

CPC's Episodes of Care Metric

December 31st, 2020

Episode-based metric

Description

of attributed member visits to PAPs who are low performing PAPS- # of attributed member visits to high performing PAPs; as a % of all attributed member visits to PAPs (low, high and neutral performing)

PAP Performance definition

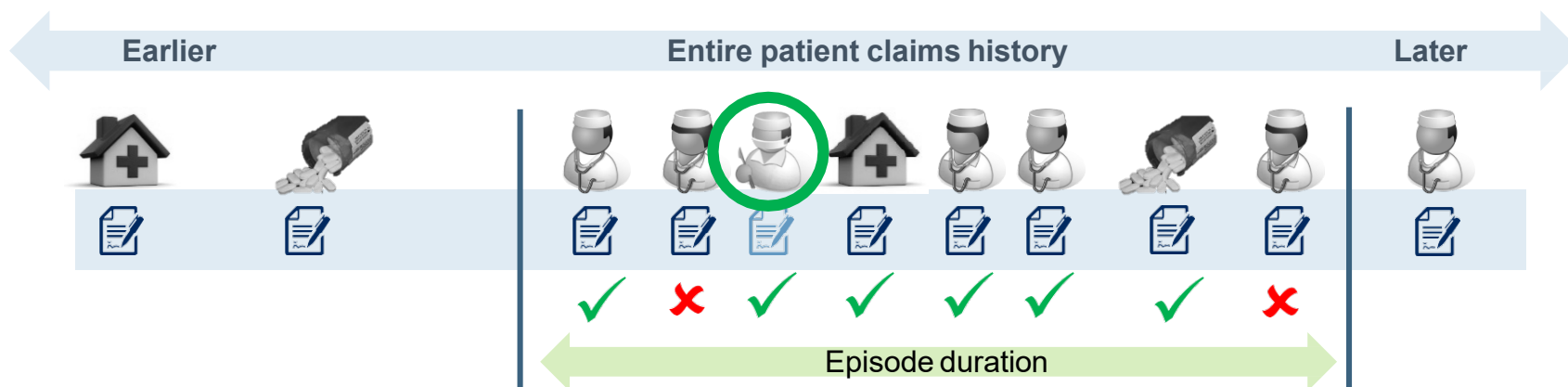
- A low performing PAP is one that has average risk adjusted spend in the top quintile.
- A high performing PAP is one that has average risk adjusted spend in the lowest two quintiles and passes quality metrics.
- All other PAPs are neutral performing PAPs.

Included episodes

- Asthma
- COPD
- Perinatal
- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- Gastrointestinal hemorrhage (GIH)
- Cholecystectomy

Anatomy of an episode bundle

- An episode of care (“episode” or “EOC”) is defined as the set of **services provided to treat a clinical condition or procedure** for a defined duration
- These services occur **across the continuum of care** and can include: Extended care, Acute hospital care, Ambulatory care, Home care, Community Outreach, Wellness, etc.



Episode Parameters

Example of service



Claim for significant medical “trigger” event

Hip replacement procedure



Time period before and after the significant medical event where related claims will be included

30 days prior to 60 days post-op



Claims that are related to the significant medical event and will be included in the episode

IP admission, physical therapy, medications



Claims that are unrelated to the significant medical event and will not be included

Vaccinations, chronic condition medications



Provider that will be accountable for the episode

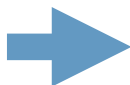
Orthopedic surgeon

Ohio's episode model is retrospective, building on the current FFS infrastructure already in place

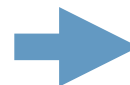
Patients seek and providers deliver care as they do today



1 **Patients** seek care and select providers as they do today



2 **Providers** submit claims as they do today



3 **Payers** reimburse for all services as they do today

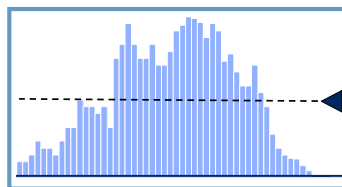
Calculate incentive payments based on outcomes after close of 12 month performance period



4 Review claims from the performance period to identify a '**Principal Accountable Provider**' (PAP) for each episode



5 Payers calculate **average risk-adjusted reimbursement per episode** for each PAP



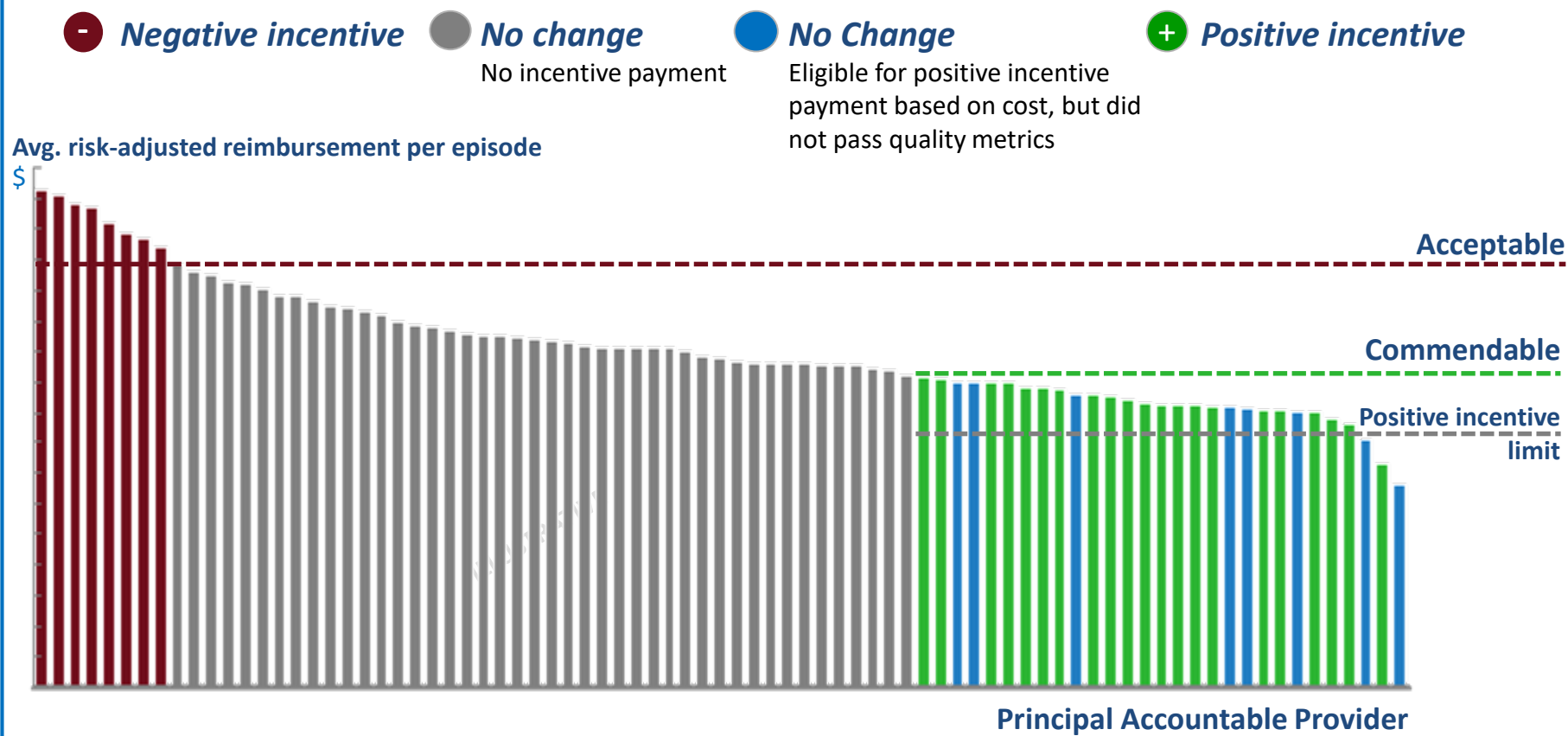
Compare to predetermined "commendable" and "acceptable" levels



- 6** **Providers may**
- **Share savings:** if average costs below commendable levels and quality targets are met
 - **Pay negative incentive:** if average costs are above acceptable level
 - **See no impact:** if average costs are between commendable and acceptable levels

Retrospective thresholds reward cost-efficient, high-quality care

Provider cost distribution (average risk-adjusted reimbursement per provider)



NOTE: Each vertical bar represents the average cost for a provider, sorted from highest to lowest average cost

Episode Reports are also on the MITS provider portal

Welcome, DUFFEYD1

Wednesday 08/07/2019 2:54:36 PM

Super User Providers Cost Report Account Claims Episode Claims Eligibility Prior Authorization **Reports** Publications

Provider Reports

*Report EPISODE REPORTS SUMMARY (PDF) AND PATIENT DETAIL DATA(CSV)

Date Available From

Date Available To

Please select the row to show the report

Document ID	Report Type	Effective Date	End Date	Release Date	Report Format	Date Available on Portal v	Date First Accessed
6519126014364	UPPER RESPIRATORY INFECTION	01/01/2018	09/30/2018	APR, 2019	DETAIL	05/06/2019	05/13/2019
6519126015358	UPPER RESPIRATORY INFECTION	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/06/2019	05/13/2019
6519124023086	WRIST SPRAIN/STRAIN	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/04/2019	05/13/2019
6519124001413	LOW BACK PAIN	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/04/2019	05/13/2019
6519124022266	WRIST SPRAIN/STRAIN	01/01/2018	09/30/2018	APR, 2019	DETAIL	05/04/2019	05/13/2019
6519124008427	SKIN AND SOFT TISSUE INFECTIONS	01/01/2018	09/30/2018	APR, 2019	DETAIL	05/04/2019	05/13/2019
6519124003736	OPPOSITIONAL DEFIANT DISORDER	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/04/2019	05/13/2019
6519124005499	SHOULDER SPRAIN/STRAIN	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/04/2019	05/13/2019
6519124009686	SKIN AND SOFT TISSUE INFECTIONS	01/01/2018	09/30/2018	APR, 2019	SUMMARY	05/04/2019	05/13/2019
6519124004622	SHOULDER SPRAIN/STRAIN	01/01/2018	09/30/2018	APR, 2019	DETAIL	05/04/2019	05/13/2019

1 2 3 4 5 6 7 8 9 10 ... Next >

To find out more about Episodes of Care

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↻

https://medicaid.ohio.gov/PROVIDER/PaymentInnovation/Episodes#1887212-episodes-reporting

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How to Read Your PAP Referral Report

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PAP Referral Sample Report

Perinatal (Fee-for-Service) Sample Report

SIGNUP FOR EPISODES OF CARE COMMUNICATION

Full Name

First Name

Last Name

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Episode-related metric methodology

Metric calculation

**# episodes with
HP PAPs** — **# episodes with
LP PAPs**

Total # of episodes

Additional Display

**# episodes
w/ HP PAPs** : **# episodes
w/LP PAPs** (**Total # of
episodes**)

Example

A CPC practice has:

'High performing' 20

'Low performing' 10

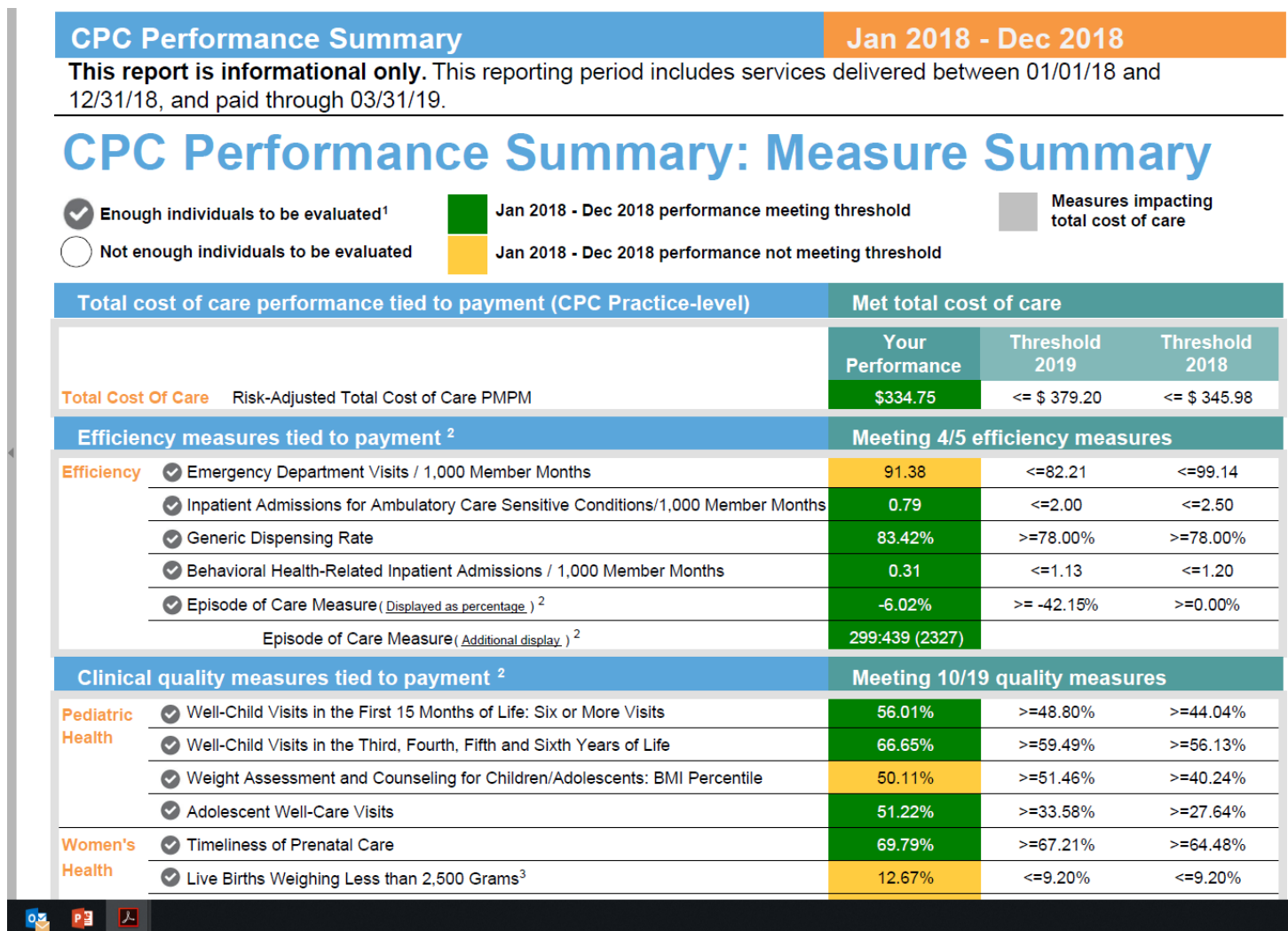
Neutral 40

$$\frac{20 - 10}{70} = .14 = 14\%$$

HP: high performing
LP: low performing

Note: metric performance will continue to be shown as a percentage, with the additional display included in practice reports starting in performance year 2019

Example of how EOC Metric looks on Quarterly CPC Practice Report



Episodes of Care Program on Pause

- In 2020, the Episodes of Care program was placed on pause by ODM, which includes all episode reporting
- This pause will continue through 2021
- Due to the lack of reporting, the Episodes of Care metric will be sunset in 2021
- All CPC reports will have 0.0% for the annual 2021 result, which will be a default “passing” efficiency metric for all practices
- This metric will be replaced by a new pharmacy metric in performance year 2022