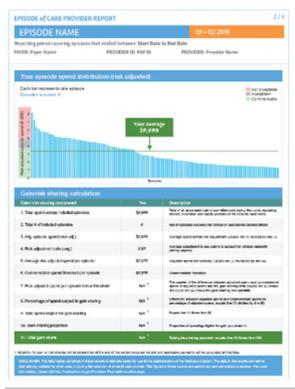
The guide assumes knowledge of the episode-based payment model. To learn more, please go to: medicaid.ohio.gov/PROVIDERS/PaymentInnovation.aspx and healthtransformation.ohio.gov/CurrentInitiatives/ImplementEpisodeBasedPayments.aspx

Inside this guide:

Summary



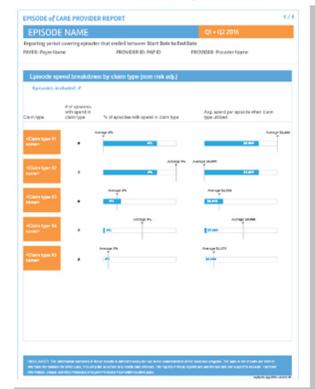
Performance



Quality



Cost types



Episode detail

Episode ID	Excluded or Included	Physician	Patient Medicaid ID	Patient Name	Episode Start Date	Episode End Date	Risk adjusted spend	Non-adjusted spend	Inpatient spend (non-adj.)	Inpatient # claims	Outpatient spend (non-adj.)	Outpatient # claims	Professional spend (non-adj.)	Professional # claims	Pharmacy spend (non-adj.)	Pharmacy # claims	Long term care spend (non-adj.)	Long term care # claims	Reason for exclusion (if applicable)
5547526239	Included	Susan Lewis	55475262395	Melissa Cru	7/15/2013	8/16/2013	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	
4532256278	Included	Shane Ross	45322562782	Florence Se	7/17/2013	8/18/2013	7803	9519	7944	1	0	0	1177	1	398	1	0	0	
4916670115	Included	John Patrick	49166701151	Raymond Ci	7/24/2013	8/25/2013	10404	12692	10593	1	0	0	1569	1	530	1	0	0	
4532904072	Included	Sam Taggart	45329040720	Shannon Ne	8/3/2013	9/4/2013	6502	7932	6146	1	568	1	910	1	308	1	0	0	
4539826914	Included	Gregory Ho	45398269148	Elizabeth Ci	8/20/2013	9/21/2013	10404	12693	10231	1	946	1	1516	1	0	0	0	0	
4929856858	Included	Carol Hatha	49298568581	Neil Thaxto	8/30/2013	10/1/2013	14305	17451	13521	1	1250	1	2003	1	677	1	0	0	
4532634635	Included	Catherine B	45326346356	James Joyni	10/1/2013	11/2/2013	11704	14278	0	0	4541	1	7278	1	2459	1	0	0	
5338417890	Included	Lawrence K	53384178903	Marilyn Mo	1/3/2014	2/4/2014	11704	14279	11063	1	1023	1	1639	1	554	1	0	0	
4929972532	Included	John Patrick	49299725321	Lea Altman	3/10/2014	4/11/2014	13005	15866	13241	1	0	0	1962	1	663	1	0	0	
448585482	Included	Allison Cam	44858548229	Jack Jackso	4/17/2014	5/19/2014	13005	15865	12293	1	1136	1	1821	1	615	1	0	0	
4716282741	Included	Eric Forema	47162827416	Carolyn Wil	5/2/2014	6/3/2014	14305	17451	13521	1	1250	1	2003	1	677	1	0	0	
4716788550	Excluded	Richard We	47167885501	Brittany Tar	6/10/2013	7/12/2013	18207	22211	18537	1	0	0	2746	1	928	1	0	0	0 High Outlier
5393084834	Excluded	Lexie Grey	53930848347	Donna Stee	7/28/2013	8/29/2013	11704	14278	0	0	1172	1	1878	1	634	1	10594	1	0 Dual Eligibility
5411945004	Excluded	Anna Del Ai	54119450047	Gilbert Woc	8/9/2013	9/10/2013	7803	9519	0	0	3657	1	5862	1	0	0	0	0	0 Comorbidity; Mul
4485552241	Excluded	Allison Cam	44855522410	Patricia Mei	12/4/2013	1/5/2014	13005	15865	12293	1	1136	1	1821	1	615	1	0	0	0 Exclusion Long-te
4485302645	Excluded	Arizona Rot	44853026457	Arthur Rose	12/10/2013	1/11/2014	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	0 Exempt PAP

Summary

EPISODE of CARE PROVIDER REPORT

EPISODE NAME

1
 Q1 + Q2 2016

Reporting period covering episodes that ended between Start Date to End Date

PAYER: Payer Name PROVIDER ID: PAP ID PROVIDER: Provider Name

2 Eligibility requirements for gain or risk-sharing payments

- ✔ **Episode volume:** You have at least 5 episodes in the current performance period.
- ✔ **Spend:** Your average risk-adjusted spend per episode is below the commendable threshold.
- ⚠ **Quality:** You are not currently eligible for gain-sharing because you have not passed all quality metrics linked to gain-sharing.
- i **This report is informational only.** Eligibility for gain or risk-sharing will be determined at the end of the performance period and any applicable payments will be calculated at that time.

3 Episodes included, excluded & adjusted

Total episodes#

■ Included
■ Excluded

% Included
Episodes

% Excluded
Episodes

% of your episodes have been risk adjusted

4 Risk adjusted average spend per episode

Distribution of provider average episode spend (risk adj.)

5 Quality metrics

You achieved # of # quality metrics linked to gain sharing

Quality metric	#%	Status
Quality metric 01	#%	✔
Quality metric 02	#%	✔
Quality metric 03	#%	✘
Quality metric 04	#%	✘

6 Key performance

Rolling four quarters

■ Performance period 2016
■ Reporting period 2015

	Q3 '15	Q4 '15	Q1 '16	Q2 '16	Weighted average
Avg adjusted episode spend (\$,000)	#,###	#,###	#,###	#,###	#,###
# of included episodes	#	#	#	#	#
Your spend percentile	#%	#%	#%	#%	#%

DISCLAIMER: The information contained in these reports is intended solely for use in the administration of the Medicaid program. The data in the reports are neither intended nor suitable for other uses, including the selection of a health care provider. The figures in these reports are preliminary and are subject to revision. For more information, please visit <http://medicaid.ohio.gov/Providers/PaymentInnovation.aspx>.

1 Q1 + Q2 2016

Date

PROVIDER: Provider Name

The report refers to episodes that ended during this time period.

- A three month claims run out period is included for claim submission. In this example, July 1st – September 30th, 2016 is the run out period.
- The provider name denotes the billing provider; the report may therefore include episodes for multiple individual physicians where more than one physician is associated with the same provider billing ID

2 Eligibility requirements for gain or risk-sharing payments

- ✓ Episode volume: You have at least 5 episodes in the current performance period.
- ✓ Spend: Your average risk-adjusted spend per episode is below the corridor.
- ⚠ Quality: You are not currently eligible for gain-sharing because you have not met all quality metrics required for a positive incentive.
- ⓘ This report is informational only. Eligibility for gain or risk-sharing will be determined at the time any applicable payments will be calculated at that time.

This section shows where you stand on the three requirements for eligibility for a positive / negative incentive.

- Episode volume – indicates whether you have met the eligibility requirement of at least 5 valid episodes in the performance period.
- Spend – indicates whether your average risk-adjusted spend is commendable (required for positive incentive), acceptable, or above acceptable (incur a negative incentive payment).
- Quality – indicates whether all quality metrics required for a positive incentive have been met or not.

The last box will contain the positive or negative incentive payment (if applicable) during the final report of the performance period.

3 Episodes included, excluded & adjusted

Total episodes#

■ Included
■ Excluded

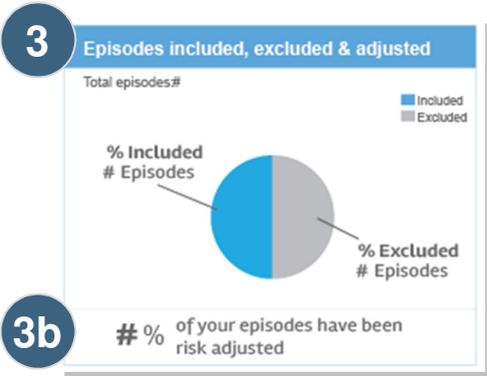
3a % Included # Episodes

% Excluded # Episodes

% of your episodes have been risk adjusted

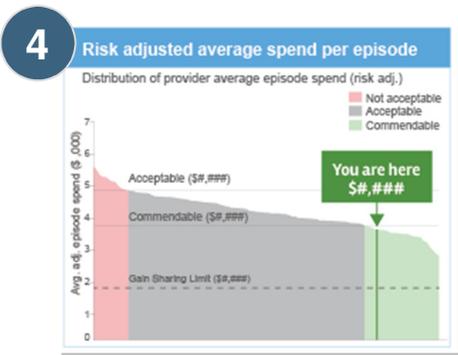
The text in the top left corner of the box indicates the number of episodes for which you were the PAP. The pie chart represents the proportion of these that were included (blue) and excluded (grey) from your performance results. *Note:* throughout the report, unless otherwise indicated, all results are based on *included* episodes.

- An episode could be excluded for various clinical or business reasons (e.g., left against medical advice, inconsistent enrollment).
- For a general understanding of exclusion criteria, see: <http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=effiGhaJYNQ%3d&tabid=226>
- For a detailed list of exclusion criteria for a specific episode of care, go to medicaid.ohio.gov/PROVIDERS/PaymentInnovation.aspx and download the Code Table Excel spreadsheet for the episode of care you are interested in. Open the Code Sheet tab and filter on the “06 - Excluded Episodes” Design Dimension.



The bottom portion of this section shows the percentage of your included episodes that were risk adjusted, i.e., that had costs adjusted downward, based on the presence of defined risk factors identified in the episode claims data. Risk adjustment enables comparison of doctors' performance relative to others' in a way that takes patient health risk factors and other health complications into consideration.

- For a detailed description of a base risk adjustment methodology, see medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Episode-Risk-Adjustment.pdf.



The graph shows the risk-adjusted average spend per included episode, by PAP, for PAPS with 1 or more included episode(s). Each PAP is represented by a vertical bar.

- Acceptable and commendable spend thresholds are displayed as horizontal lines. The limit for a positive incentive payment is displayed as a dotted horizontal line – any gap in spend below this figure is not figured into the calculation of the positive incentive payment.
- Red bars represent PAPS with average spend above the acceptable threshold. Grey bars represent PAPS with average spend less than or equal to the acceptable threshold and greater than or equal to the commendable threshold. Green bars represent PAPS with average spend less than the commendable threshold.

You can use this to understand how your spend per episode compares to that of other PAPS in Ohio, as well as how your performance compares to thresholds set to determine incentive payments.

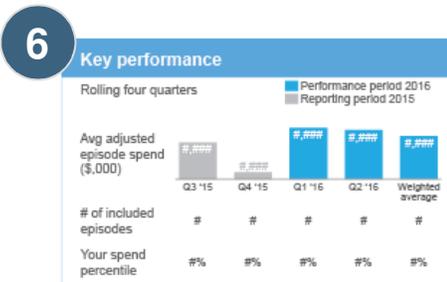
5 Quality metrics

You achieved # of # quality metrics linked to gain sharing

Quality metric 01	##%	✓
Quality metric 02	##%	✓
Quality metric 03	##%	✗
Quality metric 04	##%	✗

The quality metrics section shows the percentage of included episodes that met each quality metric criterion and whether the overall threshold was met. The threshold for each quality metric listed here must be met for a PAP to be eligible for a positive incentive payment

- The green check and red X indicate whether each metric met the threshold. See page 3 of the report for a more detailed view.
- Additional quality metrics not linked to the positive incentive payment are listed on page 3 of the report



The key performance section shows a rolling four quarters of spend performance and the weighted averages for the performance period.

- The spend shown in grey is for informational purposes only, as those quarters do not fall in the current performance period.
- Spend percentile indicates the percent of PAPS whose spend is lower than your spend

Performance

EPISODE of CARE PROVIDER REPORT

2 / 4

EPISODE NAME

Q1 + Q2 2016

Reporting period covering episodes that ended between Start Date to End Date

PAYER: Payer Name

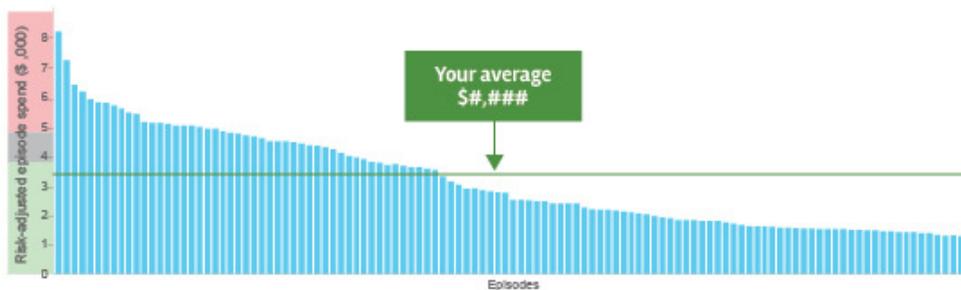
PROVIDER ID: PAP ID

PROVIDER: Provider Name

1 Your episode spend distribution (risk adjusted)

Each bar represents one episode
Episodes included: #

Not acceptable
Acceptable
Commendable



2 Gain/risk sharing calculation

Gain / risk sharing component	You	Description
1. Total spend across included episodes	\$#,###	Total of all associated claims submitted paid during this cycle, excluding medical education and capital portions of the hospital base rates
2. Total # of included episodes	#	Net of episodes excluded for clinical or operational considerations
3. Avg. episode spend (non adj.)	\$#,###	Average spend before risk adjustment; Equals line (1) divided by line (2)
4. Risk adjustment ratio (avg.)	###	Average adjustment to raw claims to account for clinical variability (set by payers)
5. Average risk-adjusted spend per episode	\$#,###	Adjusted spend per episode; Equals line (3) multiplied by line (4)
6. Commendable spend threshold per episode	\$#,###	Commendable threshold
7. Risk-adjusted spend per episode below threshold	N/A ¹	The smaller of the difference between adjusted spend and commendable spend or adjusted spend and the gain sharing limit; equals line (5) minus line (6) or line (5) minus the gain sharing limit (\$#,###)
8. Percentage of spend subject to gain sharing	N/A ¹	Difference between adjusted spend and commendable spend as percentage of adjusted spend; equals line (7) divided by line (5)
9. Total spend eligible for gain sharing	N/A ¹	Equals line (1) times line (8)
10. Gain sharing proportion	N/A ¹	Proportion of spending eligible for gain you share in
11. Total gain share	N/A ¹	Total gain-sharing payment; equals line (8) times line (10)

¹ Eligibility for gain or risk-sharing will be determined at the end of the performance period and any applicable payments will be calculated at that time.

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1

Your episode spend distribution (risk adjusted)



This graph shows the spend for each of your included episodes, after risk adjustment. Each vertical bar represents one episode.

You can determine:

- The average spend across your episodes as illustrated by the horizontal line. This line represents the same figure as the “You are here” vertical bar in chart 4 on page 1, where average spend per episode is compared to that for other PAPs.
- How many episodes fall into the three spend categories: not acceptable, acceptable and commendable. (*Note: the categories apply to the average spend, not spend on an individual episode. It is expected that some individual episodes would have costs above the acceptable range.*)
- The range of spend for your episodes.

2

Gain/risk sharing calculation

Gain / risk sharing component	You	Description
1. Total spend across Included episodes	\$#,###	Total of all associated claims submitted paid during this cycle, excluding medical education and capital portions of the hospital base rates
2. Total # of Included episodes	#	Net of episodes excluded for clinical or operational considerations
3. Avg. episode spend (non adj.)	\$#,###	Average spend before risk adjustment; Equals line (1) divided by line (2)
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This table lays out the components and methodology underlying gain or risk sharing calculations, whichever is applicable to your performance. Rows 7-11 will show as “N/A” for the Q1, Q2, and Q3 report and will be populated for the Q4 report containing actual payments.

Quality



1

Metrics linked to gain sharing

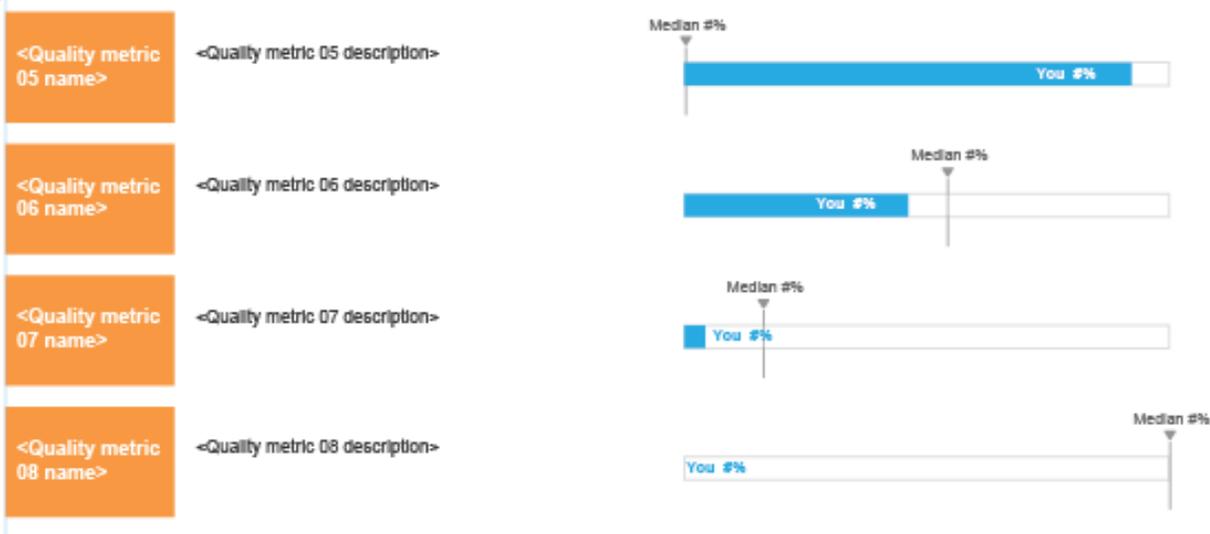


In this section you can assess your performance on quality metrics relative to the thresholds required for positive incentive payments and to other providers. PAPs must pass the threshold for each quality metric listed above to be eligible for a positive incentive payment.

- The green or red bar indicates your performance. The bar is green if you pass the threshold for eligibility and red if you do not pass.
- The grey bar indicates the threshold required to receive a positive incentive if you are eligible based on spend. This allows you to compare your performance to the threshold.
- The median number is the median performance for included episodes, across all Ohio PAPs receiving reports for this episode type (payer specific).

2

Metrics for Information only



Your performance on these quality metrics is presented for your information only, and is not linked to payment. This analysis may help you to evaluate how you practice.

- The blue bar indicates your performance on the metric
- The vertical bar indicates the median performance of Ohio PAPs receiving reports of this type.

Cost types

EPISODE of CARE PROVIDER REPORT

4 / 4

EPISODE NAME

Q1 + Q2 2016

Reporting period covering episodes that ended between Start Date to End Date

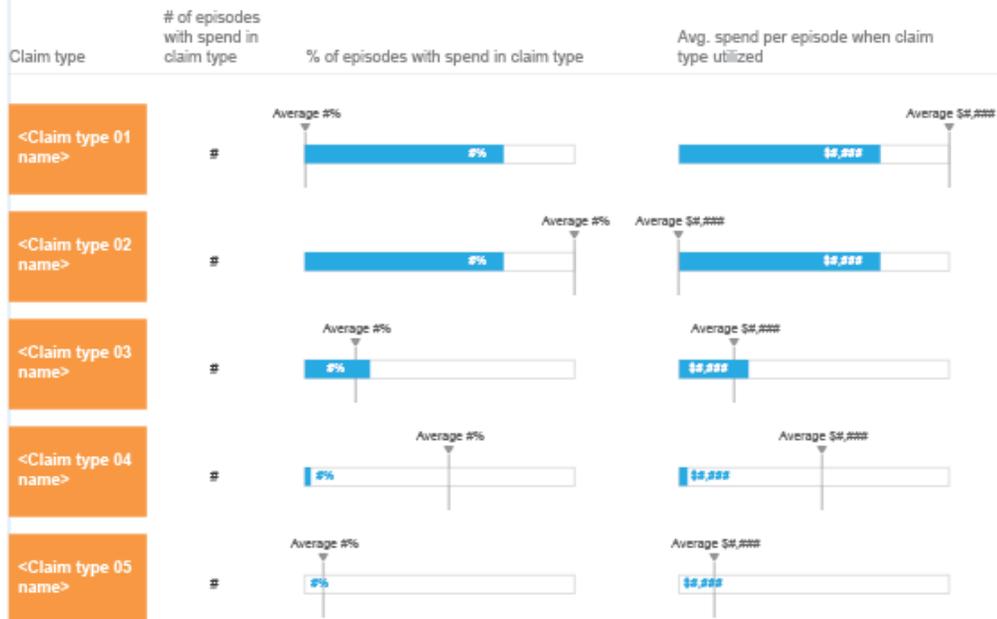
PAYER: Payer Name

PROVIDER ID: PAP ID

PROVIDER: Provider Name

Episode spend breakdown by claim type (non risk adj.)

Episodes included: #

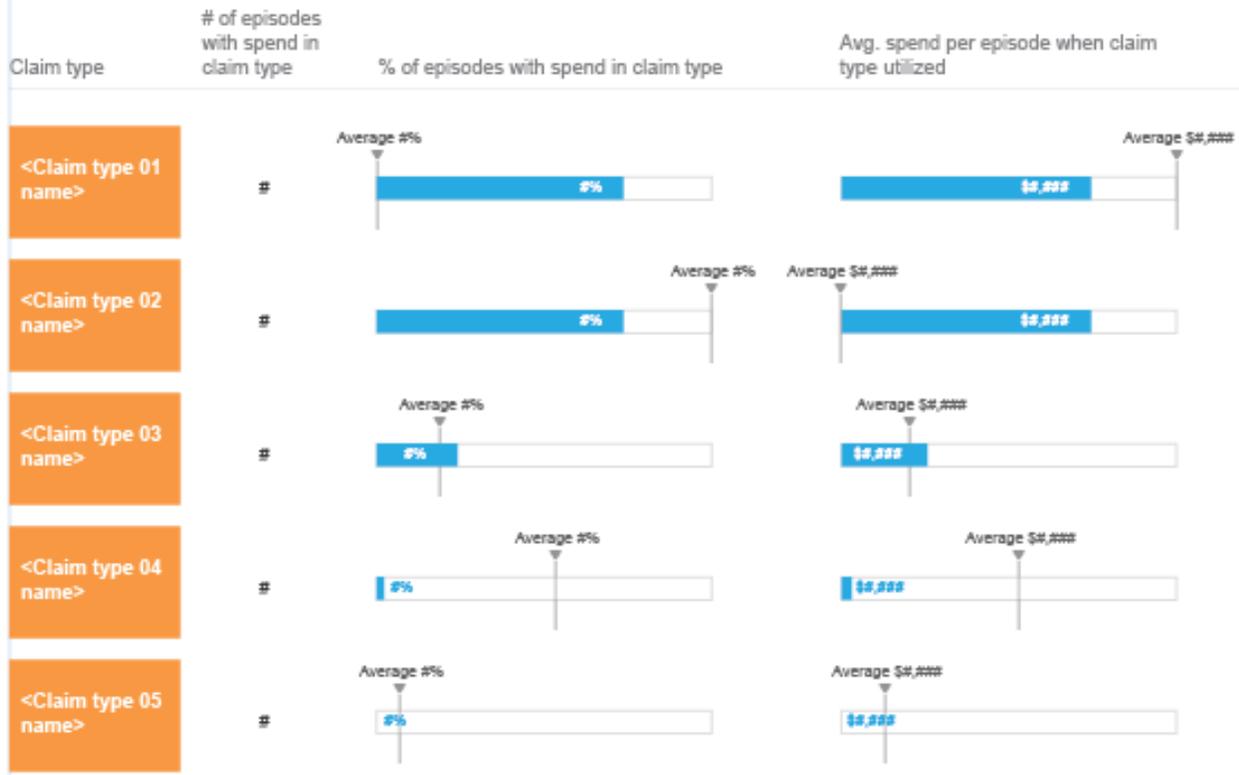


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<episode algorithm version #>

Episode spend breakdown by claim type (non risk adj.)

Episodes included: #



This page provides a detailed look at your episode spend and the average spend for all PAPs. Each claim type is a component of the overall spending on this episode type; only the claim types that represent large portions of spend on are shown here.

- The number of episodes refers to the absolute number of your included episodes that had spend of this claim type.
- The percent of episodes with spend in a claim type indicates the frequency with which types of spend occurred for your episodes, relative to the average across PAPs. This may be helpful to identify areas where variations in care patterns occur.
- The average spend per claim type is the average for included episodes across all Ohio PAPs for this episode type (payer specific). This shows how your episode spend by claim type compares to that of other PAPs. Differences may indicate areas with opportunities to learn from other providers and to share best practices.

Episode detail

Episode Id	Episode Excluded	Rendering/Attending Physician	Patient Medical ID	Patient Name	Episode Start Date	Episode End Date	Risk adjusted spend	Non-adjusted spend	Inpatient spend (non-adj.)	Inpatient # claims	Outpatient spend (non-adj.)	Outpatient # claims	Pharmacy spend (non-adj.)	Pharmacy # claims	Professional spend (non-adj.)	Professional # claims	Long term care spend (non-adj.)	Long term care # claims	Reason for exclusion (if applicable)	HIV screening	GBS screening	C-section	Follow-up visit within 60 days
996732-0	Included	FFS Anthony	5.4E+10	Pamela H	12/24/2012	12/2/2013	2335.52	4995.77	2513.61	1	929.16	4	9.93	3	1543.07	11	0	0		1	1	1	0
658117-0	Included	FFS Barry Sm	5.5E+10	Edith Hoc	2/19/2013	1/26/2014	2972.18	3667.09	1158.3	1	677.09	8	279.61	14	1552.09	17	0	0		0	0	0	0
543933-0	Included	FFS Teresa W	4.5E+10	Kacie Cru	2/5/2013	1/12/2014	3280.39	4047.36	1158.3	1	807.68	8	27.58	7	2053.8	20	0	0		0	0	0	0
620241-0	Included	FFS Maria Jor	4.5E+10	Ruth Carr	2/7/2013	1/14/2014	3349.71	4167.34	1772.96	1	73.65	2	195.48	6	2125.25	18	0	0		0	1	0	1
4932-001	Included	FFS Maria Jor	4.5E+10	Kristen D	9/7/2012	8/15/2013	3473.47	5876.28	2891.84	1	1482.89	6	0	0	1501.55	13	0	0		1	1	0	0
620255-0	Included	FFS Charles V	4.5E+10	Michelle	1/7/2013	12/16/2013	3480.85	7699.3	3477.69	1	1886.34	13	63.73	10	2271.54	24	0	0		0	1	1	1
3556-001	Included	FFS Wendy A	5.1E+10	Judith Lo	4/26/2013	4/4/2014	3646.4	8961.42	3721.16	1	2301.44	14	84.43	10	2854.39	32	0	0		1	1	0	0
934706-0	Included	FFS Teresa W	4.9E+10	Cathy Jor	11/28/2012	11/5/2013	3732.46	6101.79	2513.61	1	1296.89	11	7.63	3	2283.66	27	0	0		0	1	1	1
1042166-0	Included	FFS Hyacinth	4.5E+10	Ruth Atki	4/29/2013	4/7/2014	3788.08	4176.49	2457.7	1	331.2	2	4.06	2	1383.53	8	0	0		0	0	1	0
882933-0	Included	FFS Brenda P	5.1E+10	Cheryl Ca	7/3/2013	6/12/2014	3814.77	8619.01	3544.04	1	1126.8	8	49.25	3	3898.92	23	0	0		0	0	0	1
809420-0	Excluded	FFS Teresa W	5.6E+10	Valerie R	9/24/2012	9/2/2013	5137.94	8929.33	3477.69	1	3822.6	18	16.03	4	1613.01	23	0	0	TPL Exclusion	0	1	0	1
69693-00	Excluded	FFS Alice Brai	4.9E+10	Kimberly	7/19/2013	6/24/2014	5306.83	7548.84	2281.74	1	2680.61	14	33.38	6	2553.11	33	0	0	Missing indi	0	0	0	0
71900-00	Excluded	FFS Alice Brai	4.6E+10	Nettie Kl	8/13/2012	7/20/2013	5442	6651.18	1887.32	1	2213.16	7	97.68	7	2453.02	22	0	0	Inpatient Pr	1	1	0	1
713454-0	Excluded	FFS Teresa W	4.7E+10	Jessica El	4/10/2013	3/18/2014	5624.06	8404.16	4673.25	1	1854.11	12	49.91	9	1826.89	21	0	0	Inconsistent	0	0	1	0
712326-0	Excluded	FFS Maria Jor	5.2E+10	Cecilia Vi	8/13/2012	7/22/2013	5902.89	7283.02	2162.2	1	2325.75	11	278.07	11	2517	24	0	0	Inconsistent	0	0	0	0
739970-0	Excluded	FFS Alice Brai	4.5E+10	Lisa Woo	12/13/2012	11/22/2013	6272.74	11802	2513.61	1	4897.76	20	98.56	8	4292.03	40	0	0	Inconsistent	0	0	0	0
74537-00	Excluded	FFS Anthony	4.7E+10	Mae Ocoi	7/19/2013	6/27/2014	6572.73	8360.13	3544.04	1	1710.02	9	76.23	11	3029.84	27	0	0	Comorbidity	0	0	0	0
716643-0	Excluded	FFS Brenda P	5.1E+10	Ethel Cha	4/15/2013	3/23/2014	6874.76	12058.9	2791.23	1	5807.91	21	822.75	47	2636.97	32	0	0	Inconsistent	0	0	1	0
550103-0	Excluded	FFS Wendy A	4.9E+10	Cheryl Bc	9/20/2012	8/29/2013	8570.66	18607.6	2891.84	1	3149.64	16	7167.19	53	5398.92	63	0	0	TPL Exclusion	0	0	0	0
576209-0	Excluded	FFS Michael F	5.5E+10	Elsa Over	12/25/2012	12/1/2013	14321.3	20962.1	14255.4	1	3743.79	19	324.26	16	2638.6	38	0	0	High Outlier	1	1	0	0

Each summary report is accompanied by a CSV file that contains information for each episode. You can use this to determine:

- 1a** **1b** Which episodes were included and which were excluded, with reasons for exclusions.
- 2** Rendering physician (or attending physician for inpatient episodes) for the episode trigger event.
- 3** Risk adjusted and non-risk adjusted episode spend per episode.
- 4** Non-adjusted cost breakdown, i.e., inpatient, outpatient, pharmacy and pharmacy claims, for each episode.
- 5** The number of claims for each claim type, i.e., volume breakdown for each episode.
- 6** Performance on each quality metric for each episode

Contacts

Further information is available at:

<http://www.medicaid.ohio.gov/>

For questions and feedback, please contact our Medicaid provider hotline at:
(800) 686-1516.