

Tennessee Health Care Innovation Initiative

2020 Episodes of Care Cost and Quality Thresholds

TennCare Episodes of Care Thresholds

Scope of the Document

The goal of this document is to provide an overview of the thresholding process and 2020 values used to calculate gain sharing or risk sharing payments for Episode of Care Quarterbacks.

This document will review the following topics:

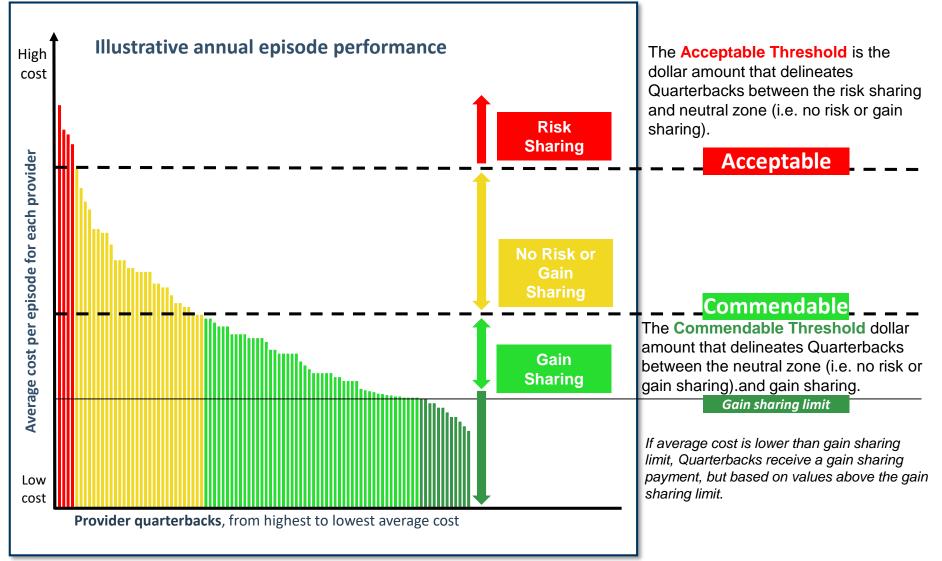
- 1. Overview of Episodes of Care Thresholds
- 2. Cost and Quality Threshold Values for 2020 Performance Period

Updates from Previous Thresholds (CY 2019)

- Acceptable Thresholds have been updated based on the most recent data.
- Episodes in Wave 9 and the acute gastroenteritis episode have cost and quality thresholds for the first time because CY 2020 is their first performance period.
- □ These thresholds incorporate recent changes to the program which include the overlapping episodes exclusion (updated to include up to Wave 9) and global exclusions of high-risk conditions like paralysis and coma.

- Three existing episodes have quality metrics tied to gain-sharing for the first time:
 - Total Joint Replacement Admission in the post-trigger window (readmission rate)
 - EGD ED visit within the post-trigger window
 - Respiratory Infection ED visit within the post-trigger window

TennCare Episode of Care Cost Thresholds: Definitions



*Reference slide 4 for additional information

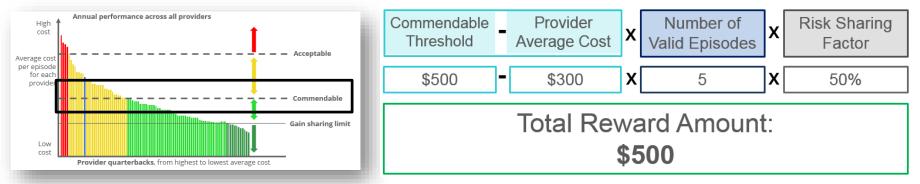
Calculating Cost Thresholds

Calculation

	Risk Sharing	Above the Acceptable Threshold	Quarterbacks who owe a risk sharing payment pay 50% of the difference between the Acceptable Threshold and their average risk-adjusted episode spend, multiplied by the Quarterback's number of valid episodes in the reporting period.
	No Risk or Gain Sharing	Between the Acceptable and Commendable Threshold	Quarterbacks have no change in payment, neither a gain sharing payment or risk sharing payment.
	Gain Sharing	Below the Commendable Threshold	Quarterbacks receive 50% of the difference between the Commendable Threshold and their average risk-adjusted episode, multiplied by the Quarterback's number of valid episodes in the reporting period.

Example Gain Sharing Calculation

Threshold included in calculation: Commendable



*Must reach quality metrics to be eligible for a gain sharing payment

Additional Information on Episodes of Care Thresholds

Key Threshold Information

- All thresholds are set before the performance year begins.
- Thresholds are set based on projections that result in overall budget neutrality (i.e. equivalent total gain sharing and risk sharing payments).
- Commercial payers will set their own thresholds according to their own approaches. Commercial episodes will not have an Acceptable Threshold due to no downside risk.
- CoverKids, administered by Blue Cross Blue Shield of Tennessee (BCBST), has its own Acceptable Thresholds that are separate from the thresholds in this document.

Overview of Setting Thresholds: 2020 Performance Period

- Acceptable threshold: TennCare sets the Acceptable Threshold so that the Quarterbacks with the highest risk-adjusted average annual cost for all TennCare would owe a risk sharing payment, based on 2018 data.
- Commendable threshold: Each MCO sets its own Commendable Thresholds that determines a Quarterbacks' eligibility for a gain sharing payment. For the 2020 performance period, the Commendable Threshold is set such that total reward and penalty dollar amounts would be equal, based on 2018 data. Information on the commendable threshold is available from each MCO.
- Gain sharing limit threshold: The Gain Sharing Limit is designed to cap the amount of rewards a Quarterback can receive to prevent incentivizing underutilization and inappropriate care. The MCOs and the state work together to define and set the Gain Sharing Limit.
- Quality metrics linked to gain-sharing thresholds: Some quality metrics will be linked to gain sharing, while others will be reported for information only. To be eligible for gain sharing, providers must meet predetermined thresholds for gain sharing linked quality metrics.

Episodes of Care Cost and Quality Thresholds for Performance Period 2020

Wave 1 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendabl e Threshold	
	C-Section rate	38%			
	Group B streptococcus screening rate	90%			
	HIV screening rate	90%			
Perinatal	 Quality metrics not linked to gain sharing (i.e., informational only): Gestational diabetes screening rate Asymptomatic bacteriuria screening rate Hepatitis B screening rate Tdap vaccinate rate Primary C-section rate Genetic testing rate MFM referral rate for patients with diabetes 	\$8,150	\$8,150	Varies by MCO	
	Follow-up with physician or other practitioner within 30 days of discharge	30%	\$1,000		
	Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids)	60%		Varies by MCO	
Asthma Acute Exacerbation	 Quality metrics not linked to gain sharing (i.e., informational only): Repeat acute exacerbation during the post-trigger window Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) Smoking cessation counseling for the patient and/or family was offered Education on proper use of medication, trigger avoidance, or asthma action plan was discussed Chest x-ray utilization rate 	ow I in an inpatient setting mily was offered			
	Readmission rate	10%			
Total Joint Replacement	 Quality metrics not linked to gain sharing (i.e., informational only): Post-op deep venous thrombosis (DVT)/Pulmonary Embolism (PE) within 30 days post-surgery Post-op wound infection rate within 90 days post-surgery Dislocations or fractures within 90 days post-surgery Average inpatient length of stay Difference in MED/day 		\$27,737	Varies by MCO	

MED = Morphine equivalent dose.

Wave 2 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Colonoscopy	 No quality metrics linked to gain sharing Quality metrics not linked to gain sharing (i.e., informational only): Perforation of colon during the trigger or post-trigger windows Post-polypectomy/biopsy bleeding during the trigger or post-trigger windows Prior screening and surveillance colonoscopy within 1 year of triggering colonoscopy Prior diagnostic colonoscopy within 1 year of triggering colonoscopy Repeat colonoscopy: screening, surveillance, or diagnostic colonoscopy within 60 days after the triggering colonoscopy ED visit within the post-trigger window Difference in average MED/day 		\$1,297	Varies by MCO
Outpatient and Non-Acute Cholecystect- omy	 Hospitalization in the post-trigger window Quality metrics not linked to gain sharing (i.e., informational only): Intraoperative cholangiography during the trigger window Endoscopic retrograde cholangiopancreatography (ERCP) within 3 to 30 days after procedure Average length of stay Difference in average MED/day 	10%	\$6,235	Varies by MCO
COPD Acute Exacerbation	 Percent of episodes where the patient visits a physician or other practitioner during the post-trigger window Quality metrics not linked to gain sharing (i.e., informational only): Repeat acute exacerbation during the post-trigger window Acute exacerbation during the trigger window is treated in an inpatient setting (as percent of all episodes) Smoking cessation counseling for the patient and/or family was offered 	45%	\$3,147	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	\$20,681	Varies by MCO
PCI – Acute	 Quality metrics not linked to gain sharing (i.e., informational only): Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) Staged PCI: repeat PCI in the post-trigger window Difference in average MED/day 			
	Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI)	10%	\$14,344	
PCI – Non Acute	 Quality metrics not linked to gain sharing (i.e., informational only): Multiple-vessel PCI: professional trigger claim involves multiple vessels (including multiple branches) Staged PCI: repeat PCI in the post-trigger window Difference in average MED/day 			Varies by MCO

Wave 3 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendabl e Threshold
Upper GI Endoscopy (Esophagogastr oduodenoscopy (EGD))	 ED visit within the post-trigger window Quality metrics not linked to gain sharing (i.e., informational only): Admission within the post-trigger window Perforation within upper gastrointestinal tract Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus Difference in average MED/day 	10%	\$1,498	Varies by MCO
Respiratory Infection	 ED visit within the post-trigger window Quality metrics not linked to gain sharing (i.e., informational only): Admission within the post-trigger window Antibiotic injection for Strep A sore throat Steroid injection for Strep A sore throat Antibiotics utilization 	10%	\$135	Varies by MCO
Pneumonia	 Follow-up care within the post-trigger window Quality metrics not linked to gain sharing (i.e., informational only): Follow-up care within the first seven days of post-trigger window ED visit within the post-trigger window Admission within the post-trigger window Follow-up visit versus emergency department visit Pseudomembranous colitis within the post-trigger window 	30%	\$2,109	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendabl e Threshold
	Admission within the trigger window for ED triggered episodes	5%		
	Admission within the trigger window for non-ED triggered episodes	5%		
Urinary Tract Infection (UTI)- Outpatient	 Quality metrics not linked to gain sharing (i.e., informational only): ED visit within the post-trigger window Admission within the post-trigger window Pseudomembranous colitis within the post-trigger window Urinalysis performed in the episode window Urine culture versus urinalysis Renal ultrasound for children under two years old within the post-trigger window 		\$156	Varies by MCO
	Follow-up care within the post-trigger window	40%	\$4,963	Varies by MCO
Urinary Tract Infection (UTI)- Inpatient	 Quality metrics not linked to gain sharing (i.e., informational only): Follow-up care within the first seven days of post-trigger window ED visit within the post-trigger window Admission within the post-trigger window Follow-up visit versus emergency department visit Pseudomembranous colitis within the post-trigger window 			
	Follow-up care within the post-trigger window	45%		
Gastrointestinal Hemorrhage (GIH)	 Quality metrics not linked to gain sharing (i.e., informational only): Follow-up care within the first seven days of post-trigger window ED visit within the post-trigger window Admission within the post-trigger window Follow-up visit versus emergency department visit Pseudomembranous colitis within the post-trigger window Mortality within the episode window 		\$5,518	Varies by MCO

Wave 4 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Minimum care requirement (5 visits/claims during the episode window)	70%		
	Long-acting stimulants for members aged 6 to 11 years	80%		
	Long-acting stimulants for members aged 12 to 20 years	80%		
Attention Deficit and	Utilization of therapy for members aged 4 and 5 years	1 visit		
Hyperactivity Disorder (ADHD)	 Quality metrics not linked to gain sharing (i.e., informational only): Utilization of E&M and medication management Utilization of therapy Utilization of level I case management Utilization of medication by age group Follow-up within 30-days of the trigger visit 		\$788	Varies by MCO
	Follow-up care within the post-trigger window	30%	\$13,544	Varies by MCO
Bariatric Surgery	 Quality metrics not linked to gain sharing (i.e., informational only): Appropriate procedural choice Admission within the post-trigger window ED visit within the post-trigger window Mortality within the episode window Relevant repeat operation within the post-trigger window Difference in average MED/day 			
	Follow-up care within the post-trigger window	90%		
Coronary Artery Bypass Graft (CABG)	 Quality metrics not linked to gain sharing (i.e., informational only): Admission within the post-trigger window Major morbidity within the episode window Mortality within the episode window Difference in average MED/day 		\$57,517	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Follow-up care within the post-trigger window	60%		
Congestive Heart Failure (CHF) Acute Exacerbation	 Quality metrics not linked to gain sharing (i.e., informational only): Follow-up care within the first seven days of post-trigger window Admission from the emergency department within the post-trigger window Admission within the post-trigger window Mortality within the episode window Utilization of functional status assessment 		\$9,968	Varies by MCO
	Minimum care requirement (6 therapy and/or level I case management visits during the episode window)	30%	\$2,685	Varies by MCO
Oppositional Defiant Disorder (ODD)	 Quality metrics not linked to gain sharing (i.e., informational only): Medication with no comorbidity Prior ODD diagnosis Utilization (excluding medication) Utilization of therapy and level I case management 			
	Follow-up care within the post-trigger window	/ 90%		
Valve Repair and Replacement	 Quality metrics not linked to gain sharing (i.e., informational only): Admission within the post-trigger window Major morbidity in the episode window Mortality within the episode window Difference in average MED/day 		\$87,954	Varies by MCO

Wave 5 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Appropriate diagnostic workup rate	90%		
	Core needle biopsy rate	85%		
Breast Biopsy	 Quality metrics not linked to gain sharing (i.e., informational only): Surgical complication rate Subsequent biopsy/excision rate Appropriate genetic testing rate Difference in average MED/day 		\$2,807	Varies by MCO
Tonsillectomy	 Bleeding up to two days following the procedure Quality metrics not linked to gain sharing (i.e., informational only): Dexamethasone administration rate Rate of indicated concurrent tympanostomy Rate of absence of antibiotics Post-operative encounter rate Bleeding rate between the 3rd and 14th day Difference in average MED/day 	5%	\$3,604	Varies by MCO
	Otitis media with effusion (OME) episodes without antibiotics filled Non-OME episodes with amoxicillin	25% 60%		
Otitis Media	 Quality metrics not linked to gain sharing (i.e., informational only): OME episodes without oral corticosteroid filled Tympanostomy when indicated Overall tympanostomy Follow-up encounter during post-trigger window Non-OME episodes without macrolide filled 		\$263	Varies by MCO

Wave 6 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Bacterial cultures when incision and drainage performed	50%		
	SSTI episodes with a first line antibiotic	85%		
SSTI	 Quality metrics not linked to gain sharing (i.e., informational only): Infection recurrence Hospitalizations after initial diagnosis ED visits after initial diagnosis Ultrasound imaging Non-ultrasound imaging Incision and drainage 		\$338	Varies by MCO
	Periodic anti-retroviral therapy (ART) refill	85%	\$5,377	Varies by MCO
HIV	 Quality metrics not linked to gain sharing (i.e., informational only): Viral status reporting Infrequent ART refill New patients Viral suppression Preferred drug use HIV-related hospitalization HIV-related ED visit Screening for sexually transmitted infections (STIs) Screening for hepatitis C 			

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Follow-up care in the first 14 days of the post-trigger window	30%		
Diabetes Acute Exacerbation	 Quality metrics not linked to gain sharing (i.e., informational only): Follow-up care within the first seven days of post-trigger window Admission from the emergency department within the post-trigger window Admission within the post-trigger window Mortality within the episode window Utilization of functional status assessment 		\$7,068	Varies by MCO
	Follow-up care in the first 14 days of the post-trigger window	35%		
Pancreatitis	 Quality metrics not linked to gain sharing (i.e., informational only): Nutritional counseling New narcotics prescription Multiple narcotics prescription Relevant readmission in the post-trigger window ED visit in the post-trigger window ERCP performed in the post-trigger window Cholecystectomy performed in the post-trigger window Relevant laboratory test in the first 14 days of the post-trigger window Difference in average MED/day 		\$13,687	Varies by MCO

Wave 7 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Spinal Fusion	Difference in average MED/day Quality metrics not linked to gain sharing (i.e., informational only): • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Related readmission • Cervical procedure complication • Lumbar procedure complication • Related follow-up care • Non-surgical management • Post-discharge physical therapy • Opioid and benzodiazepine prescriptions	8.0	\$35,700	Varies by MCO
Spinal Decompression	Difference in average MED/day Quality metrics not linked to gain sharing (i.e., informational only): • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Related readmission • Cervical procedure complication • Lumbar procedure complication • Related follow-up care • Non-surgical management • Post-discharge physical therapy • Opioid and benzodiazepine	0.0	\$10,136	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Related Follow-up Care During Post-Trigger Window 1	30%		
	Difference in average MED/day	8.0		
Femur/Pelvic Fracture	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Related readmission ED visit Complication Mortality Opioid and benzodiazepine 		\$31,989	Varies by MCO
	Difference in average MED/day	0.0		
Knee Arthroscopy	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger window Non-indicated diagnosis Pre-operative physical therapy Multiple MRIs Opioid and benzodiazepine prescriptions 		\$4,404	Varies by MCO
	Difference in average MED/day	0.0		
Back/Neck Pain	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during 1-60 days prior to the trigger window Average MED/day during the episode window Non-surgical management Absence of spine x-ray imaging Absence of spine MRI imaging Non-axial back/neck pain Drug screen Opioid and benzodiazepine prescriptions 		\$538	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Difference in average MED/day	0.0		
Non-operative Ankle Injury	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the episode opioid window X-ray imaging for sprain/strain episodes Incremental imaging ED visit after initial diagnosis Opioid and benzodiazepine prescriptions 		\$469	Varies by MCO
	Difference in average MED/day	0.0		
Non-operative Wrist Injury	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the episode opioid window X-ray imaging for sprain/strain episodes Incremental imaging ED visit after initial diagnosis Opioid and benzodiazepine prescriptions 		\$481	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Difference in average MED/day	0.0		
Non-operative Shoulder Injury	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the episode opioid window X-ray imaging for sprain/strain episodes Incremental imaging ED visit after initial diagnosis Opioid and benzodiazepine prescriptions 		\$491	Varies by MCO
	Difference in average MED/day	0.0		
Non-operative Knee Injury	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the episode opioid window X-ray imaging for sprain/strain episodes Incremental imaging ED visit after initial diagnosis Opioid and benzodiazepine prescriptions 		\$579	Varies by MCO

Wave 8 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Brain MRI utilization in focal epilepsy	10%		
	Prolonged EEG monitoring utilization in newly diagnosed seizure	10%		
Acute Seizure	 Quality metrics not linked to gain sharing (i.e., informational only): Brain MRI utilization in newly diagnosed seizure Brain MRI utilization in children Head CT utilization in adults Safety counseling in newly diagnosed seizure Related ED visit Related admission Related follow-up care 		\$1,862	Varies by MCO
Syncope	Carotid ultrasound imaging in adults Quality metrics not linked to gain sharing (i.e., informational only): • Related admission during the post-trigger window • Admission during the trigger window • Related ED visit • Related follow-up care • Electrocardiogram (EKG) • Head or neck CT or brain MRI imaging in adults • Echocardiogram	10%	\$956	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Related admission during the post-trigger window	10%		
	Utilization of bronchodilators	30%		
Bronchiolitis	 Utilization of steroids Quality metrics not linked to gain sharing (i.e., informational only): Utilization of antibiotics Admission during the trigger window Utilization of chest physical therapy (PT) Utilization of blood or sputum cultures Utilization of respiratory viral testing Utilization of chest x-ray 	50%	\$922	Varies by MCO
	Related admission during the post-trigger window	10%	\$1,111	
	Utilization of macrolides in patients under 6 years old	30%		
	Utilization of narrow spectrum antibiotics	50%		Varies by MCO
Pediatric Pneumonia	 Quality metrics not linked to gain sharing (i.e., informational only): Related admission during the post-trigger window Admission during the trigger window Related ED visit Related follow-up care Electrocardiogram (EKG) Head or neck CT or brain MRI imaging in adults Echocardiogram 			

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	LEEP utilization under 26 years old with no evidence of high grade dysplasia	10%		
	LEEP utilization with low-grade dysplasia	10%		
Colposcopy	 Quality metrics not linked to gain sharing (i.e., informational only): Cervical cancer screening Diagnostic colposcopy LEEP utilization, trigger window LEEP utilization, episode window Difference in average MED/day Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Opioid and benzodiazepine prescriptions 		\$588	Varies by MCO
	Alternative treatments	20%		
	Related follow-up care	10%		
Hysterectomy	 Quality metrics not linked to gain sharing (i.e., informational only): Abdominal hysterectomy Complications Related ED visit Length of stay Difference in average MED/day Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Opioid and benzodiazepine prescriptions 		\$7,795	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Related follow-up care Difference in average MED/day	20% 0.0		
GI Obstruction	 Quality metrics not linked to gain sharing (i.e., informational only): Cervical cancer screening Diagnostic colposcopy LEEP utilization, trigger window LEEP utilization, episode window Difference in average MED/day Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Opioid and benzodiazepine prescriptions 		\$22,775	Varies by MCO
	Abdominopelvic CT scans in children Difference in average MED/day	50% 0.0		
Appendectomy	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Opioid and benzodiazepine prescriptions Negative appendectomy Related follow-up care Related admission Related ED visit Complications 		\$6,190	Varies by MCO

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
Hernia Repair	 Difference in average MED/day Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the post-trigger opioid window Opioid and benzodiazepine prescriptions Use of mesh Related follow-up care Related admission ED visit for related pain ED visit for other related reason Complications 	0.0	\$5,179	Varies by MCO
Acute Gastroenteritis	Abdominal or pelvic CT or MRI in adults Abdominal or pelvic CT or MRI in children Antibiotics utilization Quality metrics not linked to gain sharing (i.e., informational only): • Difference in average MED/day • Average MED/day during the pre-trigger opioid window • Average MED/day during the post-trigger opioid window • Complications • Related admission • Related ED visit • Stool culture in adults	40% 40% 30%	\$786	Varies by MCO

Wave 9 – Thresholds

Episode	Quality Metrics Thresholds		Acceptable Threshold	Commendable Threshold
	Difference in average MED/day	0.0		
	Related ED visit	10%		
	Repeat cystourethroscopy	5%		
Cystourethroscopy	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day during the pre-trigger opioid window Average MED/day during the trigger and post-trigger window Complications Opioid naïve prescriptions Related follow-up care: Related post-trigger admission 		\$1,495	Varies by MCO
	Difference in average MED/day	3.0		
	Related ED visit	15%		
Acute Kidney and Ureter Stones	 Quality metrics not linked to gain sharing (i.e., informational only): Average MED/day prior to the trigger window Average MED/day during the trigger and post-trigger windows: Complications Kidney & ureter stone removal procedure Opioid naïve prescriptions Related post-trigger admission Related trigger admission Repeat CT imaging 		\$1,755	Varies by MCO

Contact Information

- Questions? Email <u>payment.reform@tn.gov</u>
- More information on Episodes of Care: <u>https://www.tn.gov/tenncare/health-care-</u> <u>innovation/episodes-of-care.html</u>

