

Provider performance metrics (risk adjusted cost per episode, meets quality standards) are measured over the time period **01-01-2015 to 12-31-2015** for all claims under Medicaid, while patient activity metrics (number of episodes from your patients, % of your episodes) are measured over the time period **12-20-2014 to 01-19-2015** for your patients' claims only.

The providers shown in the list below are all providers within a 40 mile radius of your CPC Practice, based on the ZIP associated with Billing ID submitted in the claim.

There were 497 perinatal episodes between **12-20-2014 to 01-19-2015**

CPC PRACTICE ID: 0000000003

CPC PRACTICE: ABC Medical Center

Provider performance and patient activity report

Key: categories of risk-adjusted cost per episode with ranges of notional non-risk adjusted values

\$

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\$4,423 - \$5,581

\$5,581 - \$6,150

\$6,150 - \$7,781

\$7,781 - \$8,605

\$8,605 - \$9,495

Principal Accountable Provider	Risk-adjusted cost per episode ¹	Meets quality standards ²	Number of episodes from your patients	% of your episodes	Relevant payers ³
PAP1	\$	✗	198	39.8%	U,P,M,C,B,F
PAP2	\$\$\$	✓	59	11.9%	U,M,C,B,F
PAP3	\$	✗	36	7.2%	U,P,M,C,B,F
PAP4	\$\$	✓	24	4.8%	U,P,M,C,B,F
PAP5	\$\$	✗	22	4.4%	U,P,M
PAP6	\$\$\$	✓	20	4.0%	U,P,M,C,B,F
PAP7	\$	✓	18	3.6%	U,P,M,C,F
PAP8	\$\$\$	✓	16	3.2%	U,P,M,C,B,F
PAP9	\$\$\$\$	✓	14	2.8%	U,P,M,C,B,F
PAP10	\$\$\$\$\$	✗	12	2.4%	U,P,M,C,B,F
PAP11	\$\$\$\$	✗	10	2.0%	U,P,C,B,F
PAP12	\$\$\$\$\$	✗	8	1.6%	U,P,M,C,B,F
PAP19	\$	✓	6	1.2%	U,P,M,C,B,F
PAP21	\$	✓	6	1.2%	U,P,M,C,B,F
PAP22	\$	✓	6	1.2%	U,P,B,F
PAP13	\$\$\$\$\$	✓	6	1.2%	U,P,M,C,B,F
PAP14	\$\$\$\$\$	✓	6	1.2%	U,P,B,F
PAP16	\$\$\$\$\$	✓	6	1.2%	U,P,M,C,B,F
PAP17	\$\$\$\$\$	✓	6	1.2%	U,P,M,C
PAP18	\$	✗	6	1.2%	U,P,M,C,B,F
PAP20	\$	✗	6	1.2%	U,B,F

1 Arrows represent the change in cost category from the previous report

2 Quality standards are explained in more depth on the context page of this report

3 Relevant payers: U - United, P - Paramount, M - Molina, C - CareSource, B - Buckeye, AE - Aetna, AN - Anthem, F - FFS

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CPC PRACTICE ID: 000000003

CPC PRACTICE: ABC Medical Center

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Principal Accountable Provider	Risk-adjusted cost per episode ¹	Meets quality standards ²	Number of episodes from your patients	% of your episodes	Relevant payers ³
PAP15	\$\$\$\$\$ —	✗	6	1.2%	U,P,M,C,B,F
PAP23	\$ —	✓		-	U,P,M,C,B,F
PAP27	\$ ↓	✓		-	U,P,M,C,B,F
PAP28	\$ —	✓		-	U,P,F
PAP29	\$ —	✓		-	U,P,M,C,B,F
PAP36	\$ —	✓		-	U,P,M,C,B,F
PAP37	\$ —	✓		-	U,P,M,C,B,F
PAP43	\$ —	✓		-	U,P,M,C,B,F
PAP31	\$\$\$ —	✓		-	U,B,F
PAP33	\$\$\$ ↑	✓		-	U,P,M,C,B,F
PAP39	\$\$\$ —	✓		-	U,P,M,C,B,F
PAP41	\$\$\$ —	✓		-	U,P,B,F
PAP46	\$\$\$\$\$ ↑	✓		-	U,M,C,B,F
PAP24	\$ —	✗		-	U,P,M,C,B,F
PAP25	\$ —	✗		-	U,P,M,C,B,F
PAP26	\$ —	✗		-	U,P,M,C,B,F
PAP30	\$ —	✗		-	U,P,M,C,B,F
PAP35	\$ ↓	✗		-	U,P,M,C,B,F
PAP42	\$ —	✗		-	U,P,M,C,B,F
PAP45	\$ —	✗		-	U,P,M,C,B,F
PAP38	\$\$\$ —	✗		-	U,P

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Principal Accountable Provider	Risk-adjusted cost per episode ¹	Meets quality standards ²	Number of episodes from your patients	% of your episodes	Relevant payers ³
PAP40	\$\$\$	—		-	U,P,M,C,B,F
PAP32	\$\$\$\$	↑		-	U,P,M,C,B,F
PAP34	\$\$\$\$	↓		-	U,P,M,C,B,F
PAP44	\$\$\$\$\$	—		-	U,P,M,C,B,F

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Perinatal episode description and context

A perinatal episode consists of all relevant care delivered to a patient due to a birth. The episode is triggered by a live birth and includes all prenatal care 280 days before the delivery through to postnatal care 60 days after discharge from the delivery facility.

All inpatient, outpatient, professional and pharmacy claims tied to relevant prenatal care (e.g. screening, examinations) and complications (e.g. placenta previa, pre-eclampsia, vomiting, etc.) less excluded medications up to 280 days before the delivery and 60 days after discharge are included in the episode. In addition to this, all inpatient, outpatient and pharmacy claims during the inpatient stay relating to the delivery itself are included along with any other inpatient admission within the first 30 days after discharge, less specific excluded medications and events are included in the episode.

The **Principle Accountable Provider (PAP)** is the first facility that treats the patient during the trigger window, defined by billing ID. This provider will be accountable for the entire perinatal episode, from start to finish.

Episodes that are included are risk adjusted to specifically capture the impact of documented clinical factors that typically require additional care during an episode and are outside of the PAP's control. There are 77 risk factors included in the perinatal episode. Risk factor examples include age, specific chronic conditions and certain previous acute conditions or procedures such as C-section or STI. More details can be found here <http://medicaid.ohio.gov/providers/paymentinnovation.aspx>

Episodes are excluded from a PAP's average risk-adjusted spend in cases where patient characteristics, comorbidities, diagnoses or procedures may potentially indicate a type of risk that, due to its complexity, cost, or other factors, significantly deviates from the episode's patient journey.

The report included here shows performance of PAPs in your geography for the perinatal episodes. PAPs are measured on both efficiency and quality metrics linked payment.

Quality metrics linked to payment for perinatal episode

The quality metrics that must be passed are the following:

- Prenatal HIV screening rate (pass threshold: 45%)
- Prenatal GBS screening rate (pass threshold: 50%)
- C-section rate (pass threshold: 50%)
- Percent of episodes with follow-up visit within 60 days (pass threshold: 50%)