

Participating in the TennCare Episodes of Care Program

Frequently Asked Questions

Feb. 2, 2017

Key Points

- The TennCare Episodes of Care program rewards care providers for delivering patient-centered, high-quality, cost effective care to Tennessee Medicaid members.
- Care providers will receive information about what happens to TennCare members throughout each episode of care – information that has never been available to care providers before.
- You may be chosen to be a Quarterback for an episode of care – a care provider who helps coordinate care with the other care providers in a member's episode of care and is eligible for incentive payments.

Overview

The State of Tennessee launched the Health Care Innovation Initiative in 2013 to better reward patient-centered, high-quality, high-value care. As part of this initiative, the TennCare Episodes of Care program provides data and reports for a better view of all the care (and care providers) involved in treating specific conditions, procedures, or disabilities.

What are Episodes of Care?

TennCare Episodes of Care include care guidelines, performance reporting, and episode-based payment models. Care providers who participate in an episode of care (e.g. a pregnancy episode includes all related care, prenatal through delivery) have a chance to be rewarded for high quality, efficient treatment of medical conditions.

For more information, please visit tn.gov/hcfa > [Strategic Planning and Innovation Group](#) or UHCCommunityPlan.com > For Health Care Professionals > Tennessee > [Tennessee Health Care Innovation Initiative Project](#). To help answer your questions about the episode-based payment models or the state programs, we've developed the following questions and answers. If you have additional questions after reading this, please contact your Practice Performance Manager. Thank you.

Frequently Asked Questions and Answers

Episodes of Care

Q1. How does the TennCare Episodes of Care program help care providers deliver high-quality and cost-effective care?

- A1. The Episodes of Care program rewards care providers who deliver care to TennCare members that is both cost effective and high-quality, as measured by episode-specific performance metrics. TennCare created the Episodes of Care program to measure and report on the average cost of care, along with quality of care metrics like:
- Screening for diseases
 - Arranging follow-up visits
 - Decreased readmissions

Through quarterly reports, care providers will receive information about what happens to TennCare members throughout each episode of care – information that has never been available to care providers before.

Q2. Will the quality of a member's care suffer if cost is a priority?

A2. No. Each episode has a set of quality metrics set by TennCare to help ensure that members receive appropriate care for the episode. Participating care providers will be evaluated on these metrics, which include standards of care like member education or episode-relevant screenings.

Q3. What's a Quarterback?

A3. For each episode of care, there's a Quarterback. The Quarterback (or a principal accountable provider (PAP)) is a care provider whose care has the most impact on the overall cost and quality of a member's treatment for an episode. The Quarterback is the only care provider eligible for performance incentives for an episode of care.

Besides delivering care to the member during the episode of care, the Quarterback receives reports showing how their performance on quality and cost metrics compares to other care providers for that same episode. The Quarterback will be responsible for passing that information on to other care providers participating in the episode, including everyone within a facility or practice to whom it is relevant. This may include clinicians, department heads, coordinators and business managers.

Q4. Does the Episodes of Care program change how a care provider is reimbursed for the care they deliver to the TennCare member?

A4. No. Care providers will continue to provide care, submit claims and receive reimbursement as they do today. Rather than quantity of care, the Episodes of Care model rewards high-quality and better health outcomes, while encouraging care providers to use resources efficiently.

The only possible change in payment is for the Quarterback after the episode is completed and the cost and quality metrics are reported:

- The Quarterback may get an incentive payment if the cost and quality metrics meet the state's guidelines.
- The Quarterback may be penalized if average cost metrics exceed the state's guidelines.

Q5. What types of services are included in an episode of care?

A5. Included in the reporting for an episode are the following types of services:

- All of the care related to TennCare's defined medical event, including pharmacy and professional services
- Any related care delivered before the event, such as diagnostic tests or pre-operative visits
- Follow-up care, medications, rehabilitative services or visits related to the event

Q6. Which episodes are implemented?

A6. Episodes are released by TennCare in waves. The state has scheduled 75 episodes to be released in 11 waves by 2019. Currently, UnitedHealthcare is providing Episodes of Care reports for waves 1 through 4. You can view episode definitions and future waves at tn.gov/hcfa > [Strategic Planning and Innovation Group](#) > Episodes of Care. Currently released waves include:

- Wave 1
 - Total Joint Replacement
 - Acute Asthma Exacerbation
 - Perinatal
- Wave 2
 - Non-acute percutaneous coronary intervention (PCI)
 - Acute PCI
 - Outpatient and non-acute inpatient cholecystectomy
 - Chronic obstructive pulmonary disease (COPD) acute exacerbation
 - Screening and surveillance colonoscopy

- Wave 3
 - Gastrointestinal hemorrhage
 - Respiratory infection
 - Esophagogastroduodenoscopy (EGD)
 - Inpatient urinary tract infection
 - Outpatient urinary tract infection
 - Pneumonia
- Wave 4
 - Attention-deficit and hyperactivity disorder (ADHD)
 - Congestive heart failure acute exacerbation
 - Oppositional defiant disorder
 - Coronary artery bypass graft (CABG)
 - Heart valve replacement or repair
 - Bariatric surgery

Q7. Do all TennCare managed care organizations participate in the Episodes of Care program?

A7. Yes. They all (Amerigroup, Blue Cross and Blue Shield of Tennessee and UnitedHealthcare Community Plan) are participating in TennCare’s Episodes of Care program.

Incentives and Penalties

Q8. How is a Quarterback’s incentive or penalty calculated?

A8. After the final performance report is released, the episode’s claims data is used to identify the episode’s Quarterback and calculate costs and quality measures. These measures are compared to the state’s episode-specific guidelines, including the maximum allowable costs for each episode of care. Care providers who deliver cost-effective care may be paid gain sharing rewards. However, care providers who exceed the costs will pay their share of those excess costs.

Q9. When will the Quarterback’s gain or risk-sharing payments start?

A9. Initially, performance data will be shared with care providers as information only and there will be no incentive payments based on the data. Eligible incentive payments will be determined after the performance report is released. Each Quarterback will receive quarterly reports summarizing their quality and cost results across all of their episodes in a reporting period so they can take action to bring their performance in line with TennCare’s performance guidelines.

Q10. Will this model penalize care providers who take on particularly sick members?

A10. No. In this model, the cost of an episode is risk-adjusted to take member health risk factors and other health complications into consideration. If a care provider sees a member who incurs a higher cost of care due to a known health risk factor, the cost for that episode will be adjusted down to reflect what the cost of that episode would have been for a healthier member. Details of UnitedHealthcare’s risk-adjustment methodology can be found at UHCCCommunityPlan.com > For Health Care Professionals > Tennessee > [Tennessee Health Care Innovation Initiative Project](#).

If complications for a member drives the cost of care beyond the average spend for that episode, the episode will be excluded. Using risk-adjusted costs and excluding high-cost outliers help minimize any sort of penalty for giving care to high risk or sick members.

Q11. Will care providers who are not Quarterbacks be eligible for incentive payments?

A11. No. All care providers who deliver services submit fee for service claims and get paid as they do today. Episodes of Care incentives or penalties will only apply to the episode’s Quarterback.

Episode Quarterbacks

Q12. Who can be a Quarterback for an episode?

A12. Physicians, non-physicians and facilities can be chosen to be a Quarterback. For some episodes, a facility or mental health care provider may be chosen as the Quarterback.

In most episodes, other care providers will also deliver care to the member. TennCare refers to these other care providers as “participating providers.” The episode model encourages Quarterbacks to coordinate closely with these participating providers on the member’s care. Participating providers aren’t eligible to share in the episode’s financial incentives or penalties.

The Quarterback is responsible for sharing the episode reports with participating care providers.

Q13. Does UnitedHealthcare Community Plan choose the episode’s Quarterback?

A13. No. TennCare’s Technical Advisory Group (TAG) determines the episode’s Quarterback based on claims data. They take into account which care provider has:

- The most decision making responsibility
- The ability to coordinate or direct other providers delivering care
- The responsibility for a meaningful share of costs or volumes of care

Q14. Can care providers volunteer or decline to be a Quarterback?

A14. No. A care provider can’t volunteer to be a Quarterback and when chosen, a participating care provider can’t refuse to be a Quarterback.

Q15. Does the episode’s Quarterback receive the Episodes of Care reports from UnitedHealthcare Community Plan?

A15. Yes. We deliver quarterly reports and the Episode of Care Final Report to the episode’s Quarterback. The Quarterback will receive an email notifying them that performance reports are available at hospitalbenchmarks.com/uhc/Login. The Quarterback will be responsible for sharing the reports with appropriate participating care provider staff.

Q16. Can Quarterbacks affect the episode’s incentive payments or penalties?

A16. Yes. TennCare uses the gain and risk-sharing incentives to encourage Quarterbacks to coordinate the member’s care between the different care providers. Quarterbacks who help members get high-quality, cost-effective health care outcomes for episodes of care will be financially rewarded, while those who perform below the benchmarks will pay a portion of the excess costs associated with care back to the state.

Q17. Will the Quarterback be responsible if another care provider drives up the episode’s cost?

A17. Yes. We calculate the average cost of the member’s care across all care providers participating in an episode. Quarterbacks are accountable for the average cost of care and the cost data we provide can help them take an active role in coordinating the member’s care with high-quality, efficient providers.

Q18. Will the Quarterback be held responsible for decisions made by other parties, for example, if a member is non-compliant with treatment or appointments?

A18. Under the Episodes of Care program, the Quarterback is responsible for the member’s health outcomes. The Quarterback can help make sure that the member understands how following a treatment plan can help lead to the best health outcome.

Even so, a certain level of member non-compliance is expected to happen. TennCare built the Episodes of Care to be a fair comparison across all care providers so no one care provider should feel singled out.

Episode Performance Reports and Quality Measures

Q19. What types of costs are included in an episode?

A19. Episodes are defined to include relevant claims for a member's care around a specific trigger event that defines an episode. Types of costs may include:

- Professional claims
- Procedures (inpatient or outpatient)
- Labs and imaging (inpatient or outpatient)
- Rehabilitation
- Long term care
- Pharmacy

A summary of the types of costs included for each episode are in the episode definitions. More details can be found in the episode's detailed business requirement (DBR) and code sheets. You can request copies of each Episodes of Care DBR and code sheets through your assigned Practice Performance Manager (PPM) (see Q29 for your PPM).

Q20. When does an episode begin and end?

A20. Relevant claims for an episode include those generated during:

- Pre-trigger window
 - For some episodes, these are services that occur before the trigger event, for instance ultrasounds or prenatal visits
- Trigger event
 - The diagnosis or procedure code that indicates a potential episode has occurred
- Post-trigger window
 - A set time period to include the episode's claims for follow-up care, including planned care (post-discharge follow-up visits, medications) or care resulting from complications in the episode (for example, readmissions)

Q21. Does performance reporting for incentives or penalties always happen for identified episodes of care?

A21. No. Episode reporting was developed to make sure that care provider performance can be fairly compared across the same types of episodes. A full list of exclusion factors for each episode is available in the episode's DBR. Copies of each Episodes of Care DBR and code sheets can be requested through your assigned PPM.

Episodes can be determined to be invalid due to:

- Business exclusions
 - A member's inconsistent enrollment or third-party liability
- Clinical exclusions
 - An episode is excluded if the member has one or more conditions
- Member exclusions
 - A member's age, death, or if the member left against medical advice
- High-cost outlier
 - An episode is excluded if the risk-adjusted episode spend is greater than the episode's high outlier threshold

An invalid episode isn't used to calculate Quarterback performance. Invalid episode details will still appear in the reports and will list the reason for exclusion.

Regular claims reimbursement for care providers participating in an invalid episode won't be affected.

Q22. How can Quarterbacks use the performance reports?

A22. The reports can be used as a snapshot of their performance. Quarterbacks can also access detailed information such as the cost distribution across all members for a particular episode. This can help

the care provider see if they and the participating care providers are delivering care at high quality and low costs.

For most Quarterbacks, the reports are the first time that they'll have access to information about cost, quality and utilization for an overall episode and not just the care they delivered. Because the Quarterback is also responsible for coordinating an episode's care between care providers, the reports can help show the sources of costs and quality of care. The Quarterback can use this information to improve their own cost and quality metrics as well as discuss best practices with other care providers.

A guide to help care providers understand the reports is at UHCCCommunityPlan.com > For Health Care Professionals > Tennessee > [Tennessee Health Care Innovation Initiative Project](#).

Q23. What's the purpose of quarterly reports?

A23. The reports, provided to Quarterbacks who have at least one valid episode, will contain information about that Quarterback's performance on cost and quality in comparison to other TennCare Quarterbacks for the same episode. Quarterbacks will be able to see their average cost for the episode and how they performed on a set of quality metrics.

When performance for an episode becomes linked to incentive payments for that episode (see Q26), reports will also indicate the Quarterback's gain or risk-sharing payment. A guide for accessing reports is at UHCCCommunityPlan.com > For Health Care Professionals > Tennessee > [Tennessee Health Care Innovation Initiative Project](#).

Q24. Are the Episodes of Care reports calculated using claims data?

A24. Yes. UnitedHealthcare Community Plan builds the Episodes of Care reports using claims data submitted by care providers. The claims data is compiled into a quarterly report that provides a performance summary as well as quality and cost details related to the episode. Using the data, the reports will highlight potential areas of cost or quality improvement.

Q25. Is the report different for each episode?

A25. Yes. Each episode will have a separate report. The reports for all the episodes will have the same format, but will measure different quality metrics and cost data. A Quarterback will receive a different report for each episode type for which they have at least one valid episode.

Q26. Are incentive payments available immediately when TennCare releases an episode?

A26. No. It could be a year from the launch of an episode before financial incentives are available. The length for each of the following periods is set by TennCare and could vary by episode.

- Preview Period
 - During the preview period, we'll share the participating care providers' cost and quality data for the episode that you can use to measure, and adjust if necessary, your delivery of care. These reports don't affect any incentives.
- Performance Period
 - During the performance period, the performance data is gathered and reported. This data will be used to determine the episode's financial incentives. The performance period is usually 12 months.
- Payment Period
 - Quarterbacks with episodes that meet TennCare's cost and performance guidelines (as determined by the data collected during the performance period) may be financially rewarded during the payment period. Quarterbacks with episodes that don't meet the cost guidelines will have a financial penalty.

Q27. When will a Quarterback get their financial incentive if they meet the episode's cost and performance guidelines?

A27. Incentive payments will be made to Quarterbacks 15 days after the episode's final report is released.

Q28. How will a Quarterback know if they don't meet the cost or performance guidelines and owe a financial penalty for an episode?

A28. The Final Episode of Care Performance Report will show when the Quarterback didn't achieve the target quality and cost levels. The report will also be the Quarterback's invoice for the "take back payment." If this happens, mail the payment (made out to UnitedHealthcare Plan of the River Valley, Inc.) to

UnitedHealthcare Community Plan
Attention: Accounting Department
8 Cadillac Drive, Suite 100
Brentwood, TN 37027

The take back payment is due 30 days after the Final Episode of Care Performance Report is released to the Quarterback.

Q29. Who can I contact if I have questions about the Episodes of Care program?

A29. If you have questions about medical episodes of care, please contact your UnitedHealthcare Community Plan Practice Performance Manager (PPM).

- **West Tennessee:** Cathy Dean cathy_e_dean@uhc.com
- **Middle Tennessee:** Samaki Nash samaki_r_nash@uhc.com
- **Middle Tennessee:** Emily Worrell emily_worrell@uhc.com
- **Chattanooga Area:** Tonya Lawrence tonya_a_lawrence@uhc.com
- **East Tennessee:** Joanna Roy joanna_roy@uhc.com

If you have questions about behavioral health episodes, please contact your UnitedHealthcare Community Plan Payment Reform Consultant (PRC) first.

- **Statewide:** Jennifer Hibbs Perry jennifer_perry@uhc.com