



PROVIDER PERFORMANCE AND PATIENT ACTIVITY REPORT

ASTHMA EXACERBATION

Jan 1, 2016 to Dec 31, 2016

Reporting period covering episodes that ended between **January 1, 2016** and **December 31, 2016**

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ASTHMA EXACERBATION

Q1 + Q2 + Q3 + Q4 2016

Provider performance metrics (risk-adjusted cost per episode, passes quality metrics) are made up of all claims under Medicaid for episodes ending between **01-01-2016** and **12-31-2016**. Patient activity metrics (number of episodes from your patients, % of your episodes) are made up of your patients' claims for episodes ending between **01-01-2016** and **12-31-2016**.

The principal accountable providers (PAPs) shown in the list below represent any who have been assigned asthma exacerbation episode accountability for patients attributed to your CPC practice. The list also includes other PAPs who may not have been assigned accountability but are within 50 miles of your practice.

Patients attributed to your practice had 622 valid asthma exacerbation episodes ending between **01-01-2016** and **12-31-2016**.

CPC PRACTICE ID: 0000000

CPC PRACTICE: ABC Medical Center

Provider performance and patient activity

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Key: categories of risk-adjusted cost per episode with ranges of notional non-risk-adjusted values¹

\$

\$250 - \$350

\$\$

\$351 - \$475

\$\$\$

\$476 - \$570

\$\$\$\$

\$571 - \$680

\$\$\$\$\$

\$681 - \$1,700

Principal Accountable Provider	Risk-adjusted cost per episode ²	Passes quality metrics ³	Number of episodes from your patients	% of your episodes	Relevant payers ⁴	
PAP1	\$	—	✗	281	45%	U,P,M,C,B,F
PAP2	\$\$\$\$	↑	✓	59	10%	U,M,C,B,F
PAP3	\$	↓	✗	36	6%	U,P,M,C,B,F
PAP4	\$\$	—	✓	24	4%	U,P,M,C,B,F
PAP5	\$\$	—	✗	22	4%	U,P,M
PAP6	\$\$\$	—	✓	20	3%	U,P,M,C,B,F
PAP7	\$	—	✓	18	3%	U,P,M,C,B
PAP8	\$\$\$	—	✓	16	3%	U,P,M,C,B,F
PAP9	\$\$\$\$	—	✓	14	2%	U,P,M,C,B,F
PAP10	\$\$\$\$\$	↑	✗	12	2%	U,P,M,C,B,F
PAP11	\$	—	✓	10	2%	U,P,M,C,B,F
PAP12	\$	—	✓	10	2%	U,P,C,B,F
PAP13	\$	—	✓	10	2%	U,P,M,F
PAP14	\$\$\$\$\$	—	✓	10	2%	U,P,C,B,F
PAP15	\$\$\$\$\$	—	✓	10	2%	U,P,M,C,B,F
PAP16	\$\$\$\$\$	—	✓	10	2%	U,P,M,C,B,F
PAP17	\$\$\$\$\$	↑	✓	10	2%	U,P,M,C,B,F
PAP18	\$	—	✗	10	1%	U,P,M,C,B,F
PAP19	\$	↓	✗		0%	U,P,F
PAP20	\$\$\$\$	—	✗		0%	U,P,C,B,F
PAP21	\$\$\$\$\$	—	✗		0%	U,P,M,C,B,F

¹ Notional non-risk-adjusted values represent the expected non-risk-adjusted cost for the average patient

² Arrows represent the change in cost category from the previous report

³ Quality metrics are explained in more depth on the context page of this report

⁴ Relevant payers: B – Buckeye, C – CareSource, F – FFS, M – Molina, P – Paramount, U – United

Asthma exacerbation episode context

An asthma exacerbation episode consists of relevant care delivered to a patient from the day of the asthma ED or inpatient activity to 30 days after discharge. Episodes are only triggered if a claim is made with a primary asthma-specific diagnosis code, or a primary diagnosis within a set of contingent asthma diagnoses and a secondary confirmatory asthma diagnosis.

All inpatient, outpatient, professional, and pharmacy claims during the trigger window (the initial ED or inpatient activity) are included in the episode. All relevant spend for the next 30-day period is also included, including spend associated with relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g., pneumonia, chest x-rays, nebulizers, decongestants, etc.) and inpatient admissions.

The Principle Accountable Provider (PAP) is the facility that treats the patient during the trigger window, defined by billing ID. This provider is accountable for the entire asthma exacerbation episode from start to finish.

Episodes that are included are risk adjusted to specifically capture the impact of documented clinical factors that typically require additional care during an episode and are outside of the PAP's control. Risk factor examples include age, specific chronic conditions and comorbidities. More details can be found at <http://medicaid.ohio.gov/providers/paymentinnovation.aspx>.

Episodes are excluded in cases where patient characteristics, comorbidities, diagnoses or procedures may potentially indicate a type of risk that, due to its complexity, cost, or other factors, significantly deviates from the episode's patient journey.

The report included here shows performance of PAPs for asthma exacerbation episodes.

Quality metrics linked to payment for asthma episode

The quality metrics that must be passed are the following:

- Percent of episodes with a follow-up visit within 30 days (pass threshold: 28%)
- Percent of episodes with a filled prescription for controller medication (pass threshold: 26%)