



Tennessee Health Care Innovation Initiative

Provider Stakeholder Group Meeting

April 23, 2014

Agenda

Update on the episodes of care timeline

Provider communication materials

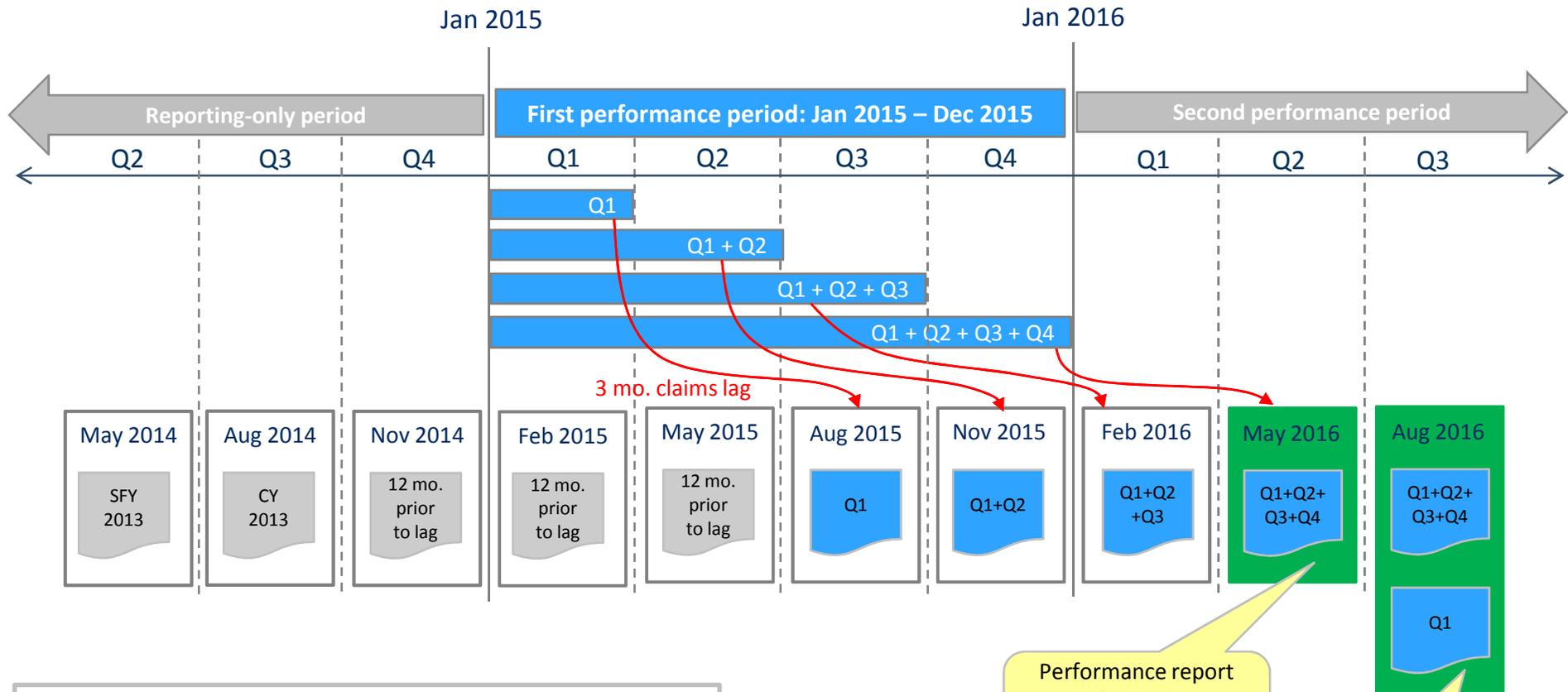


Update on the episodes of care timeline

- We are excited to announce that episode reports will be sent to providers in May on the first wave of episodes: asthma, perinatal, and total joint replacement for all TennCare MCOs. Some reports on commercial networks will be shared with providers at the same time, others will be shared at a later date.
- The primary contact for providers with questions about their reports is the insurance company. In the coming weeks, payers will be offering provider training on episodes of care, distributing education materials and outreaching to quarterbacks that are involved in the first three episodes of care. Quarterback reports will primarily be distributed through each payers secure provider portal.
- Quarterbacks will continue to receive informational reports each quarter.
- The performance period for the first three episodes will begin on January 1, 2015.

Preliminary provider report timeline for wave 1 episodes

■ Performance report
■ Rolling report showing historical data



Reporting timeline assumptions:

- Quarterly reporting frequency
- 12 month performance period
- 3 month claims lag
- 4-8 weeks to produce, QA and distribute reports
- All performance reports (in blue) will include expected penalty and reward calculations

Performance report covers full period and reports estimated payment

PAP receives two reports: (1) Performance report covering full period and final payment and (2) Q1 report of next performance period

Agenda



Update on the episodes of care timeline

Provider communication materials

- Memo to providers on the initiative
- Mock-up of provider report
- Guide to reading your episode of care report



STATE OF TENNESSEE
DIVISION OF HEALTH CARE FINANCE AND ADMINISTRATION
STRATEGIC PLANNING AND INNOVATION GROUP

MEMORANDUM

Date: April 2014

Subject: Tennessee Health Care Innovation Initiative

Through Governor Haslam's leadership, the State of Tennessee has launched the Health Care Innovation Initiative to transition the state's health care payment system to reward patient-centered, high-quality, high-value health care for all Tennesseans.

All across Tennessee, patients, providers, employers, insurance companies, and communities agree that the current health care system is unsustainable. Medical inflation outpaces growth of the rest of the economy each year, without concomitant improvements in the quality of care. For several years, stakeholders in Tennessee have been engaged in conversation about how to transition to patient-centered, high quality, high value care in Tennessee. During the past year, the State's initiative has focused the conversation with stakeholders on specific strategies to achieve that goal.

Insurance companies that administer TennCare, state sponsored employee health benefits, and CoverKids are now implementing one of the initiative's strategies: *episodes of care*. In addition to the state-sponsored plans, several insurance companies are implementing episodes of care for their commercial members as well, or have plans to do so in the future.

Episodes of care reward providers for delivering high-quality and efficient care for an acute health care event. Episodes of care align provider incentives and create continuity across a fragmented health care system without making changes to the current fee-for-service payment method that most providers use. It is possible to move forward with episodes of care with all types of providers—rural and urban, large groups and individual practitioners—because episodes of care work with the infrastructure, business processes and relationships that Tennessee providers have today.

With input from Tennessee clinicians and insurers, the initiative is now implementing a first wave of three episodes: perinatal care, total joint replacements, and acute asthma exacerbations. Over time, additional episodes will be added, each developed with the input of Tennessee clinicians.

For each episode of care there is a Principal Accountable Provider, also called the quarterback. The quarterback is the provider who is in the best position to influence the total cost and quality of an episode. For the perinatal care episode, the quarterback is the Ob/Gyn, family practitioner, nurse midwife, or other provider who delivers the baby. For the asthma exacerbation episode the quarterback is the facility where the patient went for an emergency department visit or inpatient

stay related to an asthma exacerbation. For the total joint replacement, the quarterback is the surgeon who replaced the patient's knee or hip.

Participating insurance companies are starting to share reports with quarterbacks that show information about their episodes of care. Quarterbacks can talk to the insurance company's provider representatives to learn more about their own episodes of care and the overall initiative. Quarterbacks will continue to receive reports with information about their episodes of care every quarter. All quarterbacks will receive reports according to their tax ID number.

Over the next few months, quarterbacks will start by receiving actionable information on their episodes of care but will see no other changes. Next year, insurance companies will start to reward quarterbacks who have episodes of care that meet quality metrics and are at a lower average cost than most other providers in the state, and penalize providers whose episodes of care are more expensive than most other providers. The total cost of an episode includes the cost of all the services involved in the episode, including some that are billed by providers other than the quarterback.

There are several ways to find out more about episodes of care and the Tennessee Health Care Innovation Initiative. The best way for a quarterback to discuss the specifics of their own episodes is to talk to the insurance companies that are implementing episodes of care. There is also general information about the initiative available at <http://www.tn.gov/HCFA/strategic.shtml>. In addition to the episodes of care strategy to address acute care, the initiative also includes a strategy to address population based care, primarily through patient centered medical homes.

Tennessee is a recognized leader in health care innovation. The episodes of care reports that providers are receiving contain information that has not been previously available to providers. These reports are a step in Tennessee's transition from a health care system that rewards volume of care to a health care system that rewards patient-centered, high-quality, high-value health care.

State of Tennessee Health Care Innovation Initiative



Illustrative Provider Report

[Report Date]

[Report Period: Start/end dates of period]

Payer Name (TennCare/Commercial)

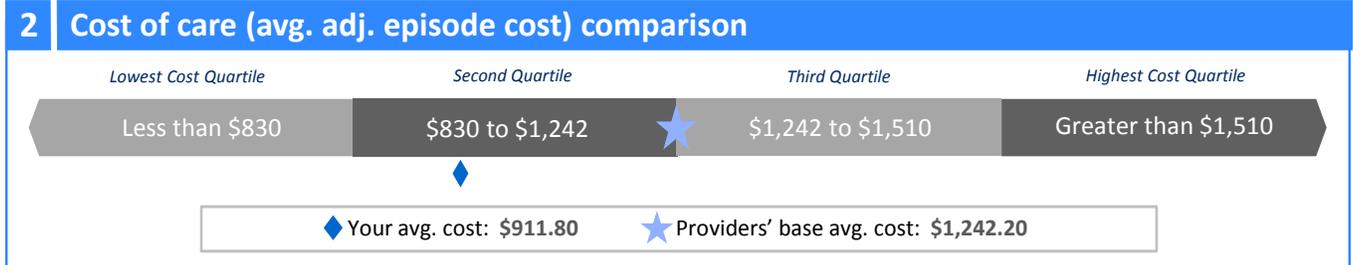
Provider Name

Provider Code

*Preliminary draft of the provider report template for State of TN (for discussion only)
All content/ numbers included in this report are purely illustrative*

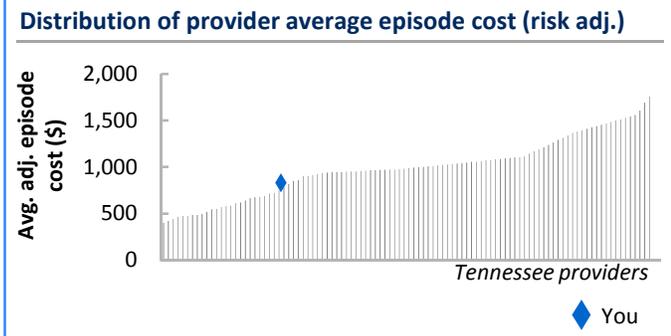
[1. Asthma] A. Episode Summary

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



3 Episode cost summary		
Parameters	You	Provider base average
1. Total cost across episodes	\$235,796	\$317,301
2. Total # of included episodes	233	235
3. Avg. episode cost (non adj.)	\$1,012	\$1,350
4. Risk adjustment factor* (avg.)	1.11	1.09
5. Avg. episode cost (risk adj.)	\$910	\$1,242
* Risk adjustment factor calculated for select provider's patient base		

4 Episode quality and utilization summary		
Quality metrics linked to gain sharing	You	Provider base average
1. Follow-up visit w/ physician	61%	50%
2. Patient on appropriate medication	77%	56%
Quality metrics not linked to gain sharing	You	Provider base average
1. Repeat acute exacerbation within 30 days	5%	8%
2. Inpatient episodes	25%	18%
3. Smoking cessation counseling	40%	30%
4. Patient education	76%	78%
5. Chest x-ray	15%	8%



Preliminary draft of the provider report template for State of TN (for discussion only) | All content/ numbers included in this report are purely illustrative

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

5 Quality and utilization (metrics) comparison with provider base



Preliminary draft of the provider report template for State of TN (for discussion only) | All content/ numbers included in this report are purely illustrative

[1. Asthma] 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	224	96% 92%	< \$85 < \$115 < \$145 \$109 \$117
Pharmacy	128	55% 51%	< \$61 < \$85 < \$107 \$91 \$100
Emergency department or observation	221	95% 91%	< \$95 < \$266 < \$350 \$274 \$303
Outpatient lab	22	10% 12%	< \$6 < \$10 < \$15 \$9 \$11
Outpatient radiology/procedures	22	10% 11%	< \$39 < \$102 < \$160 \$91 \$126
Inpatient professional	16	7% 5%	< \$31 < \$75 < \$120 \$36 \$90
Inpatient facility	16	7% 5%	< \$245 < \$355 < \$654 \$264 \$411
Outpatient facility	0	0% 0%	\$0 \$0 \$0 0% 0%
Other	112	50% 55%	< \$25 < \$83 < \$117 \$36 \$84

Preliminary draft of the provider report template for State of TN (for discussion only) | All content/ numbers included in this report are purely illustrative

[1. Asthma] 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 & end date	Episode risk factor	Non-adjusted cost	Cost breakdown by care category (non-risk adj.)								
					Outpatient Professional Cost # claims	Pharmacy Cost # claims	Emergency Department or Observation Cost # claims	Outpatient Lab Cost # claims	Outpatient Radiology Cost # claims	Inpatient Professional Cost # claims	Inpatient Facility Cost # claims	Outpatient Facility Cost # claims	Other Cost # claims
AVG_B	Provider Base Average		1.09	\$ 1,350	\$ 162	\$ 135	\$ 405	\$ 14	\$ 135	\$ 54	\$ 392	\$ 0	\$ 54
AVG_Y	Your Average		1.11	\$ 1,012	\$ 121	\$ 101	\$ 304	\$ 10	\$ 101	\$ 40	\$ 293	\$ 0	\$ 40
821920	Camilla Rosemary	12/02/11 01/02/12	1.03	\$ 1,367	\$ 164 # 14	\$ 137 # 2	\$ 415 # 1	\$ 13 # 1	\$ 138 # 19	\$ 50 # 7	\$ 396 # 13	\$ 0 # 0	\$ 55 # 4
821920	Lawrence Croft	01/03/12 02/01/12	1.00	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
844563	Eli Alexandra	01/04/12 02/05/12	1.01	\$ 1,189	\$ 163 # 15	\$ 99 # 2	\$ 357 # 1	\$ 15 # 1	\$ 66 # 4	\$ 48 # 5	\$ 395 # 14	\$ 0 # 0	\$ 48 # 3
124445	James Roberts	01/05/12 02/04/12	0.98	\$ 920	\$ 110 # 13	\$ 92 # 2	\$ 276 # 1	\$ 15 # 1	\$ 92 # 18	\$ 31 # 4	\$ 267 # 16	\$ 0 # 0	\$ 37 # 4
100235	Christopher Middleton	01/05/12 02/06/12	1.01	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
832011	Saul Swift	01/06/12 02/05/12	1.01	\$ 1,189	\$ 163 # 15	\$ 99 # 2	\$ 357 # 1	\$ 15 # 1	\$ 66 # 4	\$ 48 # 5	\$ 395 # 14	\$ 0 # 0	\$ 48 # 3
324577	Bonnie Clyde	01/07/12 02/08/12	1.04	\$ 1,367	\$ 164 # 14	\$ 137 # 2	\$ 415 # 1	\$ 13 # 1	\$ 138 # 19	\$ 50 # 7	\$ 396 # 13	\$ 0 # 0	\$ 55 # 4
115320	Manuel Beckett	01/09/12 02/11/12	1.00	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
112447	Phillie Ivey	01/10/12 02/12/12	1.03	\$ 1,367	\$ 164 # 14	\$ 137 # 2	\$ 415 # 1	\$ 13 # 1	\$ 138 # 19	\$ 50 # 7	\$ 396 # 13	\$ 0 # 0	\$ 55 # 4
450021	Monica Gellar	01/13/12 02/14/12	1.01	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
787999	Ross Green	01/13/12 02/14/12	1.01	\$ 1,189	\$ 163 # 15	\$ 99 # 2	\$ 357 # 1	\$ 15 # 1	\$ 66 # 4	\$ 48 # 5	\$ 395 # 14	\$ 0 # 0	\$ 48 # 3
900291	Phillip Buffey	01/15/12 02/17/12	0.99	\$ 920	\$ 110 # 13	\$ 92 # 2	\$ 276 # 1	\$ 15 # 1	\$ 92 # 18	\$ 31 # 4	\$ 267 # 16	\$ 0 # 0	\$ 37 # 4

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Sample representation wherein each episode is risk-adjusted individually; actual risk adjustment methodology for TN not decided and as such not represented here

[1. Asthma] E. List of excluded episodes

Total episodes excluded: 29

■ Less than provider base average cost

■ More than provider base average cost

Episode ID #	Patient name	Episode start & end date	Non-adjusted cost	Reason for exclusion
AVG_B	Provider Base Average		\$ 1,350	
AVG_Y	Your Average		\$ 1,012	
726345	Angela Jolie	12/01/11 01/02/12	\$ 1,245	Quarterback not assigned/ identified
765221	Charlotte Theron	12/06/12 01/08/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>
897536	Chris Cambridge	01/10/12 2/08/12	\$ 1,359	Risk factor/ co-morbidity reference found <#, description>
231123	Piyush Chopra	01/13/12 02/12/12	\$ 1,014	Quarterback not assigned/ identified
786373	Smiley Cyrus	01/16/12 01/15/12	\$ 1,419	Risk factor/ co-morbidity reference found <#, description>
987393	Evan Greene	01/20/12 02/22/12	\$ 1,389	Risk factor/ co-morbidity reference found <#, description>
387726	George Berry	02/06/12 03/02/12	\$ 1,245	Quarterback not assigned/ identified
138890	Mark Alba	02/08/12 03/09/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>
987234	Michael Aniston	02/12/12 03/13/12	\$ 1,359	Risk factor/ co-morbidity reference found <#, description>
234564	Balboa Ruth	02/15/12 03/19/12	\$ 1,014	Quarterback not assigned/ identified
234233	George Chan	02/18/12 03/20/12	\$ 1,419	Risk factor/ co-morbidity reference found <#, description>
542132	Eric Greendale	02/20/12 03/22/12	\$ 1,389	Risk factor/ co-morbidity reference found <#, description>
432233	Scarlet Hayek	02/22/12 03/18/12	\$ 1,245	Quarterback not assigned/ identified
542234	Salma Johansson	02/23/12 03/19/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>
554312	Joseph Longoria	02/25/12 03/27/12	\$ 1,359	Risk factor/ co-morbidity reference found <#, description>
231234	Samuel Lopez	02/25/12 03/28/12	\$ 1,014	Quarterback not assigned/ identified
546321	Luke Monroe	02/27/12 03/27/12	\$ 1,419	Risk factor/ co-morbidity reference found <#, description>
332234	Barnett Cross	02/28/12 03/29/12	\$ 1,389	Risk factor/ co-morbidity reference found <#, description>
212223	Alexander Styles	02/28/12 03/30/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>

Preliminary draft of the provider report template for State of TN (for discussion only) | All content/ numbers included in this report are purely illustrative

State of Tennessee Health Care Innovation Initiative: Guide to Reading Your Episode of Care Report



This brief guide explains how to read an episode of care report using an illustrative example and may help you understand the cost and quality of care given to patients where you are the quarterback, also call the Principal Accountable Provider (PAP), and identify where there is potential for practice changes, care coordination and documenting best practices. Included inside is detail about:

Overall summary

Episode summary

Quality detail

Cost detail

Episode detail/exclusions

Category	Number of episodes	Average per episode
1. Periodist (Over/Under dates of period)	235	\$1,300
2. Address (Over/Under dates of period)	235	\$120

Section	Value
1. Overview	Total episodes included: 238 Total episodes excluded: 38
2. Cost of Care (Avg. cost, quality, utilization) comparison	<ul style="list-style-type: none"> 1. Total cost: \$302,100 2. Avg. cost per episode: \$1,273.53 3. Patient care avg. cost: \$1,242.48
3. Episode cost summary	<ul style="list-style-type: none"> 1. Total cost: \$302,100 2. Avg. cost per episode: \$1,273.53 3. Patient care avg. cost: \$1,242.48
4. Episode quality and utilization summary	<ul style="list-style-type: none"> 1. Patient on observation: 50% 2. Patient on admission: 50% 3. Patient on discharge: 50% 4. Patient on transfer: 50% 5. Patient on death: 50%

Metric	Percentile	Quality	Utilization
1. Patient on observation	50%	50%	50%
2. Patient on admission	50%	50%	50%
3. Patient on discharge	50%	50%	50%
4. Patient on transfer	50%	50%	50%
5. Patient on death	50%	50%	50%

Category	Number of episodes	Average per episode
Outpatient Professional	224	\$1,200
Pharmacy	128	\$1,200
Emergency department or observation	221	\$1,200
Outpatient SNF	22	\$1,200
Outpatient Hospital/Procedures	22	\$1,200
Inpatient professional	10	\$1,200
Inpatient facility	10	\$1,200
Outpatient facility	0	\$1,200
Other	112	\$1,200

Episode ID	Category	Cost	Quality	Utilization
100001	Outpatient Professional	\$1,200	50%	50%
100002	Outpatient Professional	\$1,200	50%	50%
100003	Outpatient Professional	\$1,200	50%	50%
100004	Outpatient Professional	\$1,200	50%	50%
100005	Outpatient Professional	\$1,200	50%	50%

Visit the Tennessee Health Care Innovation Initiative online to access information on:

- Initiative background and leadership
- Episode details, methodology, and links to resources
- Where to direct your questions and how to share feedback

<http://www.tn.gov/HCFI/strategic.shtml>

For questions about your report, contact our provider support teams:

- Amerigroup: XXXX
- BCBST: XXXX
- United: XXXX

For general questions about the initiative, email paymentreform@tn.gov

Episode Summary: Asthma example

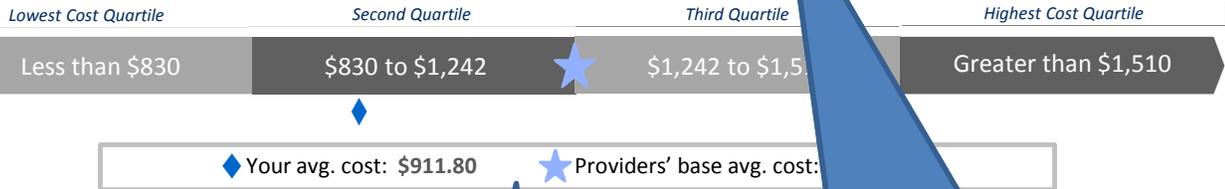
1 Overview

Total episodes: **262**

Total episodes included: **233**

Total episodes excluded: **29**

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

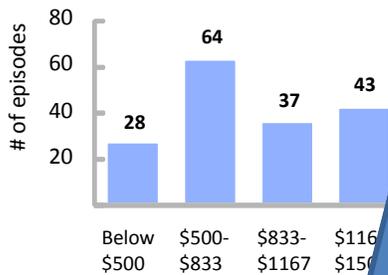


3 Episode cost summary

Parameters	You	Providers' base average
1. Total cost across episodes	\$235,796	\$3,000,000
2. Total # of included episodes	233	233
3. Avg. episode cost (non adj.)	\$1,012	\$1,012
4. Risk adjustment factor* (avg.)	1.11	1.11
5. Avg. episode cost (risk adj.)	\$910	\$910

* Risk adjustment factor calculated for select provider's patients

Your episode cost distribution (risk adj.)



Distribution of provider average



4 Episode quality measurement summary

Quality measures linked to your episodes

1. Follow-up
2. Patient medication

Quality measures not linked to your episodes

1. Repeat visits within 30 days
2. Inpatient
3. Smoking counseling
4. Patient
5. Chest x-

1

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).

2

Cost of care comparison

Less than \$830 \$830- \$1,242 \$1,242 - \$1,510 Greater than \$1,510

◆ You ★ All providers

- The bar above shows the cost ranges for the first, second, third and fourth quartile. The diamond represents your average cost; the star represents the overall average.
- For now, episode reports are informational. In the future, information about gain sharing and risk sharing will be shown on this bar.

Episode Summary: Asthma example

1 Overview

Total episodes: **262**

Total episodes included: **233**

Total episodes excluded: **29**

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

Lowest Cost Quartile

Second Quartile

Third Quartile

Highest Cost Quartile

Less than \$830

\$830 to \$1,242

\$1,242 to \$1,510

Greater than \$1,510

◆ Your avg. cost: **\$911.80**

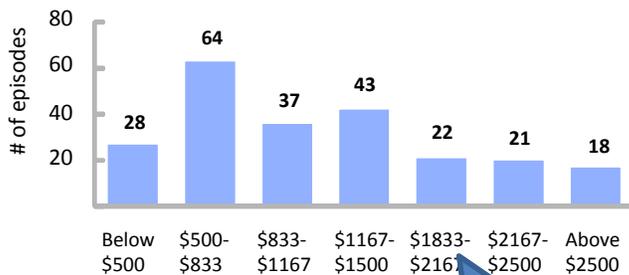
★ Providers' base avg. cost: **\$1,242.20**

3 Episode cost summary

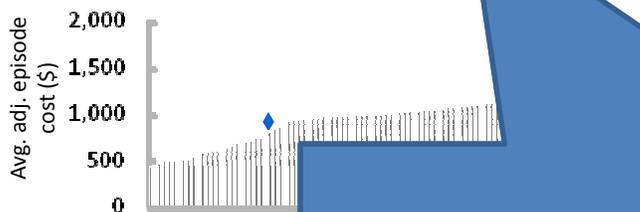
Parameters	You	Provider base average
1. Total cost across episodes	\$235,796	\$317,301
2. Total # of included episodes	233	235
3. Avg. episode cost (non adj.)	\$1,012	\$1,350
4. Risk adjustment factor* (avg.)	1.11	1.09
5. Avg. episode cost (risk adj.)	\$910	\$1,242

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

Your episode cost distribution (risk adj.)



Distribution of provider average episode cost (risk adj.)



4 Episode quality and utilization summary

Quality metrics	You	Provider
Quality metrics linked to gain sharing		
1. Follow-up visit w/ physician	6	6
2. Patient on appropriate medication	7	7
Quality metrics not linked to gain sharing		
1. Repeat acute exacerbation within 30 days	5	5
2. Inpatient episodes	25	25
3. Smoking cessation counseling	40	40
4. Patient education	76	76
5. Chest x-ray	15	15

4

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.
- In the future, the metrics on top will be linked to gain sharing rewards.
- The metrics on the bottom will continue to be informational.

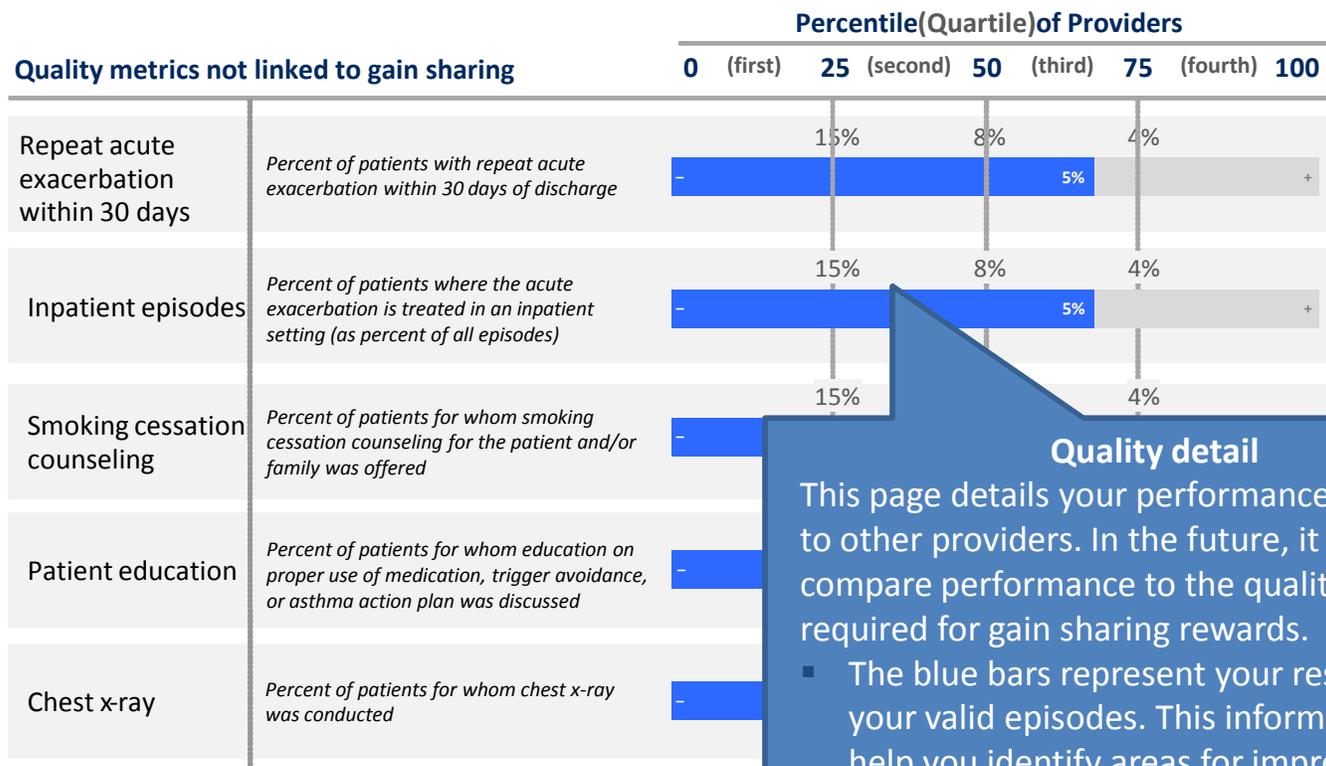
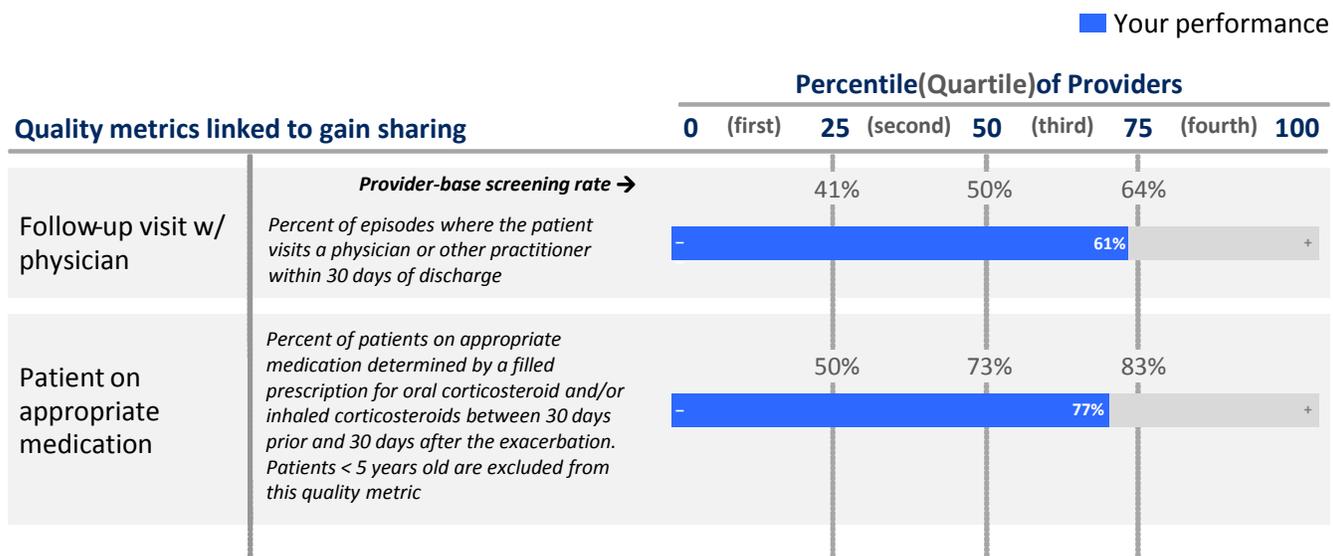
3

Episode cost summary

- This section shows a breakdown of your cost performance.
- The box at the top provides a summary, showing the average risk adjusted episode costs, along with an overall risk adjustment factor for your episodes, and for the episodes of all providers
- The middle section shows cost distribution based on your valid episode
- The graph at the bottom shows your average individual episode costs compared to all PAPs.

Quality and cost detail: Asthma example

5 Quality and utilization (metrics) comparison with provider base



Quality detail

This page details your performance compared to other providers. In the future, it will also compare performance 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.
- In the future, the metrics at the top will be required to be eligible for gain sharing.
- The metrics at the bottom are informational and may help you evaluate your practice.

Quality and cost detail: Asthma example

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	224	96% 92%	< \$85	< \$115	< \$145	\$109	\$117	
Pharmacy	128	55% 51%	< \$61	< \$85	< \$107	\$91	\$100	
Emergency department or observation	221	95% 91%	< \$95	< \$266	< \$350	\$274	\$303	
Outpatient lab	22	10% 12%	< \$6	< \$10	< \$15	\$9	\$11	
Outpatient radiology/procedures	22	10% 11%	< \$39	< \$102	< \$160	\$91	\$126	
Inpatient professional	16	7% 5%	< \$31	< \$75	< \$120	\$36	\$90	
Inpatient facility	16	7% 5%	< \$55	< \$65	< \$100	\$55	\$65	
Outpatient facility	0	0% 0%						
Other	112	5% 5%						

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 PAPs.

Episode and exclusion detail: Asthma example

Total episodes included: 233

■ Less than provider base average cost

■ More than provider base average cost

Episode ID	Patient name	Episode start & end date	Episode risk factor	Non-adjusted cost	Cost breakdown by care category (non-risk adj.)								
					Outpatient Professional Cost # claims	Pharmacy Cost # claims	Emergency Department or Observation Cost # claims	Outpatient Lab Cost # claims	Outpatient Radiology Cost # claims	Inpatient Professional Cost # claims	Inpatient Facility Cost # claims	Outpatient Facility Cost # claims	Other Cost # claims
AVG_B	Provider Base Average		1.09	\$ 1,350	\$ 162	\$ 135	\$ 405	\$ 14	\$ 135	\$ 54	\$ 392	\$ 0	\$ 54
AVG_Y	Your Average		1.11	\$ 1,012	\$ 121	\$ 101	\$ 304	\$ 10	\$ 101	\$ 40	\$ 293	\$ 0	\$ 40
821920	Camilla Rosemary	12/02/11 01/02/12	1.03	\$ 1,367	\$ 164 # 14	\$ 137 # 2	\$ 415 # 1	\$ 13 # 1	\$ 138 # 19	\$ 50 # 7	\$ 396 # 13	\$ 0 # 0	\$ 55 # 4
821920	Lawrence Croft	01/03/12 02/01/12	1.00	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
844563	Eli Alexandra	01/04/12 02/05/12	1.01	\$ 1,189	\$ 163 # 15	\$ 99 # 2	\$ 357 # 1	\$ 15 # 1	\$ 66 # 4	\$ 48 # 5	\$ 395 # 14	\$ 0 # 0	\$ 48 # 3
124445	James Roberts	01/05/12 02/04/12	0.98	\$ 920	\$ 110 # 13	\$ 92 # 2	\$ 276 # 1	\$ 15 # 1	\$ 92 # 18	\$ 31 # 4	\$ 267 # 16	\$ 0 # 0	\$ 37 # 4
100235	Christopher Middleton	01/05/12 02/06/12	1.01	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4
832011	Saul Swift	01/06/12 02/05/12	1.01	\$ 1,189	\$ 163 # 15	\$ 99 # 2	\$ 357 # 1	\$ 15 # 1	\$ 66 # 4	\$ 48 # 5	\$ 395 # 14	\$ 0 # 0	\$ 48 # 3
324577	Bonnie Clyde	01/07/12 02/08/12	1.04	\$ 1,367	\$ 164 # 14	\$ 137 # 2	\$ 415 # 1	\$ 13 # 1	\$ 138 # 19	\$ 50 # 7	\$ 396 # 13	\$ 0 # 0	\$ 55 # 4
115320	Manuel Beckett	01/09/12 02/11/12	1.01	\$ 1,054	\$ 126 # 12	\$ 145 # 2	\$ 276 # 1	\$ 11 # 1	\$ 105 # 17	\$ 42 # 8	\$ 306 # 11	\$ 0 # 0	\$ 42 # 4

Episode detail

Episode ID	Patient name	Episode start & end date	Episode risk factor	Non-adjusted cost	Cost breakdown by care category (non-risk adj.)		
					Outpatient Professional Cost # claims	Pharmacy Cost # claims	Emergency Department or Observation Cost # claims
AVG_B	Provider Base Average		1.09	\$1,350	\$162	\$135	\$405
AVG_Y	Your Average		1.11	\$1,012	\$121	\$101	\$304
726345	Camilla Rosemary	12/01/11 01/02/12	1.03	\$1,367	\$164 # 14	\$137 # 2	\$415 # 1

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 costs are non-risk adjustment and are highlighted in red 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 9.
- The count of claims represents the number of claims with costs in that care category.

Episode and exclusion detail: Asthma example

Total episodes excluded: 29



Less than provider base average cost



More than provider base average cost

Episode ID #	Patient name	Episode start & end date	Non-adjusted cost	Reason for exclusion
AVG_B	Provider Base Average		\$ 1,350	
AVG_Y	Your Average		\$ 1,012	
726345	Angela Jolie	12/01/11 01/02/12	\$ 1,245	Death in hospital
765221	Charlotte Theron	12/06/12 01/08/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>
897536	Chris Cambridge	01/10/12 2/08/12	\$ 1,359	Risk factor/ co-morbidity reference found <#, description>
231123	Piyush Chopra	01/13/12 02/12/12	\$ 1,014	Quarterback not assigned/ identified
786373	Smiley Cyrus	01/16/12 01/15/12	\$ 1,419	Risk factor/ co-morbidity reference found <#, description>
987393	Evan Greene	01/20/12 02/22/12	\$ 1,389	Risk factor/ co-morbidity reference found <#, description>
387726	George Berry	02/06/12 03/02/12	\$ 1,245	Quarterback not assigned/ identified
138890	Mark Alba	02/08/12 03/09/12	\$ 1,546	Risk factor/ co-morbidity reference found <#, description>
987234	Michael Aniston	02/12/12 03/13/12	\$ 1,359	Risk factor/ co-morbidity reference found <#, description>
234564	Balboa Ruth	02/15/12 03/19/12	\$ 1,014	Quarterback not assigned/ identified
234233	George Chan	02/15/12 03/19/12	\$ 1,014	Risk factor/ co-morbidity reference found <#, description>

Exclusion detail

Episode ID #	Patient name	Episode start & end date	Non-adjusted cost	Reason for exclusion
AVG_B	Provider Base Average		\$1,350	
AVG_Y	Your Average		\$1,012	
726345	Angela Jolie	12/01/11 01/02/12	\$1,245	Death in hospital

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.