PERFORMANCE REPORTS

■ What information is included in the reports?
Reports are based on claims data as well as additional quality metrics for selected episodes. This data is episodes of care entered through the initiative’s provider portal.

The performance reports contain information about the cost, quality and utilization performance of a particular Principal Accountable Provider (PAP). The report includes this information for all of the episodes of patient care where that provider is designated a PAP. For example, if a provider is a PAP for Perinatal and URI episodes of patient care, both will be included in one single report.

The report has summary results for each PAP by episode indicating whether that PAP achieved gain sharing, loss sharing, or no change in payment. Each payer independently sets their thresholds (for gain, loss or no payment change). The report also provides a detailed, customized analysis of performance relative to other PAPs and includes the cost breakdown for the PAP’s included patients.

■ What is expected for data entry associated with the reports?
Data entry for a limited set of quality metrics is optional during the preparatory period and then will be required starting with the first performance period.

Where can I get access to my report?
Reports for all PAPs (physicians, hospitals and RSPMI providers) are posted through the initiative’s provider portal. The portal can be accessed through the main website: www.paymentinitiative.org.

The first round of reports for Medicaid were also mailed. The reports sent by mail will not contain the individual episode level detail. The reports available online or sent via secure messaging will have this detail. Arkansas Blue Cross Blue Shield published the first round of reports on the AHIN portal and notified all providers by mail that the reports are available to be accessed. Arkansas Blue Cross Blue Shield also published the individual episode detail on the portal.

Please note that RSPMIs previously used SHARE to access their reports and enter ADHD episode data. Now, all providers use the portal via AHIN, available at www.paymentinitiative.org.

■ Why is the payment initiative/payers collecting data for additional quality metrics?
In meeting with hundreds of stakeholders across the state, there was a clear emphasis on quality as a critical component in evaluating provider performance in treating patients. While claims data captures some important quality metrics, for certain episodes of care additional data is needed. That is why quality metrics beyond those
in claims data are collected for patients. The three to six month preparatory period (length differs by payer) is an opportunity to test the portal, ask questions, provide feedback and add data from your episodes of patient care to better understand your own practice patterns and performance.

- **Who creates the reports?**
  The reports are generated by each payer for the providers in their network that are designated as PAPs. The payers currently involved with the Arkansas Health Care Payment Improvement Initiative are Arkansas BCBS, Arkansas Medicaid, and QualChoice of Arkansas.

  The reports present information about cost, quality and utilization in a common format for ease of use by providers and staff. However the specific thresholds for gain and risk sharing are set independently.

- **Who can access the reports?**
  The reports are available for users with active, approved log in information to the Advanced Health Information Network (AHIN) portal at https://secure.ahin-net.com/ahin/logon.jsp.

  Payers also have access to the reports they generated for providers in their network. Customer service representatives from each payer will be able to login and see the reports if a provider or office staff has basic questions that require viewing the report to answer.

- **What if I do not have an active portal registration?**
  Providers can register with AHIN by calling customer support at (501) 378-2336 or emailing customersupport@ahin.net.

- **How can PAPs use their reports?**
  PAPs can reference their reports as a snapshot of their performance and to access detailed information, such as the cost distribution across all patients for a particular episode, that inform which practice patterns are delivering care at high quality and low costs, or where there are potential opportunities for improvement.

  The reports mark the first time that PAPs will have access to information about cost, quality and utilization for an overall episode and not just the component of care they delivered. This can help providers understand the source of costs and quality of care – and thereby to better coordinate care between providers.

- **How does the reporting differ by episode?**
  All episode of care a PAP covers is included in one single report. The differences between episodes include: Specific quality metrics required for gain sharing potential, specific cost categories that are evaluated as components of overall cost, Different thresholds for gain sharing, risk sharing, and the gain sharing limit.
■ **When will the results published in the reports be tied to payment?**

Actual payment settlement will not occur until a full year has passed and the payers accumulate the data needed to make the settlement calculations. Each quarterly report will provide year-to-date results so that providers can monitor their progress towards the final settlement.

■ **Where is there information about clinical changes/best practices to improve performance?**

The initiative website: www.paymentinitiative.org provides FAQs and episode one pagers as tools for understanding the initiative. Monthly webinar, which are recorded and posted online, serve to inform stakeholders on all components of the initiative – from the online provider portal and performance reports to episode design and payment changes. Details about these events can be found on the website.

One of the initiative’s goals is to improve care coordination by incentivizing high quality, low cost care for an entire episode. In meeting with stakeholders across the state, providers expressed the benefits of independence in doing this work.

■ **How can I share feedback about the reports?**

We encourage providers, office staff and other stakeholders to share your feedback. If you have questions, please visit www.paymentinitiative.org.

For Arkansas Medicaid related questions or comments please contact the Arkansas Payment Improvement Initiative Center with Arkansas Medicaid starting July 2, 2012, Monday – Friday, 8am – 5pm at 1-866-322-4696 (in-state only) or 1-501-301-8311 (local and out-of state), or email ARKPII@hp.com.

For Arkansas Blue Cross Blue Shield related questions or comments please contact APIICustomerSupport@arkbluecross.com or the call the Provider Line Number 1-800-827-4814 or the direct line to EBI 1-888-800-3283.

For QualChoice of Arkansas related questions or comments please contact providerrelations@qualchoice.com or call 1-501-228-7111.

■ **When reports are posted to the provider portal for a clinic or group practice as a whole is it possible for individual reports to go to providers in those settings?**

The payer assigns the PAP based up the payer’s contracting relationship. Medicaid may have a contract with a group practice whereas a private payer may have a contract with an individual clinician. Performance reports are posted to the account of the contractually-determined PAP. Provider-specific sub-reports for Medicaid may be made available when there are opportunities to provide more information to an individual clinician.