

2023 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 2023 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 2023 performance period

Updates from Previous Thresholds (CY 2022)

- Acceptable thresholds have been updated based on the most recent data.
- These thresholds incorporate recent changes to the episode design, which can be referenced in the Memo: 2023 Episodes of Care Changes.

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Updates from Previous Thresholds (CY 2022)

- For Perinatal episodes, the "C-section" gain-sharing quality metric is moved from linked to gainsharing to informational only. The "Primary C-section" quality metric is moved from informational only to linked to gain-sharing, with the threshold set as 25%.
- For Skin and Soft Tissue Infection episodes, the threshold for the "SSTI episodes with a first line antibiotic" quality metric is changed from 85% to 90%.
- For Colposcopy episodes, the thresholds of "LEEP utilization under 26 years old with no evidence of high grade dysplasia" and "LEEP utilization with low-grade dysplasia" are changed from 10% to 5%.
- For GI Obstruction episodes, the threshold of "Related follow-up care" is changed from 20% to 25%.

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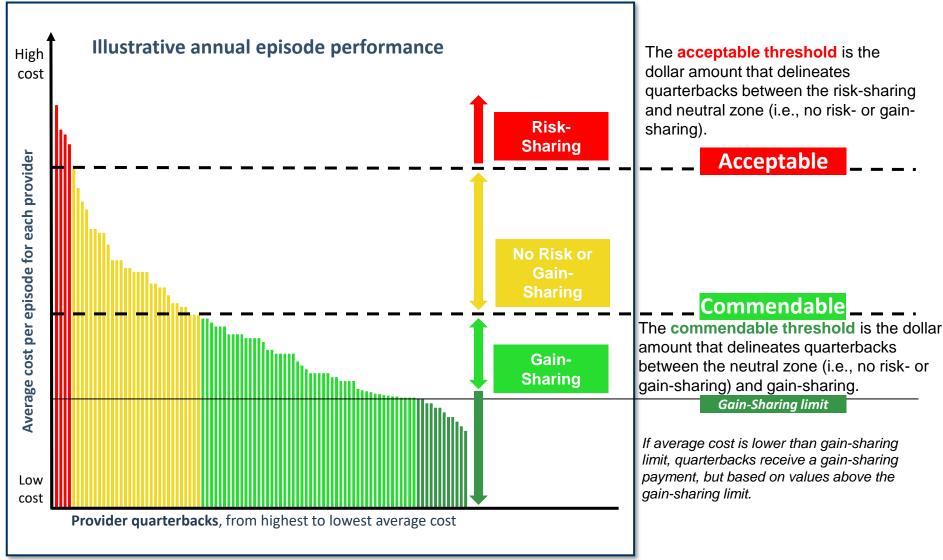
- Overview of Episodes of Care thresholds 1.
- 2. Cost and quality threshold values for 2023 performance period

Updates from Previous Thresholds (CY 2022)

- The threshold for the 'Difference in Average MED/day' quality metric was changed from 70% to 80% for the following episodes:
 - Spinal Fusion
 - Spinal Decompression Hernia Repair
 - Knee Arthroscopy
 - Non-operative Ankle Injury
 - Non-operative Knee Injury •
 - Non-operative Shoulder Injury ٠
 - Non-operative Wrist Injury ۲
 - Back/Neck Pain
 - GI Obstruction

- Appendectomy •
- Cystourethroscopv •
- Acute Kidney and Ureter Stones

TennCare Episode of Care Cost Thresholds: Definitions



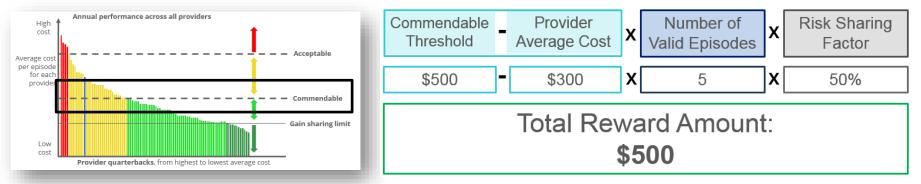
Calculating Cost Thresholds

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 risksharing 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.

Overview of Setting Thresholds: 2023 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 2021 data.
- Commendable threshold: Each MCO sets its own commendable thresholds that determines a quarterbacks' eligibility for a gain-sharing payment. For the 2023 performance period, the commendable threshold is set such that total gain-sharing payments and risk-sharing payments would be equal, based on 2021 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 2023 Performance Period

Wave 1 – Thresholds

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|---------------------------------|--|--|-------------------------|--------------------------|
| | HIV screening rate | 90% | | |
| | Group B streptococcus screening rate | 90% | | |
| | Primary C-section rate | 25% | | |
| Perinatal | Quality metrics not linked to gain-sharing (i.e., informational only): Gestational diabetes screening rate Tdap vaccinate rate Tdap vaccinate rate MFM referral rate for patients with diabetes Hepatitis C screening rate Routine Postpartum Care (one visit) Routine Postpartum Care (two visits) Mental Health Screening | (i.e., informational only): \$8,251 | \$8,251 | Varies by MCO |
| | Follow-up with physician or other practitioner within 30 days of discharge | 30% | | |
| | Patient on appropriate medication (oral corticosteroid and/or injectable corticosteroids) | 60% | | |
| 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 Follow-up care for newly-diagnosed asthma cases | | \$1,172 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|----------------------------|--|-----|-------------------------|--------------------------|
| | 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 | | \$20,802 | Varies by MCO |

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 | | \$1,411 | 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% | \$6,406 | 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% | \$3,341 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-------------|---|-----|-------------------------|--------------------------|
| | Hospitalization in the post-trigger window (excluding hospitalizations for repeat PCI) | 10% | | |
| 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 | | \$25,330 | Varies by MCO |

Wave 3 – Thresholds

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|---|--|-----|-------------------------|--------------------------|
| | ED visit within the post-trigger window | 10% | | |
| Upper GI Endoscopy (Esophagogas troduodenosc opy (EGD)) | 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 | | \$1,638 | Varies by MCO |
| | ED visit within the post-trigger window | 10% | \$183 | |
| Respiratory Infection | 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 | | | Varies by MCO |
| | Follow-up care within the post-trigger window | 30% | | |
| Pneumonia | 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 | | \$2,812 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable 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 | | \$166 | Varies by MCO |
| | Follow-up care within the post-trigger window | 40% | | 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 | | \$8,360 | |
| | 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 | | \$6,526 | Varies by MCO |

Wave 4 – Thresholds

| Episode | Episode Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|--|--|---------|-------------------------|--------------------------|
| | Minimum care requirement (5 visits/claims during the episode window) | 70% | | |
| Attention | Utilization of therapy for members aged 4 and 5 years | 1 visit | | |
| Deficit and Hyperactivity Disorder (ADHD) | Quality metrics not linked to gain-sharing (i.e., informational only): Utilization of E&M and medication management Utilization of therapy for members aged 6 to 20 Utilization of medication for members aged 4 and 5 Utilization of medication for members aged 6 to 20 Follow-up within 30-days of the trigger visit | | \$788 | Varies by MCO |
| | Follow-up care within the post-trigger window | 30% | | |
| 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 | | \$13,544 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|--|---|-----|-------------------------|--------------------------|
| | Follow-up care within the post-trigger window | 60% | \$9,792 | |
| 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 | | | Varies by MCO |
| Oppositional | Minimum care requirement (6 therapy and/or level I case management visits during the episode window) | 30% | | |
| 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 | | \$2,685 | 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 | | \$2,965 | Varies by MCO |
| | Bleeding up to two days following the procedure | 5% | | |
| Tonsillectomy | 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 | | \$3,815 | Varies by MCO |
| | Otitis media with effusion (OME) episodes without antibiotics filled | 25% | | |
| | Non-OME episodes with amoxicillin | 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 | | \$239 | Varies by MCO |

Wave 6 – Thresholds

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-----------------------------------|---|-----|-------------------------|--------------------------|
| | Follow-up care in the first 30 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 | | \$7,365 | Varies by MCO |
| Pancreatitis | Follow-up care in the first 30 days of the post-trigger window 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 | 35% | \$17,844 | Varies by MCO |

| Episode | le Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|---------|--|-----|-------------------------|--------------------------|
| | Bacterial cultures when incision and drainage performed | 50% | | |
| | SSTI episodes with a first line antibiotic | 90% | | |
| 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 | | \$413 | Varies by MCO |

Wave 7 – Thresholds

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-------------------------|--|-----|-------------------------|--------------------------|
| | 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 | 80% | | |
| Spinal Fusion | 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 | | \$38,424 | 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 | 80% | \$13,161 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|---------------------|--|-----|-------------------------|--------------------------|
| | Difference in average MED/day | 80% | | |
| 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 | | \$4,816 | Varies by MCO |
| | Difference in average MED/day | 80% | | |
| 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 | | \$600 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-------------------------------|--|-----|-------------------------|--------------------------|
| | Difference in average MED/day | 80% | | |
| 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 | 80% | | |
| 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 | | \$537 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-------------------------------------|--|-----|-------------------------|--------------------------|
| | Difference in average MED/day | 80% | | |
| 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 | | \$559 | Varies by MCO |
| | Difference in average MED/day | 80% | | |
| 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 | | \$655 | 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 | | \$2,065 | 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% | \$926 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|------------------------|--|-----|-------------------------|--------------------------|
| | Related admission during the post-trigger window | 10% | | |
| | Utilization of bronchodilators | 30% | | |
| | Utilization of steroids | 50% | | Varies by MCO |
| Bronchiolitis | 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 | | \$1273 | |
| | Related admission during the post-trigger window | 10% | \$1,208 | Varies by MCO |
| | Utilization of macrolides in patients under 6 years old | 30% | | |
| | Utilization of narrow spectrum antibiotics | 50% | | |
| 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 | 5% | | |
| | LEEP utilization with low-grade dysplasia | 5% | | |
| 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 | | \$635 | 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 | | \$8,289 | Varies by MCO |

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|----------------|---|------------|-------------------------|--------------------------|
| | Related follow-up care Difference in average MED/day | 25% 80% | | |
| 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 • Opioid and benzodiazepine prescriptions | | \$21,793 | Varies by MCO |
| Appendectomy | Abdominopelvic CT scans in children 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 • Negative appendectomy • Related follow-up care • Related admission • Related ED visit • Complications | 50% 80% | \$7,438 | 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 | 80% | \$5,679 | 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% 30% 30% | \$1,032 | Varies by MCO |

Wave 9 – Thresholds

| Episode | Quality Metrics Thresholds | | Acceptable Threshold | Commendable Threshold |
|-----------------------------------|---|-----|-------------------------|--------------------------|
| | Difference in average MED/day | 80% | | |
| | 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 | | \$2,112 | Varies by MCO |
| | Difference in average MED/day | 80% | | |
| | 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 | | \$1,424 | 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-innovation/episodes-of-care.html</u>

