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.

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.

Episodes included, excluded & adjusted

- **Total episodes**: 40
  - **70% Included**: 28 Episodes
  - **30% Excluded**: 12 Episodes

71% of your episodes have been risk adjusted.

Quality metrics

You achieved 3 of 4 quality metrics linked to gain sharing:

- **HIV screening**: 30% (X)
- **GBS screening**: 60% (X)
- **C-section**: 30% (X)
- **Follow-up visit within 60 days**: 70% (X)

Risk adjusted average spend per episode

- **Acceptable ($4,405)**
- **Commendable ($3,169)**
- **Gain Sharing Limit ($1,235)**

You are here: **$2,888**

Key performance

- **Rolling four quarters**
  - Average adjusted episode spend
    - **Q3 ’15**: $3,400
    - **Q4 ’15**: $3,307
    - **Q1 ’16**: $3,110
    - **Q2 ’16**: $2,696
    - **Weighted average**: $2,888
  - **# of included episodes**
    - 15
  - **Your spend percentile**
    - 55% 51% 36% 5% 16%

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### Gain/risk sharing calculation

<table>
<thead>
<tr>
<th>Gain / risk sharing component</th>
<th>You</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total spend across included episodes</td>
<td>$129,979</td>
<td>Total of all associated claims submitted paid during this cycle, excluding medical education and capital portions of the hospital base rates</td>
</tr>
<tr>
<td>2. Total # of included episodes</td>
<td>28</td>
<td>Net of episodes excluded for clinical or operational considerations</td>
</tr>
<tr>
<td>3. Avg. episode spend (non adj.)</td>
<td>$4,642</td>
<td>Average spend before risk adjustment; Equals line (1) divided by line (2)</td>
</tr>
<tr>
<td>4. Risk adjustment ratio (avg.)</td>
<td>0.6222</td>
<td>Average adjustment to raw claims to account for clinical variability (set by payers)</td>
</tr>
<tr>
<td>5. Average risk-adjusted spend per episode</td>
<td>$2,888</td>
<td>Adjusted spend per episode; Equals line (3) multiplied by line (4)</td>
</tr>
<tr>
<td>6. Commendable spend threshold per episode</td>
<td>N/A</td>
<td>Commendable threshold</td>
</tr>
<tr>
<td>7. Risk-adjusted spend per episode below threshold</td>
<td>N/A</td>
<td>The smaller of the difference between adjusted spend and commendable spend or adjusted spend and the gain sharing limit; equals line (6) minus line (5) or line (6) minus the gain sharing limit ($1,235)</td>
</tr>
<tr>
<td>8. Percentage of spend subject to gain sharing</td>
<td>N/A</td>
<td>Difference between adjusted spend and commendable spend as percentage of adjusted spend; equals line (7) divided by line (5)</td>
</tr>
<tr>
<td>9. Total spend eligible for gain sharing</td>
<td>N/A</td>
<td>Equals line (1) times line (8)</td>
</tr>
<tr>
<td>10. Gain sharing proportion</td>
<td>N/A</td>
<td>Proportion of spending eligible for gain you share in</td>
</tr>
<tr>
<td>11. Total gain share</td>
<td>N/A</td>
<td>Total gain-sharing payment; equals line (9) times line (10)</td>
</tr>
</tbody>
</table>

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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.
Quality and utilization metrics comparison to threshold and other providers

Metrics linked to gain sharing

HIV screening
% of valid episodes where the patient receives a screening for HIV during the pre-trigger window

GBS screening
% of valid vaginal delivery episodes where the patient receives a screening for Group B streptococcus (GBS) during the pre-trigger window

C-section
% of valid episodes where the patient receives a C-section during the episode window

Follow-up visit within 60 days
% of valid episodes where the patient receives a follow-up visit during the post-trigger window 1 or post-trigger window 2

Metrics for information only

Gestational diabetes screening
% of valid episodes where the patient receives a screening for gestational diabetes during the pre-trigger window

Chlamydia screening
% of valid episodes where the patient receives a screening for chlamydia during the pre-trigger window

Hepatitis B screening
% of valid episodes where the patient receives a screening for hepatitis B specific antigen during the pre-trigger window

Ultrasound rate
Average # of ultrasounds given by a PAP in the pre-trigger window of valid episodes

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

**Episodes included: 28**

<table>
<thead>
<tr>
<th>Claim type</th>
<th># of episodes with spend in claim type</th>
<th>% of episodes with spend in claim type</th>
<th>Avg. spend per episode when claim type utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>28</td>
<td>100%</td>
<td>$2,262</td>
</tr>
<tr>
<td>Long term care</td>
<td>0</td>
<td>0%</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient</td>
<td>23</td>
<td>82%</td>
<td>$650</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>20</td>
<td>71%</td>
<td>$100</td>
</tr>
<tr>
<td>Professional</td>
<td>28</td>
<td>100%</td>
<td>$1,775</td>
</tr>
</tbody>
</table>

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