

The episode-related metric is not currently linked to payment

Informational only for performance year 2018

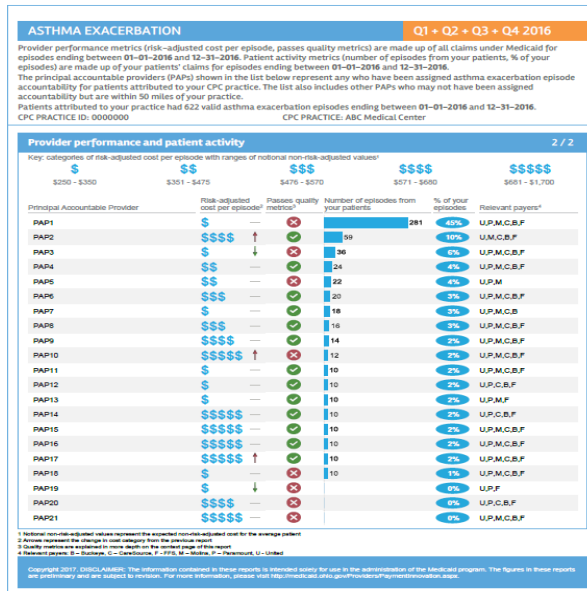
Metric	Rationale
Episodes-related metric (informational only)	<ul style="list-style-type: none"> Links CPC program to episode-based payments Incentivizes primary care providers to refer their patients to higher-performing providers
Generic dispensing rate¹	<ul style="list-style-type: none"> Strong correlation with total cost of care for large practices Limited range of year over year variability for smaller panel sizes Aligned with change in providers' behavior that the program wants to incentivize
Ambulatory care-sensitive inpatient admits per 1,000	<ul style="list-style-type: none"> Strong correlation with total cost of care for large practices Metric that PCPs have stronger ability to influence, compared to all IP admissions
Emergency room visits per 1,000	<ul style="list-style-type: none"> Limited range of year over year variability for smaller panel sizes Aligned with change in providers' behavior that the program wants to incentivize
Behavioral health-related² inpatient admits per 1,000	<ul style="list-style-type: none"> Reinforces desired provider practice patterns, with focus on the behavioral health population Relevant for a significant number of smaller practices Stronger correlation to total cost of care than other BH-related metrics

¹ Includes all drug classes

² Defined using HEDIS logic- Mental Health Utilization.

Quarterly referral reports include information about PAP performance for attributed members with episodes

CPC Quarterly Referral Report - Summary Report (PDF)



Includes:

- Data on your CPC practice's attributed members
- Average cost per patient
- Percent of referrals to each PAP
- Details on other PAPs within a geographic radius

CPC Quarterly Referral Report - CSV File

PAP Performance and Patient Activity Report - Patient Episode Detail

Episode(s): ASTHMA, COPD, and PERI

Covering episodes that ended between Jan 1 2016 and Dec 31 2016

Payer name: All

CPC Practice Name: ABC Medical Center (1234567)

Episode	PAP nam	PAP ID	PAP ZIF	Valid PAF	Good PA	QM pass	Risk-adjusted cost category
ASTHM	PAP1	1E+06	41111	1	0	1	5
ASTHM	PAP2	2E+06	42222	1	0	1	4
ASTHM	PAP2	2E+06	42222	1	0	0	2
COPD	PAP1	1E+06	41111	1	0	1	4
COPD	PAP3	3E+06	43333	1	0	1	3
COPD	PAP4	4E+06	44444	1	1	1	1
COPD	PAP4	4E+06	44444	1	0	1	3
COPD	PAP4	4E+06	44444	1	0	0	3
PERI	PAP5	6E+06	45555	1	0	0	5
PERI	PAP5	6E+06	45555	1	0	0	3
PERI	PAP5	6E+06	45555	1	0	1	4
PERI	PAP5	6E+06	45555	1	0	1	3

Footnotes:
Medical education and capital expenditure payments are not included in non-risk-adjusted episode

Includes:

- Underlying episodes behind the patient activity shown on the report
- In-depth information on PAP performance by episode

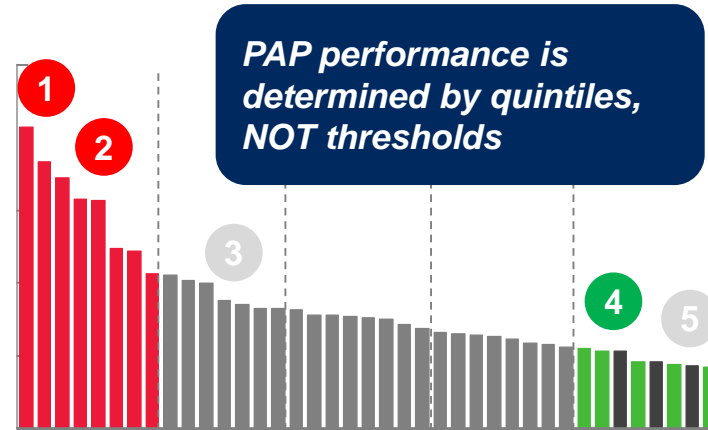
The current method for calculating the EOC metric is not tied to volume

Current definition

$$\left(\begin{array}{l} \text{\# of "High Performing"} \\ \text{PAPs seen by} \\ \text{members} \end{array} \right) - \left(\begin{array}{l} \text{\# of "Low Performing"} \\ \text{PAPs seen by} \\ \text{members} \end{array} \right)$$

Total PAPs seen by members

Example calculation



CPC A - 140 episodes across 5 PAPs

- 10 episodes w/ PAP1, a low performing PAP
- 10 episodes w/ PAP2, a low performing PAP
- 10 episodes w/ PAP3, a neutral PAP
- 100 episodes w/ PAP4, a high performing PAP passing quality measures
- 10 episodes w/ PAP5, a high performing PAP NOT passing quality measures

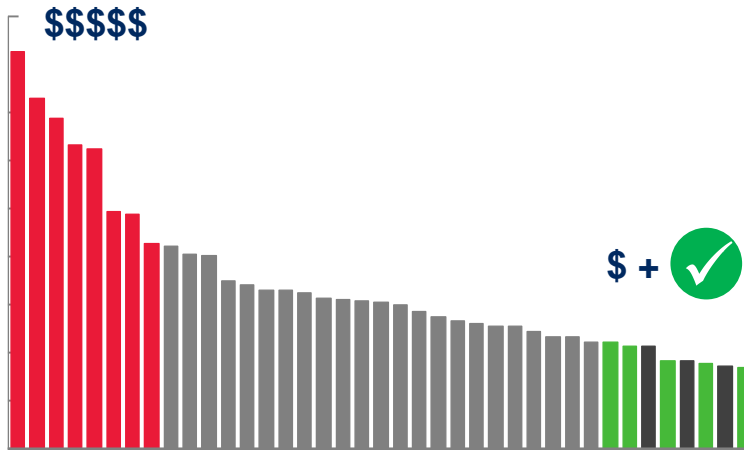
Despite ~70% of referrals to a high performing PAP, Provider A would fail under the current definition

$$\frac{(1 - 2)}{5} = -\frac{1}{5} \text{ or } -0.2$$

Including \$\$ quintile PAPs as “High performing”

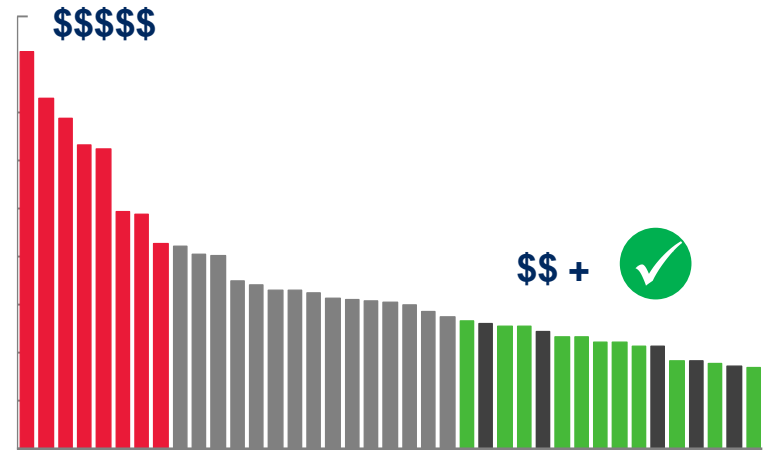
Current definition of ‘high’ and ‘low’ performing PAPs

- With current methodology, there are more ‘low performing’ PAPs vs. ‘high performing’ PAPs



2019 definition of ‘high’ and ‘low’ performing PAPs

- Metric calculation will include \$\$ quintile as a ‘high performing’ PAP



2019 episode-related metric methodology

HP: high performing
LP: low performing

Metric calculation

**Display
(to be included in practice reports)**

$$\frac{\# \text{ episodes with HP PAPs} - \# \text{ episodes with LP PAPs}}{\text{Total \# of episodes}} = \# \text{ episodes w/ HP PAPs} : \# \text{ episodes w/LP PAPs} \left(\text{Total \# of episodes} \right)$$

Example

A CPC practice has:

‘High performing’	20	$\frac{20 - 10}{70} = .14$	20:10 (70)
‘Low performing’	10		
Neutral	40		

Current practice report, including summary view of the episode-related efficiency metric

Quarterly CPC Practice Report
PRACTICE ABC (9999999)

CPC Performance Summary Oct 2016 – Sep 2017

This report is informational only. This report covers a reporting period and does not reflect a performance period. This reporting period includes services delivered between 10/01/2016 and 09/30/2017, and paid through 12/31/2017.

CPC Performance Summary: Measure Summary

Enough individuals to be evaluated¹
 Oct 2016 - Sep 2017 performance meeting threshold
 Measure not tied to payment
 Not enough individuals to be evaluated
 Oct 2016 - Sep 2017 performance not meeting threshold

Quality measures tied to payment		Meeting 14/19 quality measures	
		Your performance	Threshold
Pediatric Health	<input checked="" type="checkbox"/> Well-Child Visits in the First 15 Months of Life: Six or More Visits	45%	≥ 10%
	<input checked="" type="checkbox"/> Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	60%	≥ 40%
	<input checked="" type="checkbox"/> Weight Assessment and Counseling for Children/Adolescents: BMI Percentile	15%	≥ 10%
	<input checked="" type="checkbox"/> Adolescent Well-Care Visits	45%	≥ 15%
Women's Health	<input checked="" type="checkbox"/> Timeliness of Prenatal Care	60%	≥ 60%
	<input checked="" type="checkbox"/> Live Births Weighing Less than 2,500 Grams ²	5%	≥ 10%
	<input checked="" type="checkbox"/> Postpartum Care	45%	≥ 40%
	<input checked="" type="checkbox"/> Cervical Cancer Screening	50%	≥ 36%
Adult Health	<input checked="" type="checkbox"/> Breast Cancer Screening	45%	≥ 50%
	<input checked="" type="checkbox"/> Adult BMI Assessment	10%	≥ 10%
	<input checked="" type="checkbox"/> Comprehensive Diabetes Care: HbA1c Testing	80%	≥ 75%
	<input checked="" type="checkbox"/> Comprehensive Diabetes Care: Poor Control (HbA1c >9%)	100.0%	≥ 90%
	<input checked="" type="checkbox"/> Comprehensive Diabetes Care: Eye Exam	40%	≥ 35%
	<input checked="" type="checkbox"/> Controlling High Blood Pressure	0.0%	≥ 10%
	<input type="checkbox"/> Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy	N/A	≥ 30%
Behavioral Health	<input checked="" type="checkbox"/> Medication Management for People with Asthma: 75% Compliance	25%	≥ 240
	<input checked="" type="checkbox"/> Antidepressant Medication Management: Acute Phase	35%	≥ 50%
	<input checked="" type="checkbox"/> Follow-Up After Hospitalization for Mental Illness within 7 Days	50%	≥ 30%
	<input checked="" type="checkbox"/> Initiation of Alcohol and Other Drug Dependence Treatment	50%	≥ 30%
	<input checked="" type="checkbox"/> Tobacco Use: Screening and Cessation Intervention	2%	≥ 10%

Efficiency measures tied to payment		Meeting 2/4 efficiency measures	
Efficiency	<input checked="" type="checkbox"/> Emergency Department Visits / 1,000 Member Months	95	≤ 70
	<input checked="" type="checkbox"/> Inpatient Admissions for Ambulatory Care Sensitive Conditions / 1,000 Member Months	1.0	≤ 7
	<input checked="" type="checkbox"/> Generic Dispensing Rate	70.0%	≥ 80%
	<input checked="" type="checkbox"/> Behavioral Health-Related Inpatient Admissions / 1,000 Member Months	0.30	≤ 1.20
Episode of Care Measure - Informational only for 2017 performance year		-20%	N/A

Total cost of care performance tied to payment (CPC Practice-Level)	Meeting total cost of care
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Currently, only summary information about the episode-related metric is shared in the quarterly practice report

Changes to the episode-related metric for 2019

	Current Program	2019 Program
Definition	<ul style="list-style-type: none"> ▪ Based on number of unique PAPs ▪ High Performing PAPs defined as lowest cost quintile and passing quality metrics 	<ul style="list-style-type: none"> ▪ Based on volume of episodes with each type of PAP ('high performing' and 'low performing') ▪ High Performing PAPs defined as lowest two cost quintiles and passing quality metrics
Reporting	<ul style="list-style-type: none"> ▪ Report performance on composite score 	<ul style="list-style-type: none"> ▪ Report performance on composite score ▪ Includes additional detail about components of performance, to be more actionable
Linkage to payment	<ul style="list-style-type: none"> ▪ Not linked to payment 	<ul style="list-style-type: none"> ▪ Linked to payment