Guide to Reading Your Report

The Arkansas Health Care Payment Improvement Initiative is a multi-payer collaboration between Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, and QualChoice of Arkansas. The initiative rewards providers for high-quality care to drive system-wide quality and efficiency. Periodically, each payer will provide a performance report with details on quality, cost and utilization for episodes where you are designated as Principal Accountable Provider (PAP).

This brief guide explains how to read your report using an illustrative example and may help you:

- Understand the cost and quality of care given to patients where you are the PAP
- Identify where there is potential for practice changes, care coordination and documenting best practices

The guide assumes knowledge of the design of payment episodes. To find out more, please go to: www.paymentinitiative.org.

Look inside to learn more about:

Visit us online to login to the portal and access resources

Our website, www.paymentinitiative.org, has details on:

- Initiative background and leadership
- Episode details, methodology, and links to resources
- Where to direct your questions and how to share feedback
- Upcoming events/additional resources, such as town halls and WebEx informational sessions

The website also has a link to the online portal. Use a secure username and password to:

- View your full report
- Submit additional data as required for your episodes
Summary

Average cost of care compared to other providers

The bar above shows the cost ranges for commendable, acceptable, and not acceptable costs.

- If your costs are considered not acceptable, you are subject to risk sharing.
- If you are in the acceptable range, there is no gain or risk sharing.
- If your costs are within the commendable range, you are eligible for gain sharing as long as you meet required quality metrics.

**How ranges/thresholds are set:**

- Each payer sets thresholds independently using claims data for PAPs in that episode.
- The diamond represents your average cost; the triangle represents the overall average.

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.

- The metrics on the left side are numerically linked to gain sharing. The metrics on the right are currently informational.
- The metrics are widely accepted clinical guidelines and are evidence-based best practices.
Performance summary

Your performance summary page includes data for all episodes for which you are considered the PAP. In this example, the PAP has results for five different episode types. The results show whether you will receive gain sharing, no change to payment, or are subject to risk sharing.

Gain sharing: If your quality of service is above the minimum standard and costs are lower than the commendable threshold, you are eligible for gain sharing.

No impact on payment: If your costs are between commendable and acceptable, there is no gain or risk sharing.

Risk sharing: If your costs are higher than the acceptable threshold (regardless of whether the quality standard is met), you are subject to risk sharing.

Cost summary

This section shows a breakdown of your cost performance. There will be a summary page for each episode for which you are the PAP.

- The blue bars on the top left show total costs for all included episodes compared to total costs for all included episodes after risk adjustments have been made.
- The blue bars on the top right show your average individual episode costs compared to all PAPs.
- The middle section shows cost distribution based on your valid episodes.

Key utilization statistics

The utilization statistics show you how many times you have performed certain activities and procedures relative to other PAPs.

- This may help you see where improvements could be made. It may also encourage you to identify other providers to see how they may have achieved better rates.
Quality detail

This page details your performance compared to both other providers and to the threshold required for gain sharing. The diamond indicates your performance and the black line shows the minimum requirement. This information can help you identify areas for improvement or areas to continue best practices if you achieved high-quality results.

- The blue shading indicates metrics required to be eligible for gain sharing; unshaded metrics are informational and may help you evaluate your practice.
- Utilization rates do not currently affect eligibility for gain sharing, but may be useful in showing:
  - How you are performing compared with other providers
  - Where your practice patterns could be changed

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.
- Average cost per category is shown per PAP and overall. This may indicate that other providers were able to achieve better results, or that your performance was strong and may be valuable to sustain.
- Total category cost shows your overall cost summary compared to expected cost among all PAPs.
- Expected cost shows how you performed like your peers against the cost that would have occurred.

Episode detail

This page has detailed information for each patient included in your results separated by each assigned performing provider. This 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.
- The Y/N column indicates whether appropriate data was entered via the portal. It is n/a if data entry is not required.
- The cost information to the right is a detailed look at how much each component cost for that patient.
- The count of claims actually represents the number of details and/or procedures for each patient.

Contact our knowledgeable provider support teams with questions and feedback

- Arkansas Medicaid: 1-866-322-4696 (in-state) or 501-301-8311 (local and out-of-state) or ARKPII@hp.com.
- Arkansas Blue Cross and Blue Shield: Provider Line 1-800-827-4814, direct line to EBI 1-888-800-3283 or APIICustomerSupport@arkbluecross.com.
- QualChoice of Arkansas: 501-228-7111 or providerrelations@qualchoice.com.