



Building a healthier future for all Arkansans

**Arkansas Health Care Payment Improvement Initiative
Provider Report**

Medicaid

Report Date: July 2012

Historical performance: January 1, 2011 – December 31, 2011



Division of Medical Services

P.O. Box 1437, Slot S-415 · Little Rock, AR 72203-1437



Dear Medicaid provider,

Welcome to the Arkansas Health Care Payment Improvement Initiative – a new payment system developed with input from hundreds of health care providers, patients and family members across the state. Our goal is to support and reward providers who consistently deliver high-quality, coordinated, and cost-effective care.

A core component of this multi-payer initiative is **episodes of care**. An episode is the collection of care provided to treat a particular condition over a given length of time. Arkansas Medicaid is introducing five types of episodes: Upper Respiratory Infection (URI), Perinatal, and Attention Deficit/Hyperactivity Disorder (ADHD) will be launched in July while Hip/Knee replacements and Congestive Heart Failure (CHF) will follow later in the Fall. Over time, many more episode types will be added to the initiative.

For each episode, the provider that holds the main responsibility for ensuring that care is delivered at appropriate cost and quality will be designated as the Principal Accountable Provider (PAPs), based on observed patterns of care. All providers will submit and receive reimbursement for claims as they do today. As leaders, however, PAPs will share in the savings and excess costs of episodes. The PAP for each episode is identified retrospectively through claims data. For one or more episodes of care delivered in 2011, you were identified as a PAP.

July through September is the 'preparatory' phase of the initiative for URI, Perinatal and ADHD. We encourage you to log on to our new provider portal (www.paymentinitiative.org) to access patient-level details on your historical episodes. Further, if you are a PAP for ADHD episodes, you will use the provider portal to self-certify several factors for each episode, such as quality assessments and patient severity. During this preparatory phase you will receive reports, but your performance will not lead to any sharing of savings or excess costs, provided the PAP meets a base set of quality requirements.

Beginning October 1st, episodes of care delivered for which you are the PAP will be included in the calculation of your average episode quality and cost. After appropriate risk-adjustment and exclusions, described more fully in the enclosed materials, this average quality and cost will be compared with the announced thresholds. This will determine any sharing of savings or excess costs.

To aid you in your role as a PAP for future episodes, we have been working hard with providers and the other payers to design a set of reports that give you detailed data about the quality and cost of your care as well as how you compare to the range of performance of other providers. A version of the report for 2011 is enclosed. As each payer will send a report covering their patients, you may receive similar reports from Arkansas Blue Cross Blue Shield or QualChoice.

More details on the initiative, the episodes, and the reports are enclosed. As we move through the 'preparatory period,' we invite you to attend one of our upcoming regional town halls to learn more about the initiative and provide feedback. Details about the town halls, informational WebEx sessions, and other resources are available at www.paymentinitiative.org. You can also call us in-state at 1-866-322-4696 or locally at 501-301-8311 with questions or email ARKPII@hp.com.

Sincerely,

A handwritten signature in blue ink that reads "Andy Allison".

Andy Allison, PhD

Medicaid Director

Table of contents

Performance summary

Upper Respiratory Infection – Pharyngitis

Upper Respiratory Infection – Sinusitis

Upper Respiratory Infection – Non-specific URI
















Perinatal

Attention Deficit/Hyperactivity Disorder (ADHD)

Glossary

Appendix: Episode level detail

Performance summary (Informational)

Upper Respiratory Infection - Pharyngitis	Upper Respiratory Infection - Sinusitis
Quality of service requirements: Met 	Quality of service requirements: N/A 
Average episode cost: Acceptable 	Average episode cost: Not acceptable 
Your gain/risk share  \$0 You will not receive gain or risk sharing	Your gain/risk share  \$275.00 You are subject to risk sharing
Upper Respiratory Infection - Non-specific URI	Perinatal
Quality of service requirements: N/A 	Quality of service requirements: Not met 
Average episode cost: Commendable 	Average episode cost: Commendable 
Your gain/risk share  \$18.00 You will receive gain sharing	Your gain/risk share  \$0 You are not eligible for gain sharing
Attention Deficit/Hyperactivity Disorder (ADHD)	
Quality of service requirements: N/A 	
Average episode cost: Below min. case threshold 	
Your gain/risk share  You are not subject to gain or risk sharing	

Summary - Pharyngitis (URI)

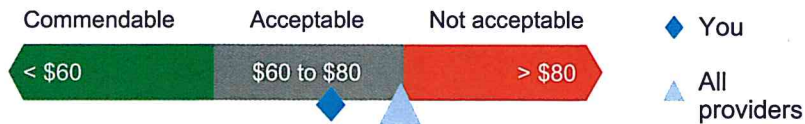
Overview

Total episodes: 208

Total episodes included: 142

Total episodes excluded: 66

Average cost of care compared to other providers



Gain/Risk share

\$0

You will not receive gain or risk sharing

- Quality requirements: Met

- Average episode cost: Acceptable

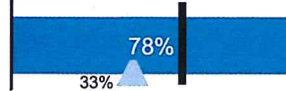
Quality summary



You met the minimum quality requirements

Quality metrics - linked to gain sharing

% episodes with strep test when antibiotic filled



Quality metrics - not linked to gain sharing

% episodes with at least one antibiotic filled



% episodes with multiple courses of antibiotics filled



■ Does not meet minimum quality requirement

■ Minimum quality requirement

▲ All providers

Cost summary



Your average cost is acceptable

Your total cost overview, \$

10,954

10,292

You (non-adjusted)

You (adjusted)

Average cost overview, \$

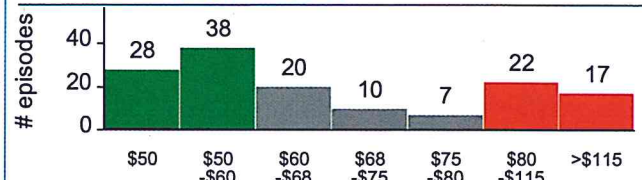
72

80

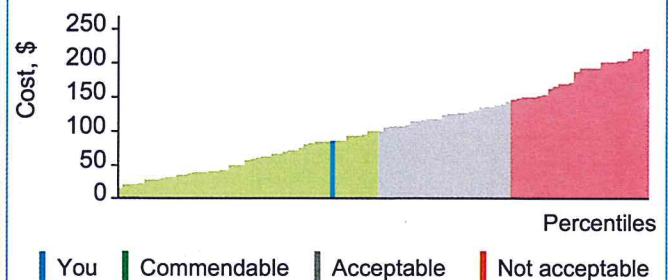
You

All providers

Your episode cost distribution



Distribution of provider average episode cost



Key utilization metrics

Average number of visits per episode



% episodes with antibiotics



■ You ■ All providers

Quality and utilization detail - Pharyngitis (URI)

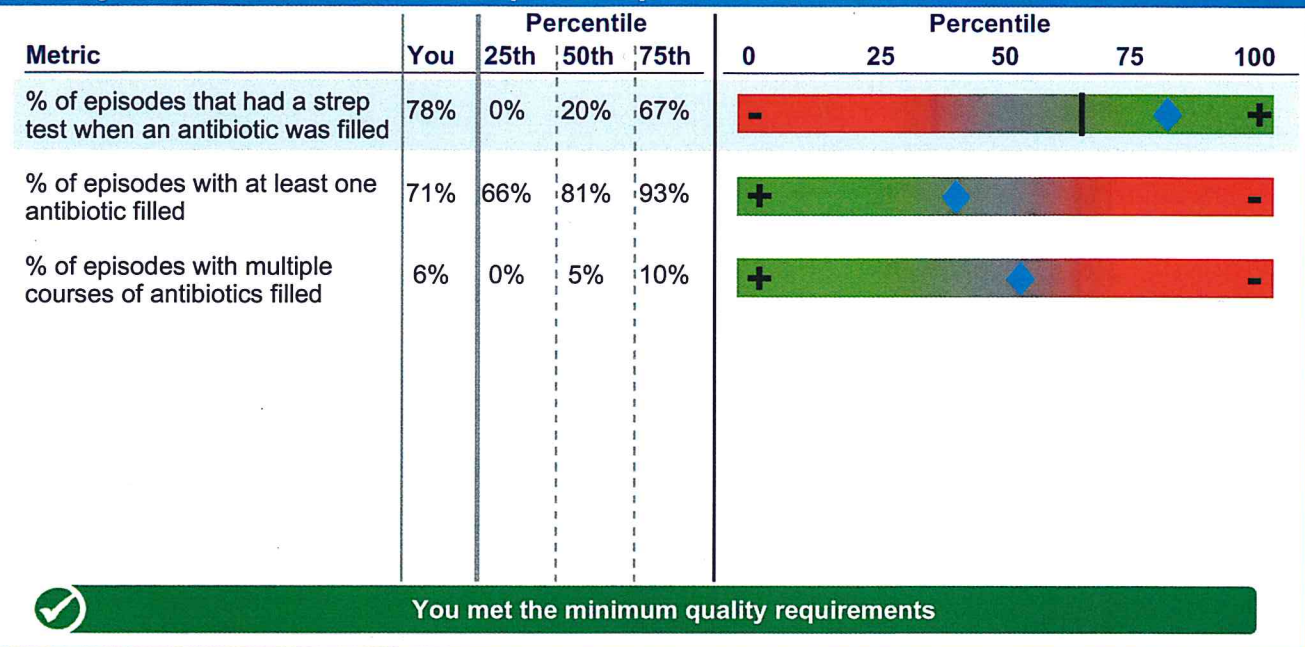


You

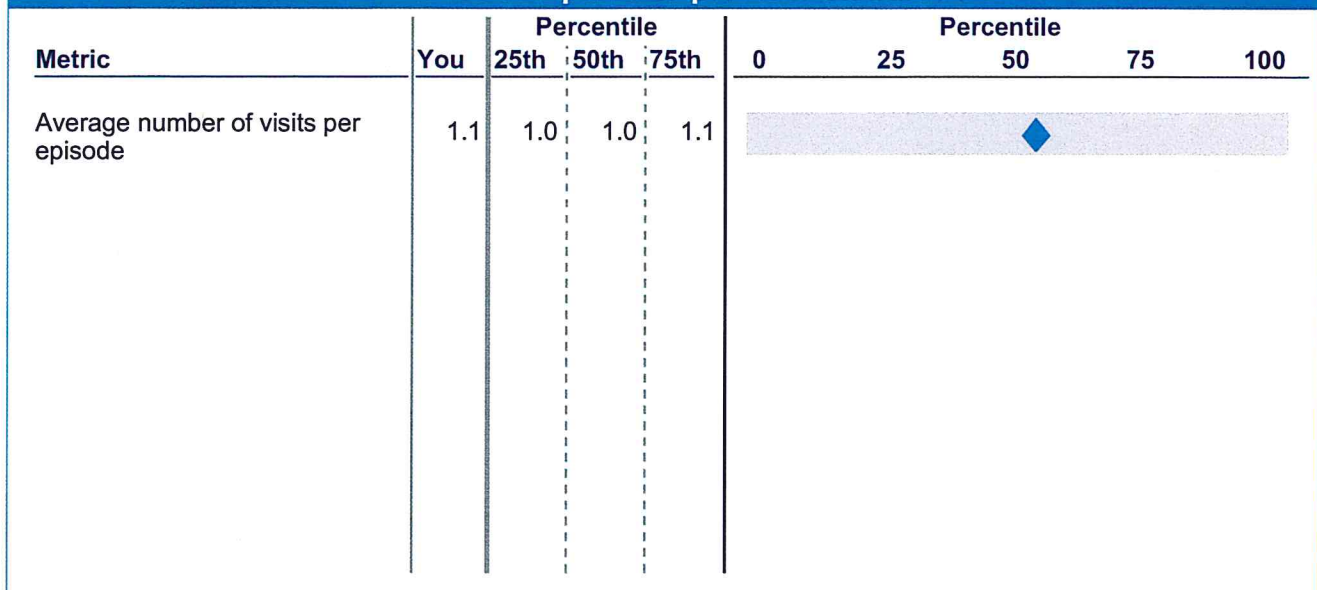
Metric with a minimum quality requirement

Minimum quality requirement

Quality metrics: Performance compared to provider distribution




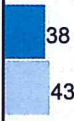
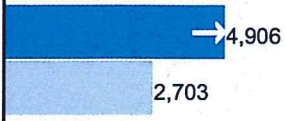
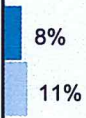
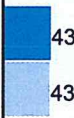
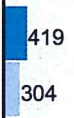
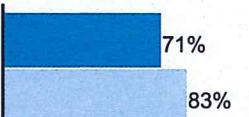
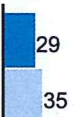
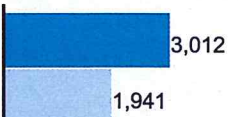
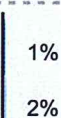


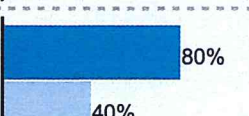


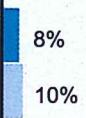
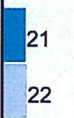
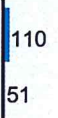
Utilization metrics: Performance compared to provider distribution



Cost detail - Pharyngitis (URI)

Total episodes included = 142

■ You ■ All providers

Care category	# and % of episodes with claims in care category	Average cost per episode when care category utilized, \$	Total cost in care category, \$
Outpatient professional	128  90% 91%	 38 43	 4,906 2,703
Emergency department	12  8% 11%	 43 43	 419 304
Pharmacy	101  71% 83%	 29 35	 3,012 1,941
Outpatient radiology / procedures	2  1% 2%	 29 27	 44 29
Outpatient lab	114  80% 40%	 15 15	 1,800 653
Outpatient surgery	0	0 0	0 0
Other	11  8% 10%	 21 22	 110 51

Summary - Sinusitis (URI)

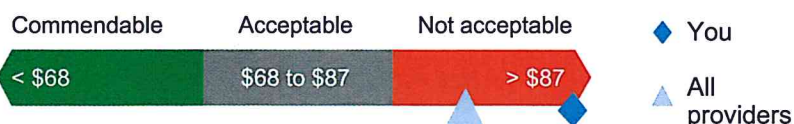
Overview

Total episodes: 67

Total episodes included: 39

Total episodes excluded: 28

Average cost of care compared to other providers



Gain/Risk share

\$275.00

You are subject to risk sharing

- Quality requirements: N/A

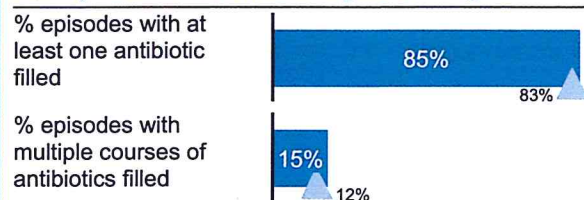
- Average episode cost: Not acceptable

Quality summary

No quality metrics linked to gain sharing at this time

Quality metrics - linked to gain sharing

Quality metrics - not linked to gain sharing



■ Does not meet minimum quality requirement

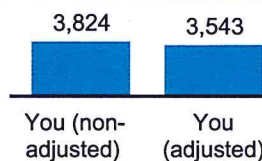
■ Minimum quality requirement

▲ All providers

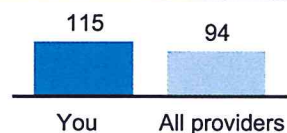
Cost summary

Your average cost is not acceptable

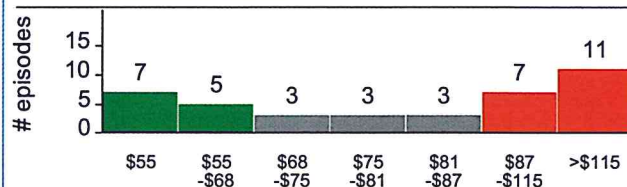
Your total cost overview, \$



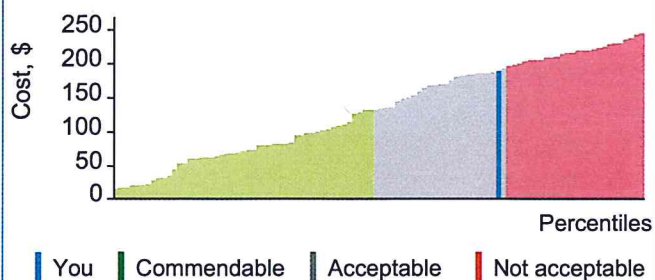
Average cost overview, \$



Your episode cost distribution



Distribution of provider average episode cost



Key utilization metrics

Average number of visits per episode



% episodes with antibiotics



■ You ■ All providers

Quality and utilization detail - Sinusitis (URI)



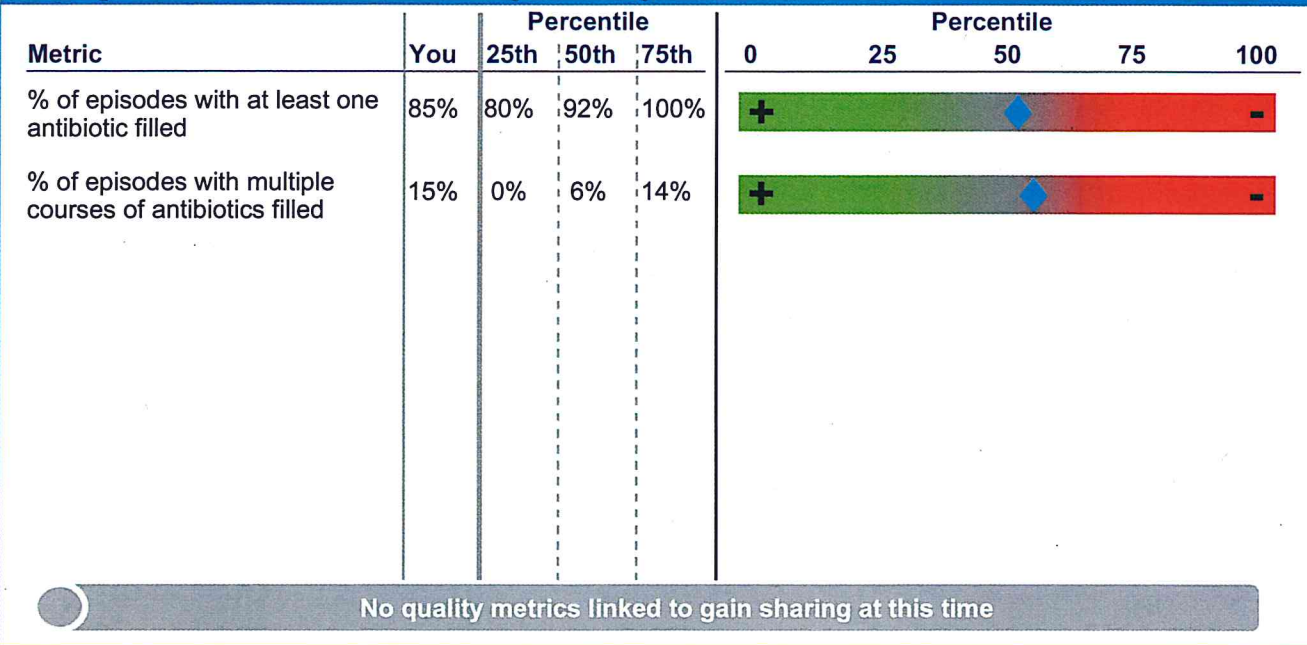
You



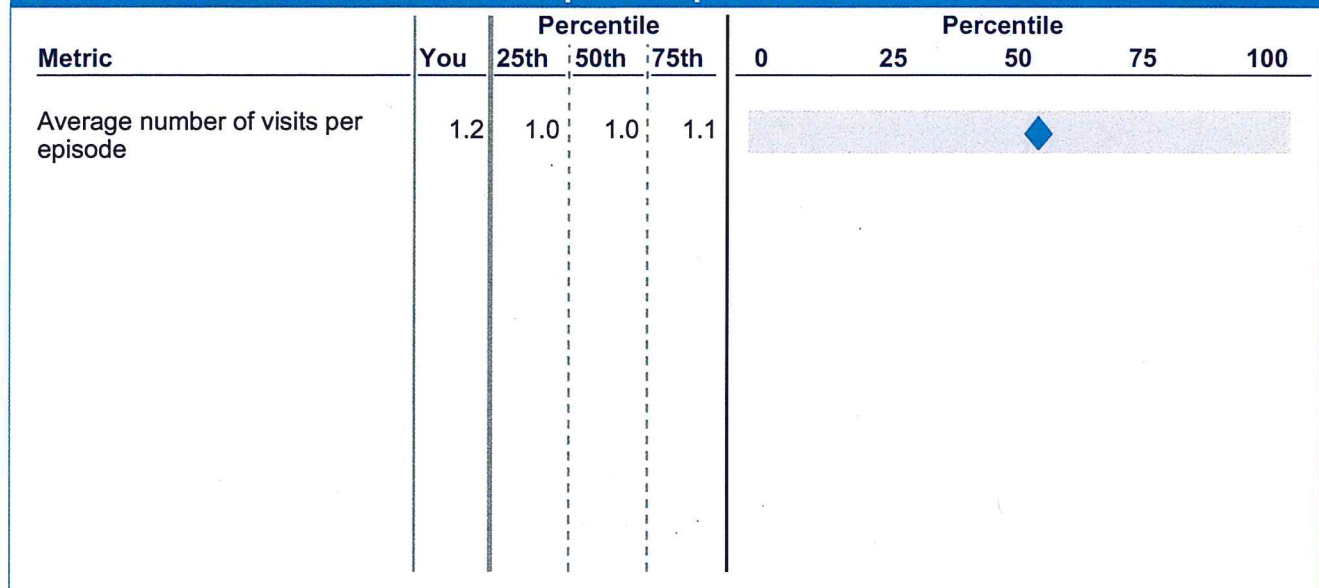
Metric with a minimum quality requirement

Minimum quality requirement

Quality metrics: Performance compared to provider distribution



Utilization metrics: Performance compared to provider distribution



Cost detail - Sinusitis (URI)

Total episodes included = 39

■ You ■ All providers

Care category	# and % of episodes with claims in care category	Average cost per episode when care category utilized, \$	Total cost in care category, \$
Outpatient professional	<div> <div>34 87%</div> <div>93%</div> </div>	<div> <div>48</div> <div>43</div> </div>	<div> <div>1,567</div> <div>1,328</div> </div>
Emergency department	<div> <div>1 3%</div> <div>10%</div> </div>	<div> <div>40</div> <div>38</div> </div>	<div> <div>34</div> <div>32</div> </div>
Pharmacy	<div> <div>33 85%</div> <div>90%</div> </div>	<div> <div>63</div> <div>51</div> </div>	<div> <div>1,822</div> <div>1,499</div> </div>
Outpatient radiology / procedures	<div> <div>1 3%</div> <div>5%</div> </div>	<div> <div>34</div> <div>33</div> </div>	<div> <div>42</div> <div>36</div> </div>
Outpatient lab	<div> <div>4 10%</div> <div>12%</div> </div>	<div> <div>18</div> <div>17</div> </div>	<div> <div>70</div> <div>53</div> </div>
Outpatient surgery	<div> <div>0</div> <div></div> </div>	<div> <div>0</div> <div>0</div> </div>	<div> <div>0</div> <div>0</div> </div>
Other	<div> <div>1 3%</div> <div>7%</div> </div>	<div> <div>14</div> <div>13</div> </div>	<div> <div>9</div> <div>6</div> </div>

Summary - Non-specific URI

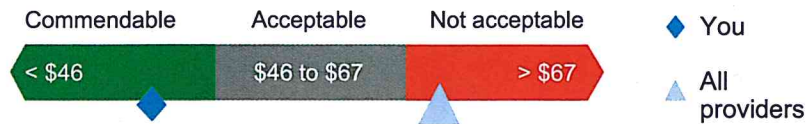
Overview

Total episodes: 12

Total episodes included: 8

Total episodes excluded: 4

Average cost of care compared to other providers



Gain/Risk share

\$18.00

You will receive gain sharing

- Quality requirements: N/A

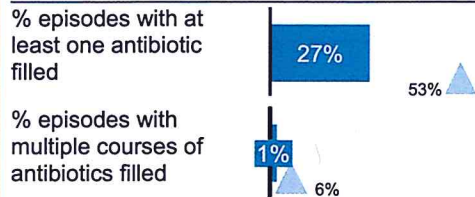
- Average episode cost: Commendable

Quality summary

No quality metrics linked to gain sharing at this time

Quality metrics - linked to gain sharing

Quality metrics - not linked to gain sharing



■ Does not meet minimum quality requirement

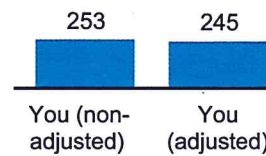
■ Minimum quality requirement

▲ All providers

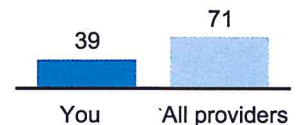
Cost summary

Your average cost is commendable

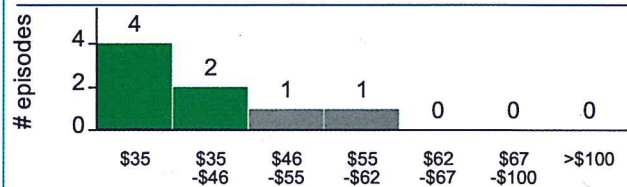
Your total cost overview, \$



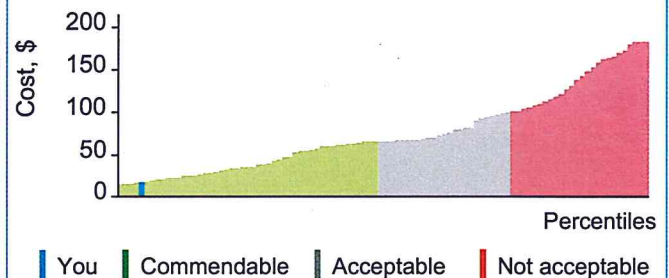
Average cost overview, \$



Your episode cost distribution



Distribution of provider average episode cost



Key utilization metrics

Average number of visits per episode



% episodes with antibiotics



■ You ■ All providers

Quality and utilization detail - Non-specific URI



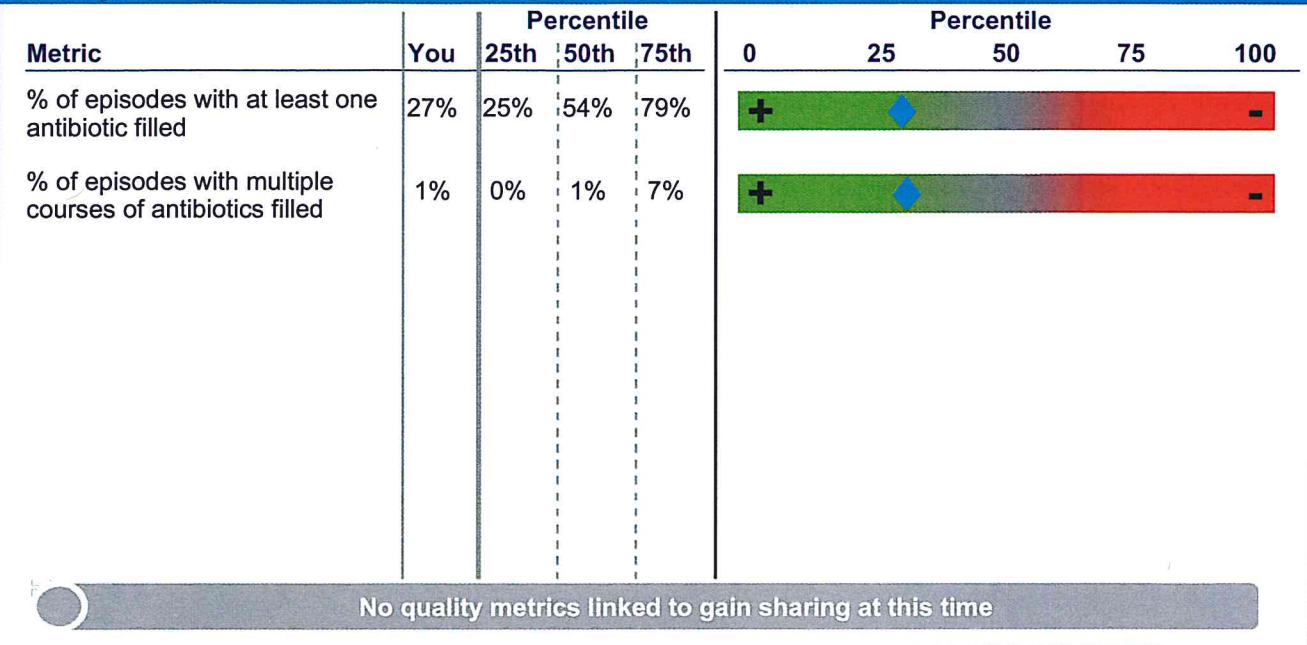
You



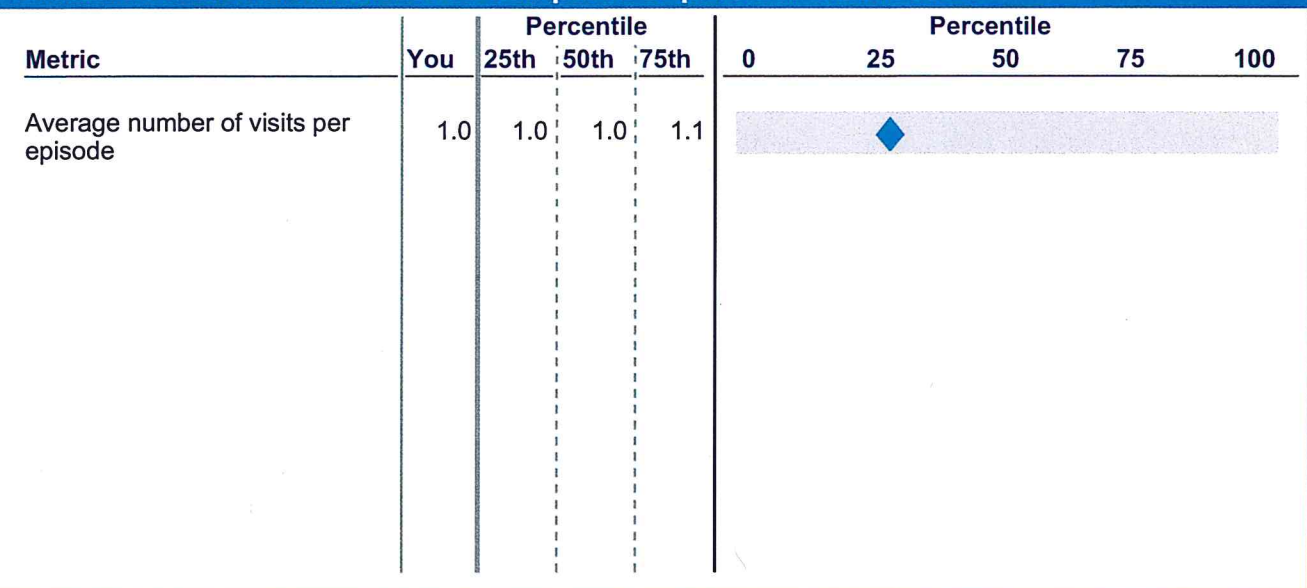
Metric with a minimum quality requirement

Minimum quality requirement

Quality metrics: Performance compared to provider distribution

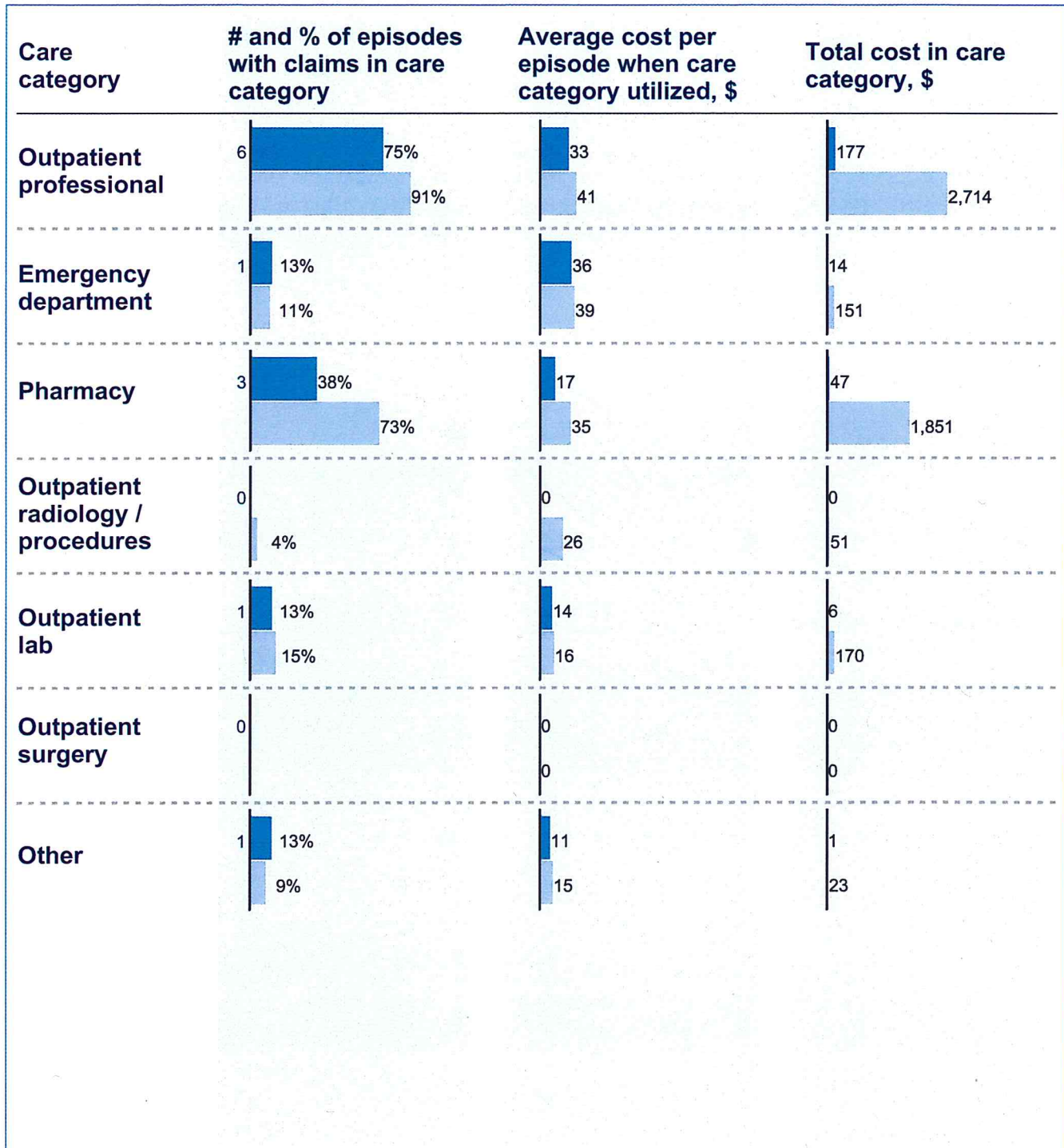


Utilization metrics: Performance compared to provider distribution



Cost detail - Non-specific URI

Total episodes included = 8

■ You ■ All providers


Summary - Perinatal

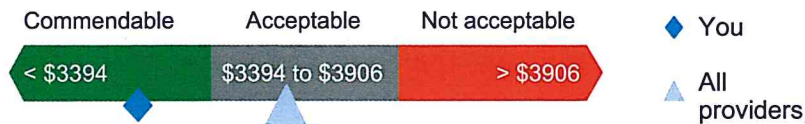
Overview

Total episodes: 147

Total episodes included: 107

Total episodes excluded: 40

Average cost of care compared to other providers



Gain/Risk share

\$0

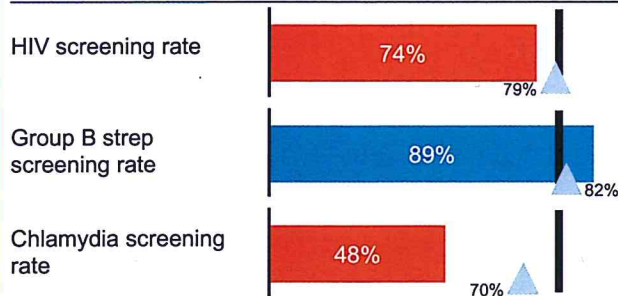
You are not eligible for gain sharing

- Quality requirements: Not met
- Average episode cost: Commendable

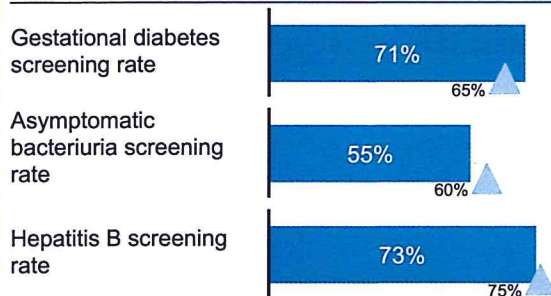
Quality summary

You did not meet the minimum quality requirements

Quality metrics - linked to gain sharing



Quality metrics - not linked to gain sharing



Does not meet minimum quality requirement

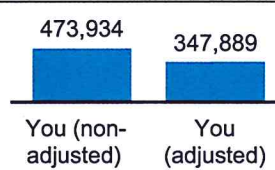
Minimum quality requirement

All providers

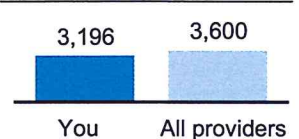
Cost summary

Your average cost is commendable

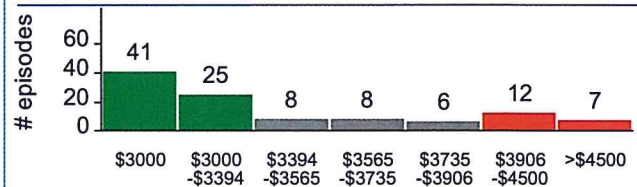
Your total cost overview, \$



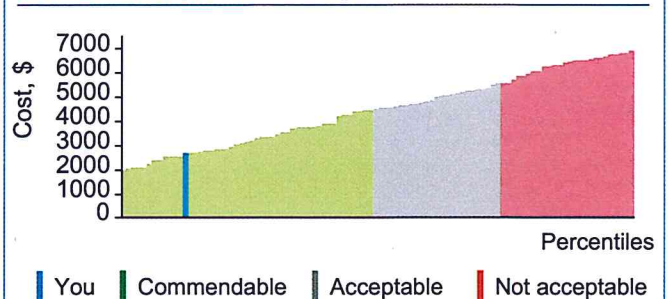
Average cost overview, \$



Your episode cost distribution

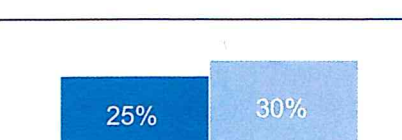


Distribution of provider average episode cost

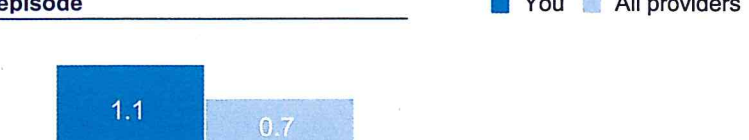


Key utilization metrics

C-section rate



Average number of ED visits per episode



Quality and utilization detail - Perinatal



You



Metric with a minimum quality requirement



Minimum quality requirement

Quality metrics: Performance compared to provider distribution

Metric	You	Percentile			Percentile				
		25th	50th	75th	0	25	50	75	100
HIV screening rate	74%	70%	80%	90%	-				+
Group B strep screening rate	89%	80%	90%	95%	-				+
Chlamydia screening rate	48%	60%	75%	85%	-				+
Gestational diabetes screening rate	71%	50%	80%	90%	-				+
Asymptomatic bacteriuria screening rate	55%	40%	65%	85%	-				+
Hepatitis B screening rate	73%	70%	80%	90%	-				+



You did not meet the minimum quality requirements

Utilization metrics: Performance compared to provider distribution

Metric	You	Percentile			Percentile				
		25th	50th	75th	0	25	50	75	100
C-section rate	25%	20%	30%	40%					
% episodes with an ultrasound	92%	90%	90%	100%					
Average number of ED visits per episode	1.1	0.4	0.5	0.7					

Cost detail - Perinatal

Total episodes included = 107

■ You ■ All providers

Care category	# and % of episodes with claims in care category	Average cost per episode when care category utilized, \$	Total cost in care category, \$
Inpatient professional	103 <div> <div>96%</div> <div>99%</div> </div>	1,034 <div> <div>1,034</div> <div>1,125</div> </div>	90,662 <div> <div>90,662</div> <div>85,000</div> </div>
Inpatient facility	107 <div> <div>100%</div> <div>100%</div> </div>	1,198 <div> <div>1,198</div> <div>1,500</div> </div>	140,101 <div> <div>140,101</div> <div>112,000</div> </div>
Outpatient professional	74 <div> <div>69%</div> <div>70%</div> </div>	158 <div> <div>158</div> <div>145</div> </div>	13,363 <div> <div>13,363</div> <div>7,500</div> </div>
Pharmacy	96 <div> <div>90%</div> <div>90%</div> </div>	114 <div> <div>114</div> <div>125</div> </div>	12,785 <div> <div>12,785</div> <div>8,600</div> </div>
Outpatient lab	105 <div> <div>98%</div> <div>95%</div> </div>	230 <div> <div>230</div> <div>275</div> </div>	22,872 <div> <div>22,872</div> <div>2,100</div> </div>
Outpatient radiology / procedures	92 <div> <div>86%</div> <div>90%</div> </div>	194 <div> <div>194</div> <div>200</div> </div>	17,217 <div> <div>17,217</div> <div>15,000</div> </div>
Emergency department	54 <div> <div>50%</div> <div>35%</div> </div>	83 <div> <div>83</div> <div>70</div> </div>	4,968 <div> <div>4,968</div> <div>2,200</div> </div>
Outpatient surgery	58 <div> <div>54%</div> <div>45%</div> </div>	242 <div> <div>242</div> <div>230</div> </div>	29,195 <div> <div>29,195</div> <div>9,500</div> </div>
Other	80 <div> <div>75%</div> <div>70%</div> </div>	194 <div> <div>194</div> <div>240</div> </div>	16,726 <div> <div>16,726</div> <div>13,000</div> </div>

Summary - ADHD

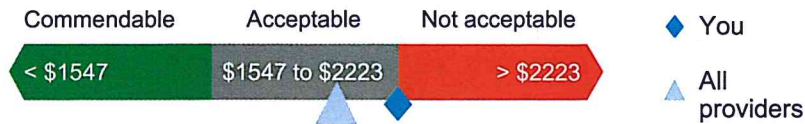
Overview

Total episodes: 10

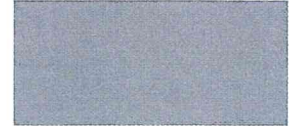
Total episodes included: 4

Total episodes excluded: 6

Average cost of care compared to other providers



Gain/Risk share

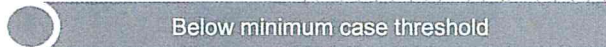


You are not subject to gain/risk sharing

- Quality requirements: N/A

- Average episode cost: N/A

Quality summary



Quality metrics - linked to gain sharing

Beginning in October, provider certifications submitted on the Provider Portal will generate additional quality metrics.

Quality metrics - not linked to gain sharing

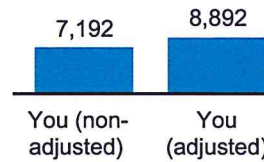


- Does not meet minimum quality requirement
- Minimum quality requirement
- ▲ All providers

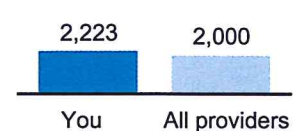
Cost summary



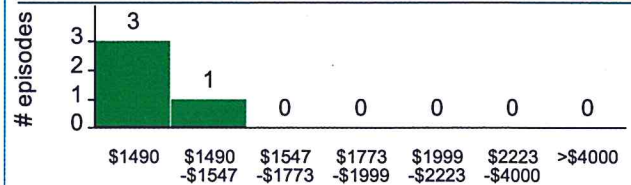
Your total cost overview, \$



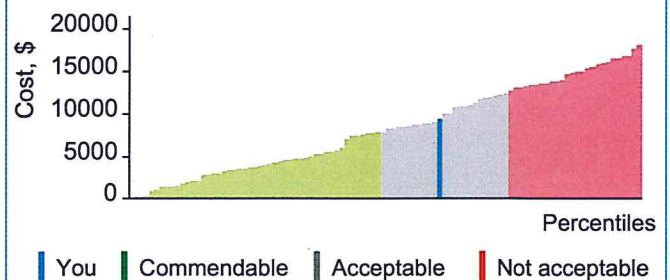
Average cost overview, \$



Your episode cost distribution



Distribution of provider average episode cost



Key utilization metrics

Average number of visits per episode



Average number of psychosocial visits per episode



■ You ■ All providers

Quality and utilization detail - ADHD



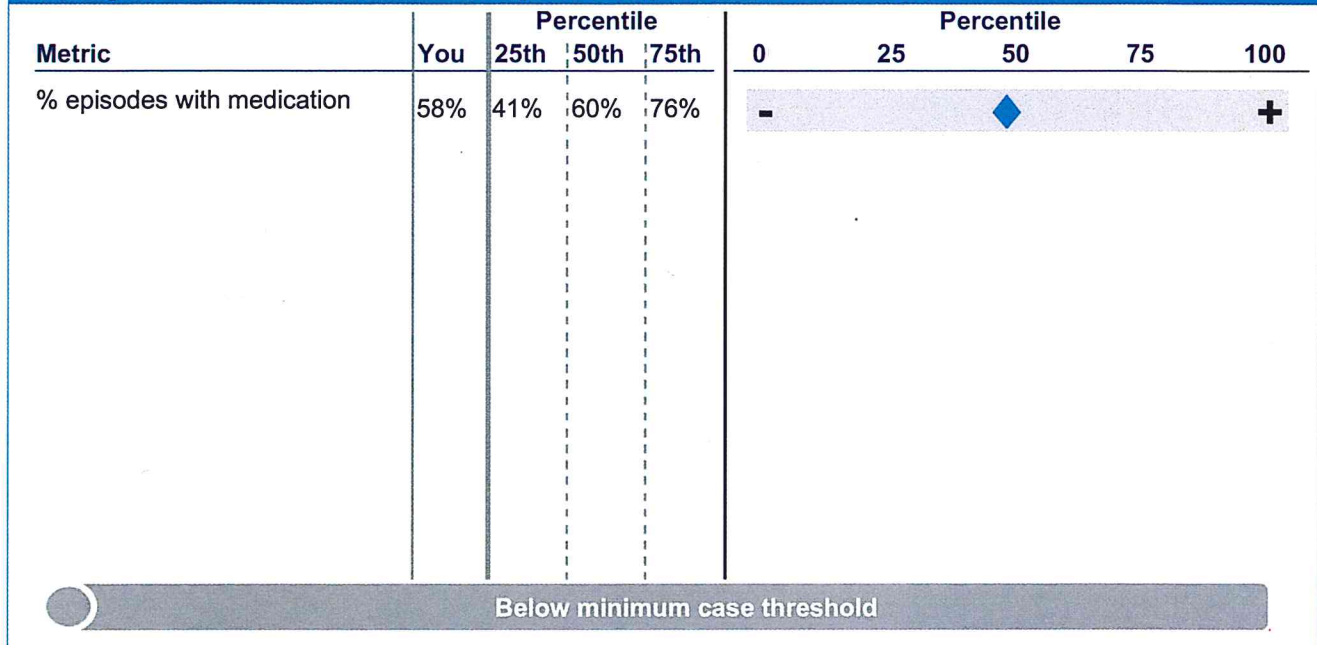
You



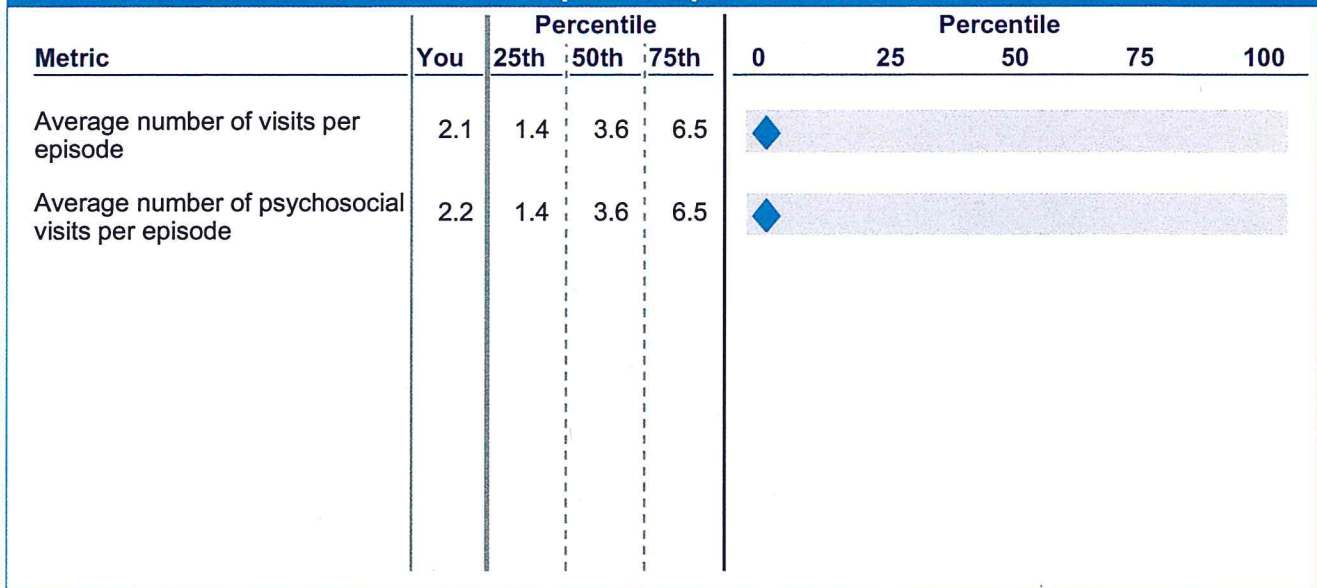
Metric with a minimum quality requirement

Minimum quality requirement

Quality metrics: Performance compared to provider distribution



Utilization metrics: Performance compared to provider distribution



Cost detail - ADHD

Total episodes included = 4

■ You ■ All providers

Care category	# and % of episodes with claims in care category	Average cost per episode when care category utilized, \$	Total cost in care category, \$
Outpatient professional	3 ■ 96% ■ 99%	■ 741 ■ 2,493	■ 2,223 ■ 7,479
Pharmacy	3 ■ 90% ■ 93%	■ 445 ■ 2,197	■ 1,334 ■ 6,590
Emergency department	185 ■ 80% ■ 83%	■ 10 ■ 38	■ 1,778 ■ 7,034
Outpatient lab	3 ■ 80% ■ 83%	■ 148 ■ 1,900	■ 445 ■ 5,701
Outpatient radiology / procedures	3 ■ 74% ■ 77%	■ 148 ■ 1,900	■ 445 ■ 5,701
Inpatient professional	3 ■ 79% ■ 82%	■ 148 ■ 1,900	■ 445 ■ 5,701
Inpatient facility	1 ■ 10% ■ 13%	■ 267 ■ 5,523	■ 267 ■ 5,523
Outpatient surgery	16 ■ 3% ■ 5%	■ 111 ■ 440	■ 1,778 ■ 7,034
Other	1 ■ 7% ■ 10%	■ 178 ■ 5,434	■ 178 ■ 5,434

Glossary

Term	Description
■ # and % of episodes with claims in care category	This column provides both the number of included episodes with a claim in each category as well as the percentage of episodes with a claim in each category.
■ % episodes with antibiotics	Please see "% of episodes with at least one antibiotic filled" for further description.
■ % of episodes that had a strep test when an antibiotic was filled	Total number of included episodes attributed to a PAP with a claim for both a strep test and a claim for an antibiotic / Total number of included episodes attributed to PAP with a claim for an antibiotic
■ % of episodes with an ultrasound	Total number of included episodes attributed to a PAP where episode has a claim for an ultrasound/ Total number of included episodes attributed to a PAP
■ % of episodes with at least one antibiotic filled	Total number of included episodes attributed to a PAP with at least one claim for an antibiotic / Total number of included episodes attributed to a PAP. Note, metric is calculated separately for each episode type. For more information on antibiotics included, please see www.paymentinitiative.org .
■ % of episodes with medication	Total number of included episodes attributed to a PAP where with a claim for an ADHD medication / Total number of included episodes attributed to a PAP. Please see www.paymentinitiative.org for more information.
■ % of episodes with multiple courses of antibiotics filled	Total number of included episodes attributed to a PAP with more than one claim for an antibiotic / Total number of included episodes attributed to a PAP. Note, metric is calculated separately for each episode type. For more information please see www.paymentinitiative.org .
■ Acceptable	Average adjusted episode cost above the commendable threshold and below the acceptable level. Providers whose average adjusted episode cost fall in this range will see no change in their total reimbursement. Please see "Acceptable threshold" for more information.
■ Acceptable threshold	Providers whose average adjusted cost per episode is greater than this threshold will be subject to cost sharing. The acceptable threshold is set separately for each episode.
■ All providers	Represents mean performance of Medicaid PAPs for Medicaid episodes.
■ Asymptomatic bacteriuria screening rate	Quality metric that measures the percentage of episodes that had a claim for asymptomatic bacteriuria screening. (Asymptomatic bacteriuria screening rate = Total number of included episodes attributed to a PAP with a claim for bacteriuria screening / Total number of included episodes attributed to a PAP)
■ Average cost overview	Comparison of a PAP's average adjusted episode cost and the average adjusted episode cost of all providers. Please see "average episode cost" for more information.
■ Average cost per episode when care category utilized	This column provides the average cost of each category per episode. It calculates the average using only those episodes with services provided in the specific category.

Glossary (Continued)

Term	Description
■ Average episode cost	Mean cost of all included episodes (after all normalizations and risk adjustments) attributed to a PAP. This is calculated as: Total risk-adjusted cost of included episodes attributed to PAP / Total number of included episodes attributed to a PAP. For each PAP the average episode cost will be labeled as either "commendable," "acceptable," or "not acceptable" based on how their average episode cost compares to the established cost thresholds. Please see "commendable," "acceptable," and "not acceptable" for more information.
■ Average number of ED visits per episode	Total number of ED claims within included episodes attributed to a PAP / Total number of included episodes attributed to a PAP
■ Average number of psychosocial visits per episode	Total number of psychosocial visits in the included episodes attributed to a PAP / Total number of included episodes attributed to a PAP. Please see www.paymentinitiative.org for more information.
■ Average number of visits per episode	Total number of physician, ED, or clinic visits in all included episodes attributed to a PAP / Total number of included episodes attributed to a PAP.
■ C-section rate	C-section rate = (Total number of included episodes attributed to a PAP where delivery was by cesarean section / Total number of included episodes attributed to a PAP)
■ Care categories with costs	For each episode detail line, number of claims and cost within each care category are provided.
■ Care category	Each care category is defined as a group of billed CPT and HCPC codes that correspond to broad categories of treatment provided to consumers. Please see care category definitions in glossary.
■ Chlamydia screening rate	Quality metric that measures the percentage of episodes that had a claim for a Chlamydia test. (Chlamydia screening rate = Total number of included episodes with a claim for an Chlamydia test / Total number of included episodes attributed to a PAP)
■ Commendable	Providers whose average adjusted episode cost is in this range may be eligible to receive gainsharing. Please see "Commendable threshold" for more information.
■ Commendable threshold	Providers whose average adjusted cost per episode is lower than this threshold will be eligible to receive gain sharing. The commendable threshold is set separately for each episode.
■ Completed episode	Episode that has met minimum requirements of duration and care provided within a performance period. Only completed episodes are included in the reports.
■ Cost	Total episode cost listed in episode detail after normalizations and risk adjustment.
■ Cost of care compared to other providers	Comparison of the report recipient's average adjusted cost per episode to the range of all Medicaid provider performance. There are three ranges: the green area depicts average episode costs in the "commendable" range; the gray area depicts average episode costs in the "acceptable" range; and the red area depicts average episode costs in the "not acceptable" range.
■ Cost summary	Overview of episode costs, including the total cost of a PAP's episodes (before and after adjustments), average episode cost, the distribution episodes according to cost, and average episode cost compared to all Medicaid PAPs.
■ Distribution of provider average episode cost	The average adjusted episode cost for each Medicaid PAP represented in percentiles. Bars marked green correspond to the percentiles that are "commendable"; bars marked gray correspond to the percentiles that are "acceptable"; bars marked red correspond to the percentiles that are "not acceptable". The blue bar represents the percentile of the report recipient.

Glossary (Continued)

Term	Description
■ Emergency department	Care category for professional and facility claims originating from the emergency department. Please see www.paymentinitiative.org for more information.
■ Episode	An episode is a collection of care provided to a patient to treat a particular condition over a given length of time. For more information on specific episode definitions please see www.paymentinitiative.org .
■ Episode ID	The unique identification number assigned to each episode.
■ Episode exclusions	Each episode type identifies several reasons for excluding episodes from the model. For example, certain comorbidities or a lack of continuous insurance are potential exclusion factors. For a description of exclusions for each episode type please see www.paymentinitiative.org .
■ Episode start date	First date of service for the episode.
■ Episode type	Condition that is included in the Arkansas Health Care Payment Improvement Initiative. Criteria used to define each episode type can be found at www.paymentinitiative.org .
■ Gain share	Supplemental incentive payment made at the end of a performance period to providers who meet quality of service requirements and whose average adjusted episode cost is below the commendable threshold. This represents the sharing of savings from efficient treatment of patients.
■ Gain sharing limit	Providers will not receive further gain sharing if their average adjusted cost per episode is below this threshold. Thus, the maximum gain share per episode is calculated as: Commendable threshold - Threshold for gain sharing.
■ Gestational diabetes screening rate	Quality metric that measures the percentage of episodes that had a claim for a gestational diabetes screening. (Gestational diabetes screening rate = Total number of included episodes attributed to a PAP with a claim for an Gestational diabetes test / Total number of included episodes attributed to a PAP)
■ Group B strep screening rate	Quality metric that measures the percentage of episodes that had a claim for a Group B strep test. (Group B strep screening rate = Total number of included episodes attributed to a PAP with a claim for an Group B strep test / Total number of included episodes attributed to a PAP)
■ HIV screening rate	Quality metric that measures the percentage of episodes that had a claim for an HIV test. (HIV screening rate = Total number of included episodes with a claim for an HIV test / Total number of included episodes attributed to a PAP)
■ Hepatitis B screening rate	Quality metric that measures the percentage of episodes that had a claim for a Hepatitis B test. (Hepatitis B screening rate = Total number of included episodes attributed to a PAP with a claim for an Hepatitis B test / Total number of included episodes attributed to a PAP)
■ Inpatient facility	Care category for any facility claim billed in an inpatient setting.
■ Inpatient professional	Care category for any professional claim billed in an inpatient setting.
■ Key utilization metrics	Metrics detailing the use of certain services and procedures in each episode. The key utilization metrics represent some drivers of episode cost. Please see definition of each metric for more information.
■ Non-adjusted cost	Cost calculation that includes normalization of some claim costs but does not include patient-level risk adjustments.

Glossary (Continued)

Term	Description
■ Normalization	In order to calculate the adjusted cost, Medicaid applies several modifications to the actual allowed costs included in the episode to equalize by location of service or other factors.
■ Not acceptable	Average adjusted episode cost above the acceptable threshold. Providers in this range may be subject to sharing excess costs. Please see "Acceptable threshold" for more information.
■ Other	Care category for claims that do not fall into any of the other care categories.
■ Outlier	Episodes whose total adjusted cost is greater than an upper outlier limit will be excluded.
■ Outpatient lab	Care category for claims with procedure codes associated with labs and are not conducted in an inpatient facility. Please see www.paymentinitiative.org for more information.
■ Outpatient professional	Care category for professional claims from physician offices, clinics, RHCs, FQHCs, and behavioral health facilities. Also includes claims associated with facility claims for outpatient clinics. Please see www.paymentinitiative.org for more information.
■ Outpatient radiology / procedures	Care category for claims with procedure codes associated with radiology / procedures and are not conducted in an inpatient facility. Please see www.paymentinitiative.org for more information.
■ Outpatient surgery	Care category for professional and facility claims corresponding to surgical procedures that were not performed as an inpatient. Please see www.paymentinitiative.org for more information.
■ Patient name	Name of patient associated with the episode.
■ Performance period	A 12 month period for each episode type. Episodes that end during this time frame will be used to determine a PAP's average quality and cost performance. Note: the report sent in July, 2012 is informational only - it is not associated with any gain share or risk share payments.
■ Pharmacy	Care category for claims associated with point of service pharmacy claims. Please see www.paymentinitiative.org for more information.
■ Poor access adjustment	Medicaid may temporarily lower the stop-loss percentage for certain providers to preserve access to care. Providers will be notified if an access adjustment applies.
■ Principal accountable provider (PAP)	Provider identified by the payer from claims data as being the most responsible and accountable for the episode. This provider often makes key clinical decisions and coordinates the team of providers involved in an episode. A PAP can be an individual or group of providers that use the same billing ID for submitting claims to Medicaid. PAPs will share in the savings and excess costs of episodes and receive supplemental payments or recoupments at the end of each performance period. Please see www.paymentinitiative.org for more information on how a PAP is determined for each episode.
■ Provider billing ID	Medicaid billing ID used to submit claims to Medicaid. All reports contain information for the episodes attributed to the given provider billing ID.
■ Quality metrics linked to gainsharing	Quality metrics for which a provider must meet a minimum standard to be eligible for shared savings. These metrics are either tracked through claims data or provider portal entry. For more information, see www.paymentinitiative.org
■ Quality metrics not linked to gainsharing	Quality metrics for an episode tracked through either claims data or portal entry. These metrics do not influence eligibility to share savings or excess costs.

Glossary (Continued)

Term	Description
<ul style="list-style-type: none"> Quality metrics: Performance compared to provider distribution 	This table lists all the quality metrics reported for the episode type, noting the performance of the report recipient as well as the 25th, 50th, and 75th percentile of all Medicaid PAPs
<ul style="list-style-type: none"> Quality requirements 	Some episodes require PAPs to achieve a certain level of performance on certain quality metrics to be eligible to share savings. Quality of service requirements are either "Met," meaning the provider achieved adequate performance on all quality metrics linked to gainsharing, or "Not met," meaning the provider did not achieve adequate performance on one or more of the quality metrics linked to gainsharing. Please see "Quality metrics linked to gainsharing" for more information.
<ul style="list-style-type: none"> Quality summary 	Overview of quality metrics identified for the episode type. For each metric, the red or blue bar represents the report recipient's performance. Black lines indicate performance required to be eligible for shared savings. The triangles represent the average performance of all Medicaid PAPs. Please see "Quality metrics linked to gainsharing" and "Quality metrics not linked to gainsharing" for more information.
<ul style="list-style-type: none"> Rendering provider 	Name of performing provider on claim who delivered services. Episode level detail in reports is separated out for each rendering provider who practices with the same provider billing ID.
<ul style="list-style-type: none"> Risk adjustment 	For some episode types, each episode is adjusted to account for severity differences in patients. The risk adjustment is the total adjustment of episode costs based on all the risk factors that apply to an episode. For more information, please see www.paymentinitiative.org .
<ul style="list-style-type: none"> Risk factor 	A select diagnosis, demographic, procedure, or life event that complicates treatment for a condition and requires greater resources. Risk factors adjust the total episode cost. For a detailed listing of risk factors for each episode, please see www.paymentinitiative.org .
<ul style="list-style-type: none"> Risk share 	Recoupment from providers whose average adjusted episode cost is above the acceptable threshold. Risk share is the sum to be withheld over the course of a year following the end of a performance period.
<ul style="list-style-type: none"> Stop-loss percentage 	Maximum cost sharing a provider is allowed to bear in any given period. Stop-loss is calculated as a percentage of total Medicaid reimbursements for the year.
<ul style="list-style-type: none"> Total cost in care category 	This column provides the total cost of all claims in each category. Total cost occurs after normalization and risk adjustment.
<ul style="list-style-type: none"> Total episodes 	Total number of episodes attributed to a provider, before any exclusions.
<ul style="list-style-type: none"> Total episodes included 	Total number of episodes attributed to a provider after all episode exclusions. Please see "Episode exclusions" for further details.
<ul style="list-style-type: none"> Total excluded episodes 	The number of episodes removed from cost and quality calculations due to episode exclusions. Please see "episode exclusions" for more detail.
<ul style="list-style-type: none"> Utilization metrics: Performance compared to provider distribution 	This table lists all the utilization metrics reported for the episode type, noting the performance of the report recipient as well as the 25th, 50th, and 75th percentile of all Medicaid PAPs.
<ul style="list-style-type: none"> You 	Represents the performance of the recipient of the report.

Glossary (Continued)

Term	Description
■ Your episode cost distribution	The distribution of the adjusted cost of a PAP's included episodes. Red represents episodes with total cost above the acceptable threshold, gray represents episodes in the "acceptable" range, and green represents episodes in the "commendable" range.
■ Your total cost overview	Total non-adjusted cost includes the actual cost of all included episodes attributed to the PAP. Adjusted cost represents the cost of included episodes after normalization and risk adjustments. Adjusted cost is used to calculate average episode cost to determine provider's shared savings or excess costs. For more details on normalizations and risk adjustments, please see www.paymentinitiative.org .

Pharyngitis - Detailed episode cost information by performing provider JOHN DOE

							Care categories with costs								
Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120701	FirstName	n/a	08/21/11	09/09/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777442	LastName								30	15	8	15	29	14	50
120701	FirstName	n/a	09/10/11	09/29/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777443	LastName								30	15	8	15	29	14	50
120701	FirstName	n/a	09/30/11	10/19/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777444	LastName								30	15	8	15	29	14	50
120701	FirstName	n/a	10/20/11	11/08/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777445	LastName								30	15	8	15	29	14	50

Sinusitis - Detailed episode cost information by performing provider

JOHN DOE

Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Care categories with costs								
							Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120702	FirstName	n/a	01/13/11	02/01/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777446	LastName							30	15	8	15	29	14	50	
120702	FirstName	n/a	02/02/11	02/21/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777447	LastName							30	15	8	15	29	14	50	
120702	FirstName	n/a	01/13/11	02/01/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777448	LastName							30	15	8	15	29	14	50	
120702	FirstName	n/a	02/02/11	02/21/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777449	LastName							30	15	8	15	29	14	50	
120702	FirstName	n/a	02/22/11	03/13/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777450	LastName							30	15	8	15	29	14	50	

Unspecified URI - Detailed episode cost information by performing provider

JANE DOE

Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Care categories with costs								
							Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120703	FirstName	n/a	07/12/11	07/31/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777457	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	08/01/11	08/20/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777458	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	08/21/11	09/09/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777459	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	09/10/11	09/29/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777460	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	09/30/11	10/19/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777461	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	10/20/11	11/08/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777462	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	11/09/11	11/28/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777463	LastName							30	15	8	15	29	14	50	
120703	FirstName	n/a	11/29/11	12/18/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777464	LastName							30	15	8	15	29	14	50	

Unspecified URI - Detailed episode cost information by performing provider **JIM SMITH**

						Care categories with costs										
Episode ID	Patient name		Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
								Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120703	FirstName		n/a	04/23/11	05/12/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777453	LastName									30	15	8	15	29	14	50
120703	FirstName		n/a	05/13/11	06/01/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777454	LastName									30	15	8	15	29	14	50
120703	FirstName		n/a	06/02/11	06/21/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777455	LastName									30	15	8	15	29	14	50
120703	FirstName		n/a	06/22/11	07/11/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777456	LastName									30	15	8	15	29	14	50

Unspecified URI - Detailed episode cost information by performing provider JOHN DOE

Care categories with costs						
Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost
120703	FirstName	n/a	02/22/11	03/13/11	\$100,000	\$100,000
777431	LastName					
120703	FirstName	n/a	03/14/11	04/02/11	\$100,000	\$100,000
777432	LastName					
120703	FirstName	n/a	04/03/11	04/22/11	\$100,000	\$100,000
777433	LastName					
120703	FirstName	n/a	04/23/11	05/12/11	\$100,000	\$100,000
777434	LastName					
120703	FirstName	n/a	05/13/11	06/01/11	\$100,000	\$100,000
777435	LastName					
120703	FirstName	n/a	06/02/11	06/21/11	\$100,000	\$100,000
777436	LastName					
120703	FirstName	n/a	06/22/11	07/11/11	\$100,000	\$100,000
777437	LastName					
120703	FirstName	n/a	07/12/11	07/31/11	\$100,000	\$100,000
777438	LastName					
120703	FirstName	n/a	06/22/11	07/11/11	\$100,000	\$100,000
777439	LastName					

Unspecified URI - Detailed episode cost information by performing provider JOHN DOE

							Care categories with costs								
Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120703	FirstName	n/a	07/12/11	07/31/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777440	LastName								30	15	8	15	29	14	50
120703	FirstName	n/a	08/01/11	08/20/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777441	LastName								30	15	8	15	29	14	50

Perinatal - Detailed episode cost information by performing provider
JIM SMITH

							Care categories with costs								
Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120704	FirstName	n/a	11/09/11	11/28/11	\$3,000	\$3,000	\$1,500	\$450	\$300	\$150	\$60	\$60	\$180	\$360	\$240
888321	LastName						1	1	15	8	4	8	14	7	1,000
120704	FirstName	n/a	11/29/11	12/18/11	\$3,000	\$3,000	\$1,500	\$450	\$300	\$150	\$60	\$60	\$180	\$360	\$240
888322	LastName						1	1	15	8	4	8	14	7	1,000
120704	FirstName	n/a	01/13/11	02/01/11	\$3,000	\$3,000	\$1,500	\$450	\$300	\$150	\$60	\$60	\$180	\$360	\$240
888323	LastName						1	1	15	8	4	8	14	7	1,000
120704	FirstName	n/a	02/02/11	02/21/11	\$3,000	\$3,000	\$1,500	\$450	\$300	\$150	\$60	\$60	\$180	\$360	\$240
888324	LastName						1	1	15	8	4	8	14	7	1,000

ADHD - Detailed episode cost information by performing provider JOHN DOE

							Care categories with costs								
Episode ID	Patient name	Entered clinical input	Episode start date	Episode end date	Non-adjusted cost	Cost	Ip fac	Ip prof	Op prof	Op surg	Op rad	Op labs	ED	Pharm	Other
							Cost # admits	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims	Cost # claims
120705	FirstName	n/a	03/14/11	04/02/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777451	LastName								30	15	8	15	29	14	50
120705	FirstName	n/a	04/03/11	04/22/11	\$100,000	\$100,000			\$59,259	\$19,753	\$2,000	\$2,000	\$5,926	\$12,000	\$8,000
777452	LastName								30	15	8	15	29	14	50