

How to read your episode report



Ohio | Governor's Office of Health Transformation

How to read your episode report

This guide explains how to read an episode report and understand detailed episode data using illustrative examples. Principal Accountable Providers (PAPs) are the target audience for this guide. It may help PAPs to:

- Understand the cost and quality of care related to patients
- Identify potential areas for improvement.

The guide assumes knowledge of the episode-based payment model. To learn more, please go to: <http://medicaid.ohio.gov/PROVIDERS/PaymentInnovation.aspx>

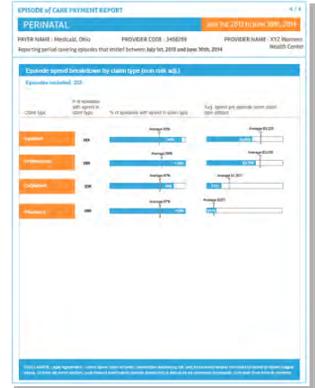
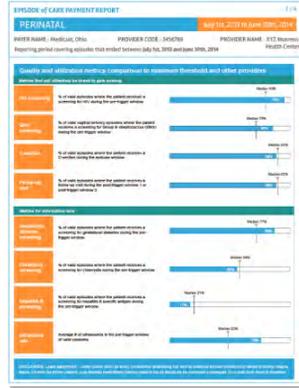
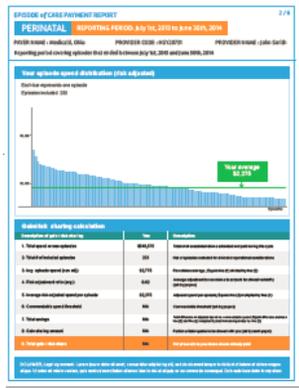
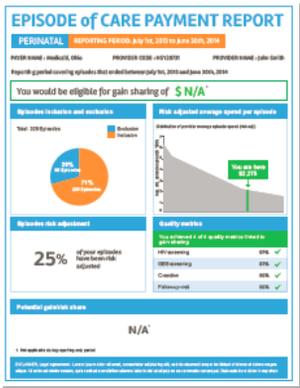
Inside this guide:

Summary

Performance

Quality

Cost types



Episode detail

Episode ID	Included or Excluded	Physician	Patient Medicaid ID	Patient Name	Episode Start Date	Episode End Date	Risk adjusted spend	Non-adjusted spend	Inpatient spend (non-adj.)	Inpatient # claims	Outpatient spend (non-adj.)	Outpatient # claims	Profession al spend (non-adj.)	Profession al # claims	Pharmacy spend (non-adj.)	Pharmacy # claims	Long term care spend (non-adj.)	Long term care # claims	Reason for exclusion (if applicable)
5547526239	Included	Susan Lewis	55475262395	Melissa Cru	7/15/2013	8/16/2013	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	
4532256278	Included	Shane Ross	45322562782	Florence Se	7/17/2013	8/18/2013	7803	9519	7944	1	0	0	1177	1	398	1	0	0	
4916670115	Included	John Patrick	49166701151	Raymond C	7/24/2013	8/25/2013	10404	12692	10593	1	0	0	1569	1	530	1	0	0	
4532904072	Included	Sam Taggar	45329040720	Shannon Ne	8/3/2013	9/4/2013	6502	7932	6146	1	568	1	910	1	308	1	0	0	
4539826914	Included	Gregory Hoi	45398269148	Elizabeth C	8/20/2013	9/21/2013	10404	12693	10231	1	946	1	1516	1	0	0	0	0	
4929856858	Included	Carol Hatha	49298568581	Neil Thaxto	8/30/2013	10/1/2013	14305	17451	13521	1	1250	1	2003	1	677	1	0	0	
4532634635	Included	Catherine B	45326346356	James Joynt	10/1/2013	11/2/2013	11704	14278	0	0	4541	1	7278	1	2459	1	0	0	
5338417890	Included	Lawrence K	53384178903	Marilyn Mo	1/3/2014	2/4/2014	11704	14279	11063	1	1023	1	1639	1	554	1	0	0	
4929972532	Included	John Patrick	49299725321	Lea Altman	3/10/2014	4/11/2014	13005	15866	13241	1	0	0	1962	1	663	1	0	0	
4485885482	Included	Allison Carr	44858854829	Jack Jacksor	4/17/2014	5/19/2014	13005	15865	12293	1	1136	1	1821	1	615	1	0	0	
4716282741	Included	Eric Forema	47162827416	Carolyn Wil	5/2/2014	6/3/2014	14305	17451	13521	1	1250	1	2003	1	677	1	0	0	
4716788550	Excluded	Richard We	47167885501	Brittany Tar	6/10/2013	7/12/2013	18207	22211	18537	1	0	0	2746	1	928	1	0	0	0 High Outlier
5393084834	Excluded	Lexie Grey	53930848347	Donna Stee	7/28/2013	8/29/2013	11704	14278	0	0	1172	1	1878	1	634	1	10594	1	1 Dual Eligibility
5411945004	Excluded	Anna Del At	54119450047	Gilbert Woc	8/9/2013	9/10/2013	7803	9519	0	0	3657	1	5862	1	0	0	0	0	0 Comorbidity; Mul
4485552241	Excluded	Allison Carr	44855522410	Patricia Mei	12/4/2013	1/5/2014	13005	15865	12293	1	1136	1	1821	1	615	1	0	0	0 Exclusion Long-ter
4485302645	Excluded	Arizona Rot	44853026457	Arthur Rose	12/10/2013	1/11/2014	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	0 Exempt PAP

Summary

EPISODE of CARE PAYMENT REPORT

PERINATAL

1

July 1st, 2013 to June 30th, 2014

PAYER NAME : Medicaid, Ohio

PROVIDER CODE : 3456789

PROVIDER NAME : XYZ Womens Health Center

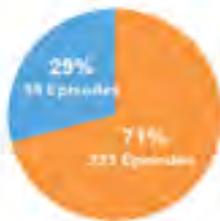
Reporting period covering episodes that ended between July 1st, 2013 and June 30th, 2014

You would be eligible for gain sharing of **\$N/A¹**

2

Episodes inclusion and exclusion

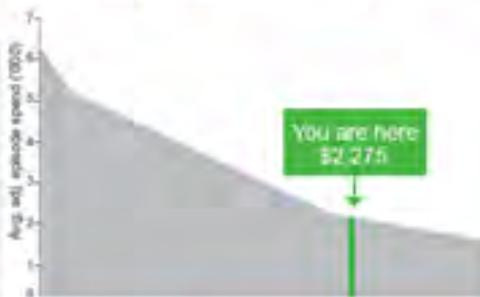
Total: 328 Episodes



3

Risk adjusted average spend per episode

Distribution of provider average episode spend (risk adj.)



4

Episodes risk adjustment

25% of your episodes have been risk adjusted

5

Quality metrics

Your performance on quality metrics that will ultimately be linked to gain sharing

HIV screening	97%
GBS screening	87%
C-section	90%
Follow-up visit	90%

Potential gain/risk share

N/A¹

¹ Not applicable during reporting-only period

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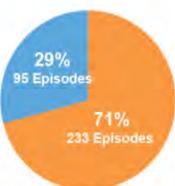
1 July 1st, 2013 to June 30th, 2014

PROVIDER NAME : XYZ Womens
Health Center

2 Episodes inclusion and exclusion

Total: 328 Episodes

Exclusion
Inclusion



3 Episodes risk adjustment

25% of your episodes
have been risk
adjusted

4 Risk adjusted average spend per episode

Distribution of provider average episode spend (risk adj.)



5 Quality metrics

Your performance on quality metrics that will ultimately be linked to gain sharing

HIV screening	97%
GBS screening	87%
C-section	90%
Follow-up visit	90%

The report refers to episodes that ended during this time period.

- A three month claims run out period is included to ensure that data for episodes that end later in the time period are captured. In this example, July 1st – September 30th, 2014 is the run out period.
- The provider name denotes the billing provider; the report may therefore include episodes for multiple individual physicians.

This section indicates the total number of episodes for which you were the PAP, and of these, how many were included and excluded from your performance results.

- Throughout the report, unless otherwise indicated, all results are based on *included* episodes.
- An episode could be excluded for various clinical or business reasons (e.g., left against medical advice, inconsistent enrollment). See: <http://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Episode-Definitions.pdf> for full list of exclusion criteria.

This section shows the percentage of your included episodes that were risk adjusted, i.e., that had costs adjusted downward, based on the presence of defined risk factors identified in the episode claims data. Risk adjustment enables comparison of doctors' performance relative to others' in a way that takes patient health risk factors and other health complications into consideration.

- For a detailed description of risk adjustment methodology, see: <http://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Episode-Risk-Adjustment.pdf>

The graph shows the risk adjusted average spend per episode, by PAP, for all PAPS with 5 or more included episodes.

- Each vertical bar (e.g., the green bar), represents one PAP's average spend per episode.
- You can use this to understand how your spend per episode compares to that of other PAPs in Ohio (Medicaid fee-for-service only).
- When performance is linked to payment at a future date, you will see on this chart how your performance compares to gain and risk sharing thresholds.

The quality metrics section shows the percentage of included episodes that met each quality metric criterion.

- All quality metrics listed here will eventually be linked to gain sharing.
- When performance is tied to payment, a threshold must be met for each metric for you to be eligible for gain sharing. These thresholds have not yet been determined.

EPISODE of CARE PAYMENT REPORT

2 / 4

PERINATAL

July 1st, 2013 to June 30th, 2014

PAYER NAME : Medicaid, Ohio

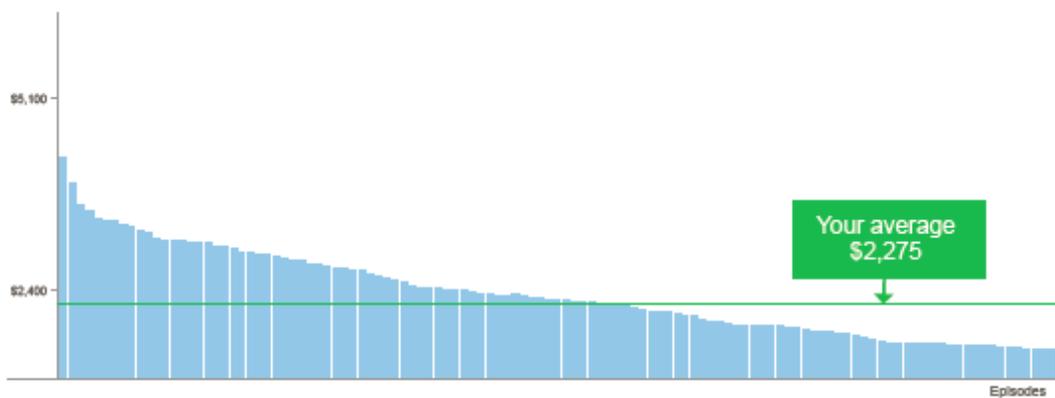
PROVIDER CODE : 3456789

PROVIDER NAME : XYZ Womens Health Center

Reporting period covering episodes that ended between July 1st, 2013 and June 30th, 2014

1 Your episode spend distribution (risk adjusted)

Each bar represents one episode
Episodes included: 233



2 Gain/risk sharing calculation

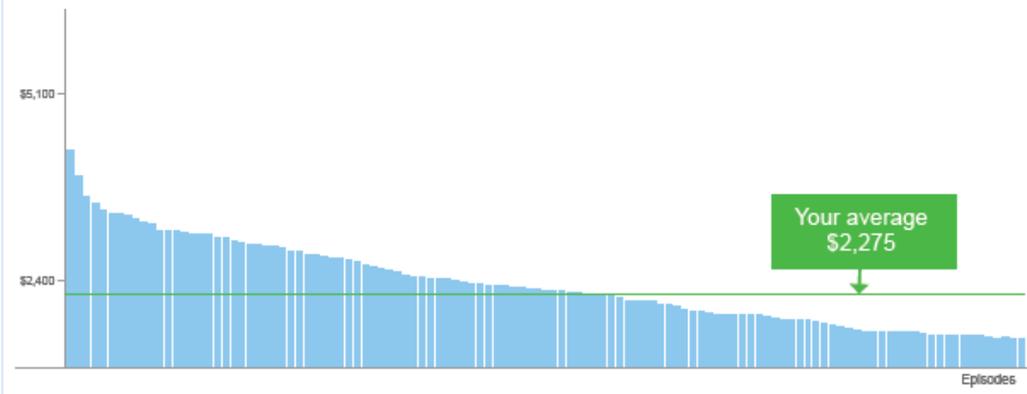
Description of gain / risk sharing	You	Description
1. Total spend across included episodes	\$646,575	Total of all associated claims submitted and paid during this cycle, excluding medical education and capital portions of the hospital base rates
2. Total # of included episodes	233	Net of episodes excluded for clinical or operational considerations
3. Avg. episode spend (non adj.)	\$2,775	Average spend before risk adjustment; Equals line (1) divided by line (2)
4. Risk adjustment ratio (avg.)	0.82	Average adjustment to raw claims to account for clinical variability (set by payers)
5. Average risk-adjusted spend per episode	\$2,275	Adjusted spend per episode; Equals line (3) multiplied by line (4)
6. Commendable spend threshold	N/A ¹	Commendable threshold (set by payers)
7. Total savings	N/A ¹	Total difference in adjusted spend vs. commendable spend; Equals difference between line (5) and line (6) multiplied by total included episodes i.e. line (2)
8. Gain sharing proportion	N/A ¹	Portion of total upside or risk to be shared with you (set by each payer)
9. Total gain / risk share	N/A ¹	Net proceeds to you above claims already paid

¹ Not applicable during reporting-only period

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1 Your episode spend distribution (risk adjusted)

Each bar represents one episode
Episodes included: 233



This graph shows the spend for each of your included episodes, after risk adjustment.

- Each vertical bar represents one episode.
- You can determine:
 - The average spend for your episodes as illustrated by the horizontal line. This line represents the same information as the vertical bar in chart 4, page 3, where average spend per episode is compared to that for other PAPs.
 - The range of spend for your episodes.

2 Gain/risk sharing calculation

Description of gain / risk sharing	You	Description
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9. Total gain / risk share	N/A ¹	Net proceeds to you above claims already paid

¹ Not applicable during reporting-only period

This description lays out the components and methodology underlying gain and risk sharing calculations. As performance is not yet linked to payment, items 6-9 are currently not applicable.

EPISODE of CARE PAYMENT REPORT

3 / 4

PERINATAL

July 1st, 2013 to June 30th, 2014

PAYER NAME : Medicaid, Ohio

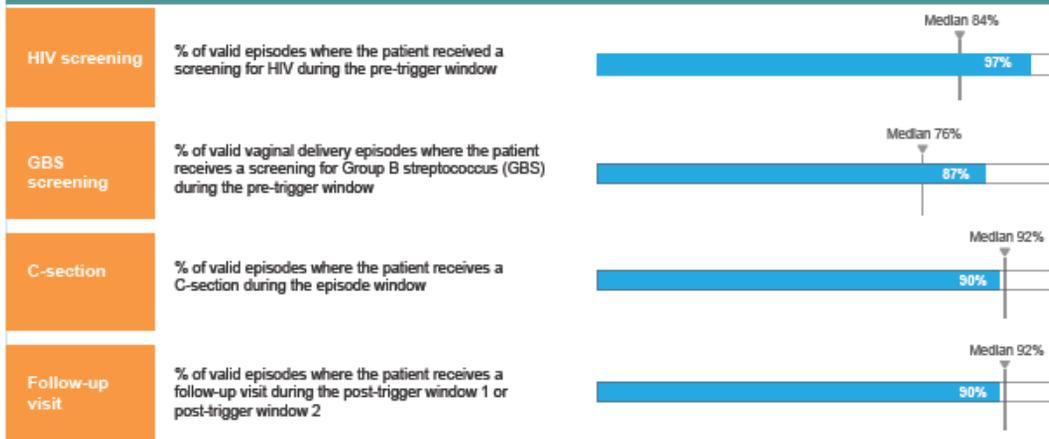
PROVIDER CODE : 3456789

PROVIDER NAME : XYZ Womens Health Center

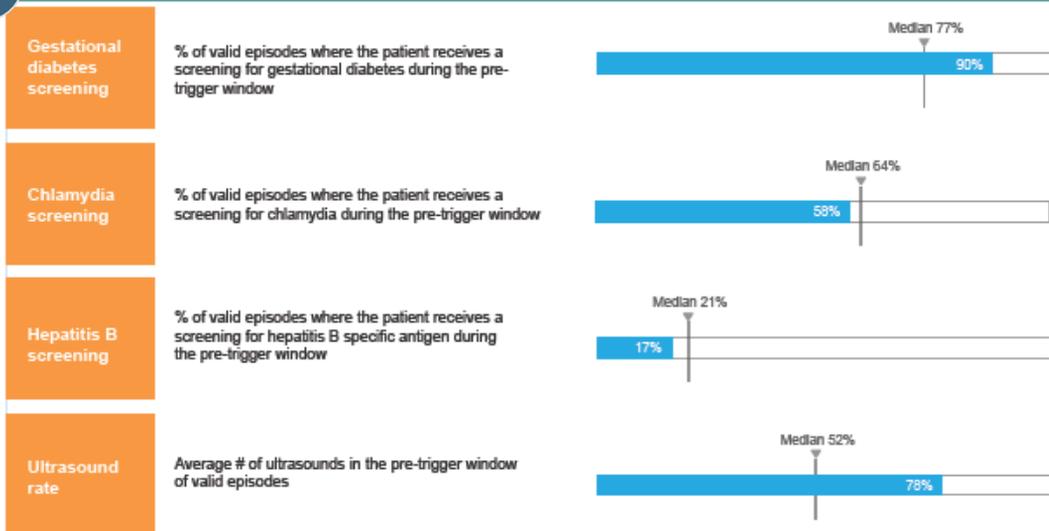
Reporting period covering episodes that ended between July 1st, 2013 and June 30th, 2014

1 Quality and utilization metrics comparison to minimum threshold and other providers

Metrics that will ultimately be linked to gain sharing



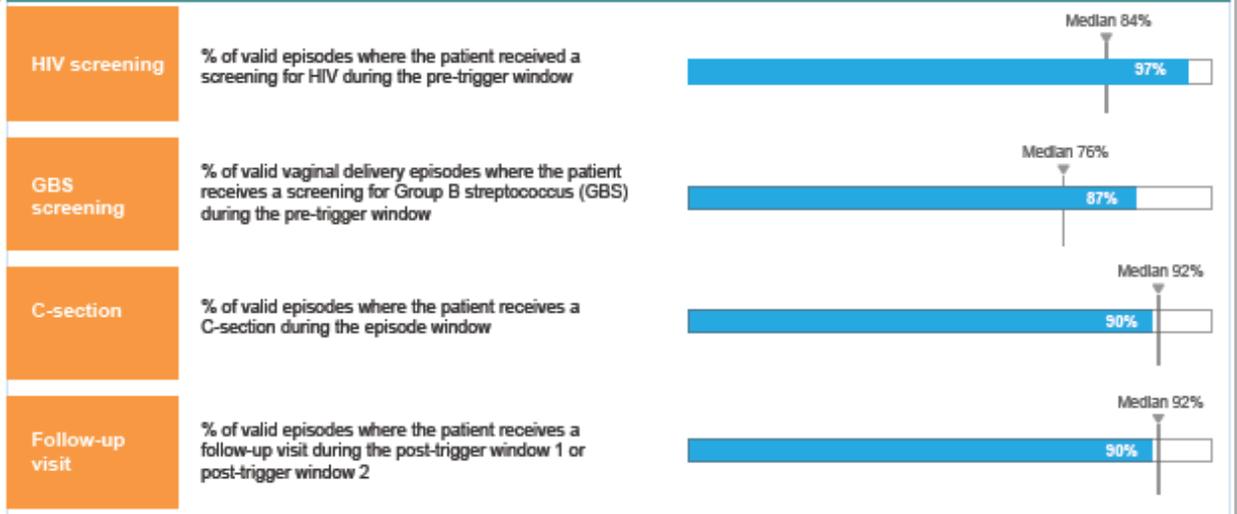
2 Metrics for information only



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Metrics that will ultimately be linked to gain sharing

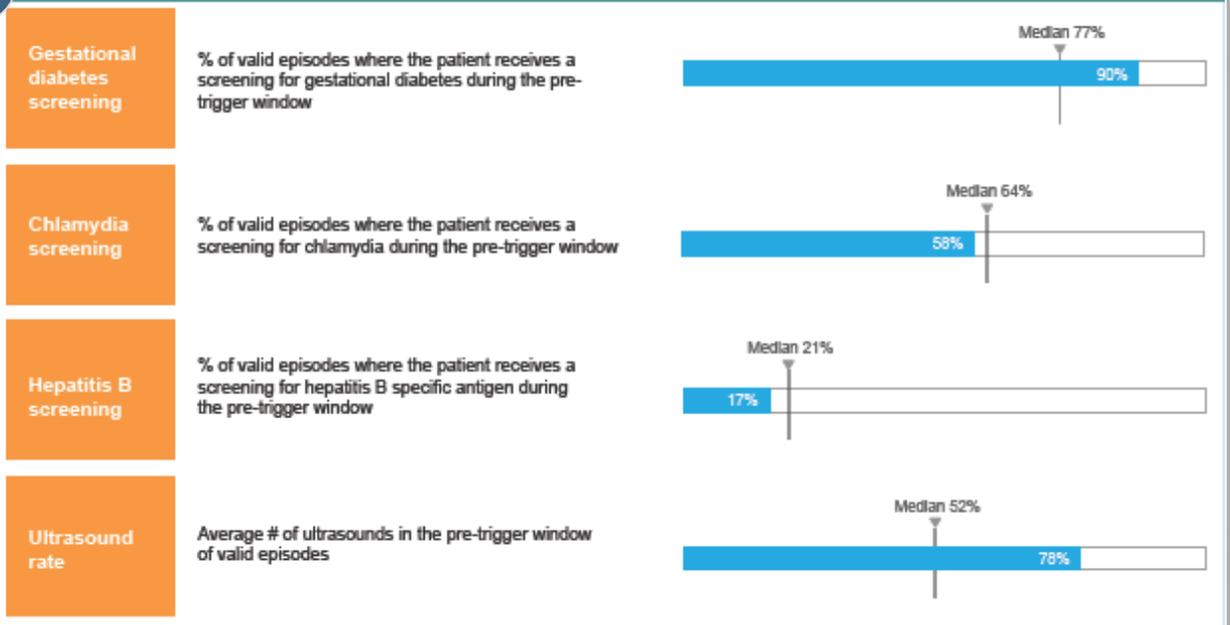


In this section you can assess your performance on quality metrics relative to other providers. At a later date, you will also be able to see your performance on quality metrics compared to the thresholds required for gain sharing.

- The blue bar indicates your performance.
- The median number is the median performance for included episodes, across all Ohio PAPs for this episode type (Medicaid fee-for-service only).

2

Metrics for information only



Your performance on these quality metrics are for information only, and are not linked to payment. This analysis may help you to evaluate how you practice.

Cost types

EPISODE of CARE PAYMENT REPORT

4 / 4

PERINATAL

July 1st, 2013 to June 30th, 2014

PAYER NAME : Medicaid, Ohio

PROVIDER CODE : 3456789

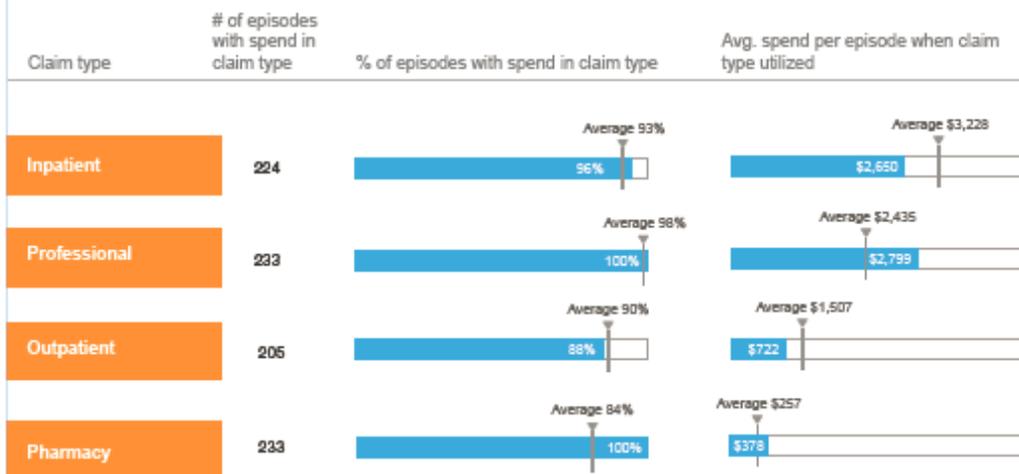
PROVIDER NAME : XYZ Womens

Reporting period covering episodes that ended between July 1st, 2013 and June 30th, 2014

Health Center

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

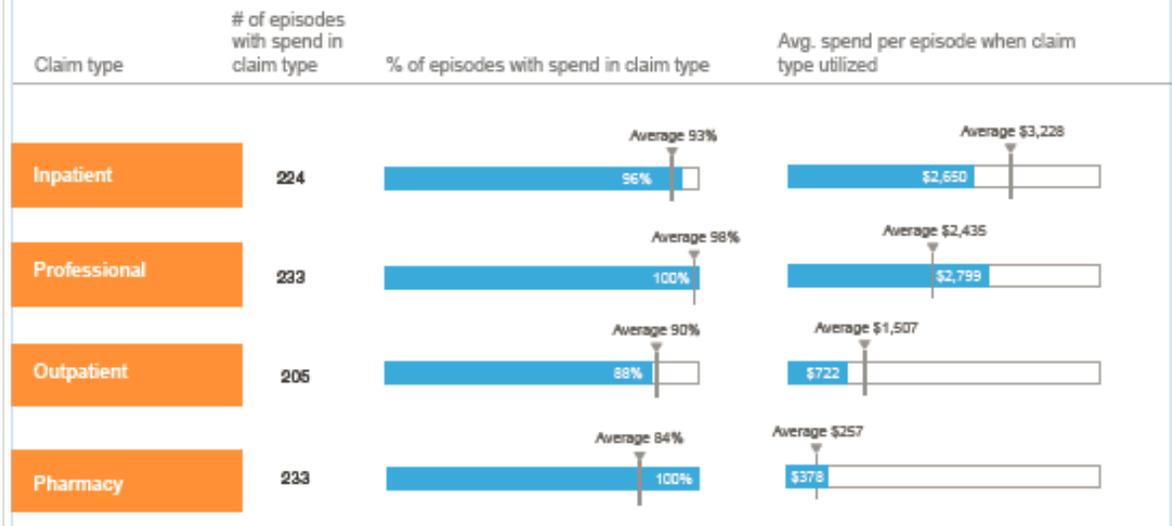
Episodes included: 233



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

Episodes included: 233



This page provides a detailed look at your episode spend and the average spend for all PAPs.

- The number of episodes refers to how many of your included episodes had spend of this claim type.
- The blue bars indicate your included episodes.
- The percent of episodes with spend in a claim type indicates the frequency with which types of spend occurred for your episodes, relative to the average across PAPs. This may be helpful to identify areas where variations in care patterns occur.
- The average spend per claim type is the average for included episodes across all Ohio PAPs for this episode type (Medicaid fee-for-service only). This shows how your episode spend by claim type compares to that of other PAPs. Differences may indicate areas with opportunities to learn from other providers and to share best practices.

Episode detail



Episode ID	Episode Included or Excluded	Rendering Physician	Patient Medicaid ID	Patient Name	Episode Start Date	Episode End Date	Risk adjusted spend	Non-adjusted spend	Inpatient spend (non-adj.)	Inpatient # claims	Outpatient spend (non-adj.)	Outpatient # claims	Professional spend (non-adj.)	Professional # claims	Pharmacy spend (non-adj.)	Pharmacy # claims	Long term care spend (non-adj.)	Long term care # claims	Reason for exclusion (if applicable)
5547526239	Included	Susan Lewis	55475262395	Melissa Cru	7/15/2013	8/16/2013	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	
4532256278	Included	Shane Ross	45322562782	Florence Se	7/17/2013	8/18/2013	7803	9519	7944	1	0	0	1177	1	398	1	0	0	
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4532904072	Included	Sam Taggar	45329040720	Shannon Ne	8/3/2013	9/4/2013	6502	7932	6146	1	568	1	910	1	308	1	0	0	
4539826914	Included	Gregory Ho	45398269148	Elizabeth C	8/20/2013	9/21/2013	10404	12693	10231	1	946	1	1516	1	0	0	0	0	
4929856858	Included	Carol Hatha	49298568581	Neil Thaxto	8/30/2013	10/1/2013	14305	17451	13521	1	1250	1	2003	1	677	1	0	0	
4532634635	Included	Catherine B	45326346356	James Joyn	10/1/2013	11/2/2013	11704	14278	0	0	4541	1	7278	1	2459	1	0	0	
5338417890	Included	Lawrence K	53384178903	Marilyn Mo	1/3/2014	2/4/2014	11704	14279	11063	1	1023	1	1639	1	554	1	0	0	
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4485302645	Excluded	Arizona Rok	44853026457	Arthur Rose	12/10/2013	1/11/2014	18207	22211	17210	1	1591	1	2549	1	861	1	0	0	0 Exempt PAP

Each summary report is accompanied by a CSV file that contains information for each episode. You can use this to determine:

- 1a 1b Which episodes were included and which were excluded, with reasons for exclusions.
- 2 Rendering physician (or attending physician for inpatient episodes) for the episode trigger event.
- 3 Risk adjusted and non-risk adjusted episode spend per episode.
- 4 Non-adjusted cost breakdown, i.e., inpatient, outpatient, professional and pharmacy claims, for each episode.
- 5 The number of claims for each claim type, i.e., volume breakdown for each episode.

Further information is available at:
<http://www.medicaid.ohio.gov/>

For questions and feedback, please contact
our Medicaid provider hotline at:
(800) 686-1516.