

Guide to Reading Your Episode of Care Report

This brief guide explains how to read an Episode of Care report using an illustrative example. While the program is shared savings only, the report reflects your performance and can help you understand the cost and quality of care given to patients for whom you are the Principal Accountable Provider (PAP), also known as Quarterback. It can also help you identify the potential for practice changes, care coordination and documenting best practices. Included are details on:

Overall summary

Episode of care	Number of walk episodes	Quality metrics	Average risk adj. episode cost (\$)	Gain/risk share eligibility	Share Value (\$)
1. Perinatal [Start/end dates of period]	233	Met Commendable	\$3,298	Gain Sharing	+\$1,184.90
1. Asthma [Start/end dates of period]	233	Met Commendable	\$912	Gain Sharing	+\$10,252.90
Total Gain/ Risk Share					+\$1,342.80

Performance summary



Episode summary



Quality and cost detail

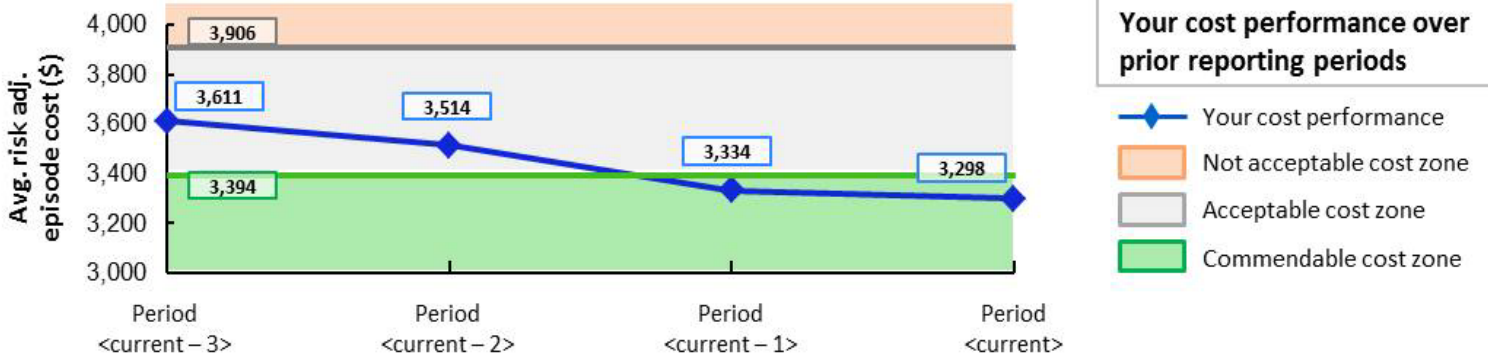


Episode detail/exclusions

Episode ID	Patient name	Episode start & end date	Time adjusted cost	Reason for exclusion
00001	John Doe	01/01/2018 - 01/01/2018	\$1,200	Excluded due to non-compliance with reporting requirements
00002	Jane Smith	01/02/2018 - 01/02/2018	\$1,500	Excluded due to non-compliance with reporting requirements
00003	Bob Johnson	01/03/2018 - 01/03/2018	\$1,800	Excluded due to non-compliance with reporting requirements

[1. Perinatal] Overall Performance Summary

Episode of care	Quality metrics	Average risk adj. episode cost (\$)		Gain/risk share eligibility	Share Value (\$)
1. Perinatal [Start/end dates of period]	Met	3,298	Commendable	Gain Sharing	+\$11,148



Description of gain / risk sharing	You	Description
1. Total cost across episodes	\$937,592	Total of all associated claims submitted and paid during this cycle
2. Total # of included episodes	233	Net of episodes excluded for medical or operational considerations
3. Avg. episode cost (non adj.)	\$4,024	Raw claims average
4. Risk adjustment factor* (avg.)	1.22	Average adjustment
5. Avg. episode cost (risk adj.)	\$3,298 Commendable	Adjusted cost per episode
6. Versus: commendable cost	\$3,394	Commendable threshold
7. Total upside generated**	\$22,368	Total difference in amount between line (5) and line (6)
8. Risk sharing factor	50%	Portion of total upside
9. Total gain / risk share	\$11,184	Net proceeds to you

Overall performance summary

- Your performance summary page includes the calculation for gain and risk sharing for each quarterback. In this example, the quarterback is eligible for \$11,148 in gain sharing.
- At the top of the page is a graph showing your year over year performance compared to the acceptable and commendable thresholds. In this example, the provider's average episode costs have improved from acceptable to commendable over the past four performance periods.
- At the bottom of the page, is the calculation showing the detailed steps to derive your total risk and or gain sharing.

* Risk adjustment factor calculated for select provider's patient base and risk adjusters

** If the average episode cost (risk-adjusted) is below the gain sharing limit, the upside is calculated from line (5).

[1. Perinatal] A. Episode Summary

1 Overview

Total episodes: **262**

Total episodes included: **233**

Total episodes excluded: **29**

2 Cost of care (avg. adj. episode cost) comparison



◆ Your avg. cost: **\$4,298**

★ Providers' base avg. cost: **\$5,444**

YOUR GAIN/ RISK SHARE

You are eligible for gain sharing

+ \$81,783

Com	Your avg. cost (\$)	X	Number of episodes	X	Share factor
5,	4,298		233		50%

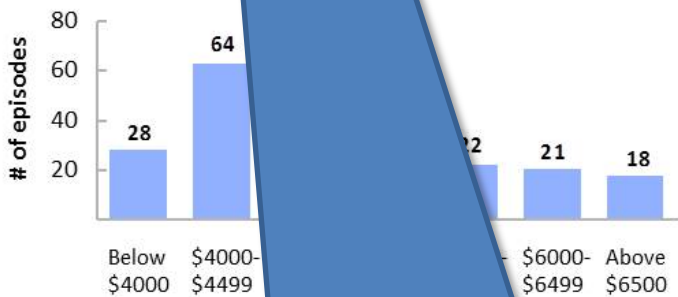
3 Episode cost summary

✓ Your average episode cost is commendable

Parameters	You	Provider base average
1. Total cost across episodes	\$1,221,749	\$1,445,654
2. Total # of included episodes	233	235
3. Avg. episode cost (\$)	\$5,244	\$6,152
4. Risk adjustment factor	1.22	1.13
5. Avg. episode cost (\$)	\$4,298	\$5,444
	Commendable	Acceptable

* Risk adjustment factor based on provider's patient base

Your episode cost distribution (risk adj.)



Distribution of provider



Cost of care comparison



◆ You ★ All providers

- The bar above shows the cost ranges for the commendable, acceptable and not acceptable cost ranges.
- The diamond represents your average cost; the star represents the overall average.

4 Episode utilization summary

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Overview

Total episodes:	Total episodes included:	Total episodes excluded:
262	233	29

The overview indicates the total number of episodes you treated, and how many were included and excluded in your results.

- These are episodes completed during the period for which you are considered the PAP.
- Throughout the report, unless otherwise indicated, all results are based on the "total episodes included" number.
- An episode could be excluded for a number of reasons (e.g. non-continuous enrollment or unusual comorbidity).

Top 5 Prescribed Drugs, by spend

	\$2,485
	\$1,259
	\$1,099
	\$1,039
	\$997

[1. Perinatal] A. Episode Summary

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Episode quality summary

- The quality of service section gives you a more detailed picture of the quality metrics that go into your quality outcomes, and how you are performing relative to other PAPs in this episode and compared to quality thresholds. To be eligible for rewards, providers must pass all quality metrics linked to gain sharing.
- The metrics on the bottom will continue to be informational.

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Your Gain/Risk Share

- This calculation summarizes the gain and risk share calculation from the performance summary. Gain sharing will be highlighted in green, and risk sharing will be highlighted in red.

Included: 233

Total episodes excluded: 29

Comparison

Acceptable

\$7,443

cost: \$

4

YOUR GAIN/ RISK SHARE

You are eligible for gain sharing

+ \$81,783

Commendable cost (\$)	−	Your avg. cost (\$)	×	Number of episodes	×	Share factor
5,000		4,298		233		50%

3

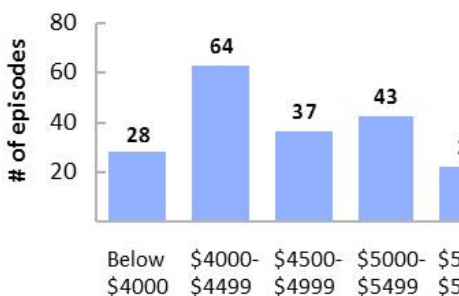
Episode cost summary

✓ Your average episode cost is commendable

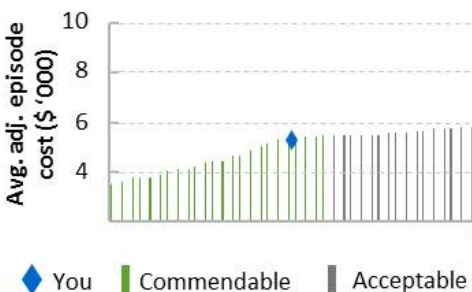
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2. Total # of included episodes	233	235
3. Avg. episode cost (non adj.)	\$5,244	\$6,152
4. Risk adjustment factor* (avg.)	1.22	1.13
5. Avg. episode cost (risk adj.)	\$4,298 Commendable	\$5,444 Acceptable

* Risk adjustment factor calculated for select provider's patient base

Your episode cost distribution (risk adj.)



Distribution of provider average episode cost



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Episode quality and utilization summary

✓ You achieved selected quality metrics

Quality metrics linked to gain sharing	You	Gain share standard	Met standard
1. HIV screening	97%	85%	✓
2. Group B Strep screening	90%	85%	✓
3. C-section rate	20%	41%	✓

Quality metrics not linked to gain sharing	You	Provider base average
1. Gestational DM screening	56%	50%
2. ... screening	90%	62%

3

Episode cost summary

- This section shows a breakdown of your cost performance.
- This box provides a summary detailing the process used to arrive at the average risk adjusted episode costs. Here you can see the risk adjustment factor for your episodes and the average factor across all providers.
- The middle section shows cost distribution based on your valid episodes
- The graph at the bottom shows your average individual episode costs compared to all PAPs.

[1. Perinatal] A. Episode Summary

1 Overview		
Total episodes: 262	Total episodes included: 233	Total episodes excluded: 29

2 Cost of care (avg. adj. episode cost) comparison

Commendable Acceptable Not acceptable

Less than \$5,000 \$5,000 to \$7,443 More than \$7,443

◆ Your avg. cost: **\$4,298** ★ Providers' base avg. cost: **\$5,444**

YOUR GAIN/ RISK SHARE

You are eligible for gain sharing

+ \$81,783

Commendable cost (\$)	−	Your avg. cost (\$)	×	Number of episodes	×	Share factor
5,000		4,298		233		50%

3 Episode cost summary

✔ Your average episode cost is commendable

Parameters	You	Provider base average
1. Total cost across episodes	\$1,221,749	\$1,445,654
2. Total # of included episodes	233	235
3. Avg. episode cost (non adj.)	\$5,244	\$6,152
4. Risk adjustment factor* (avg.)	1.22	1.13
5. Avg. episode cost (risk adj.)	\$4,298 Commendable	\$5,444 Acceptable

* Risk adjustment factor calculated for select provider's patient base

4 Episode quality and utilization summary

✔ You achieved selected quality metrics

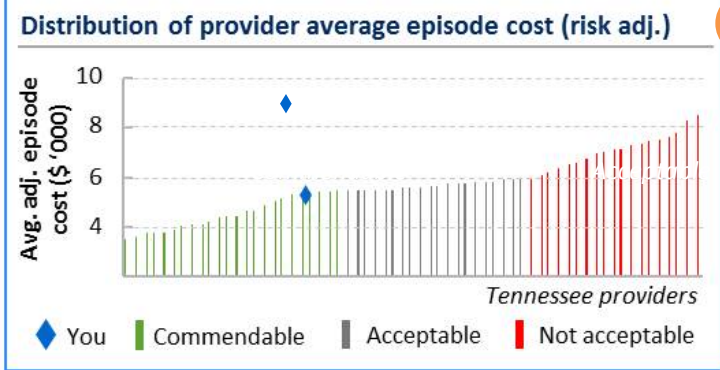
Quality metrics linked to gain sharing	You	Gain share standard	Met standard
1. HIV screening	97%	85%	✔
2. Group B Strep screening	90%	85%	✔
3. C-section rate	20%	41%	✔

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Top 5 Prescribed Drugs, by spend

- This section provides a breakdown of your cost performance for prescription drugs.
- The list shows the top drugs you prescribe based on overall cost.

Quality metrics not linked to gain sharing	You	Provider base average
1. Gestational DM screening	56%	50%
2. Bacteriuria screening	90%	62%
3. Hepatitis B screening	58%	55%
4. Tetanus/diphtheria/pertussis (Tdap) vaccination rate	90%	62%



6

Top 5 Prescribed Drugs, by spend

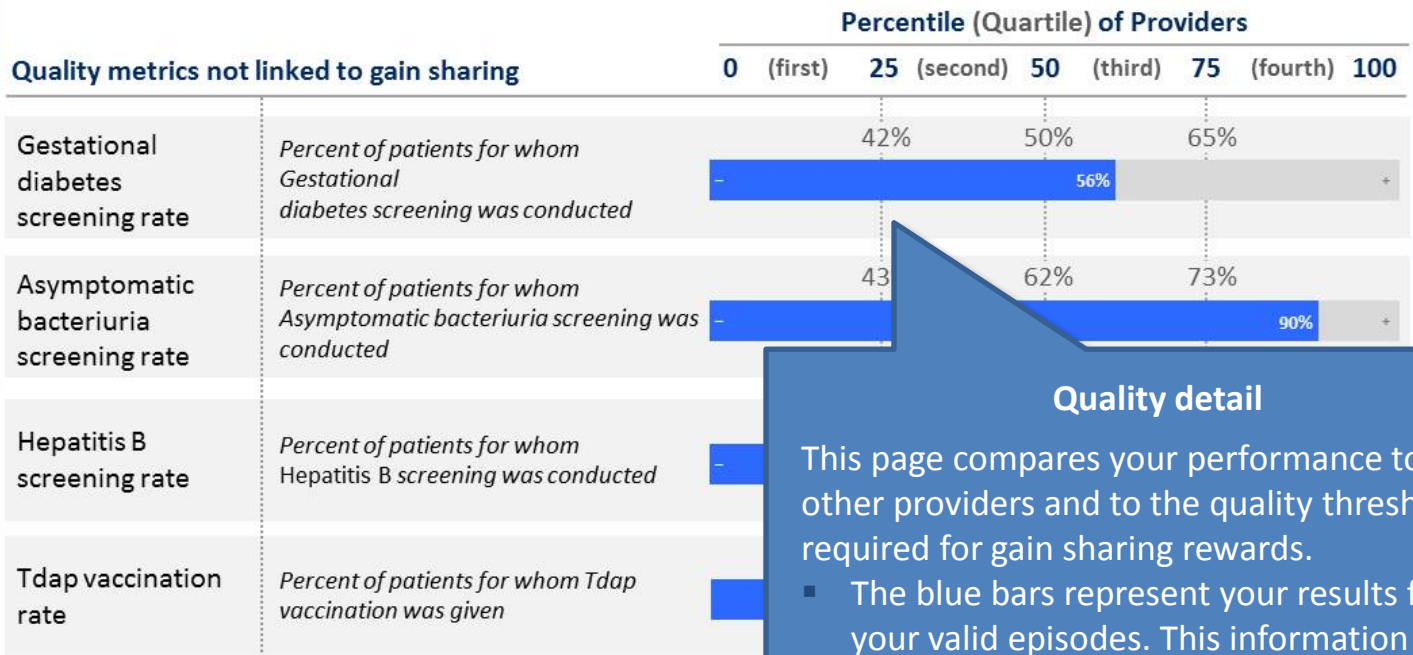
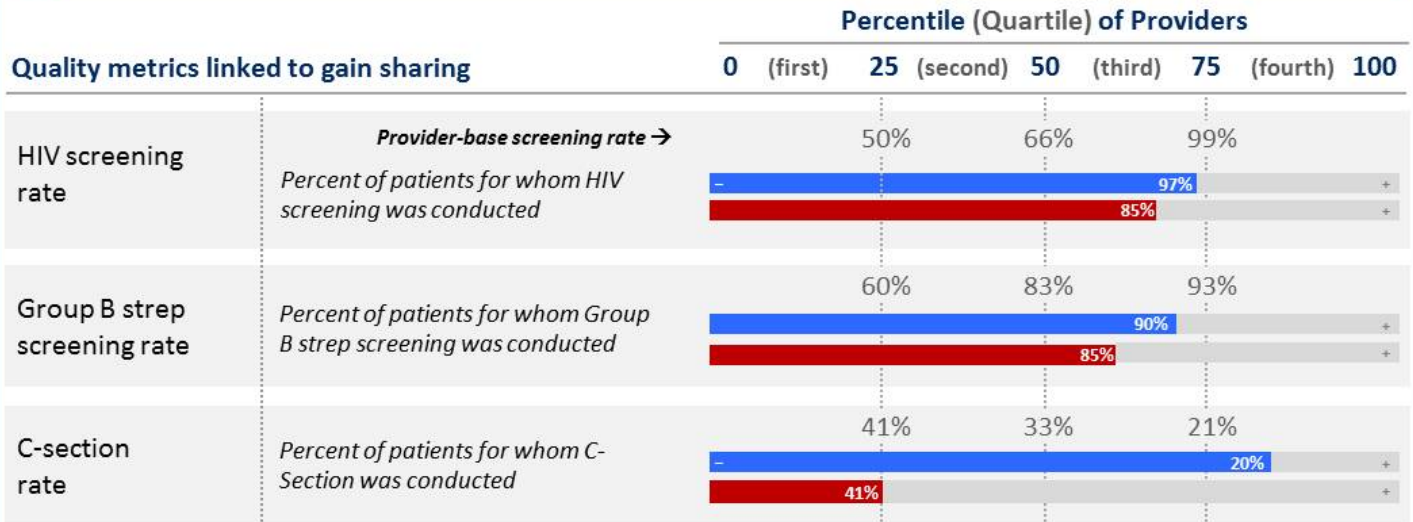
1. Prenatal Plus Tablet	\$2,485
2. Ibuprofen Tablet	\$1,259
3. Hydrocodone-Acetaminophen Tablet	\$1,099
4. Ferrous Sulfate Tablet	\$1,039
5. Zofran Tablet	\$997

[1. Perinatal] B. Episode quality and utilization details

5 Quality and utilization (metrics) comparison with provider base

■ Your performance ■ Minimum standard for gain sharing

✓ You achieved selected quality metrics linked to gain sharing



Quality detail

This page compares your performance to other providers and to the quality threshold required for gain sharing rewards.

- The blue bars represent your results for your valid episodes. This information can help you identify areas for improvement or areas to continue best practices if you achieved high-quality results.
- The metrics at the top are required to be eligible for gain sharing.
- The metrics at the bottom are informational and may help you evaluate your practice.

[1. Perinatal] C. Episode cost details

6 Episode cost breakdown by care category (risk adj.)

Total episodes included: 233

■ Your performance ■ Provider base average

Care category	# of episodes with claims in care category	% of episodes with claims in care category	Avg. adj. cost per episode when care category utilized					
			Percentile (Quartile) of Providers					
			0	(first) 25	(second) 50	(third) 75	(fourth) 100	
Outpatient Professional	195	84% 82%	< \$100	< \$125	< \$150	\$120	\$120	
Pharmacy	11	5% 5%	< \$25	< \$45	< \$65	\$50	\$50	
Emergency department or observation	90	39% 30%	< \$200	< \$230	< \$260	\$235	\$230	
Outpatient lab	220	96% 84%	< \$145	< \$195	< \$245	\$190	\$200	
Outpatient radiology/procedures	215	94% 88%	< \$275	< \$325	< \$375	\$320	\$330	
Inpatient professional	220		< \$950	< \$1,000	< \$1,200	\$960		
Inpatient facility	233							
Outpatient facility	0	0% 0%						
Other	210							

Cost detail

This page provides a detailed look at your costs and the average costs of all providers. Care categories list all categories of service that make up an episode.

- The number of episodes refers to how many episodes included costs in this category.
- The percent of episodes refers to the percentage of your total valid episodes which included costs in this care category. Details on the definitions of the care categories is on page 9.
- Average cost per category compares your average risk adjusted episode cost by care category to other providers.
- The blue bars represent your performance, and the black bars represent the average performance of other PAs.

[1. Perinatal] D. List of included episodes with cost and quality information

[LINK TO LIST OF INCLUDED EPISODES](#)

The Excel document contains detailed information for each patient included in your episode results, such as:

- Provider
- Episode ID
- Patient identifier
- Episode risk factor
- Cost information
- Quality metrics

[1. Perinatal] E. List of excluded episodes

[LINK TO LIST OF EXCLUDED EPISODES](#)

The Excel document contains detailed information for each patient excluded from your episode results, such as:

- Episode ID
- Provider
- Patient identifier
- Non-risk adjusted cost
- Reason for exclusion

[1. Perinatal] D. List of included episodes with cost and quality information

Total episodes included: 233

■ Less than provider base average cost
 ■ More than provider base average cost

Episode ID	Patient Name	Episode start date	Episode end date	Date of birth	Total risk adjusted cost	Episode risk factor	Non-adjusted cost	Outpatient Professional Cost	Outpatient Professional # claims
AVG_B	Provider Base Average				\$5,444.25	1.13	\$6,152	\$136	
AVG_Y	Your Average				\$4,298.36	1.22	\$5,244	\$146	
NPI:	1000000002	Provider Name:	HCFALast, HCFAFirst		\$3,919	0.99	\$3,893	\$139	
3000000	Juniper Pink	02/13/2012	10/02/2012	11/29/79	\$3,807	1.03	\$3,921	\$137	2
4000000	Green Forest	03/07/2012	10/07/2012	01/21/88	\$4,105	1.00	\$4,105	\$161	2
1000000	Jeaux Health	02/21/2012	10/11/2012	08/21/77	\$3,569	1.01	\$3,605	\$125	2
2000000	Jazmyn Care	02/14/2012	10/03/2012	11/13/81	\$3,776	0.98	\$3,700	\$114	2
6000000	Lara Croft	02/15/2012	11/04/2012	04/20/90	\$3,882	1.01	\$3,921	\$137	2
5000000	Joley Foley	03/19/2012	11/10/2012	07/07/93	\$4,084	1.01	\$4,105	\$161	2
NPI:	1000000003	Provider Name:	HealthLast, HealthFirst		\$3,856.81	1.01	\$3,909	\$137	
9000000	Snowy Winter	02/13/2012	10/02/2012	05/31/97	\$3,700	1.00	\$3,700	\$114	2
7000000	Purple Lover	03/07/2012	10/07/2012	04/21/89	\$4,039	1.03	\$3,921	\$137	2

Episode detail

Episode ID	Patient name	Episode start date	Episode end date	Date of birth	Total risk adjusted cost	Episode risk factor	Non-adjusted cost
AVG_B	Provider Base Average				\$5,444.25	1.13	\$6,152
AVG_Y	Your Average				\$4,298.36	1.22	\$5,244
3000000	Juniper Pink	02/13/2012	10/02/2012	11/29/79	\$3,807	1.03	\$3,893

This page has detailed information for each patient included in your results. This page may help you understand what occurred for an individual patient's episode(s) of care.

- The episode ID is a reference number.
- The name is the name of the patient from claims data.
- Episode start & end date is the episode duration from claims data.
- Episode risk factor is the calculated risk factor based on the patient's claims history.
- The cost information is a detailed look at the component care category cost for each patient. The component cost is non-risk adjusted and is highlighted in orange if it is more than the provider average, or green if it is below. Details on the definitions of the care categories is on page 11.
- The count of claims represents the number of claims with costs in that care category for each episode.

[1. Perinatal] E. List of excluded episodes

Total episodes excluded: 29

■ Less than provider base average cost

■ More than provider base average cost

AVG_B	Provider Base Average		\$ 4,944			
AVG_Y	Your Average		\$ 4,697			
Episode ID #	PatientName	Date of birth	Episode start date	Episode end date	Non-adjusted cost	Reason for exclusion
NPI: 1000000001		Provider Name: SPIGLast, SPIGFirst				
1000001	Camilla Rosemary	05/20/85	02/13/12	10/02/12	\$4,030	Risk factor / comorbidity reference found
2000002	Steela Magnolia	02/28/81	03/07/12	10/07/12	\$4,021	Risk factor / comorbidity reference found
NPI: 1000000002		Provider Name: HCFALast, HCFAFirst				
3000004	Sally Smith	11/29/77	02/21/12	10/11/12	\$5,648	Risk factor / comorbidity reference found
4000003	Green Fields	01/21/77	07/15/12	10/03/12	\$4,275	Risk factor / comorbidity reference found
5000008	Julia Roberts	02/11/77	09/12	11/04/12	\$4,288	Patient has a discharge status of "left against medical advice"
NPI: 1000000003		Provider Name: HealthLast, CareFirst				
6000004	Mary Crawley	01/21/77	12/19/12		\$4,823	Risk factor / comorbidity reference found
7000001	Edith Downton	01/21/77	01/13/13		\$4,207	Risk factor / comorbidity reference found

Exclusion detail

Episode ID #	Patient name	Date of birth	Episode start date	Episode end date	Non-adjusted cost	Reason for exclusion
AVG_B	Provider Base Average				\$4,944	
AVG_Y	Your Average				\$4,697	
1000001	Camilla Rosemary	05/20/85	02/13/12	10/02/12	\$4,030	Risk factor/ comorbidity reference found

This page provides a detailed look at your excluded episodes.

- The episode ID is a reference number.
- The name is the name of the patient from claims data.
- Episode start & end date is the episode duration from claims data.
- The non-risk adjusted cost is the cost of the episode without risk adjustment.
- The reason for exclusion describes why each episode is excluded including business exclusions (e.g. non-continuous enrollment or incomplete data) or clinical exclusions (e.g. unusual comorbidity or death in the hospital).

Care categories: Definitions

Care Categories

On both the episode cost detail and list of included episode pages, episode costs are broken down into care categories. The chart below defines what is included and what is excluded from each care category.

Care Category	Category Description
Inpatient Facility	All medical claims occurring in a facility during an inpatient admission are included in this category. Service performed during the admission such as radiology, labs, and diagnostic testing are also included.
Emergency Department or Observation	All physician and facility medical claims occurring during an Emergency Department or Observation Room visit are included in this category. Service performed during the Emergency Department or Observation visit such as radiology, labs, professional services and diagnostic testing are also included.
Outpatient Facility	All medical claims occurring in an outpatient, non-Emergency Department or Observation room facility setting including operating, recovery room, lab and radiology services.
Inpatient professional	Medical services delivered by a professional provider during an inpatient hospital stay, including patient visits and consultations, surgery and diagnostic tests.
Outpatient Laboratory	All laboratory services billed in a professional setting. Other lab services provided as part of an inpatient admission, Emergency Department visit, Observation room visit or in an outpatient clinic will be allocated to those categories instead of Outpatient Laboratory.
Outpatient Radiology	All radiology services such as MRI, X-Ray, CT and PET scan performed in a professional setting. Other radiology services provided as part of an inpatient admission, Emergency Department visit, Observation room visit or in an outpatient clinic will be allocated to those categories instead of Outpatient Radiology.
Outpatient professional	Any uncategorized professional claims such as evaluation and management, health screenings and specialists visits.
Other	Includes DME, transportation, Home health, Long Term Care and any remaining uncategorized claims.
Pharmacy	Any pharmacy services billed under the pharmacy benefit with a valid National Drug Code.