Provider Webinar
ODD Episode of Care
April 21, 2015
Presenters

► Laurence H. Miller, M.D., DLFAPA, Senior Psychiatrist, DHS/DMS
► Kerri Brazzel, LCSW, Project Director, ValueOptions® Arkansas
► Paula Miller, APII Research Analyst, HP Enterprise Services
► Paula Stone, LCSW, Assistant Director, Division of Behavioral Health Services
► James W. Gallaher, Episodes of Care Manager, Arkansas DHS/DMS
ODD Webinar Topics

► Episodes of Care – Brief Background
► ODD Episode of Care – History and Current Status
► Clinical Guidelines and Treatment of ODD
► ODD Episode Design
► Provider Portal Entry Requirements
► Provider Reports
► Observations from Reports
► Training Opportunities
► Questions and Answers
Episodes of Care

Brief Background

• Objectives
  • Improve the health of the population
  • Enhance the patient experience of care
  • Enable patients to take an active role in their care
  • Reward providers for high quality and efficient care
  • Reduce or control the cost of care
Episodes of Care
Brief Background

- Costs and Quality Care are Derived by:
  - The bundling of claims related to a diagnosis by beneficiary to determine an Episode average cost.
  - A provider’s average cost is compared to his or her peers to determine commendable, acceptable or non-acceptable total cost.
Episodes of Care

Brief Background

- Some Quality Measures are Derived by:
  - The provider’s response to questions through a provider portal for information not attainable from claims.
ODD Episodes of Care
History and Current Status

• Episode was launched October 2013 – This began historical reporting.

• Our last ODD Webinar was on April 1, 2014.

• First Performance Period (12 month period) began on April 1, 2014 and ended on March 31, 2015.

• First Performance Report will be published on April 30, 2015.
Clinical Guidelines and Treatment of ODD
Presented by: Dr. Laurence H. Miller

- Assessment and Diagnosis of ODD
- Criteria for Treating ODD
- Treatment of ODD
- Incompatible Diagnoses with ODD
- Treatment Outcomes
Clinical Guidelines and Treatment of ODD
Assessment and Diagnosis

• The client is subject to a thorough assessment.

• The diagnosis is confirmed.

• The parents and/or caregivers are notified.
Clinical Guidelines and Treatment of ODD

Criteria for Treating (from the DSM)

• At least four symptoms from any of the following categories observed at least weekly over a six-month-period:
  • Angry and/or irritable Mood
    • Often loses temper
    • Is often touchy or easily annoyed
    • Is often angry and resentful
  • Argumentative and/or Defiant Behavior
    • Often argues with authority figures and adults
    • Often actively defies or refuses to comply with requests from authority figures or rules
    • Often deliberately annoys others
    • Often blames others for mistakes or misbehavior
  • Vindictiveness
    • Has been spiteful and/or vindictive twice in six months
Clinical Guidelines and Treatment of ODD
Criteria for Treating (Continued)

- Symptoms must cause clinically significant impairment in social, educational or vocational activities.
- Disturbance is not solely due to another diagnosis. (For example, psychotic, substance abuse or depressive.)
- Criteria are not met for Conduct Disorder.
Clinical Guidelines and Treatment of ODD
Incompatible Diagnoses

• **301.7 – Antisocial Personality Disorder** – The patient must be 18 or older.

• **312.89 – Other Conduct Disorder** – Simply incompatible with ODD.

• **312.9 – Unspecified Disturbance of Conduct** – This diagnosis is used for disorders that are characterized by conduct or oppositional defiant behaviors which *do not* meet the criteria for ODD or Conduct Disorder. A patient cannot have both ODD and Unspecified Disturbance of Conduct.
Clinical Guidelines and Treatment of ODD

Treatment

• There is an expected minimum of 10 visits to a maximum of 24 visits in a 90-day period of time using evidence-based treatment.

• There should be at least 8 **family therapy** visits among the 10 to 24 visits expected during the 90 day treatment period.

• There is an expectation that 40% of a PAP’s episodes improve and remain in remission for six months.
Clinical Guidelines and Treatment of ODD

Treatment Outcomes

• The patient goes into remission.

• The patient is reassessed and a rationale made for necessitating continued care resulting in a repeat episode.
ODD Episode Design
Presented by James W. Gallaher

- Episode Definition
- Scope of Services
- Principal Accountable Provider (PAP)
- Episode Exclusions
- Quality Measures
- Minimum Case Volume
- The Episode Timeline
ODD Episode Design
Definition

• An ODD episode is triggered by three medical claims in a 90 day period of time with a primary diagnosis of ODD (excluding assessment code).

• The episode start date is the earliest date of service on an ODD claim once the episode has triggered.

• The episode duration is 90 days.
ODD Episode Design
Scope of Services

• Included in the episode are all claims with a primary diagnosis of ODD.

• The total cost of behavioral health medication are excluded in the episode but will be tracked as a quality measure for providers “to pass” to qualify for incentive payments.

• Currently the prior authorization requirement for an ODD only diagnosis and treatment has been relaxed for this Episode of Care.
ODD Episode Design
Principal Accountable Provider

- Eligible Providers:
  - A primary care physician (PCP), psychiatrist or licensed clinical psychologist is eligible to be the principal accountable provider (PAP) for an ODD episode.
  - If a behavioral health provider organization is listed as the billing provider, then that organization will be eligible to be assigned as the PAP.

- PAP Attribution:
  - The eligible provider with the largest number of claims is designated the PAP.
  - If two providers are responsible for an equal number of claims, the provider whose claims total to the largest reimbursement will be designated as the PAP.
ODD Episode Design
Episode Exclusions

- A triggered ODD episode will be excluded if:
  - A beneficiary is not continuously enrolled in Medicaid during the episode.
  - A beneficiary is five years old or younger.
  - A beneficiary is 18 years old or older at the start date of the episode.
  - A beneficiary has a comorbid behavioral health diagnosis.
ODD Episode Design

Quality Measures “To Pass”

• The percentage of valid episodes with the completion of either a Quality Assessment or Continuing Care Certification must meet a minimum threshold of 90%. [Based on Provider Portal Entry]

• The percentage of “new” or initial episodes in which the beneficiary received behavioral health medications must be under 20%. [Claims Based]

• The percentage of “repeat episodes” in which the beneficiary received behavioral health medications must be zero percent. [Claims Based]

• The percentage of episodes resulting in beneficiary remission during a 180-day period after the episode end date, must meet a minimum threshold of 40%. [Claims Based]
ODD Episode Design
Quality Measures “To Track”

• The percentage of episodes with at least 10 visits. [Claims Based]

• The percentage of episodes certified as non-guideline concordant care. [Based on Provider Portal Entry]

• The average number of visits observed per episode. [Claims Based]

• The percentage of episodes with at least 10 therapy visits of which at least 8 are family therapy sessions. [Claims Based]
ODD Episode Design

Minimum Case Volume

• The minimum case volume is five episodes during the 12-month performance period.
ODD Episode Timeline

Episode Duration

90 Days
ODD Episode Timeline
Episode Triggered by Three Claims
ODD Episode Timeline
Entire Timeline with Remission Period
Provider Portal Entry
Presented by Kerri Brazzel

- Provider Portal – Location/Address
- Quality Measures Derived from Portal Entries
- Quality Measure Certifications
- Quality Assessment Certification Entry Screen
- Continuing Care Certification Entry Screen
Provider Portal Entry
Provider Portal Location/Address

AHIN
(Advanced Health Information Network)

https://secure.ahin-net.com/ahin/logon.jsp
Provider Portal Entry
Quality Measures Derived from Portal Entries

• The percentage of valid episodes with the completion of either a Quality Assessment or Continuing Care Certification must meet a minimum threshold of 90%.

• The percentage of episodes certified as non-guideline concordant care.
Provider Portal Entry
Quality Measure Certifications

• Quality Assessment Certification – Completed for each initial episode.

• Continuing Care Certification – Completed if a repeat episode is anticipated.
Provider Portal Entry
Provider and Beneficiary Entry Screen

Clinical Data Entry - ODD Episode

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<tr>
<th>Field</th>
<th>Input</th>
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<tr>
<td>Facility name:</td>
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</tr>
<tr>
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<td>Patient DOB:</td>
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<tr>
<td>Date of service:</td>
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</tr>
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</table>

Which of the certifications below will be completed and included in this episode?
- Quality assessment certification
- Continuing care certification
- Both certifications
Provider Portal Entry
Quality Assessment Certification Entry Screen

Quality assessment certification

I hereby certify and attest that I diagnosed the client with ODD and have completed and documented the following in my diagnosis:

I diagnosed the client through in-person assessment.
I evaluated the client for ODD in accordance with the DSM criteria (listed below).
I found [ ] of the ODD symptoms present for at least six months.

Please refer to these guidelines to determine the number of symptoms identified:

- At least 4 symptoms from any of the following categories over a 6 month period (at least weekly (if age over 5) or almost daily (under 5))
  - Angry/irritable mood
    - Loses temper
    - Is touchy or easily annoyed
    - Is angry and resentful
  - Argumentative/defiant behavior
    - Argues with authority figures/adults
    - Actively defies or refuses to comply with requests from authority figures or rules
    - Deliberately annoys others
    - Blames others for mistakes/misbehavior
  - Vindictiveness
    - Has been spiteful/vindictive twice in 6 months

- Symptoms must cause clinically significant impairment in social, educational, or vocational activities
- Disturbance is not solely due to another diagnosis (e.g., psychotic, substance abuse, or depressive)
- Criteria are not met for Conduct Disorder, and if the individual is 18 years or older, criteria are not met for Antisocial Personality Disorder

I screened the client for common comorbidities, using comprehensive assessment, broadband diagnostic or similar tool and client family history.
I informed the parent/guardian of the diagnosis, informed him/her of the importance of family involvement, and provided a chance for him/her to express comments about the treatment plan OR I have documented barriers to providing this information.
I have initiated obtaining information that a screen or assessment for learning disability and language impairment was performed by communicating with parents, caregivers, doctors, or review of medical records OR I am verifying, through contact with the school, the presence of an IEP and/or special education placement or if there has been an intervention or referral to address learning disabilities, and/or language impairments.
Provider Portal Entry
Continuing Care Certification Entry Screen

- I hereby certify and attest that I have completed and documented the following in my care of the client with ODD:
  - I evaluated client's ongoing symptoms, impairment, and activities to determine continued necessity of treatment for ODD using reports from at least two settings.
  - I have re-screened for comorbid behavioral health conditions using comprehensive assessment, broadband diagnostic or similar tool.
  - I informed the parent/guardian of need for ongoing treatment, informed him/her of the continued importance of family involvement, and provided a chance for him/her to express comments about the treatment plan OR I have documented the barriers to providing this information.
  - I have obtained information that a screen or assessment for learning disability and language impairment was performed by communicating with parents, caregivers, doctors, or review of medical records OR I have documented the presence of an IEP and/or special education placement or have determined if there has been an intervention or referral to address learning disabilities, and/or language impairments and if available, the outcomes.
  - I am providing guideline concordant behavioral therapy management OR...
  - I have documented rationale for care outside of guidelines (e.g. in the client chart).

Submit Episode Data  ➤  Submit Data and Add Another Episode ➤
Provider Reports

► Performance Cycle and Reports Cycle
► The Contents of the PAP Report
► Closed Episode Detail Report – A Closer Look
Initial Performance Period
04/01/2014 – 03/31/2015

2014 - 2015

APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR
Quarter 1 / Closed Episodes
04/01/2014 – 06/30/2015

Quarter 1
Closed Episodes

2014 - 2015

APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR
Quarter 1 / Remission Period 1
07/01/2015 – 09/30/2015
Quarter 1 / Remission Period 2
10/01/2015 – 12/31/2015
**Quarter 1 / Claims Clearing Period**  
01/01/2015 – 03/31/2015

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<td>DEC</td>
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<td>JAN</td>
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<tr>
<td>FEB</td>
</tr>
<tr>
<td>MAR</td>
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- Quarter 1	- Quarter 1
  - Closed Episdoes	- Remission Period 1
  - Quarter 1 Remission Period 1	- Quarter 1 Remission Period 2
  - Quarter 1 Claims Clearing
Quarter 1 / PAP Report
April 30, 2015

2014 -2015

APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR

Quarter 1
Closed
Episodes
Quarter 1
Remission
Period 1
Quarter 1
Remission
Period 2
Quarter 1
Claims
Clearing

Q1
Report

2015 - 2016

APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC
JAN
FEB
MAR
Quarter 2 / Closed Episodes
07/01/2014 – 09/30/2014
## Quarter 2 / Remission Period 1
**10/01/2014 – 12/31/2014**

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<td>JAN FEB MAR</td>
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- **Quarter 1 Closed Episodes**
  - Quarter 1 Remission Period 1
  - Quarter 1 Remission Period 2
  - Quarter 1 Claims Clearing
- **Quarter 2 Closed Episodes**
  - Quarter 2 Remission Period 1

**Q1 Report**
Quarter 2 / PAP Report
July 31, 2015
Quarter 4 (Payment) / PAP Report
January 31, 2016
Quarter 1 of Second Performance Period

2014 - 2015
- Quarter 1
  - Closed Episodes
  - Remission Period 1
  - Remission Period 2
  - Claims Clearing
- Quarter 2
  - Closed Episodes
  - Remission Period 1
  - Remission Period 2
- Quarter 3
  - Closed Episodes
  - Remission Period 1
  - Remission Period 2
- Quarter 4
  - Closed Episodes
  - Remission Period 1

2015 - 2016
- Q1 Report
- Q1 – Q2 Report
- Q1 – Q3 Report
- Q1 – Q4 (Final) Report

2016
- Quarter 1
  - Closed Episodes
  - Remission Period 1
  - Remission Period 2
  - Claims Clearing

2014 - 2015
- APR MAY JUN
- JUL AUG SEP
- OCT NOV DEC
- JAN FEB MAR

2015 - 2016
- APR MAY JUN
- JUL AUG SEP
- OCT NOV DEC
- JAN FEB MAR

2016
- APR MAY JUN
# Detail Reports Expected

**April 30, 2015**

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<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
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### 2014 - 2015

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### 2015 - 2016

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<td>Q1 Report</td>
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- Quarter 1 Closed Episodes
- Quarter 2 Closed Episodes in Remission Period 1
- Quarter 3 Closed Episodes in Remission Period 2
Provider Reports
The Contents of the PAP Report

- Summary Section

- Episode Cost Summary

- Comparisons with All Other Providers

- Quality Measures Summary Performance

- Utilization Measures Summary Performance
Provider Reports
The Contents of the PAP Report

- **Detail Section**
  - Beneficiary’s Name
  - Quality Measure Indicator
  - Episode Start and End Dates
  - Episode Cost
  - Claims Cost and Counts by Care Category
Provider Reports
The PAP (Performance) Report Detail Pages

- Detail Pages
- Closed and (Remission Period) Complete Episodes
- Closed Episodes in Remission Period 1
- Closed Episodes in Remission Period 2
## Oppositional Defiant Disorder - Detailed episode cost information for

<table>
<thead>
<tr>
<th>Episode ID</th>
<th>Patient name</th>
<th>Quality metric achieved</th>
<th>Episode start &amp; end date</th>
<th>Non-adjusted cost</th>
<th>Ip fac Cost #Claims</th>
<th>Ip prof Cost #Claims</th>
<th>Op prof Cost #Claims</th>
<th>Op surg Cost #Claims</th>
<th>Op rad Cost #Claims</th>
<th>Op labs Cost #Claims</th>
<th>ED Cost #Claims</th>
<th>Pharm Cost #Claims</th>
<th>Other Cost #Claims</th>
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# Provider Reports

**Closed Episode Detail Report – A Closer Look**

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<tbody>
<tr>
<td>Episode ID</td>
<td>Episode ID (unique for this report only.)</td>
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<td>Patient name</td>
<td>The beneficiary’s name.</td>
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<tr>
<td>Quality metric achieved</td>
<td>Indicates if this episode passed all of the quality measures.</td>
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<td>Episode start &amp; end date</td>
<td>The 90 day episode start and end dates.</td>
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<tr>
<td>Non-adjusted cost</td>
<td>Cost of all included claims in the episode before any risk adjustments.</td>
</tr>
<tr>
<td>Cost</td>
<td>Cost of all included claims after risk adjustments.</td>
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### Oppositional Defiant Disorder - Detailed episode cost information

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<th>Patient name</th>
<th>Quality metric achieved</th>
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### Closed Episode Detail Report – A Closer Look

#### Care Episode with Costs

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<th>Patient name</th>
<th>Quality metric achieved</th>
<th>Episode start &amp; end date</th>
<th>Non-adjusted cost</th>
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</table>

#### Column Heading Description

- **Ip fac**: Inpatient facility claims.
- **Ip prof**: Inpatient professional claims.
- **Op prof**: Outpatient professional claims.
- **Op surg**: Outpatient surgical claims.
- **Op rad**: Outpatient radiology claims.
- **Op labs**: Outpatient laboratory claims.
- **ED**: Emergency Department claims.
- **Pharm**: Pharmacy claims.
- **Other**: Any claim that does not fall into one of the above categories.
## Provider Reports

### Closed Episode Detail Report – A Closer Look

**Medicaid**  
[Redacted]

### Oppositional Defiant Disorder - Detailed episode cost information for [Redacted]

<table>
<thead>
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<th>Episode ID</th>
<th>Patient Name</th>
<th>Quality metric achieved</th>
<th>Episode start &amp; end date</th>
<th>Non-adjusted cost</th>
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### Core categories with costs

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<th>Ip fac Cost #claims</th>
<th>Ip prof Cost #claims</th>
<th>Op prof Cost #claims</th>
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### Quality metric achieved

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## Provider Reports

Closed Episode Detail Report – A Closer Look

### Medicaid

#### January 2015

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#### Oppositional Defiant Disorder - Detailed episode cost information for [Patient Name]

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<tr>
<th>Episode ID</th>
<th>Patient name</th>
<th>Quality metric achieved</th>
<th>Episode start &amp; end date</th>
<th>Non-adjusted cost</th>
<th>Cost</th>
<th>Lab fees</th>
<th>Lab prof Cost</th>
<th>Lab prof #claims</th>
<th>Lab surg Cost</th>
<th>Lab surg #claims</th>
<th>Lab rad Cost</th>
<th>Lab rad #claims</th>
<th>Lab labs Cost</th>
<th>Lab labs #claims</th>
<th>ED Cost</th>
<th>ED #claims</th>
<th>Pharm Cost</th>
<th>Pharm #claims</th>
<th>Other Cost</th>
<th>Other #claims</th>
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</thead>
<tbody>
<tr>
<td>[ID]</td>
<td>[Name]</td>
<td>[Achieved]</td>
<td>[Start/End Date]</td>
<td>[Cost]</td>
<td>[Adjusted Cost]</td>
<td>[Lab Fees]</td>
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<td>[Surg Cost]</td>
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<td>[Rad Cost]</td>
<td>[Rad #Claims]</td>
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<td>[Labs #Claims]</td>
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<td>[ED #Claims]</td>
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<td>[Pharm #Claims]</td>
<td>[Other Cost]</td>
<td>[Other #Claims]</td>
</tr>
<tr>
<td>[ID]</td>
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<td>[Start/End Date]</td>
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<td>[Adjusted Cost]</td>
<td>[Lab Fees]</td>
<td>[Prof Cost]</td>
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<td>[Surg #Claims]</td>
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<td>[Rad #Claims]</td>
<td>[Labs Cost]</td>
<td>[Labs #Claims]</td>
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<td>[ED #Claims]</td>
<td>[Pharm Cost]</td>
<td>[Pharm #Claims]</td>
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<td>[Other #Claims]</td>
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---

### Categories with Costs

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<thead>
<tr>
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<tbody>
<tr>
<td>Lab prof Cost</td>
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<tr>
<td>Op prof Cost</td>
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<tr>
<td>Op surg Cost</td>
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<tr>
<td>Op rad Cost</td>
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<table>
<thead>
<tr>
<th>[Cost]</th>
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<tbody>
<tr>
<td>$0</td>
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Provider Reports

Closed Episode Detail Report – A Closer Look

Oppositional Defiant Disorder - Detailed episode cost information for [Redacted]

<table>
<thead>
<tr>
<th>Episode ID</th>
<th>Patient Name</th>
<th>Quality metric achieved</th>
<th>Episode start &amp; end date</th>
<th>Non-adjusted cost</th>
<th>Cost</th>
<th>Care categories with costs</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>$3,009</td>
<td>$0</td>
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<td>$3,563</td>
<td>$0</td>
<td>Ip prof Cost #claims $0 $0</td>
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<td></td>
<td></td>
<td></td>
<td>$6,006</td>
<td>$0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>$0</td>
<td>Op surg Cost #claims $0 $0</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>$2,563</td>
<td>$0</td>
<td>Op rad Cost #claims $0 $0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>Op labs Cost #claims $0 $0</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>ED Cost #claims $0 $0</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>Pharm Cost #claims $0 $0</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>Other Cost #claims $0 $0</td>
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</tbody>
</table>

Care categories with costs

<table>
<thead>
<tr>
<th>Ip fac Cost #claims</th>
<th>Ip prof Cost #claims</th>
<th>Op prof Cost #claims</th>
<th>Op surg Cost #claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
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</table>
Observations from Reports
January 2015 Historical Report

- Report Date Ranges
- Percentage of Detail Claims by Care Category Distribution
- Quality Measures
- Utilization Measures
- Threshold Distribution by PAP
# Observations from Reports

## Report Date Ranges

<table>
<thead>
<tr>
<th>Report Type</th>
<th>Date Range for Closed Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical (Beginning before the episode launch)</td>
<td>July 1, 2013 through June 30, 2014</td>
</tr>
<tr>
<td>Performance</td>
<td>April 1, 2014 through June 30, 2014</td>
</tr>
</tbody>
</table>
## Observations from Reports
### Percentage of Detail Claims by Care Category Distribution

<table>
<thead>
<tr>
<th>Care Category</th>
<th>Historical (12 Months)</th>
<th>Performance (3 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Outpatient Lab</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Outpatient Professional</td>
<td>90.7%</td>
<td>89.9%</td>
</tr>
<tr>
<td>Outpatient Radiology</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>7.1%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>
## Observations from Reports

### Quality Measures

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Quality Measure Rate (12 Months)</th>
<th>Quality Measure Rate (3 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodes with Remission</td>
<td>36.39%</td>
<td>56.37%</td>
</tr>
<tr>
<td>Episodes with at least 8 Family Visits</td>
<td>2.53%</td>
<td>2.84%</td>
</tr>
<tr>
<td>Episodes with at least 10 Visits</td>
<td>99.5%</td>
<td>99.69%</td>
</tr>
<tr>
<td>Initial Episodes with Medication</td>
<td>30.24%</td>
<td>58.60%</td>
</tr>
<tr>
<td>Non-guideline Concordant</td>
<td>9.09%</td>
<td>25.00%</td>
</tr>
<tr>
<td>Repeat Episodes with Medication</td>
<td>29.33%</td>
<td>1.54%</td>
</tr>
<tr>
<td>Episodes with Complete Certification</td>
<td>0.59%</td>
<td>2.61%</td>
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</tbody>
</table>
Observations from Reports

Utilization Measures

<table>
<thead>
<tr>
<th>Utilization Measure</th>
<th>Utilization Measure Rate (12 Months)</th>
<th>Utilization Measure Rate (3 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Number of Visits Per Episode</td>
<td>20.39</td>
<td>20.29</td>
</tr>
<tr>
<td>Average Number of Family Therapy Visits Per Episode</td>
<td>1.75</td>
<td>1.77</td>
</tr>
</tbody>
</table>
## Observations from Reports

### Threshold Distribution by PAP

<table>
<thead>
<tr>
<th>Episode Cost is:</th>
<th>Historical (12 Months)</th>
<th>Performance (3 Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of PAPs</td>
<td>Percentage of PAPs</td>
</tr>
<tr>
<td>Commendable</td>
<td>25</td>
<td>22.32%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>58</td>
<td>51.79%</td>
</tr>
<tr>
<td>Not Acceptable</td>
<td>29</td>
<td>25.89%</td>
</tr>
</tbody>
</table>
Training Opportunities

• DBHS is partnering with UALR to provide a number of child, adolescent and family education and training opportunities for clinicians, agency staff and family members.

• The training offered will be chosen using an electronic survey.

• The survey includes training for treatment of ODD.

• Survey link: http://arkansas.valueoptions.com/index.htm
Questions and Answers
Contact Information
for More Information

Health Care Payment Improvement Initiative
http://www.paymentinitiative.org

Arkansas Medicaid
866-322-4696 or 501-301-8311
Email: ARKPII@hp.com

ValueOptions
Telephone: 501-707-0920
Kerri.Brazzel@valueoptions.com