



Department of  
Medicaid

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# Understanding your Episode and PAP referral reports

Webinar

September 26, 2018

<http://medicaid.ohio.gov/provider/PaymentInnovation/episodes>

# Ohio's Value-Based Alternatives to Fee-for Service

Fee for service

Incentive-Based Payment

Transfer Risk

Ohio's State Innovation Model (SIM) focuses on (1) increasing access to comprehensive primary care and (2) implementing episode-based payments

Fee for service

Pay for Performance

Patient-Centered Medical Home

Episode-Based Payment

Accountable Care Organization

Payment for services rendered

Payment based on improvements in cost or outcomes

Payment encourages primary care practices to organize and deliver care that broadens access while improving care coordination, leading to better out-comes and a lower total cost of care

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

Payment goes to a local provider entity responsible for all of the health care and related expenditures for a defined population of patients

# Ohio Payer Partners in Payment Innovation



# Ohio payment innovation progress to-date



## Comprehensive Primary Care (CPC) program

**1M+ unique patients** included in the CPC model for 2018<sup>1</sup>

**\$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<sup>1</sup>



**1,800+ reports** sent to CPC practices capturing patient panel, cost and quality measures<sup>3</sup>

## Episodes of care program

**1M+ unique patients** covered in 43 episodes

**13,000+ Medicaid providers** receiving reports as an episode principle accountable provider (PAPs)<sup>2</sup>

**56,000+ reports** delivered including episode performance on cost and quality measures<sup>2</sup>

<sup>1</sup> Information as of September 1, 2017

<sup>2</sup> All PAPs must have at least 1 valid episode to receive a report

<sup>3</sup> From launch through January 2018

# Contents

- **Overview of quarterly reports**
- Overview of referral reports
- Program update
- Next steps and questions



# Planned 2018 episode reporting timeline for episodes linked to payment

Quarterly Annual

	Activity	For episodes ending...							
		Prior year				Current year			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Q1	January 1: Launch of Year 2 performance period								
	Providers receive quarterly episode performance report, for episodes ending January 1 – September 30, Year 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q2	Providers receive preliminary episodes performance report, containing full calendar year (Year 1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providers receive PAP referral report reflecting Year 1 performance <sup>1</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q3	Providers receive final performance report, containing full calendar year (Year 1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Providers receive performance reports for episodes ending January 1 – March 30, Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4	Providers receive performance reports for the first two quarters of the 2018 performance period, episodes ending January 1 – June 30, Year 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Report is not created for information-only episodes

# 1 Reminder: Episode reports now contain hyperlinks

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

--- Demonstration Powered by HP Exstream 08/01/2017, Version 9.5.201 32-bit ---

## EPISODE of CARE PROVIDER REPORT

**Link #1** → COPD **Link #2** → Q1 2017

Reporting period covering episodes that ended between January 1, 2017 and March 31, 2017

PAYER NAME: All Payers    PROVIDER CODE: █████    PROVIDER NAME: █████

**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 have passed all quality metrics linked to gain-sharing.

**i** 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: 19

- 58% Excluded (11 Episodes)
- 42% Included (8 Episodes)

**Link #3** → 58% Excluded (11 Episodes)    **Link #4** → 42% Included (8 Episodes)

100% of your episodes have been risk adjusted

**Quality metrics**

You achieved 1 of 1 quality metrics linked to gain

**Risk adjusted average spend per episode**

Distribution of provider average episode spend (risk adj.)

Avg. risk-adj. episode spend (\$,000)

- Not Acceptable (red)
- Acceptable (grey)
- Commendable (green)

Acceptable (\$1,115)    You are here \$472    Commendable (\$690)    Gain Sharing Limit (\$49)

**Key performance**

Rolling four quarters

Reporting period 2016    Performance period 2017

--- Demonstration Powered by HP Exstream 08/01/2017, Version 9.5.201 32-bit ---

## EPISODE of CARE PROVIDER REPORT

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**COPD**    Q1 2017

Reporting period covering episodes that ended between January 1, 2017 and March 31, 2017

PAYER NAME: All Payers    PROVIDER CODE: █████    PROVIDER NAME: █████

**Your episode spend distribution (risk adjusted)**

Each bar represents one episode

Episodes included: 24

Not Acceptable (red)    Acceptable (grey)    Commendable (green)

**Link #5** → [Bar]

Your Average \$472

**Gain/risk sharing calculation**

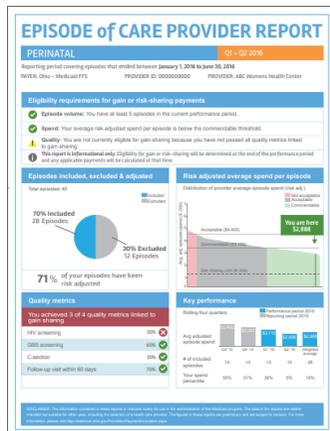
Gain / risk sharing component	You	Description
1. Total spend across included episodes	\$7,921	Total of all associated claims submitted and paid during cycle, excluding medical education and capital portions of the hospital base rates
2. Total # of included episodes	24	Net of episodes excluded for clinical or operational considerations
3. Avg. episode spend (non adj.)	\$990	Average spend before risk adjustment; Equals line (1) divided by line (2)
4. Risk adjustment ratio (avg.)	0.4768	Average adjustment to raw claims to account for clinical variability (set by payers)

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>

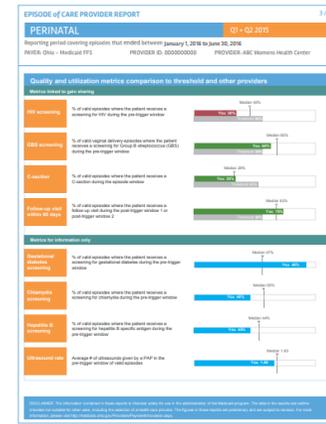
# 1 Reminder: Contents of episode reports

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



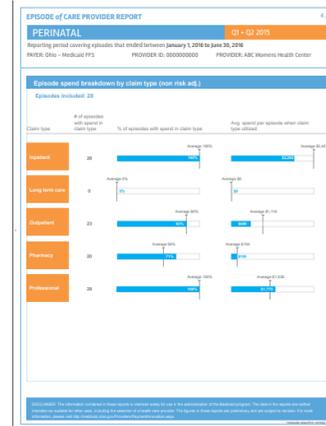
- Page 3:** Quality metric deep-dives for metrics linked to payment and information-only metrics



- Page 4:** Episode spend breakdown by claim type



- Page 4:** Episode spend breakdown by claim type



# 1 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

Episode Id	Included/Excluded	Payer	Rendering/Attending Physician	Medicaid ID	Patient Name	Episode Start Date	Episode End Date	Days	Risk adjusted spend	Non-adjusted spend	Dif: Adjusted/Total	IP spend (non-adj.)	IP # claims	OP spend (non-adj.)	OP # claims	Rx spend (non-adj.)	Rx # claims	Prof spend (non-adj.)	Prof # claims	Exclusion (if applicable)	
1	Excluded	FFS				7/30/2012	7/7/2013	342	\$ 6,426.12	\$ 7,891.59	\$ (1,465.47)	\$2,169.63	1	\$4,170.06	12	\$ 22.22	4	\$ 1,529.68	13	Inconsistent Eli	
2	Included	FFS				10/25/2012	10/3/2013	343	\$ 5,774.63	\$ 7,319.85	\$ (1,545.22)	\$3,505.12	1	\$ 76.95	1	\$ 10.96	2	\$ 3,726.82	28		
3	Excluded	FFS				1/1/2013	12/11/2013	344	\$ 5,326.18	\$ 7,931.76	\$ (2,605.58)	\$4,294.85	1	\$1,696.95	5	\$ 48.68	4	\$ 1,891.28	13	Inconsistent Eli	
4	Excluded	FFS				8/24/2012	8/3/2013	344	\$ 5,036.81	\$ 7,318.82	\$ (2,282.01)	\$4,754.21	1	\$ 760.31	6	\$ 15.81	3	\$ 1,788.49	12	TPL Exclusion	
5	Included	FFS				2/5/2013	1/13/2014	342	\$ 4,945.62	\$ 4,945.62	\$ -	\$2,200.73	1	\$ 101.86	1	\$ 52.25	1	\$ 2,590.78	14		
6	Excluded	FFS				8/13/2012	7/22/2013	343	\$ 4,894.99	\$ 6,150.26	\$ (1,255.27)	\$4,904.34	1	\$ -	0	\$ -	0	\$ -	10	TPL Exclusion	
7	Included	FFS				8/9/2012	7/17/2013	342	\$ 4,844.63	\$ 4,844.63	\$ -	\$3,685.38	1	\$ -	0	\$ -	0	\$ 1,159.25	6		
8	Excluded	FFS				9/13/2012	8/22/2013	343	\$ 4,815.96	\$ 7,335.82	\$ (2,519.85)	\$4,594.69	1	\$ 183.88	3	\$ 60.86	6	\$ 2,496.39	30	Comorbidity Ex	
9	Excluded	FFS				5/16/2013	4/23/2014	342	\$ 4,748.90	\$ 11,189.69	\$ (6,440.79)	\$8,716.48	4	\$ 672.26	4	\$ -	0	\$ 1,800.95	15	Inconsistent Eli	
10	Included	FFS				9/13/2012	8/21/2013														
11	Excluded	FFS				9/1/2012	8/10/2013														
12	Included	FFS				5/7/2013	4/14/2014														
13	Included	FFS				10/18/2012	9/26/2013														
14	Excluded	FFS				7/11/2013															
15	Excluded	FFS				3/29/2013															
16	Excluded	FFS				11/15/2012	10/2/2013														
17	Included	FFS				12/20/2012	11/27/2013														
18	Excluded	FFS				10/24/2012	10/1/2013														
19	Included	FFS				7/28/2012	7/5/2013														
20	Included	FFS				11/23/2012	11/1/2013														
21	Excluded	FFS				7/3/2013	6/11/2014														
22	Included	FFS				11/12/2012	10/21/2013														
23	Included	FFS				7/19/2013	6/28/2014														
24	Excluded	FFS																			

## 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

# Contents

- Overview of quarterly reports
- **Overview of referral reports**
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# Providers receive two types of reports for the episodes program

Details follow

## 1 Episode report

Contains provider performance summary as well as details at the episode-level

*Latest report on MITS: preliminary CY 2017 report, posted July 2018*



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

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

## 2 PAP referral report *For episodes linked to payment only*

Contains PAP-level summary of risk-adjusted cost indicator, quality indicator, and zip code as well as episode and quality metric summary annually

*Latest report on MITS: annual 2017 PAP report, posted July 2018*



**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

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**ASTHMA EXACERBATION** Q1 + Q2 + Q3 + Q4 2016

Provider performance metrics (risk-adjusted cost per episode, passes quality metrics) are measured from episodes that ended between 01-01-2016 and 12-31-2016. There were 1,000 asthma episodes between 01-01-2016 and 12-31-2016.

**Provider performance**

Key: categories of risk-adjusted cost per episode with ranges of notional non-risk-adjusted values<sup>2</sup>

Principal Accountable Provider	Risk-adjusted cost per episode	Passes quality metrics <sup>1</sup>	Zip code
PAP1	\$\$\$	✓	41111
PAP2	\$	✓	42222
PAP3	\$\$\$\$	✓	43333
PAP4	\$	✗	44444
PAP5	\$\$	✗	45555
PAP6	\$\$\$	✓	46666
PAP7	\$\$\$\$\$	✗	47777
PAP8	\$\$	✗	48888
PAP9	\$\$\$\$\$	✗	49999
PAP10	\$	✗	41111
PAP11	\$\$	✗	42222
PAP12	\$\$\$	✓	43333
PAP13	\$	✓	44444
PAP14	\$\$\$	✗	45555
PAP15	\$\$\$\$	✗	46666
PAP16	\$\$\$\$\$	✗	47777
PAP17	\$	✗	48888
PAP18	\$	✗	49999
PAP19	\$	✗	41111
PAP20	\$	✗	42222
PAP21	\$	✗	43333
PAP22	\$\$\$\$	✗	44444
PAP23	\$\$\$\$\$	✓	45555
PAP24	\$\$\$\$	✓	46666
PAP25	\$\$\$\$	✓	47777

1 Quality metrics are explained in more depth on the context page of this report  
2 National non-risk-adjusted values represent the expected non-risk-adjusted cost for the average patient

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## 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

# 2 Ohio's Price and Quality Transparency Initiative

## PAP Referral Report

## Ohio CPC Practice Report

**PCMH Annual Performance Report**  
 Provider Name (Provider ID#): [Redacted]  
**Performance Summary**  
 Reporting period covering services paid through 6/30/2016, with service dates between 1/1/2017 and 12/31/2017  
 Standard processes and operational activities status based on provider per-act entries

**PCMH Performance Summary**

**Your payment eligibility**

PCMH PRISM	PCMH Shared Savings Payment
<b>Your payment eligibility:</b> Congratulations! You are eligible for this payment based on last year's performance.	<b>Your payment eligibility:</b> Congratulations! You are eligible for this payment based on last year's performance.
<b>Your payment amounts:</b> \$45,200 This year / \$91,840 Last year	<b>Your payment amounts:</b> \$10,256 This year / \$20,512 Last year

**Your risk-adjusted total cost of care performance**

Distribution of PCMH eligible and PCMH-enrolled practices by risk-adjusted total cost of care (PCMH)

**Requirements for payment**

Requirement categories	Found in place	2017 performance	Goal	PCMH PRISM	2017 performance	Goal	PCMH Shared Savings Payment
Activity measures	8	8/8	8/8	8/8	8/8	8/8	8/8
Quality measures	3, 4, 9	85%	≥75%	85%	≥75%	85%	8/8
Efficiency measures	3, 6, 13	100%	≥75%	100%	Not scored for this payment stream	100%	Not scored for this payment stream
Total cost of care	3, 6, 14	Not scored for this payment stream	Not scored for this payment stream	\$285,000	Not scored for this payment stream	Not scored for this payment stream	+ \$300,000 (Risk-Adjusted Target)

**PERINATAL Q2 2017**

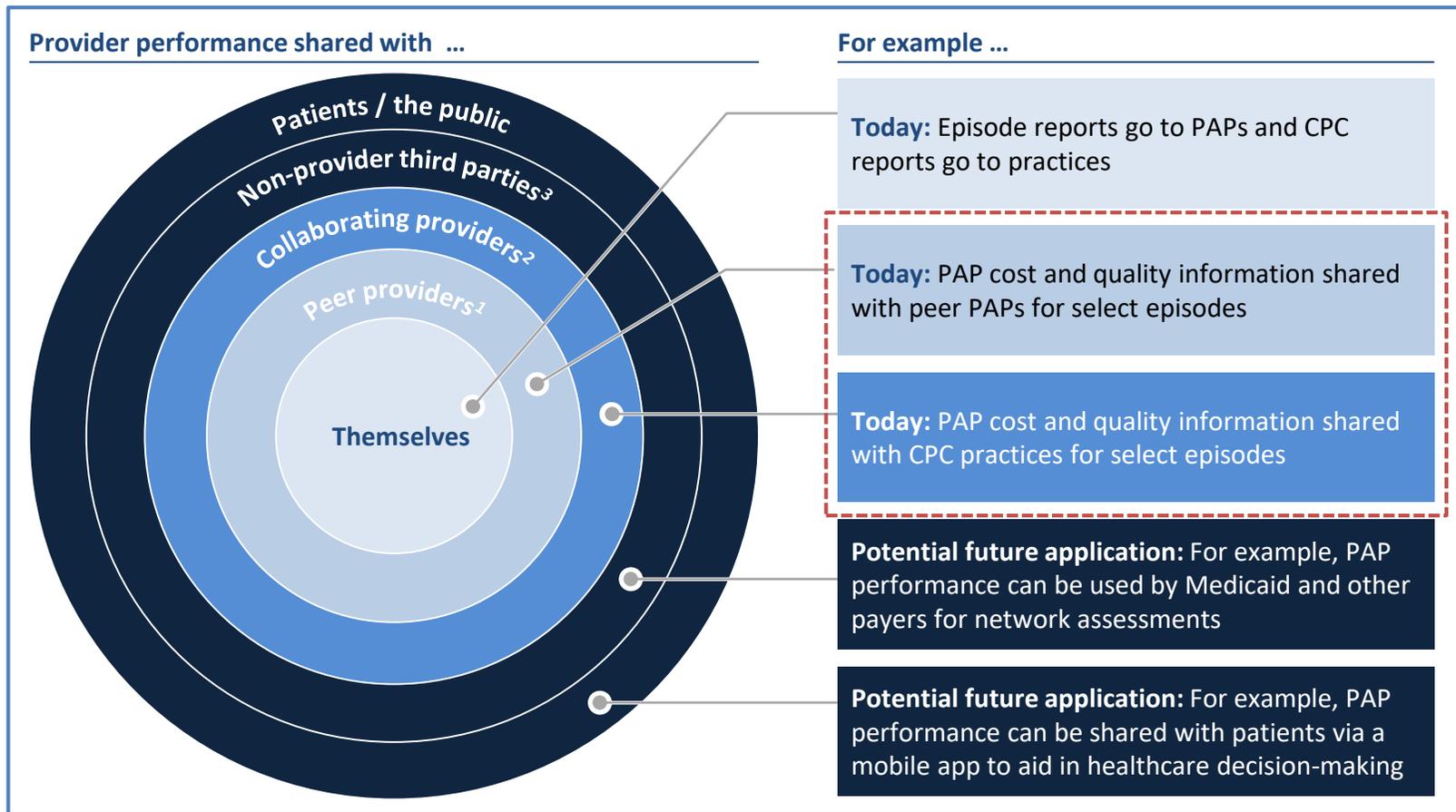
**Provider performance and patient activity report**

Reporting period covering episodes that ended between 01/01/2017 and 02/28/2017. 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.

Provider	01/01-01/31	02/01-02/28	01/01-02/28	01/01-02/28
U.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
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U.F.C.	1	1	2	2
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U.F.M.C.B.F.	1	1	2	2
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U.F.C.F.	1	1	2	2
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U.F.C.F.	1	1	2	2
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U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
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U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
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U.F.M.C.B.F.	1	1	2	2
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U.F.C.B.F.	1	1	2	2
U.F.C.F.	1	1	2	2
U.F.C.	1	1	2	2
U.F.M.C.	1	1	2	2
U.F.M.C.B.F.	1	1	2	2
U.F.C.B.F.				

# Increased transparency offered by PAP and CPC referral reports

■ For potential future consideration  
 □ Details to follow



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...

### PAPs receive reports July 2018

#### PAP referral report (PDF file)

- Shows zip codes and cost / quality performance for all PAPs in the state
- Appended to the quarterly episode reports

Primary Accountable Provider	Zip code	Performance
PAP01	43001	\$\$\$
PAP02	43001	\$\$\$
PAP03	43011	\$\$\$
PAP04	43011	\$\$\$
PAP05	43021	\$\$\$
PAP06	43021	\$\$\$
PAP07	43021	\$\$\$
PAP08	43021	\$\$\$
PAP09	43021	\$\$\$
PAP10	43021	\$\$\$
PAP11	43021	\$\$\$
PAP12	43021	\$\$\$
PAP13	43021	\$\$\$
PAP14	43021	\$\$\$
PAP15	43021	\$\$\$
PAP16	43021	\$\$\$
PAP17	43021	\$\$\$
PAP18	43021	\$\$\$
PAP19	43021	\$\$\$
PAP20	43021	\$\$\$
PAP21	43021	\$\$\$
PAP22	43021	\$\$\$
PAP23	43021	\$\$\$
PAP24	43021	\$\$\$
PAP25	43021	\$\$\$

### CPC practices received quarterly reports July 2018

#### CPC referral report (PDF file)

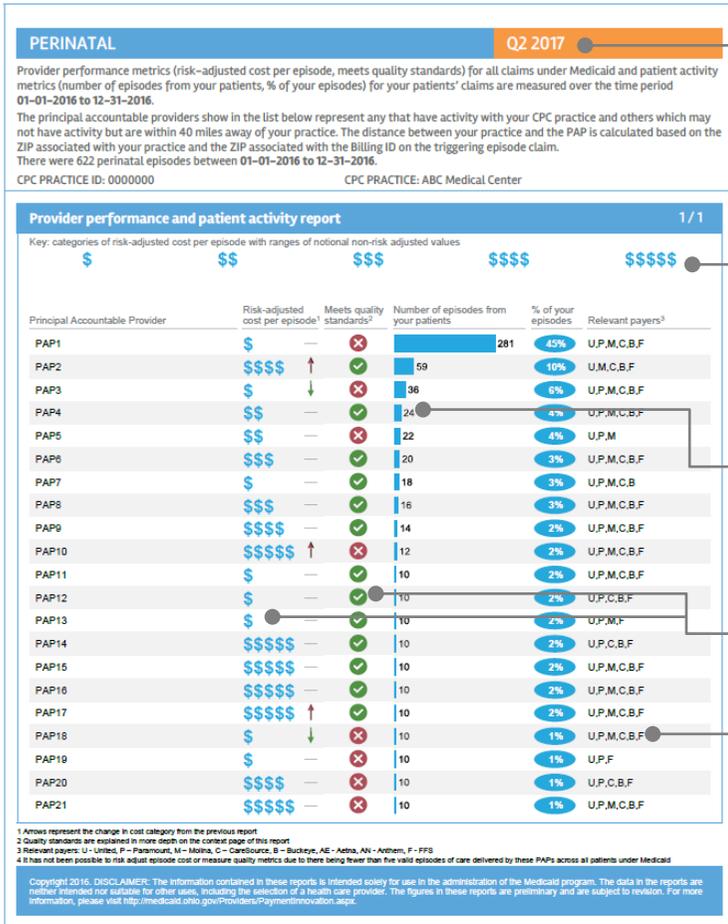
- Shows the number of patients receiving care from each PAP for a given CPC practice
- Displays PAP performance, with PAPs ordered by the current CPC practice's patient volume

#### 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

Patient ID	Date	Performance
P001	07/01/2017	\$\$\$
P002	07/02/2017	\$\$\$
P003	07/03/2017	\$\$\$
P004	07/04/2017	\$\$\$
P005	07/05/2017	\$\$\$
P006	07/06/2017	\$\$\$
P007	07/07/2017	\$\$\$
P008	07/08/2017	\$\$\$
P009	07/09/2017	\$\$\$
P010	07/10/2017	\$\$\$
P011	07/11/2017	\$\$\$
P012	07/12/2017	\$\$\$
P013	07/13/2017	\$\$\$
P014	07/14/2017	\$\$\$
P015	07/15/2017	\$\$\$
P016	07/16/2017	\$\$\$
P017	07/17/2017	\$\$\$
P018	07/18/2017	\$\$\$
P019	07/19/2017	\$\$\$
P020	07/20/2017	\$\$\$
P021	07/21/2017	\$\$\$
P022	07/22/2017	\$\$\$
P023	07/23/2017	\$\$\$
P024	07/24/2017	\$\$\$
P025	07/25/2017	\$\$\$

# 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

Must  
pass 50%

# Ohio CPC Efficiency Metrics

Metric	Rationale
<b>Generic dispensing rate (all drug classes)</b>	<ul style="list-style-type: none"> <li>• Strong correlation with total cost of care for large practices</li> <li>• Limited range of year over year variability for smaller panel sizes</li> <li>• Aligned with preferred change in providers' behavior to maximize value</li> </ul>
<b>Ambulatory care-sensitive inpatient admits per 1,000</b>	<ul style="list-style-type: none"> <li>• Strong correlation with total cost of care for large practices</li> <li>• Metric that PCPs have stronger ability to influence, compared to all IP admissions</li> </ul>
<b>Emergency room visits per 1,000</b>	<ul style="list-style-type: none"> <li>• Limited range of year over year variability for smaller panel sizes</li> <li>• Aligned with preferred change in providers' behavior supporting the most appropriate site of service</li> </ul>
<b>Behavioral health-related inpatient admits per 1,000</b>	<ul style="list-style-type: none"> <li>• Reinforces desired provider practice patterns, with focus on behavioral health population</li> <li>• Relevant for a significant number of smaller practices</li> <li>• Stronger correlation to total cost of care than other behavioral health-related metrics</li> </ul>
<b>Episodes-related metric</b>	<ul style="list-style-type: none"> <li>• Links CPC program to episode-based payments</li> <li>• Based on CPC practice referral patterns to episodes principle accountable providers</li> </ul>

# 2019 episode-related efficiency metric methodology

HP: high performing  
LP: low performing

**Metric calculation**

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

$$\frac{\# \text{ episodes with HP PAPs} - \# \text{ episodes with LP PAPs}}{\text{Total \# of episodes}}$$

$$\# \text{ episodes w/ HP PAPs} : \# \text{ episodes w/ LP PAPs} \quad (\text{Total \# of episodes})$$

*Total # of episodes*

## Example

A CPC practice has:

<b>'High performing'</b>	<b>20</b>	<b>20 - 10</b>	<b>= .14</b>	<b>20:10 (70)</b>
		<hr style="width: 50%; margin: 0 auto;"/>		
<b>'Low performing'</b>	<b>10</b>	<b>70</b>		
<b>Neutral</b>	<b>40</b>			

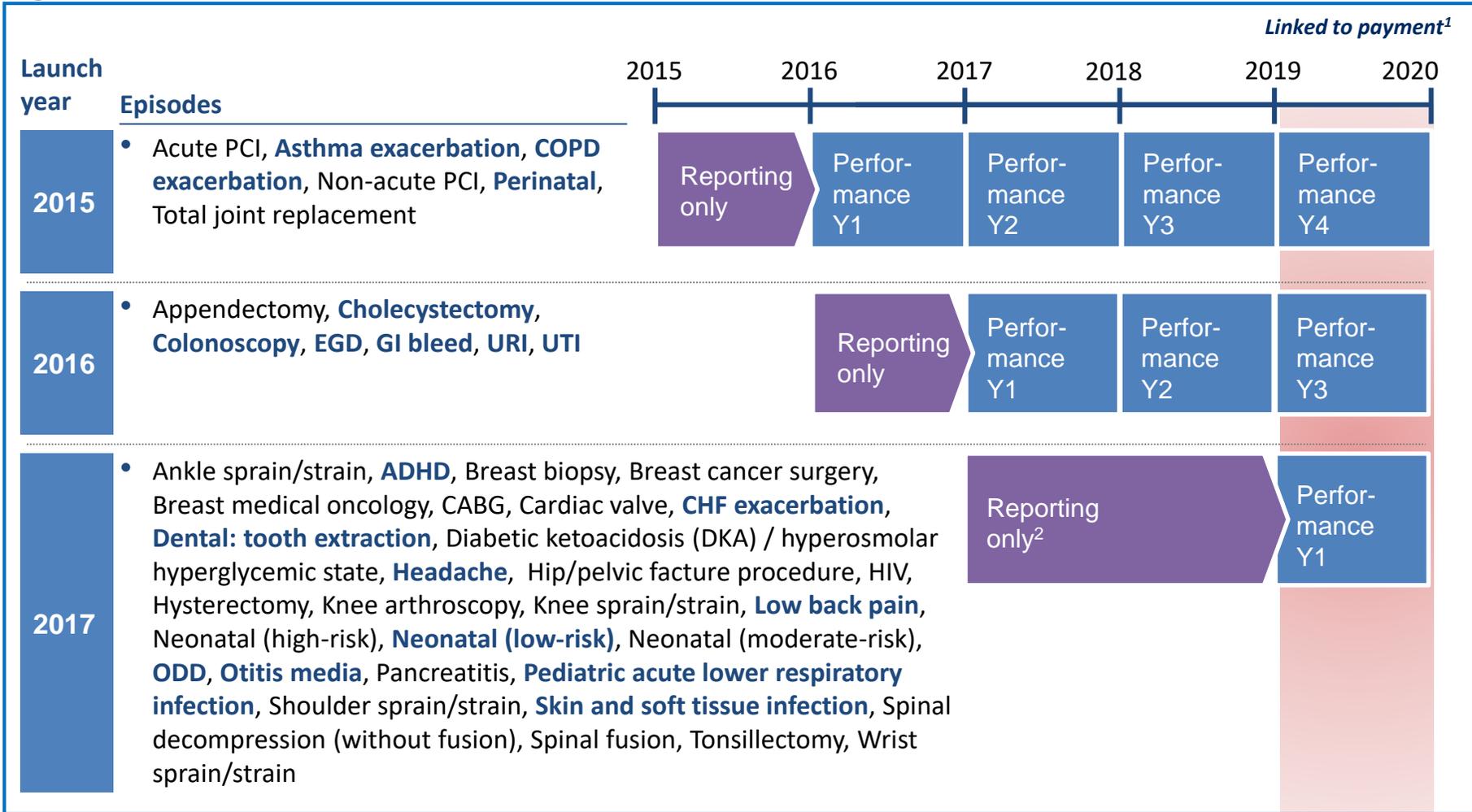
Note: High Performing PAPs defined as episode Principal Accountable Providers in the lowest two cost quintiles and passing quality metrics; Low Performing PAPs defined as episode Principal Accountable Providers in the highest cost quintile.

# 2018 Referral Report Details

	<u>PAP referral report</u>	<u>CPC referral report</u>
Who receives a report?	<ul style="list-style-type: none"> <li>PAPs for perinatal, asthma exacerbation, COPD<sup>1</sup>, colonoscopy, EGD, GI bleed, and cholecystectomy</li> </ul>	<ul style="list-style-type: none"> <li>Enrolled Ohio CPC practices</li> </ul>
What information is included?	<ul style="list-style-type: none"> <li>By episode, all PAP names, risk-adjusted cost indicator, quality indicator, and zip code, episode and quality metric summary, associated payers</li> </ul>	<ul style="list-style-type: none"> <li><i>CPC reports only</i>: number of attributed members, csv file</li> </ul>
How is it sorted?	<ul style="list-style-type: none"> <li>All PAPs, alphabetical order</li> </ul>	<ul style="list-style-type: none"> <li>Number of attributed members, and includes PAPs within radius</li> </ul>
What is the data timeframe?	<ul style="list-style-type: none"> <li>Calendar year 2017</li> </ul>	<ul style="list-style-type: none"> <li>Rolling 12 months (July report CY17)</li> </ul>
When do providers receive report?	<ul style="list-style-type: none"> <li>Annually</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly (July, October, December)</li> </ul>

<sup>1</sup> 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



<sup>1</sup> 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

<sup>2</sup> 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

# Update from August 29th episodes webinar

- 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 16<sup>th</sup> 2018:
  - Report formats: Summary and Detail reports
  - File names: same file name as June/July reports
  - Dates posted: September 15-16, 2018

**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 ▾	Date First Accessed
	UPPER RESPIRATORY INFECTION	01/01/2018	03/31/2018	SEP, 2018	SUMMARY	09/16/2018	
	UPPER RESPIRATORY INFECTION	01/01/2018	03/31/2018	SEP, 2018	DETAIL	09/16/2018	
	UPPER RESPIRATORY INFECTION	01/01/2017	12/31/2017	JUN, 2018	SUMMARY	09/14/2018	
	UPPER RESPIRATORY INFECTION	01/01/2017	12/31/2017	JUN, 2018	DETAIL	09/14/2018	
	OTITIS MEDIA	01/01/2017	12/31/2017	JUL, 2018	DETAIL	07/26/2018	
	OTITIS MEDIA	01/01/2017	12/31/2017	JUL, 2018	SUMMARY	07/26/2018	

# Contents

- Overview of quarterly reports
- Overview of referral reports
- Program update
- **Next steps and questions**

# Upcoming episodes webinars

Past webinar

Upcoming webinar

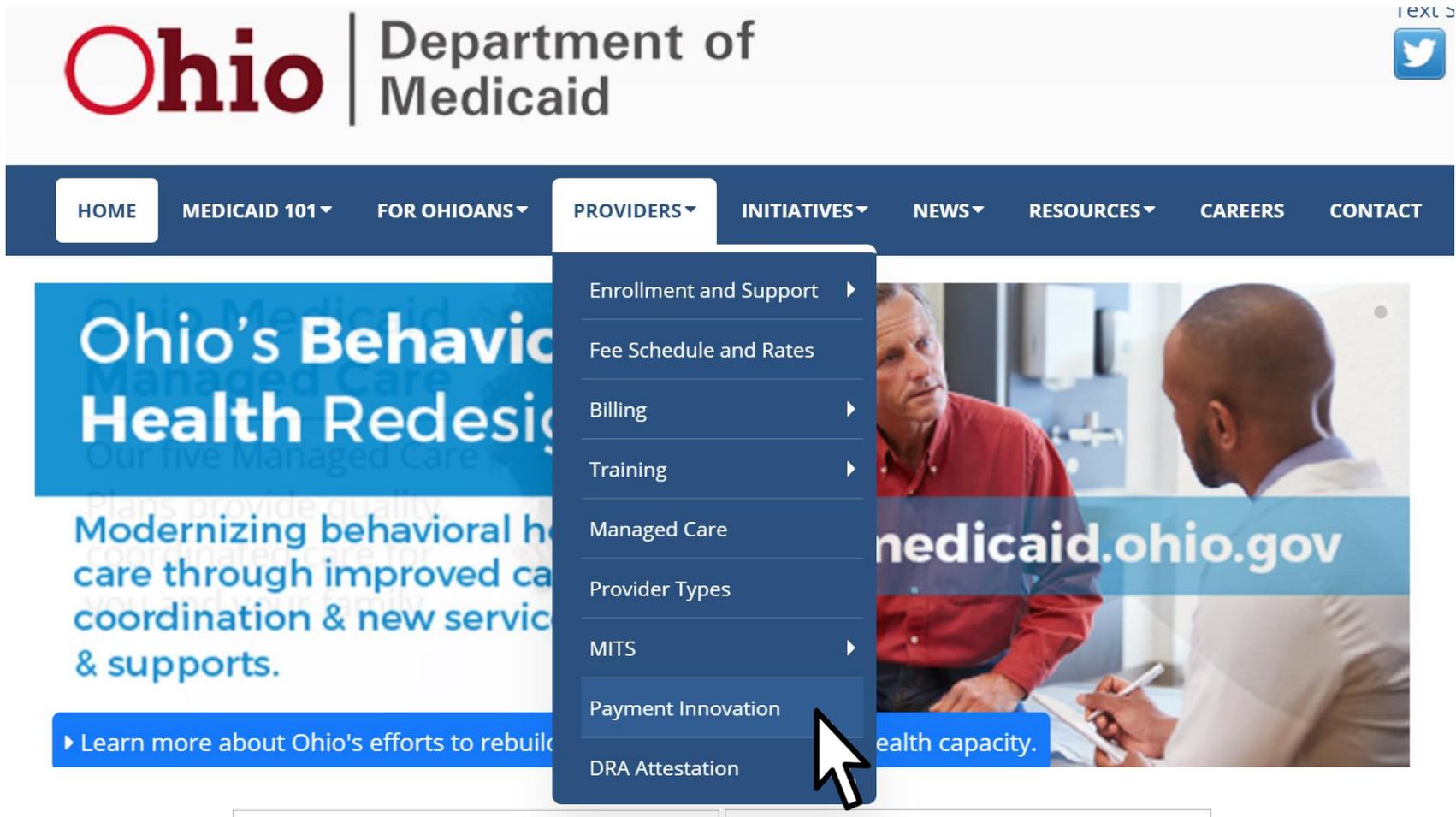
## Dates

- August 29<sup>th</sup>
- September 26<sup>th</sup>
- October 23<sup>th</sup>
- November 28<sup>th</sup>

## 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



# Additional episode details can be found online



Wave 3: The following episodes are also planned for release in 2017:

- Attention deficit and hyperactivity disorder (concept paper, DBR, code sheet)
- Breast biopsy (concept paper, DBR, code sheet)
- Breast cancer surgery (concept paper, DBR, code sheet)
- Breast medical oncology (concept paper, DBR, code sheet)
- Coronary artery bypass graft (concept paper, DBR, code sheet)
- Cardiac valve (concept paper, DBR, code sheet)
- Congestive heart failure exacerbation (concept paper, DBR, code sheet)
- Diabetic ketoacidosis/ hyperosmolar hyperglycemic state (concept paper, DBR, code sheet)
- Headache (concept paper, DBR, code sheet)
- HIV (concept paper, DBR, code sheet)
- Hysterectomy (concept paper, DBR, code sheet)
- Low back pain (concept paper, DBR, code sheet)
- Neonatal (high-risk) (concept paper, DBR, code sheet)
- Neonatal (low-risk) (concept paper, DBR, [code sheet](#))
- Neonatal (moderate-risk) (concept paper, DBR, code sheet)
- Oppositional defiant disorder (concept paper, DBR, code sheet)

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.

# FAQs asked during prior episodes webinars (1/2)

**Q: Is there a way to match the check amounts that we receive from each MCP/FFS to the reports on MITS?**

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.

**Q: Are providers able to learn more about risk adjustments?**

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.

**Q: Do providers in the Ohio CPC program also participate in the episodes model?**

A: Yes. Providers in the CPC program may also be PAPs for primary care-related episodes such as URI and UTI.

## FAQs asked during prior episodes webinars (2/2)

**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?