Understanding your Episode and PAP referral reports

Webinar
September 26, 2018

http://medicaid.ohio.gov/provider/PaymentInnovation/episodes
Ohio’s State Innovation Model (SIM) focuses on (1) increasing access to comprehensive primary care and (2) implementing episode-based payments.

<table>
<thead>
<tr>
<th>Fee for service</th>
<th>Incentive-Based Payment</th>
<th>Transfer Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment for services rendered</td>
<td>Payment based on improvements in cost or outcomes</td>
<td>Payment goes to a local provider entity responsible for all of the health care and related expenditures for a defined population of patients</td>
</tr>
<tr>
<td>Pay for Performance</td>
<td>Patient-Centered Medical Home</td>
<td>Episode-Based Payment</td>
</tr>
<tr>
<td>Payment based on primary care practices to organize and deliver care that broadens access while improving care coordination, leading to better outcomes and a lower total cost of care</td>
<td>Payment based on performance in outcomes or cost for all of the services needed by a patient, across multiple providers, for a specific treatment condition</td>
<td></td>
</tr>
</tbody>
</table>
Ohio Payer Partners in Payment Innovation
### Comprehensive Primary Care (CPC) program

- **1M+ unique patients** included in the CPC model for 2018\(^1\)
- **$43.1 million** in enhanced payment delivered to support primary care practices
- **145** CPC practices in program year 2018
- **~10,000 primary care practitioners (PCPs)** participating in CPC\(^1\)
- **1,800+ reports** sent to CPC practices capturing patient panel, cost and quality measures\(^3\)

### Episodes of care program

- **1M+ unique patients** covered in 43 episodes
- **13,000+ Medicaid providers** receiving reports as an episode principle accountable provider (PAPs)\(^2\)
- **56,000+ reports** delivered including episode performance on cost and quality measures\(^2\)

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1 Information as of September 1, 2017  
2 All PAPs must have at least 1 valid episode to receive a report  
3 From launch through January 2018  

SOURCE: Ohio Medicaid claims data; valid and invalid episodes ending in Jan – Jun 2017
Contents

– Overview of quarterly reports
– Overview of referral reports
– Program update
– Next steps and questions
Providers receive two types of reports for the episodes program

<table>
<thead>
<tr>
<th>Episode report</th>
<th>PAP referral report</th>
</tr>
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<tbody>
<tr>
<td>Contains provider performance summary as well as details at the episode-level</td>
<td>For episodes linked to payment only</td>
</tr>
<tr>
<td>Latest report on MITS: preliminary CY 2017 report, posted July 2018</td>
<td>Contains PAP-level summary of risk-adjusted cost indicator, quality indicator, and zip code as well as episode and quality metric summary annually</td>
</tr>
<tr>
<td>Latest report on MITS: annual 2017 PAP report, posted July 2018</td>
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</table>

For all episodes:
- 4 quarterly (PDF) files
- 4 quarterly (.csv) files

For episodes tied to payment:
- 1 annual (PDF) file
- 1 annual (.csv) file
## Planned 2018 episode reporting timeline for episodes linked to payment

<table>
<thead>
<tr>
<th>Activity</th>
<th>Prior year</th>
<th>Current year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: January 1: Launch of Year 2 performance period</td>
<td>Q1 Q2 Q3</td>
<td>Q1 Q2 Q3 Q4</td>
</tr>
<tr>
<td>Providers receive quarterly episode performance report, for episodes ending January 1 – September 30, Year 1</td>
<td>✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Providers receive preliminary episodes performance report, containing full calendar year (Year 1)</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Providers receive PAP referral report reflecting Year 1 performance¹</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Q3: Providers receive final performance report, containing full calendar year (Year 1)</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Providers receive performance reports for episodes ending January 1 – March 30, Year 2</td>
<td></td>
<td>✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Q4: Providers receive performance reports for the first two quarters of the 2018 performance period, episodes ending January 1 – June 30, Year 2</td>
<td></td>
<td>✓ ✓ ✓ ✓</td>
</tr>
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</table>

¹ Report is not created for information-only episodes
Reminder: Episode reports now contain hyperlinks

As of July 2018, all quarterly episode reports contain hyperlinks to initiate deep-dive search within the episode:

For information on how to read your report, please visit “How to read your report” under Guides on [http://medicaid.ohio.gov/provider/PaymentInnovation/episodes](http://medicaid.ohio.gov/provider/PaymentInnovation/episodes)
Reminder: Contents of episode reports

Each quarterly report contains 4 pages per MCP/FFS, covering the following:

- **Page 1**: Description of episode type, date, included/excluded episode, PAP performance by average risk-adjusted episode spend compared to peers, quality metrics overview

- **Page 2**: Details on episode spend distribution and incentive payment calculation

- **Page 3**: Quality metric deep-dives for metrics linked to payment and information-only metrics

- **Page 4**: Episode spend breakdown by claim type
Reminder: MITS portal contains csv files to complement PDF-based episode reports

In addition to PDF reports, each PAP receives a detailed csv file with episode-level data to complement higher-level insights in episode reports.

How to use these files to learn more:

- Understand key sources of variation, for example:
  - Breakdown of avg. risk-adjusted episode reimbursement by rendering provider
  - Breakdown of avg. reimbursement by inpatient, outpatient, professional, & pharmacy
- Understand variability in quality metric performance and relationship to average episode reimbursement
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| For all episodes: |
| 4 quarterly (PDF) files |
| 4 quarterly (.csv) files |

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| For episodes tied to payment |
| 1 annual (PDF) file |
| 1 annual (.csv) file |

| For episodes tied to payment |
| 1 annual (PDF) file |
Sharing information with peers: PAPs will receive a PDF file showing cost and quality performance against peers

**Description of report item**

- **PAP referral reports are released annually (June/July each year)**

- Episode cost is risk adjusted to enable an “apples to apples” comparison of PAPs – dollar signs shown here correspond to the quintile for performance on risk adjusted average spend and provide insight on average impact to one provider vs. another may have on total cost of care.

- Risk-adjusted cost and quality metrics align with those in a PAP’s episode report.

- Individual quality metrics and targets required are shown on the context page of this report; also included is an overview of what’s included in the episode.

- The zip code is presented to allow PAPs to compare performance against peers.
Ohio’s Price and Quality Transparency Initiative

Ohio CPC Practice Report

Episode Performance Report

Referral

Episode Specialist Referral for Primary Care

PAP Referral Report

Report
Increased transparency offered by PAP and CPC referral reports

<table>
<thead>
<tr>
<th>Provider performance shared with ...</th>
<th>For example ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients / the public</td>
<td><strong>Today:</strong> Episode reports go to PAPs and CPC reports go to practices</td>
</tr>
<tr>
<td>Non-provider third parties</td>
<td><strong>Today:</strong> PAP cost and quality information shared with peer PAPs for select episodes</td>
</tr>
<tr>
<td>Collaborating providers</td>
<td><strong>Today:</strong> PAP cost and quality information shared with CPC practices for select episodes</td>
</tr>
<tr>
<td>Peer providers</td>
<td><strong>Potential future application:</strong> For example, PAP performance can be used by Medicaid and other payers for network assessments</td>
</tr>
<tr>
<td>Themselves</td>
<td><strong>Potential future application:</strong> For example, PAP performance can be shared with patients via a mobile app to aid in healthcare decision-making</td>
</tr>
</tbody>
</table>

1 E.g: Identifiable PAP performance shared with other PAPs
2 E.g. Identifiable episode PAP performance shared with PCMHs
3 E.g. Payer, software developers, academic researchers, etc.
PAP information is shared with 2 groups: Peers and Ohio CPC practices

**Materials shared with...**

<table>
<thead>
<tr>
<th>PAPs receive reports July 2018</th>
<th>CPC practices received quarterly reports July 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAP referral report (PDF file)</td>
<td>CPC referral report (PDF file)</td>
</tr>
<tr>
<td>• Shows zip codes and cost / quality performance for all PAPs in the state</td>
<td>• Shows the number of patients receiving care from each PAP for a given CPC practice</td>
</tr>
<tr>
<td>• Appended to the quarterly episode reports</td>
<td>• Displays PAP performance, with PAPs ordered by the current CPC practice’s patient volume</td>
</tr>
</tbody>
</table>

**CPC detailed patient file (CSV file)**

• One CPC practice-specific underlying data file to show the episodes and members that drive the patient utilization fields in the pdf report (one episode per row)

• Enables practices to develop their own analyses or tools

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1 Member-level CSV file are specific to each CPC practice
Sharing information with CPC practices: CPC practices will receive a quarterly report showing episode performance across PAPs

Description of report item

CPC referral reports are released quarterly

Episode cost is risk adjusted to enable an “apples-to-apples” comparison of PAPs – dollar signs shown here correspond to the expected ‘non-risk adjusted cost’ for the average patient, to provide insight on average impact you and your peers have on total cost of care

The number of episodes over the last year from a given CPC practice is displayed in absolute and percentage terms

Risk adjusted cost and quality metrics align with those in a PAP’s episode report

Individual quality metrics and targets required are shown on the context page of this report; also included is an overview of what’s included in the episode

Also included is a list of managed care plans for which this specific PAP has at least one episode
## Ohio CPC Efficiency Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **Generic dispensing rate (all drug classes)** | • Strong correlation with total cost of care for large practices  
• Limited range of year over year variability for smaller panel sizes  
• Aligned with preferred change in providers’ behavior to maximize value |
| **Ambulatory care-sensitive inpatient admits per 1,000** | • 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**            | • Limited range of year over year variability for smaller panel sizes  
• Aligned with preferred change in providers’ behavior supporting the most appropriate site of service |
| **Behavioral health-related inpatient admits per 1,000** | • Reinforces desired provider practice patterns, with focus on behavioral health population  
• Relevant for a significant number of smaller practices  
• Stronger correlation to total cost of care than other behavioral health-related metrics |
| **Episodes-related metric**                    | • Links CPC program to episode-based payments  
• Based on CPC practice referral patterns to episodes principle accountable providers |

Detailed requirement definitions are available on the Ohio Medicaid website: [http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657109-cpc-requirements](http://medicaid.ohio.gov/provider/PaymentInnovation/CPC#1657109-cpc-requirements)
# 2019 episode-related efficiency metric methodology

<table>
<thead>
<tr>
<th>Metric calculation</th>
<th>Display (to be included in practice reports)</th>
</tr>
</thead>
<tbody>
<tr>
<td># episodes with HP PAPs</td>
<td># episodes with LP PAPs</td>
</tr>
<tr>
<td>Total # of episodes</td>
<td></td>
</tr>
</tbody>
</table>

**Example**

A CPC practice has:

- ‘High performing’ 20
  - 20 - 10 = .14
  - 20:10 (70)

- ‘Low performing’ 10
  - 70

Neutral 40

Note: High Performing PAPs defined as episode Principal Accountable Providers in the lowest two cost quintiles and passing quality metrics; Low Performing PAPs defined as episode Principal Accountable Providers in the highest cost quintile.
## 2018 Referral Report Details

<table>
<thead>
<tr>
<th>Who receives a report?</th>
<th>PAP referral report</th>
<th>CPC referral report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAPs for perinatal, asthma exacerbation, COPD(^1), colonoscopy, EGD, GI bleed, and cholecystectomy</td>
<td>Enrolled Ohio CPC practices</td>
</tr>
<tr>
<td>What information is included?</td>
<td>By episode, all PAP names, risk-adjusted cost indicator, quality indicator, and zip code, episode and quality metric summary, associated payers</td>
<td>(\text{CPC reports only: number of attributed members, csv file})</td>
</tr>
<tr>
<td>How is it sorted?</td>
<td>All PAPs, alphabetical order</td>
<td>Number of attributed members, and includes PAPs within radius</td>
</tr>
<tr>
<td>What is the data timeframe?</td>
<td>Calendar year 2017</td>
<td>Rolling 12 months (July report CY17)</td>
</tr>
<tr>
<td>When do providers receive report?</td>
<td>Annually</td>
<td>Quarterly (July, October, December)</td>
</tr>
</tbody>
</table>

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1 PAPs for perinatal, asthma, and COPD received referral reports beginning 2017; PAPs for other episodes received referral reports beginning 2018.
Ohio’s reporting and performance years by episode wave

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>• Acute PCI, Asthma exacerbation, COPD exacerbation, Non-acute PCI, Perinatal, Total joint replacement</td>
<td>Reporting only</td>
<td>Performance Y1</td>
<td>Performance Y2</td>
<td>Performance Y3</td>
<td>Performance Y4</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>• Appendectomy, Cholecystectomy, Colonoscopy, EGD, GI bleed, URI, UTI</td>
<td>Reporting only</td>
<td>Performance Y1</td>
<td>Performance Y2</td>
<td>Performance Y3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>• Ankle sprain/strain, ADHD, Breast biopsy, Breast cancer surgery, Breast medical oncology, CABG, Cardiac valve, CHF exacerbation, Dental: tooth extraction, Diabetic ketoacidosis (DKA) / hyperosmolar hyperglycemic state, Headache, Hip/pelvic facture procedure, HIV, Hysterectomy, Knee arthroscopy, Knee sprain/strain, Low back pain, Neonatal (high-risk), Neonatal (low-risk), Neonatal (moderate-risk), ODD, Otitis media, Pancreatitis, Pediatric acute lower respiratory infection, Shoulder sprain/strain, Skin and soft tissue infection, Spinal decompression (without fusion), Spinal fusion, Tonsillectomy, Wrist sprain/strain</td>
<td>Reporting only&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Performance Y1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Payment episode status only determined for W1 and W2; W3 episodes will be tied to payment through 3-stage implementation with 10 episodes in the first stage in 2019
2 Reporting for Wave 3 episodes extended to CY2018 given need to incorporate physician feedback through reactive clinical process into episode design prior to performance periods
How to access your episode and PAP referral reports on the MITS portal

• The episode and PAP referral reports are located in the MITS Provider Portal under the Reports Section

• Your MITS Portal Administrator can access your episode reports

• Your MITS Portal Administrator can assign their designated Agent the new Role of Reports. Then any Agent assigned the Reports Role can access your episode reports

For Assistance accessing your reports, identifying your MITS Portal Administrator, or with Agent set up:

• Call Medicaid Providers Services @ 1-800-686-1516 and speak with a representative

• Visit the Ohio Department of Medicaid website Provider tab, and click on the blue box in the right corner, “Access the MITS Portal”

http://medicaid.ohio.gov/PROVIDERS.aspx
Contents

– Overview of quarterly reports
– Overview of referral reports
– Program update
– Next steps and questions
Quarterly episode reports released June/July 2018 have been updated for the following episodes: asthma, cholecystectomy, colonoscopy, COPD, EGD, GI bleed, perinatal, URI and UTI.

These updated reports are now available on the MITS portal, correcting errors identified in the previous version.

Reports have been corrected and replaced on MITS as of September 16th 2018:
- Report formats: Summary and Detail reports
- File names: same file name as June/July reports
- Dates posted: September 15-16, 2018
Contents

– Overview of quarterly reports
– Overview of referral reports
– Program update
– Next steps and questions
Upcoming episodes webinars

Dates

- August 29\textsuperscript{th}
- September 26\textsuperscript{th}
- October 23\textsuperscript{th}
- November 28\textsuperscript{th}

Topics

- Update on the Episodes program
- Understanding your episode and PAP referral reports
- Update on episodes launched in 2017
- Updates relevant for the 2019 performance year
Episode information can be found on the ODM website

SOURCE: Ohio Department of Medicaid website: http://medicaid.ohio.gov/provider/PaymentInnovation/episodes
Additional episode details can be found online

The Ohio Department of Medicaid website includes links to the following documents for each episode (http://www.medicaid.ohio.gov/Providers/PaymentInnovation/Episodes.aspx):

- **Concept paper**: Overview of episode definition including clinical rationale for the episode, patient journey, sources of value, and episode design dimensions
- **Detailed business requirements (DBR)**: Description of episode design details and technical definitions by design dimensions
- **Code sheet**: Medical, pharmacy, and other related codes needed to build the episode, to be referenced with the DBR
- **Thresholds**: Spend thresholds and quality metric targets are available for episodes that are linked to payment.

In addition, instructions on how to read your episode reports and general FAQS are available on the website.

SOURCE: Ohio Department of Medicaid website: http://medicaid.ohio.gov/provider/PaymentInnovation/episodes
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q: Is there a way to match the check amounts that we receive from each MCP/FFS to the reports on MITS?</strong></td>
<td>A: Each episode report contains a view at the payer level. The annual episodes performance report displays the incentive amount attributed for each payer, if any.</td>
</tr>
<tr>
<td><strong>Q: Are providers able to learn more about risk adjustments?</strong></td>
<td>A: All risk factors, associated codes, and risk coefficients are included in the code sheets for each episode, and are posted to the ODM website. The DBRs, which are also available online, describe how risk factor values in the code sheets are used to adjust spend. Episode reports provide details on risk factors and risk scores applied to each individual episode. PAPs can use this information to learn more about how risk adjustments are applied to their patients.</td>
</tr>
<tr>
<td><strong>Q: Do providers in the Ohio CPC program also participate in the episodes model?</strong></td>
<td>A: Yes. Providers in the CPC program may also be PAPs for primary care-related episodes such as URI and UTI.</td>
</tr>
</tbody>
</table>
Q: What percentage of PAPs are opening their episodes reports on MITS?
A: For reports released in April 2018, the open rate was 13.8%.

Q: When are incentive payments for performance year 2017 released?
A: Incentive payments will be made within 90 days of the release of the final annual episode reports.

Q: When will other episodes in Wave 1 and Wave 2 be linked to payment?
A: At this time, there is no definitive plan to link the other episodes in Wave 1 and Wave 2 to payment. However, the state will continue to re-evaluate whether to link additional episodes to payment and would message any changes to providers in advance of a performance period launch.
Additional Questions?