Traditional “Financial” Episodes of Care provide incentives based on cost and quality performance. Informational Episodes of Care provide similar data to help providers (PAPs) understand the cost and quality of services provided in comparison with one’s peers, but without the gain/risk share component.

This Informational Episode Report Guide explains how to read and understand the Informational Episode report.

**Look inside to learn more about:**

**How to Approach the Report**

**Detailed Reports for each Informational Episode of Care***

*This guide uses the Appendectomy Informational Episode as an example, but applies to all Informational Episodes of Care.*
Four-step Analysis

Take a four-step analysis approach to reading the report to identify areas to target for improvements.

Review each Episode Summary

Compare quality outcomes in Quality and Utilization Detail

Focus on Care Categories in Cost Detail

View specific case detail and care categories in Episode Detail
The Summary page shows the overall cost and quality performance of the PAP for each Informational Episode of Care

1 Overview

The overview indicates the total number of attributed episodes and how many were included and excluded in the PAP results
- These are episodes completed during the episode period
- Throughout the report, unless otherwise indicated, all results are based on “total episodes included"
- An episode could be excluded for a number of reasons such as: age exclusion, comorbidities, eligibility, etc...

2 Cost Summary

These charts show how your costs compare to other providers and how they are trending.
- The bar graphs on the left show how much your costs were adjusted and how they compare to other providers’ adjusted costs.
- The line graph on the right shows the quarterly trend in your average costs.

3 Quality Metrics

This section compares your performance to other providers on select quality measures.

4 Utilization Metrics

This section compares your performance to other providers on select utilization measures.
Quality and Utilization Detail

The Quality and Utilization Detail page shows how the PAP performed compared to other providers in specific measures of quality and utilization.

1. Quality Metrics

Measuring PAP performance against other providers
- The ‘You’ column indicates the PAP’s overall performance in each metric
- The ‘Percentile’ columns indicate other providers’ performance
- The ‘Below Mean’ Column indicates whether the PAP was below the all provider mean performance.
- The final three columns indicate the number and proportion of all PAPs below the all provider mean performance.

2. Utilization Metrics

Utilization metrics are included to help inform the PAP about related resource utilization, and are read the same as the quality metrics.
Cost Detail

The Cost Detail page provides a detailed look at the PAP costs and the average costs of all providers

1. **Care category**

   - Services are divided into categories that are included in an episode.

2. **# and % of episodes with claims in care category**

   - The # of episodes refers to episodes with costs included in the care category.
   - The % of episodes refers to the percent of included episodes that had costs in the care category.

3. **Average cost per episode when care category utilized**

   - This column shows the average cost in the care category for only those episodes that had claims in that care category.

4. **Total vs. expected cost in care category**

   - This compares the PAP’s total costs in the category across the Episode of Care to the average total cost among all PAPs for this Episode of Care.

---

### Cost detail - Appendectomy

<table>
<thead>
<tr>
<th>Care category</th>
<th># and % of episodes with claims in care category</th>
<th>Average cost per episode when care category utilized, $</th>
<th>Total vs. expected cost in care category, $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient professional</td>
<td>210 [90% / 100$]</td>
<td>100 $</td>
<td>27,869 $</td>
</tr>
<tr>
<td>Inpatient facility</td>
<td>140 [62% / 120$]</td>
<td>110 $</td>
<td>27,084 $</td>
</tr>
<tr>
<td>Outpatient professional</td>
<td>233 [50% / 233$]</td>
<td>175 $</td>
<td>17,769 $</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>220 [20% / 224$]</td>
<td>175 $</td>
<td>15,000 $</td>
</tr>
<tr>
<td>Catheter lab</td>
<td>175 [80% / 176$]</td>
<td>160 $</td>
<td>17,620 $</td>
</tr>
<tr>
<td>Outpatient radiology / Outpatient procedures</td>
<td>70 [40% / 70$]</td>
<td>150 $</td>
<td>17,100 $</td>
</tr>
<tr>
<td>Emergency department</td>
<td>23 [10% / 23$]</td>
<td>150 $</td>
<td>13,900 $</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>7 [10% / 7$]</td>
<td>97 $</td>
<td>11,000 $</td>
</tr>
<tr>
<td>Other</td>
<td>7 [10% / 7$]</td>
<td>97 $</td>
<td>10,000 $</td>
</tr>
</tbody>
</table>

**NOTE:** If displayed, the arrow ( ) indicates that the graph continues and is not to scale. (Dynamic footnote)
The Episode Detail page has specific information for each patient included in the PAP results.

### Specific Episode Details (contains PHI)

- **Episode ID** is a unique reference number assigned to each individual episode.
- **Patient name** displays the first and last name of the patient from claims data.
- **Patient DOB** indicates the date of birth of the patient.
- **Episode start & end date** identifies the timeframe of the episode.
- **Paid Cost** contains the episode actual paid cost.

### Care categories with costs

These columns provide the number of claims and cost contribution to each care category.

#### Table: Appendectomy – Detailed episode cost information for Dr. Joe Smith

<table>
<thead>
<tr>
<th>Episode ID</th>
<th>Patient Name</th>
<th>Patient DOB</th>
<th>Payment Method</th>
<th>Ep Start Date</th>
<th>Ep End Date</th>
<th>Ep Inpatient Days</th>
<th>CPT Code</th>
<th>ICD10 Code</th>
<th>Diagnosis Description</th>
<th>付费金额</th>
</tr>
</thead>
<tbody>
<tr>
<td>100101</td>
<td>John Doe</td>
<td>01/01/1980</td>
<td>ACO</td>
<td>01/01/2020</td>
<td>01/07/2020</td>
<td>7</td>
<td>64200</td>
<td>41400</td>
<td>Appendectomy</td>
<td>$12345</td>
</tr>
<tr>
<td>100102</td>
<td>Jane Smith</td>
<td>02/01/1980</td>
<td>HMO</td>
<td>02/01/2020</td>
<td>02/07/2020</td>
<td>9</td>
<td>64210</td>
<td>41410</td>
<td>Appendectomy</td>
<td>$12345</td>
</tr>
</tbody>
</table>

**Note:** Each performing provider under the PAP will have their own Episode Detail section for each applicable Episode of Care.
Provider Support Contacts

Arkansas Medicaid APII Help Desk

DXC Technology
Telephone: 501.301.8311 or 866.322.4946
Email for General Inquiries: ARKPII@dxc.com
Email for PCMH Enrollment Applications Only: ARKPCMH@dxc.com

Arkansas Foundation for Medical Care (AFMC)

Telephone: 501.212.8686
Fax: 501.375.0705
Email for Episodes of Care: shurt@afmc.org
Email for Patient Centered Medical Home: pcmh@afmc.org
Website: https://afmc.org/health-care-professionals/arkansas-medicaid-providers/policy-and-education/

Beacon Health Options

Telephone: 501.707.0950
Email: ARProviderRelations@beaconhealthoptions.com
Website: https://www.beaconhealthoptions.com/providers/

Advanced Health Information Network (AHIN)

Telephone: 501.378.2336 or 855.822.2446
Email: customersupport@ahin.net

Arkansas Blue Cross and Blue Shield

Episodes of Care
Telephone: 888.800.3283
Email: APIICustomerSupport@arkbluecross.com

Patient Centered Medical Home
Telephone: 501.378.2370
Email: PrimaryCare@arkbluecross.com
Website: www.arkansasbluecross.com/providers/

QualChoice (QCA)

Telephone: 800.235.7111
Email: pr@qualchoice.com
Website: www.qualchoice.com
Building a healthier future for all Arkansans