



2024 Episodes of Care Cost and Quality Thresholds

TennCare Episodes of Care Thresholds

Scope of the Document

The goal of this document is to provide an overview of the thresholding process and 2023 values used to calculate gain-sharing or risk-sharing payments for Episode of Care quarterbacks.

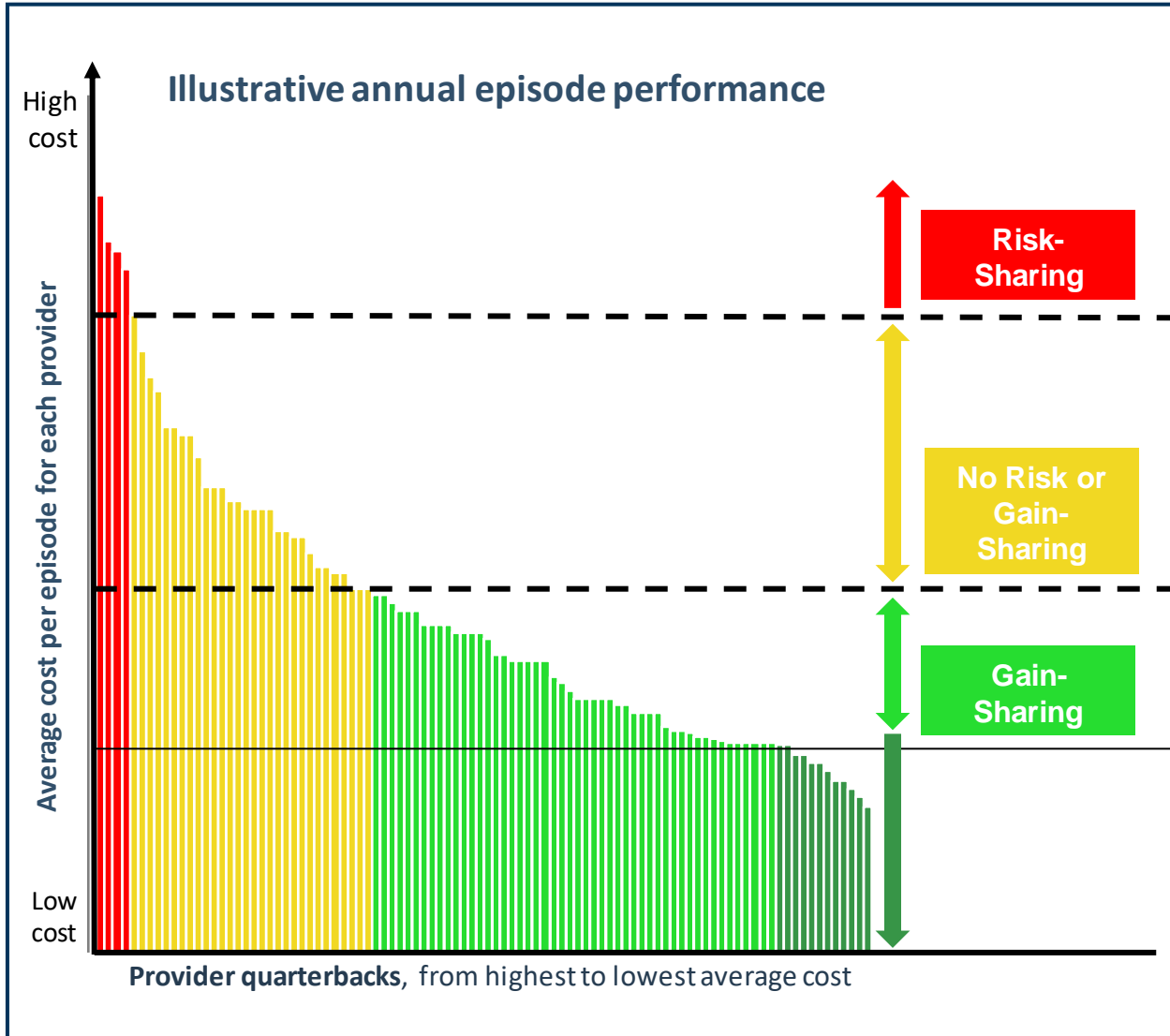
This document will review the following topics:

1. Overview of Episodes of Care thresholds
2. Cost and quality threshold values for 2024 performance period

Updates from Previous Thresholds (CY 2023)

- Acceptable thresholds have been updated based on the most recent data.
- These thresholds incorporate recent changes to the episode design, which can be referenced in the Memo: 2024 Episodes of Care Changes.
- For Perinatal episodes, the Hepatitis C Screening quality metric is moved from informational only to linked to gain-sharing, with the threshold set at 50%.
- For Asthma episodes, the state will extend the lookback period to two years for the information-only quality metric *Follow-up care for newly diagnosed asthma cases*.

TennCare Episode of Care Cost Thresholds: Definitions



The **acceptable threshold** is the dollar amount that delineates quarterbacks between the risk-sharing and neutral zone (i.e., no risk- or gain-sharing).

Acceptable

No Risk or
Gain-Sharing

Commendable

The **commendable threshold** is the dollar amount that delineates quarterbacks between the neutral zone (i.e., no risk- or gain-sharing) and gain-sharing.

Gain-Sharing limit

Gain-Sharing

If average cost is lower than gain-sharing limit, quarterbacks receive a gain-sharing payment, but based on values above the gain-sharing limit.

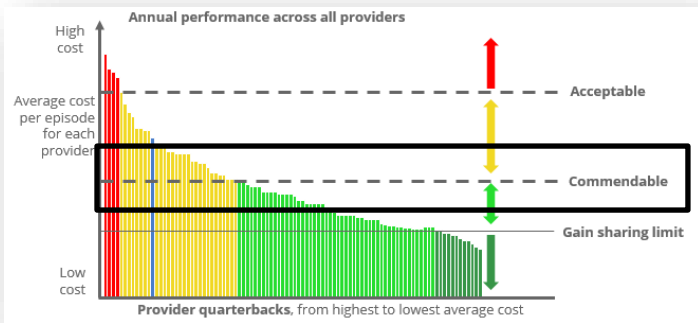
Calculating Cost Thresholds

Calculation

Average Cost per Episode Type	Threshold	Calculation
Risk-Sharing	Above the acceptable threshold	Quarterbacks who owe a risk-sharing payment pay 50% of the difference between the acceptable threshold and their average risk-adjusted episode spend, multiplied by the quarterback's number of valid episodes in the reporting period.
No Risk or Gain-Sharing	Between the acceptable and commendable threshold	Quarterbacks have no change in payment, neither a gain-sharing payment or risk-sharing payment.
Gain-Sharing	Below the commendable threshold	Quarterbacks receive 50% of the difference between the commendable threshold and their average risk-adjusted episode, multiplied by the quarterback's number of valid episodes in the reporting period.

Example Gain-Sharing Calculation

Threshold included in calculation: Commendable



$$\begin{array}{r}
 \text{Commendable Threshold} - \text{Provider Average Cost} \times \text{Number of Valid Episodes} \times \text{Risk Sharing Factor} \\
 \$500 - \$300 \times 5 \times 50\%
 \end{array}$$

Total Reward Amount:
\$500

**Must reach quality metrics to be eligible for a gain-sharing payment*

Additional Information on Episodes of Care Thresholds

Key Threshold Information

- All thresholds are set before the performance year begins.
- Thresholds are set based on projections that result in overall budget neutrality (i.e., equivalent total gain-sharing and risk-sharing payments).
- Commercial payers will set their own thresholds according to their own approaches. Commercial episodes will not have an acceptable threshold due to no downside risk.

Overview of Setting Thresholds: 2024 Performance Period

- **Acceptable threshold:** TennCare sets the acceptable threshold so that the quarterbacks with the highest risk-adjusted average annual cost for all TennCare would owe a risk-sharing payment, based on 2022 data.
- **Commendable threshold:** Each MCO sets its own commendable thresholds that determines a quarterbacks' eligibility for a gain-sharing payment. For the 2024 performance period, the commendable threshold is set such that total gain-sharing payments and risk-sharing payments would be equal, based on 2022 data. Information on the commendable threshold is available from each MCO.
- **Gain-sharing limit threshold:** The gain-sharing limit is designed to cap the amount of rewards a quarterback can receive to prevent incentivizing underutilization and inappropriate care. The MCOs and the state work together to define and set the gain-sharing limit.
- **Quality metrics linked to gain-sharing thresholds:** Some quality metrics will be linked to gain-sharing, while others will be reported for information only. To be eligible for gain-sharing, providers must meet predetermined thresholds for gain-sharing linked quality metrics.

**Episodes of Care
Cost and Quality Thresholds
for 2024 Performance Period**

Wave 1 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
<p>Perinatal</p>	HIV screening rate	90%	\$8,420	Varies by MCO
	Group B streptococcus screening rate	90%		
	Primary C-section rate	25%		
	<p>Quality metrics not linked to gain-sharing (i.e., informational only):</p> <ul style="list-style-type: none"> ▪ Gestational diabetes screening rate ▪ Tdap vaccinate rate ▪ C-section rate ▪ MFM referral rate for patients with diabetes ▪ Hepatitis C screening rate ▪ Routine Postpartum Care (one visit) ▪ Routine Postpartum Care (two visits) ▪ Mental Health Screening 			
<p>Asthma Acute Exacerbation</p>	Follow-up with physician or other practitioner within 30 days of discharge	30%	\$1,216	Varies by MCO
	Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids)	60%		
	<p>Quality metrics not linked to gain-sharing (i.e., informational only):</p> <ul style="list-style-type: none"> ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered ▪ Education on proper use of medication, trigger avoidance, or asthma action plan was discussed ▪ Chest x-ray utilization rate ▪ Follow-up care for newly-diagnosed asthma cases 			

Wave 1 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Total Joint Replacement	Readmission rate	10%	\$13,561	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Post-op deep venous thrombosis (DVT)/Pulmonary Embolism (PE) within 30 days post-surgery ▪ Post-op wound infection rate within 90 days post-surgery ▪ Dislocations or fractures within 90 days post-surgery ▪ Average inpatient length of stay ▪ Difference in MED/day 			

MED = Morphine equivalent dose.

Wave 2 – Thresholds

Episode	Quality Metrics Thresholds	Acceptable Threshold	Commendable Threshold	
Colonoscopy	No quality metrics linked to gain-sharing		\$1,487	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Perforation of colon during the trigger or post-trigger windows ▪ Post-polypectomy/biopsy bleeding during the trigger or post-trigger windows ▪ Prior screening and surveillance colonoscopy within 1 year of triggering colonoscopy ▪ Prior diagnostic colonoscopy within 1 year of triggering colonoscopy ▪ Repeat colonoscopy: screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy ▪ ED visit within the post-trigger window ▪ Difference in average MED/day 			
Outpatient and Non-Acute Cholecystectomy	Hospitalization in the post-trigger window	10%	\$6,665	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Intraoperative cholangiography during the trigger window ▪ Endoscopic retrograde cholangiopancreatography (ERCP) within 3 to 30 days after procedure ▪ Average length of stay ▪ Difference in average MED/day 			
COPD Acute Exacerbation	Percent of episodes where the patient visits a physician or other practitioner during the post-trigger window	45%	\$3,288	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Repeat acute exacerbation during the post-trigger window ▪ Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) ▪ Smoking cessation counseling for the patient and/or family was offered 			

Wave 2 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
PCI – Acute	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	\$26,000	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) ▪ Staged PCI: repeat PCI in the post-trigger window ▪ Difference in average MED/day 			

MED = Morphine equivalent dose.

Wave 3 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Upper GI Endoscopy (Esophagogastroduodenoscopy (EGD))	ED visit within the post-trigger window	10%	\$1,685	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Admission within the post-trigger window ▪ Perforation within upper gastrointestinal tract ▪ Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus ▪ Difference in average MED/day 			
Respiratory Infection	ED visit within the post-trigger window	10%	\$221	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Admission within the post-trigger window ▪ Antibiotic injection for Strep A sore throat ▪ Steroid injection for Strep A sore throat ▪ Antibiotics utilization 			
Pneumonia	Follow-up care within the post-trigger window	30%	\$2,355	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ ED visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window 			

MED = Morphine equivalent dose.

Wave 3 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Urinary Tract Infection (UTI)- Outpatient	Admission within the trigger window for ED triggered episodes	5%	\$166	Varies by MCO
	Admission within the trigger window for non-ED triggered episodes	5%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ ED visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Pseudomembranous colitis within the post-trigger window ▪ Urinalysis performed in the episode window ▪ Urine culture versus urinalysis ▪ Renal ultrasound for children under two years old within the post-trigger window 			
Urinary Tract Infection (UTI)- Inpatient	Follow-up care within the post-trigger window	40%	\$9,818	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ ED visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window 			
Gastrointestinal Hemorrhage (GIH)	Follow-up care within the post-trigger window	45%	\$7,305	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Follow-up care within the first seven days of post-trigger window ▪ ED visit within the post-trigger window ▪ Admission within the post-trigger window ▪ Follow-up visit versus emergency department visit ▪ Pseudomembranous colitis within the post-trigger window ▪ Mortality within the episode window 			

Wave 4 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Attention Deficit and Hyperactivity Disorder (ADHD)	Minimum care requirement (5 visits/claims during the episode window)	70%	\$625	Varies by MCO
	Utilization of therapy for members aged 4 and 5 years	1 visit		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Utilization of E&M and medication management ▪ Utilization of therapy for members aged 6 to 20 ▪ Utilization of medication for members aged 4 and 5 ▪ Utilization of medication for members aged 6 to 20 ▪ Follow-up within 30-days of the trigger visit 			
Bariatric Surgery	Follow-up care within the post-trigger window	30%	\$9,332	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Appropriate procedural choice • Admission within the post-trigger window • ED visit within the post-trigger window • Mortality within the episode window • Relevant repeat operation within the post-trigger window • Difference in average MED/day 			

MED = Morphine equivalent dose.

Wave 4 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Congestive Heart Failure (CHF) Acute Exacerbation	Follow-up care within the post-trigger window	60%	\$9,792	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Follow-up care within the first seven days of post-trigger window • Admission from the emergency department within the post-trigger window • Admission within the post-trigger window • Mortality within the episode window • Utilization of functional status assessment 			
Oppositional Defiant Disorder (ODD)	Minimum care requirement (6 therapy and/or level I case management visits during the episode window)	30%	\$1,844	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Medication with no comorbidity • Prior ODD diagnosis • Utilization (excluding medication) • Utilization of therapy and level I case management 			

Wave 5 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Breast Biopsy	Appropriate diagnostic workup rate	90%	\$2,877	Varies by MCO
	Core needle biopsy rate	85%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Surgical complication rate • Subsequent biopsy/excision rate • Appropriate genetic testing rate • Difference in average MED/day 			
Tonsillectomy	Bleeding up to two days following the procedure	5%	\$3,791	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Dexamethasone administration rate • Rate of indicated concurrent tympanostomy • Rate of absence of antibiotics • Post-operative encounter rate • Bleeding rate between the 3rd and 14th day • Difference in average MED/day 			
Otitis Media	Otitis media with effusion (OME) episodes without antibiotics filled	25%	\$219	Varies by MCO
	Non-OME episodes with amoxicillin	60%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • OME episodes without oral corticosteroid filled • Tympanostomy when indicated • Overall tympanostomy • Follow-up encounter during post-trigger window • Non-OME episodes without macrolide filled 			

Wave 6 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Diabetes Acute Exacerbation	Follow-up care in the first 30 days of the post-trigger window	30%	\$7,365	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Follow-up care within the first seven days of post-trigger window • Admission from the emergency department within the post-trigger window • Admission within the post-trigger window • Mortality within the episode window • Utilization of functional status assessment 			
Pancreatitis	Follow-up care in the first 30 days of the post-trigger window	35%	\$9,749	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Nutritional counseling • New narcotics prescription • Multiple narcotics prescription • Relevant readmission in the post-trigger window • ED visit in the post-trigger window • ERCP performed in the post-trigger window • Cholecystectomy performed in the post-trigger window • Relevant laboratory test in the first 14 days of the post-trigger window • Difference in average MED/day 			

MED = Morphine equivalent dose.

Wave 6 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
SSTI	Bacterial cultures when incision and drainage performed	50%	\$413	Varies by MCO
	SSTI episodes with a first line antibiotic	90%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Infection recurrence • Hospitalizations after initial diagnosis • ED visits after initial diagnosis • Ultrasound imaging • Non-ultrasound imaging • Incision and drainage 			

Wave 7 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Spinal Fusion	Difference in average MED/day	80%	\$38,238	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Related readmission • Cervical procedure complication • Lumbar procedure complication • Related follow-up care • Non-surgical management • Post-discharge physical therapy • Opioid and benzodiazepine prescriptions 			
Spinal Decompression	Difference in average MED/day	80%	\$10,250	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Related readmission • Cervical procedure complication • Lumbar procedure complication • Related follow-up care • Non-surgical management • Post-discharge physical therapy • Opioid and benzodiazepine 			

MED = Morphine equivalent dose.

Wave 7 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Knee Arthroscopy	Difference in average MED/day	80%	\$4,816	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger window • Non-indicated diagnosis • Pre-operative physical therapy • Multiple MRIs • Opioid and benzodiazepine prescriptions 			
Back/Neck Pain	Difference in average MED/day	80%	\$600	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during 1-60 days prior to the trigger window • Average MED/day during the episode window • Non-surgical management • Absence of spine x-ray imaging • Absence of spine MRI imaging • Non-axial back/neck pain • Drug screen • Opioid and benzodiazepine prescriptions 			

MED = Morphine equivalent dose.

Wave 7 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Non-operative Ankle Injury	Difference in average MED/day	80%	\$400	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the episode opioid window • X-ray imaging for sprain/strain episodes • Incremental imaging • ED visit after initial diagnosis • Opioid and benzodiazepine prescriptions 			
Non-operative Wrist Injury	Difference in average MED/day	80%	\$522	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the episode opioid window • X-ray imaging for sprain/strain episodes • Incremental imaging • ED visit after initial diagnosis • Opioid and benzodiazepine prescriptions 			

MED = Morphine equivalent dose.

Wave 7 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Non-operative Shoulder Injury	Difference in average MED/day	80%	\$483	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the episode opioid window • X-ray imaging for sprain/strain episodes • Incremental imaging • ED visit after initial diagnosis • Opioid and benzodiazepine prescriptions 			
Non-operative Knee Injury	Difference in average MED/day	80%	\$609	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the episode opioid window • X-ray imaging for sprain/strain episodes • Incremental imaging • ED visit after initial diagnosis • Opioid and benzodiazepine prescriptions 			

MED = Morphine equivalent dose.

Wave 8 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Acute Seizure	Brain MRI utilization in focal epilepsy	10%	\$2,185	Varies by MCO
	Prolonged EEG monitoring utilization in newly diagnosed seizure	10%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Brain MRI utilization in newly diagnosed seizure • Brain MRI utilization in children • Head CT utilization in adults • Safety counseling in newly diagnosed seizure • Related ED visit • Related admission • Related follow-up care 			
Syncope	Carotid ultrasound imaging in adults	10%	\$858	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Related admission during the post-trigger window • Admission during the trigger window • Related ED visit • Related follow-up care • Electrocardiogram (EKG) • Head or neck CT or brain MRI imaging in adults • Echocardiogram 			

Wave 8 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Bronchiolitis	Related admission during the post-trigger window	10%	\$1,102	Varies by MCO
	Utilization of bronchodilators	30%		
	Utilization of steroids	50%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Utilization of antibiotics • Admission during the trigger window • Utilization of chest physical therapy (PT) • Utilization of blood or sputum cultures • Utilization of respiratory viral testing • Utilization of chest x-ray 			
Pediatric Pneumonia	Related admission during the post-trigger window	10%	\$1,353	Varies by MCO
	Utilization of macrolides in patients under 6 years old	30%		
	Utilization of narrow spectrum antibiotics	50%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Related admission during the post-trigger window • Admission during the trigger window • Related ED visit • Related follow-up care • Electrocardiogram (EKG) • Head or neck CT or brain MRI imaging in adults • Echocardiogram 			

Wave 8 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Colposcopy	LEEP utilization under 26 years old with no evidence of high grade dysplasia	5%	\$669	Varies by MCO
	LEEP utilization with low-grade dysplasia	5%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Cervical cancer screening • Diagnostic colposcopy • LEEP utilization, trigger window • LEEP utilization, episode window • Difference in average MED/day • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions 			
Hysterectomy	Alternative treatments	20%	\$8,232	Varies by MCO
	Related follow-up care	10%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Abdominal hysterectomy • Complications • Related ED visit • Length of stay • Difference in average MED/day • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions 			

MED = Morphine equivalent dose.

Wave 8 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
GI Obstruction	Related follow-up care	25%	\$20,670	Varies by MCO
	Difference in average MED/day	80%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Cervical cancer screening • Diagnostic colposcopy • LEEP utilization, trigger window • LEEP utilization, episode window • Difference in average MED/day • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions 			
Appendectomy	Abdominopelvic CT scans in children	50%	\$7,271	Varies by MCO
	Difference in average MED/day	80%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions • Negative appendectomy • Related follow-up care • Related admission • Related ED visit • Complications 			

MED = Morphine equivalent dose.

Wave 8 (cont.) – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Hernia Repair	Difference in average MED/day	80%	\$5,587	Varies by MCO
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions • Use of mesh • Related follow-up care • Related admission • ED visit for related pain • ED visit for other related reason • Complications 			
Acute Gastroenteritis	Abdominal or pelvic CT or MRI in adults	40%	\$996	Varies by MCO
	Abdominal or pelvic CT or MRI in children	30%		
	Antibiotics utilization	30%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> ▪ Difference in average MED/day ▪ Average MED/day during the pre-trigger opioid window ▪ Average MED/day during the post-trigger opioid window ▪ Complications ▪ Related admission ▪ Related ED visit ▪ Stool culture in adults 			

MED = Morphine equivalent dose.

Wave 9 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Cystourethroscopy	Difference in average MED/day	80%	\$2,112	Varies by MCO
	Related ED visit	10%		
	Repeat cystourethroscopy	5%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day during the pre-trigger opioid window • Average MED/day during the trigger and post-trigger window • Complications • Opioid naïve prescriptions • Related follow-up care: • Related post-trigger admission 			
Acute Kidney and Ureter Stones	Difference in average MED/day	80%	\$1,371	Varies by MCO
	Related ED visit	15%		
	Quality metrics not linked to gain-sharing (i.e., informational only): <ul style="list-style-type: none"> • Average MED/day prior to the trigger window • Average MED/day during the trigger and post-trigger windows: • Complications • Kidney & ureter stone removal procedure • Opioid naïve prescriptions • Related post-trigger admission • Related trigger admission • Repeat CT imaging 			

MED = Morphine equivalent dose.

Contact Information

- Questions? Email payment.reform@tn.gov
- More information on Episodes of Care:
<https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html>