



# PROVIDER PERFORMANCE REPORT

ASTHMA EXACERBATION

Jan 1, 2016 to Dec 31, 2016

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

PROVIDER CODE: ALL

PROVIDER NAME: ALL

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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

<sup>1</sup> Quality metrics are explained in more depth on the context page of this report

<sup>2</sup> Notional non-risk-adjusted values represent the expected non-risk-adjusted cost for the average patient

### Asthma exacerbation episode context

A 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%)