The Arkansas Health Care Payment Improvement Initiative is a multi-payer collaboration between Arkansas Medicaid, Arkansas Blue Cross Blue Shield, QualChoice and other payers. The initiative incentivizes providers for cost efficient and quality care. Periodically, each payer will publish a performance report with details on quality, cost, and utilization of episodes for each designated Principal Accountable Provider (PAP).

This PAP Report Guide explains how to read the PAP report and may help the PAP understand the cost and quality of services provided in comparison with ones peers.

Look inside to learn more about:

- How to Approach the Report
- Summary of all Episodes of Care for each PAP
- Incentive Summary
- Performance Summary
- Episode Summary
- Quality & Utilization
- Cost Detail
- Episode Detail

*This guide uses the Perinatal Episode as an example, but applies to all Episodes of Care*
Five-step Analysis

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

1. **Read**
   - Incentive Summary & Performance Summary

2. **Review each**
   - Episode Summary

3. **Compare quality outcomes in**
   - Quality and Utilization Detail

4. **Focus on Care Categories in**
   - Cost Detail

5. **View specific case detail and care categories in**
   - Episode Detail
The Incentive (Gain/Risk) Summary shows the current and historical gain/risk share results for the PAP.

- This summary includes each episode of care that has completed (closed) its performance period and displays the Gain /Risk Share total.
- Episodes will not appear on this report until after the 90-day claims “run-out”.
- If no episodes have closed, a message displays in Box 2.

### Quality of services and cost summary

#### Quality Metric
- **Met** indicates that the quality standards linked to gain sharing were achieved for this episode of care
- **Not met** indicates that the quality standards linked to gain sharing for this episode were not achieved
- **N/A** indicates that the episode did not include a quality component linked to gain sharing at this time

#### Average Episode Cost
- **Commendable** indicates that the PAP’s average episode cost was lower than the commendable threshold
- **Acceptable** indicates that the PAP’s average episode cost was between commendable and acceptable
- **Not acceptable** indicates that the PAP’s average episode cost was higher than the acceptable threshold

#### Gain/Risk Share
- **Eligible for Gain Sharing**:
  - Quality Metrics linked to Gain Share were ‘Met’ or ‘N/A’, and
  - Average Episode Cost was ‘Commendable’
- **Not eligible for gain sharing**:
  - Quality Metrics linked to Gain Share were ‘Not met’, but Average Episode Cost was ‘Commendable’, or
  - Average Episode Cost was ‘Acceptable’
- **Subject to risk sharing**:
  - Average Episode Cost was ‘Not acceptable’, regardless if quality measures were met

#### Share Amount
- Shows the gain or risk amount for each episode of care for this performance period

### Incentive History

#### Cumulative view
The Cumulative view of the activity as PAP per episode of care for the quarter of the year specified—the Episode Timeframe column defines the performance period date range.
# Performance Summary

The Performance Summary page includes summary statistics for each episode.

In this example, the PAP has results for fifteen different episode types.

### Important Note About Specific Episodes

Throughout the PAP Report, the following episodes have sub-types on their own separate reports:

- URI has separate reports for Non-Specific, Pharyngitis, and Sinusitis

## Possible Outcome: Eligible for Gain Sharing

**Gain share:** Quality Metrics linked to Gain Share were ‘Met’ or ‘N/A’, and Average Episode Cost was ‘Commendable’, the PAP will be eligible to receive gain share.

<table>
<thead>
<tr>
<th>Episode of Care</th>
<th>Date</th>
<th>Quality Metric</th>
<th>Average Episode Cost</th>
<th>Failures</th>
<th>Share Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Level I</td>
<td>December 2015</td>
<td>Met</td>
<td>Commendable</td>
<td>Not eligible for gain sharing</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

## Possible Outcome: Subject to risk sharing

**Risk share:** (Red) Average Episode Cost was ‘Not acceptable’, regardless if quality measures were met, the PAP is subject to risk share.

<table>
<thead>
<tr>
<th>Episode of Care</th>
<th>Date</th>
<th>Quality Metric</th>
<th>Average Episode Cost</th>
<th>Failures</th>
<th>Risk Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oppositional Defiant Disorder</td>
<td>September 2015</td>
<td>Not Met</td>
<td>Not Acceptable</td>
<td>Subject to risk sharing</td>
<td>$3,000.00</td>
</tr>
</tbody>
</table>

## Possible Outcome: Not eligible for gain sharing

**Not eligible for gain share:** Quality Metrics linked to Gain Share were ‘Not met’, but Average Episode Cost was ‘Commendable’, or Average Episode Cost was ‘Acceptable’.

<table>
<thead>
<tr>
<th>Episode of Care</th>
<th>Date</th>
<th>Quality Metric</th>
<th>Average Episode Cost</th>
<th>Failures</th>
<th>Gain Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Joint Replacement</td>
<td>December 2015</td>
<td>Not Met</td>
<td>Acceptable</td>
<td>Not eligible for gain sharing</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Episode Summary

The Summary page shows the overall cost and quality performance of the PAP for each Episode of Care

1 Overview

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

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 of care compared to other providers

The bar above shows the cost ranges for commendable, acceptable, and not acceptable costs
- If the episode costs are considered not acceptable, the PAP is subject to risk sharing
- Costs in the acceptable range are not subject to gain or risk sharing
- If the episode costs are within the commendable range, the PAP is eligible for gain sharing as long as required quality metrics are met

3 Quality summary

The quality summary section gives a general picture of quality metrics and performance, relative to other PAPs in this episode
- The metrics on the left side are linked to gain sharing
- The metrics on the right are not linked to Gain Share
- These metrics are generally accepted clinical guidelines and are evidence-based best practices
Episode Summary

4 Cost summary

This section shows the episode cost distribution

- **Total cost overview:** 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 applied.

- **Average cost overview:** The blue bars on the top right show the average individual episode costs compared to all PAPs.

- **Episode cost distribution:** The middle section shows ranges of costs from low to high, and how many episodes fell in each range.

- **Distribution of Provider Avg:** Indicates where the PAP’s costs fall among all providers for the episode.

5 Key utilization metrics

The Key Utilization metrics show how many times the PAP has performed certain activities and/or procedures relative to other PAPs.

- These metrics are not linked to gain sharing, but may be helpful in finding areas for practice improvement.

6 Gain/Risk Share

The Gain/Risk share section indicates final gain/risk share status, and what factors contributed to that status.

- Whether or not selected quality metrics were met.
- Whether average episode costs were commendable, acceptable, or not acceptable.
- If costs were commendable, but quality metrics were not met, this section will display the potential gain share had the required quality standards been achieved.
The Quality and Utilization Detail page shows how the PAP performed compared to other providers in specific measures of quality and utilization.

### Quality Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>You</th>
<th>Percentile</th>
<th>Met/Not Met</th>
<th># of PAPs met</th>
<th>Total # of PAPs</th>
<th>% Below Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV screening rate</td>
<td>57%</td>
<td>50%</td>
<td>60%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Group B screening rate</td>
<td>52%</td>
<td>60%</td>
<td>83%</td>
<td>93%</td>
<td>96%</td>
<td>72%</td>
</tr>
<tr>
<td>Chlamydia screening rate</td>
<td>90%</td>
<td>63%</td>
<td>84%</td>
<td>87%</td>
<td>90%</td>
<td>55%</td>
</tr>
<tr>
<td>Gestational diabetes screening rate</td>
<td>50%</td>
<td>42%</td>
<td>50%</td>
<td>60%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Asymptomatic bacteriana screening rate</td>
<td>50%</td>
<td>43%</td>
<td>62%</td>
<td>73%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Hepatitis B screening rate</td>
<td>50%</td>
<td>41%</td>
<td>50%</td>
<td>60%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Utilization Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>You</th>
<th>Percentile</th>
<th>Below Mean</th>
<th>% Below Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-section rate</td>
<td>17%</td>
<td>23%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>% of episodes with an ultrasound</td>
<td>78%</td>
<td>71%</td>
<td>75%</td>
<td>81%</td>
</tr>
<tr>
<td>Average number of ED visits per episode</td>
<td>1.3</td>
<td>1.7</td>
<td>2.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Average length of stay for inpatient admissions</td>
<td>1.8</td>
<td>1.0</td>
<td>2.3</td>
<td>3.6</td>
</tr>
</tbody>
</table>

### Understanding Quality Metrics Detail

- Blue shading is utilized to highlight metrics which are required to be eligible for gain sharing.
- Unshaded metrics are informational (not linked to gain sharing at this time).

### Measuring PAP performance against gain sharing standards and other providers

- The ‘You’ column indicates the PAP’s overall performance in each metric.
- The ‘Percentile’ columns indicate other providers’ performance.
- The ‘Met/Not Met’ Column indicates whether the PAP met the required standard for each metric.
- The final three columns indicate the number and proportion of all PAPs that met each metric.

### Version 2.0.0
**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.
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.
- **Quality standard achieved** uses Y/N in the column to indicate if quality metrics were achieved for the beneficiary
  - ‘N/A’ indicates no quality metrics were linked to Gain Share in that particular episode.
- **Episode start & end date** identifies the timeframe of the episode.
- **Non-adjusted cost** contains the episode cost before any risk adjustments.
- **Cost** contains the episode cost after risk adjustments have been made.

### Care categories with costs

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

Arkansas Medicaid APII Help Desk
Hewlett Packard Enterprise
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