

Informational report

# NJ FamilyCare Perinatal episode of care Pilot

Provider SAMPLE PROVIDER

ID 9999999



Reporting period covering episodes that ended between January 1, 2020 to December 31, 2020

## Purpose of this document

This document is meant to help you decide whether to participate in the voluntary perinatal episode of care pilot within NJ FamilyCare. Performance Period 1 will be April 1, 2022 to June 30, 2023. This document allows you to compare your historical performance to your anticipated quality thresholds and spend benchmarks if you were to participate. The pilot’s primary goal is to improve the quality of perinatal care delivered within NJ FamilyCare (NJ Medicaid/CHIP) by identifying a single accountable obstetrical provider for a maternity patient’s care, and giving you information about that care’s quality and spend. An episode of care includes most care related to a birth event, starting in the prenatal period through 60 days postpartum. Participating providers have the opportunity to receive financial incentives based on quality, spend, and profile of your episodes. The pilot only includes care for birth events paid for by managed care.

## Your performance - Q1 2020 - Q4 2020

### Quality

  
Below minimum

[More details on page 3](#)

### Cost

  
Above provider’s spend target

[More details on page 5](#)

  
Below peer median spend

[More details on page 10](#)

## Your current year-to-date performance trend toward earning these financial incentives is:

  
Do not earn  
Improvement incentive

[More details on page 2](#)

  
Do not earn  
High Performer Bonus

[More details on page 2](#)

  
Below Top Quintile  
SUD Participation Incentive

[More details on page 6](#)

THIS IS AN INTERIM REPORT ONLY. Financial incentives will not be finalized until the end of the Performance Period.



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Section

**1**

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**Information for  
payment  
incentives**

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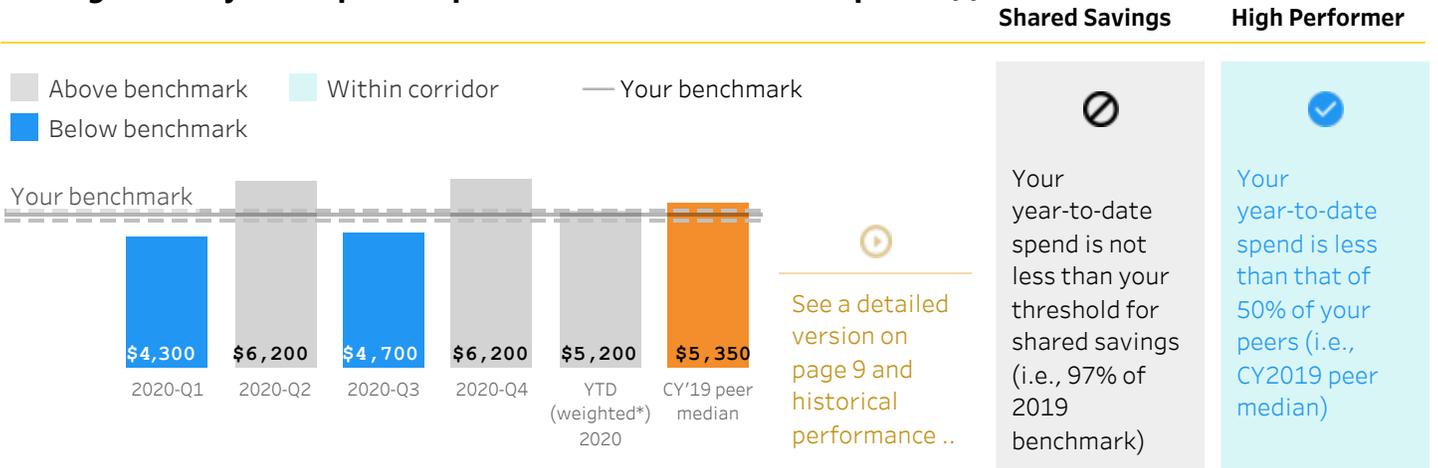


# What do I need to do to qualify for 1) Shared Savings and/or the 2) High Performer Bonus?

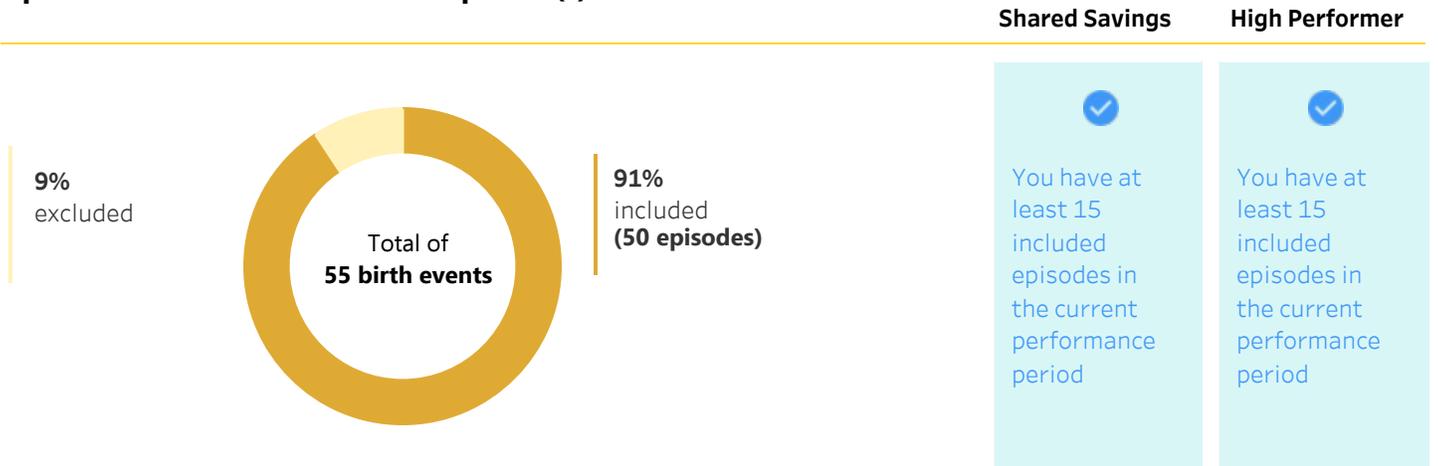
## Episode quality based on 50 included episodes

Quality Metric	Your performance	Minimum threshold	Commendable threshold	Shared Savings	High Performer
Prenatal depression screening	6%	⊘	⊘	⊘ You currently have 4 more quality thresholds to pass to qualify	⊘ You currently have 2 more commendable quality thresholds to pass to qualify, in addition to 4 minimum quality thresholds to pass
Gestational diabetes screening	30%	⊘	⊘		
Delivery mode	81%	⊘	⊘		
Postpartum visit within 3 weeks	65%	✓	⊘		
Neonatal visit within 5 days	24%	⊘	⊘		
<b>Total metrics passing</b>		1	0		

## Average risk-adjusted episode spend based on 50 included episode(s)



## Episode volume of 50 included episode(s)



**Total eligibility:**



THIS IS AN INTERIM REPORT ONLY. Financial incentives will not be finalized until the end of the Performance Period.

\*Weighted to account for number of episodes in each quarter



# Episode quality: Metrics linked to payment

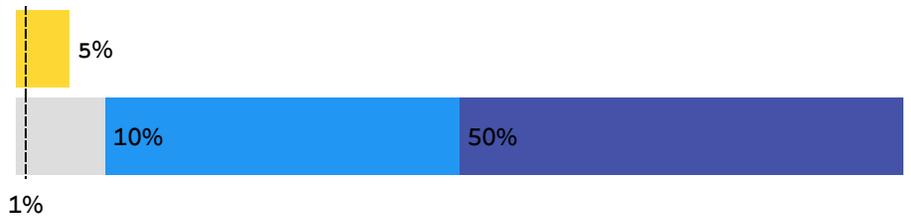
## How does my quality look across the five payment linked metrics?

■ Below minimum   
 ■ Minimum   
 ■ Commendable   
 ■ Your performance   
 - - YTD peer median

### Prenatal depression screening

Your performance DOES NOT pass the minimum threshold

% of valid episodes where patient receives prenatal screening for depression using a standardized, validated tool (e.g., Edinburgh Postnatal Depression Scale).



### Prenatal

### Gestational diabetes screening

Your performance DOES NOT pass the minimum threshold

% of valid episodes where the patient receives prenatal screening for gestational diabetes, or has an existing diabetes diagnosis.



### Delivery

### Delivery mode

Your performance DOES NOT pass the minimum threshold

% of valid episodes for patients without a prior C-section and with a live term singleton newborn in vertex presentation where that patient delivers vaginally.

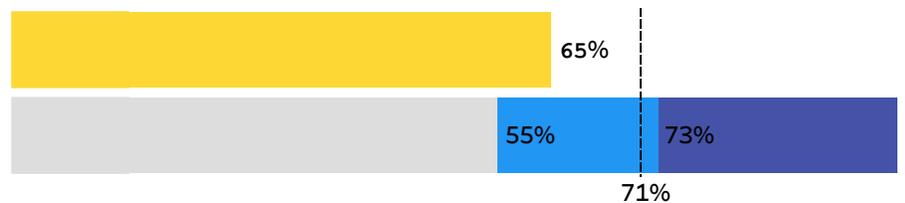


### Post-partum

### Post-partum visit within 3 weeks

Your performance passes the minimum threshold

% of valid episodes where the patient receives an obstetric follow-up visit (with the PAP or another provider) within 21 days of discharge.

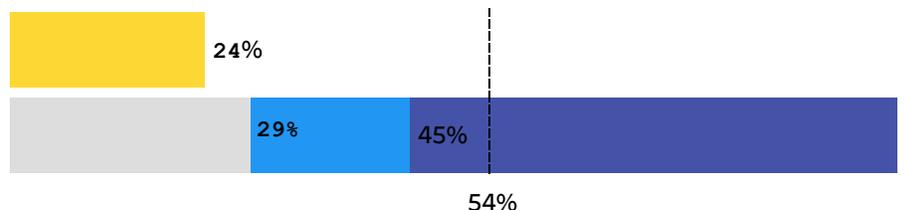


### Neonatal

### Neonatal visit within 5 days

Your performance DOES NOT pass the minimum threshold

% of valid episodes with newborn linked to the delivering patient where the newborn receives a wellchild visit within 5 days of trigger end.





# Episode quality for payment-linked metrics, demographics by patient race/ethnicity

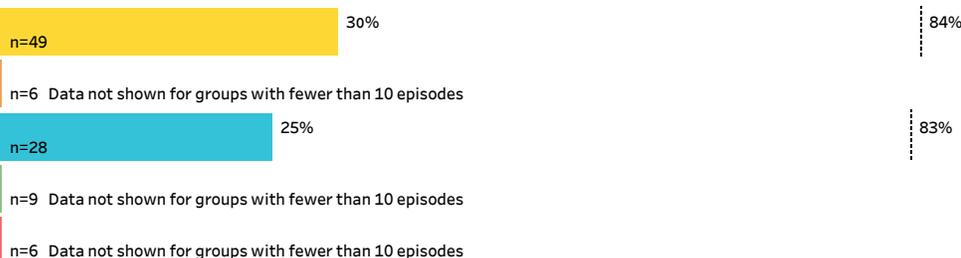
■ Average   
 ■ White   
 ■ Black   
 ■ Hispanic/Latino   
 ■ Other   
 - - YTD peer median

## Prenatal

### Prenatal depression screening

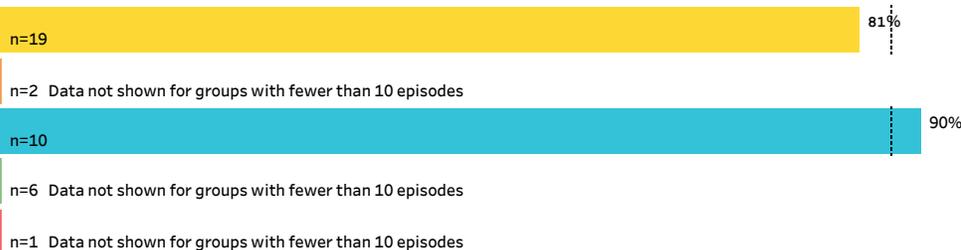


### Gestational diabetes screening



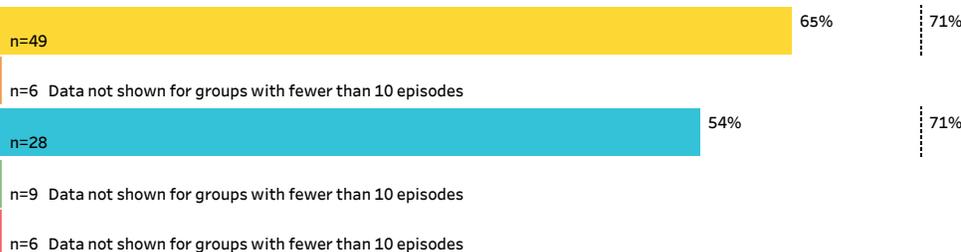
## Delivery

### Delivery mode



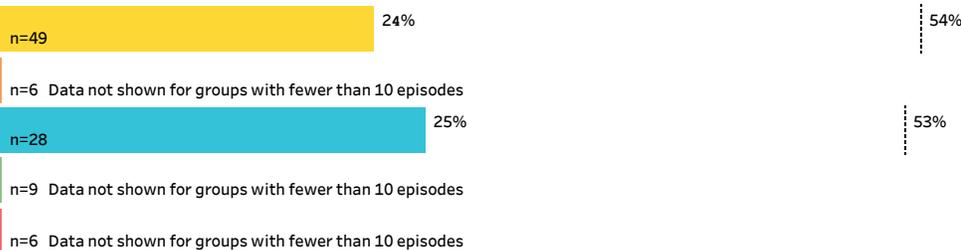
## Post-partum

### Postpartum visit within 3 weeks



## Neonatal

### Neonatal visit within 5 days



\*Race breakdowns don't drive payment; data will not be shown where there are fewer than 10 episodes



# Episode spend over time

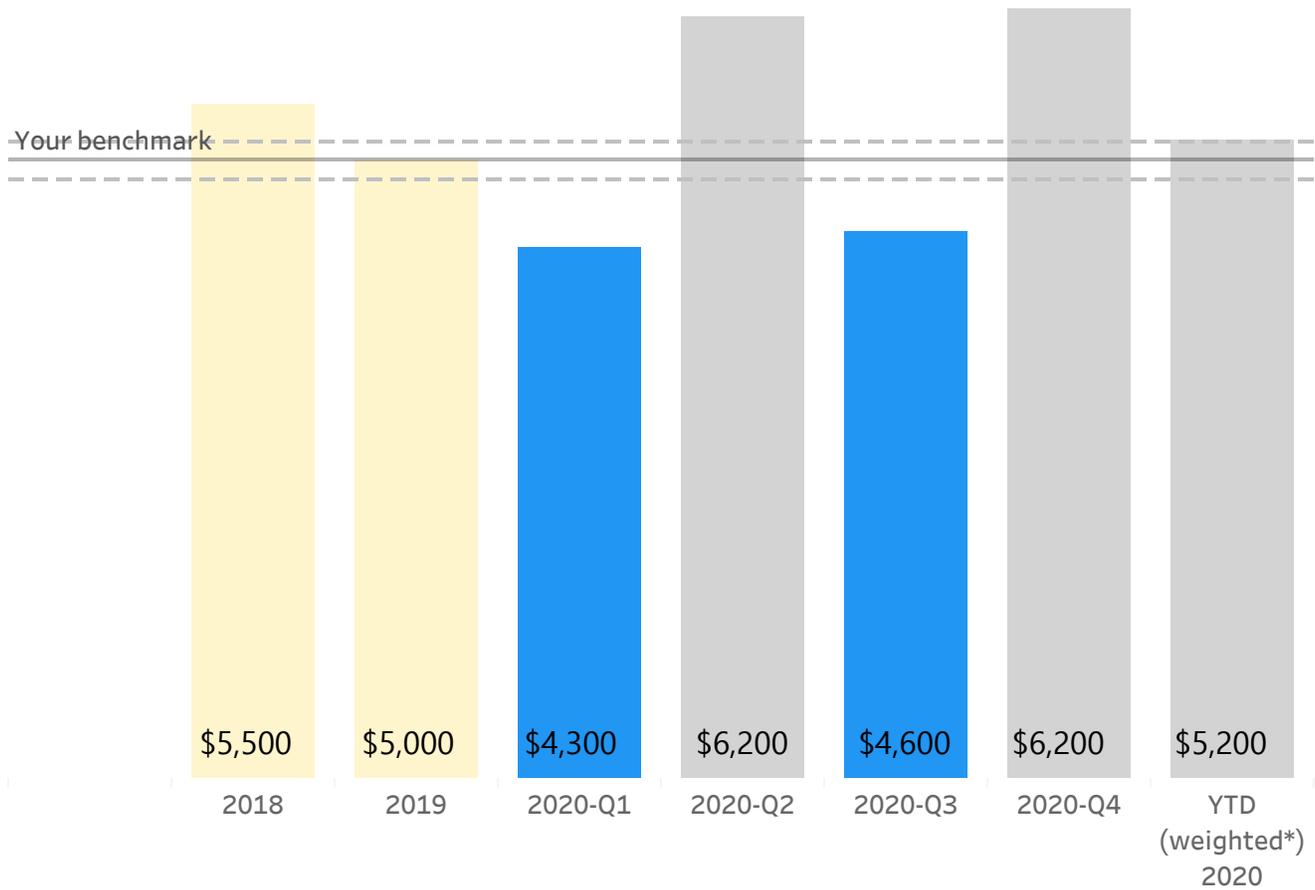
## How has my episode spend changed over time?



Your spend increased by 4% (from \$5,000 in 2019 to \$5,200 in the performance period to date). You are not on track to be able to earn shared savings.

### AVERAGE EPISODE SPEND OVER TIME (RISK-ADJUSTED)

■ Prior to Program Start 
 ■ Above benchmark 
 ■ Within corridor 
 ■ Below benchmark 
 — Your benchmark



\*Weighted to account for number of episodes in each quarter



# Do I qualify for the SUD Participation Incentive?

The SUD Participation Incentive is designed to encourage participation by providers whose patient panel includes many with SUD needs. It also is meant to prevent disincentivizing care by participating providers of patients with SUD needs.



## 10% of your patients have SUD needs

SUD episodes

Episodes without SUD

90% episodes without SUD



10% SUD episodes  
5 episodes

### SUD episode

Represents an episode where the patient has a Substance Use Disorder (SUD) diagnosis.

## How does my service of patients with SUD needs compare to my peers?



You are below the top quintile of providers in service of patients with SUD needs which does not meet the criteria for the SUD participation incentive.

## SUD EPISODES AS A PERCENTAGE OF VALID EPISODES FOR ALL PROVIDERS

Below Top Quintile

Top Quintile

Your Performance

Your SUD patient percentage

10%

Other providers

15%

32%

SUD patients (% of included episodes)



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Section

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# Additional performance insights

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# Episode quality: Metrics for information only (not affecting my payment)

■ Your performance    - - YTD peer median

## Prenatal

### Mental health treatment

% of valid episodes where patient has a mental health diagnosis and patient has received treatment for mental health in the prenatal period.



### SUD treatment

% of valid episodes where patient has a substance use disorder diagnosis and patient has received treatment for substance use disorder in the prenatal period.



## Delivery

### Vaginal delivery rate

% of valid episodes where patient delivered vaginally.



### Vaginal deliveries without episiotomy

% of valid episodes where patient delivered vaginally and patient does not receive an episiotomy.



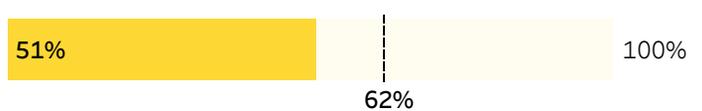
### Term newborn free of unexpected complications

% of valid episodes for patients that can be matched to neonate where the neonate does not have a complication in its first 30 days.



### Absence of maternal complications

% of valid episodes where the patient does not have a complication within 30 days of discharge.



## Post-partum

### Absence of post-delivery acute event

% of valid episodes where the patient does not make an inpatient or ED visit within 30 days of discharge.



### Postpartum visit within 60 days

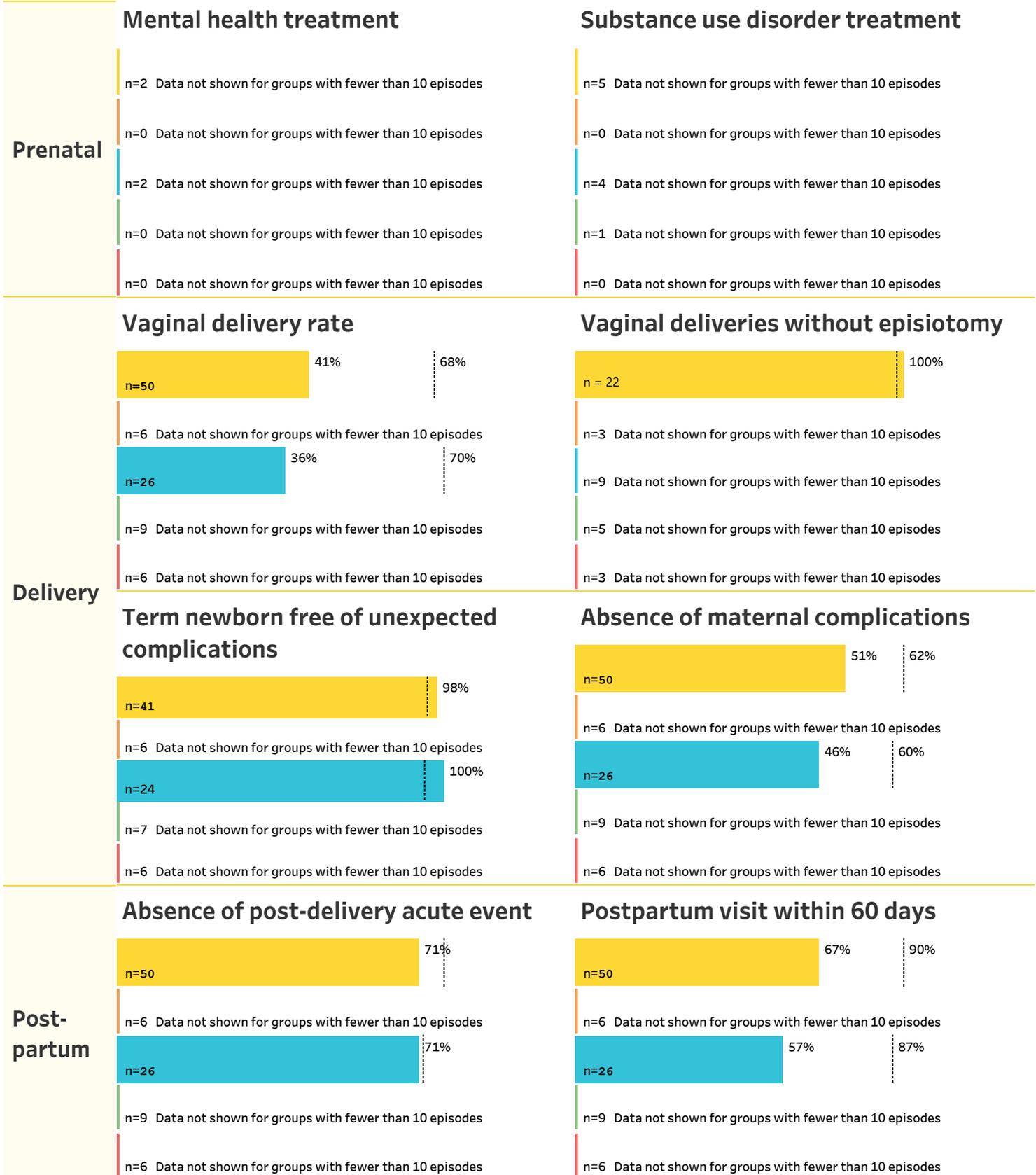
% of valid episodes where the patient receives an obstetric follow-up visit (with the PAP or another provider) within 60 days of discharge.





# Episode quality for metrics for information only (not affecting my payment), demographics by patient race/ethnicity

■ Average 
 ■ White 
 ■ Black 
 ■ Hispanic/Latino 
 ■ Other 
 - - YTD peer median



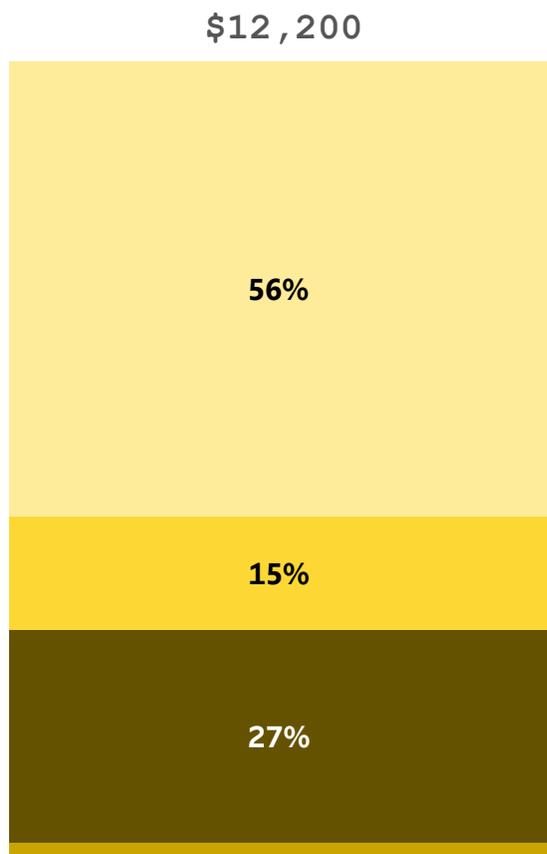
\*Data will not be shown where there are fewer than 10 episodes



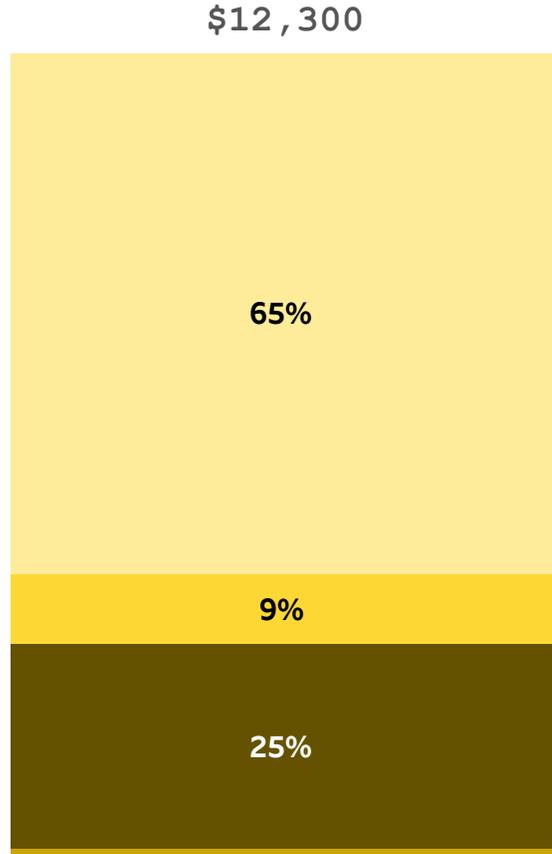
# Episode spend, broken down by claim type

## AVERAGE EPISODE SPEND, BROKEN DOWN BY CLAIM TYPE

■ Inpatient    
 ■ Outpatient    
 ■ Professional    
 ■ Pharmacy



**Your benchmark performance**



**YTD (weighted\*) performance**



**Inpatient:** Claims for all relevant facility charges during a hospital admission



**Outpatient:** Claims for all relevant facility charges during an outpatient visit



**Professional:** Claims for care—including those provided in office visits, imaging, labs, pathology, and DME (where they are not billed as part of a facility claim)



**Medication:** Claims for medication provided via a pharmacy prescription (typically not where medications were administered in a hospital or other facility setting).

\*Weighted to account for number of episodes in each quarter



# Episode spend, comparison to NJ FamilyCare peers

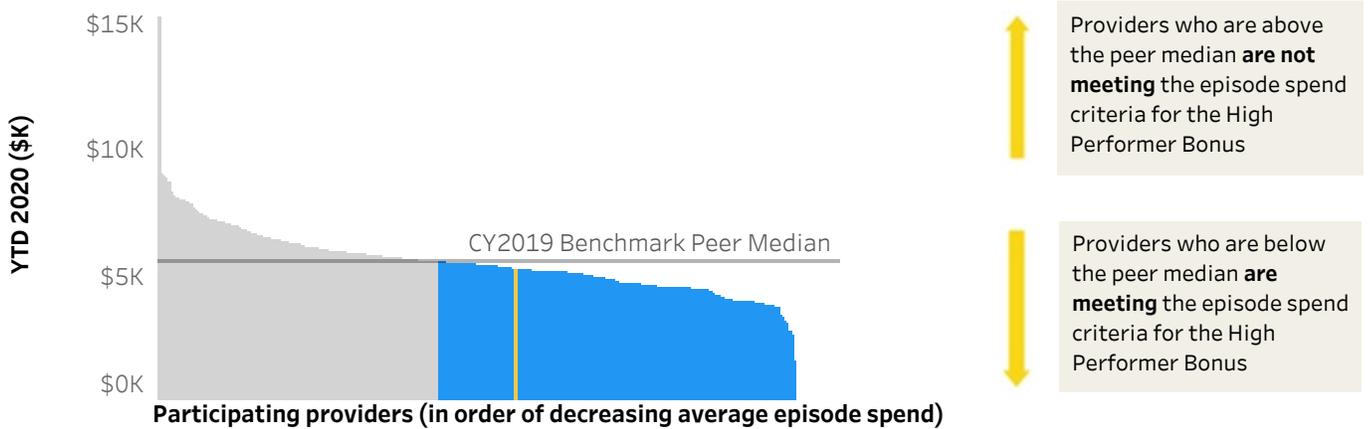
## How does my spend compare to other NJ FamilyCare providers?



Your cost is 5% lower than the peer median, which meets the episode spend criteria for the High Performer bonus

### AVERAGE EPISODE SPEND (RISK-ADJUSTED) FOR PROVIDERS PARTICIPATING IN THE PILOT

■ Above peer median spend   
 ■ Below peer median spend   
 ■ Your Performance



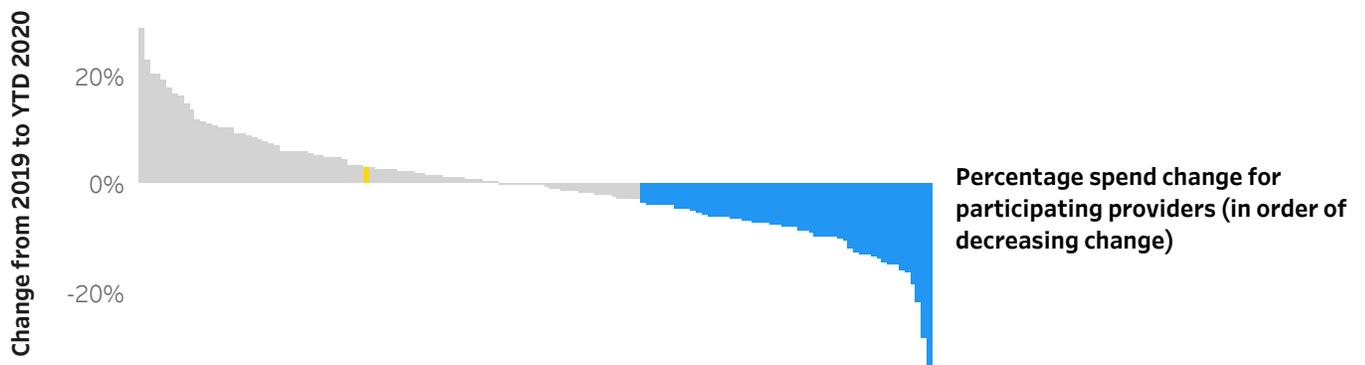
## How does my performance relative to my benchmark compare to my peer's performance against their benchmarks?



Your spend increased by 4% (from \$5,000 in 2019 to \$5,200 in the performance period to date). You are not on track to be able to earn shared savings.

### CHANGE IN AVERAGE EPISODE SPEND (RISK ADJUSTED) FOR PROVIDERS PARTICIPATING IN THE PILOT

■ Above provider's spend target   
 ■ Below provider's spend target   
 ■ Your Performance





# Birth events under fee-for-service NJ FamilyCare, volume and quality

## Quality around Fee-for-service birth events

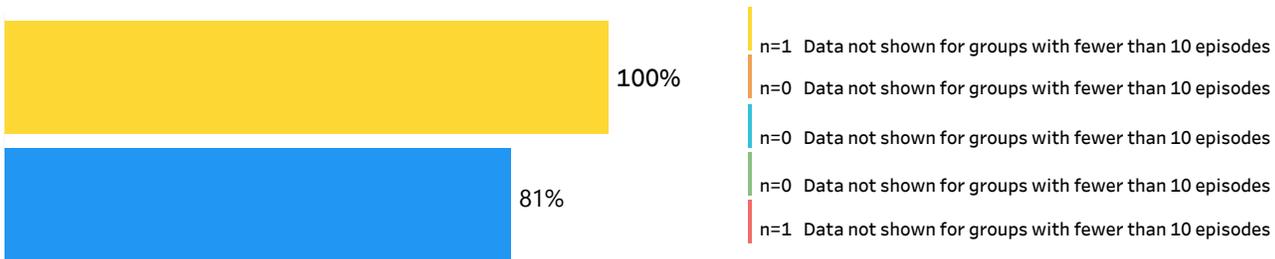
Fee-for-service NJ FamilyCare is care reimbursed through Gainwell, and not through one of our five managed care companies. Members whose birth event is paid by fee-for-service NJ FamilyCare are less comparable those paid by managed care NJ FamilyCare. As a result, they are excluded in the pilot at this time. You are not currently held financially responsible for them, but we share quality information for your information.

**Volume of Fee-for-service care: The following quality metrics are based on 2 fee-for-service events (a subset of the 5 birth excluded event(s) from your total of 55).**

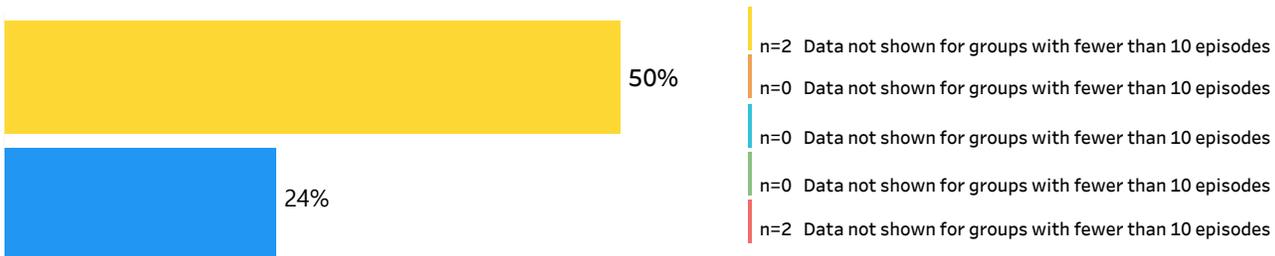
### Fee-for-service birth events: labor and delivery-associated metrics



**Delivery mode** % of valid episodes for patients that did not have a primary C-section birth (i.e., patients for whom this is the first C-section), delivering a live term singleton newborn in vertex presentation during episode window.



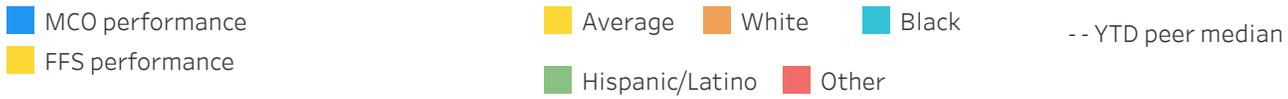
**Neonatal visit within 5 days** % of valid episodes with newborn linked to the delivering patient where the newborn receives a well-child visit within 5 days of trigger end.





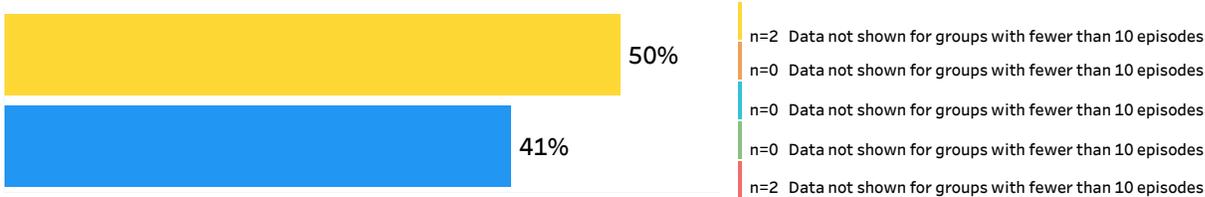
# Birth events under fee-for-service NJ FamilyCare: volume and quality

## Fee-for-service birth events: labor and delivery-associated metrics



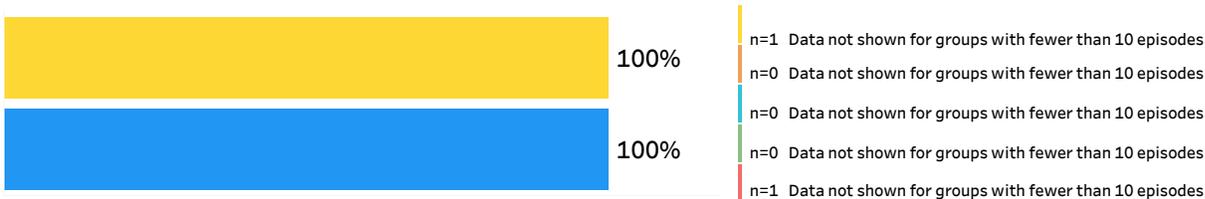
### Vaginal delivery rate

% of valid episodes where a birth by C-section does not occur during the episode window.



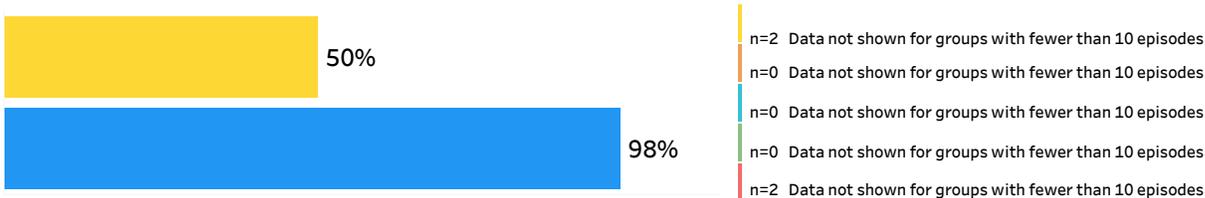
### Vaginal deliveries without episiotomy

% of valid episodes where a patient does not receive an episiotomy during the delivery period.



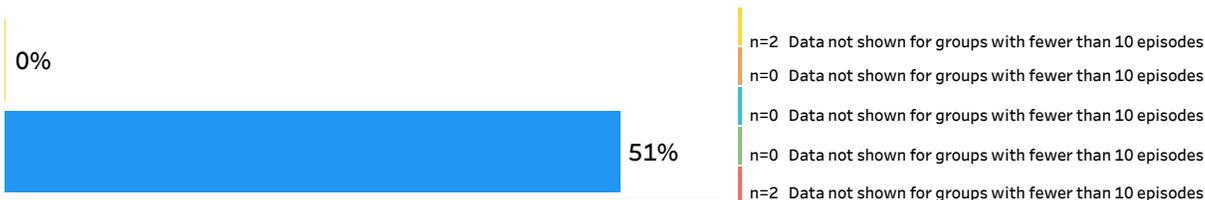
### Term newborn free of unexpected complications

% of valid episodes with newborn linked to patient where newborn does not have a complication in its first thirty days.



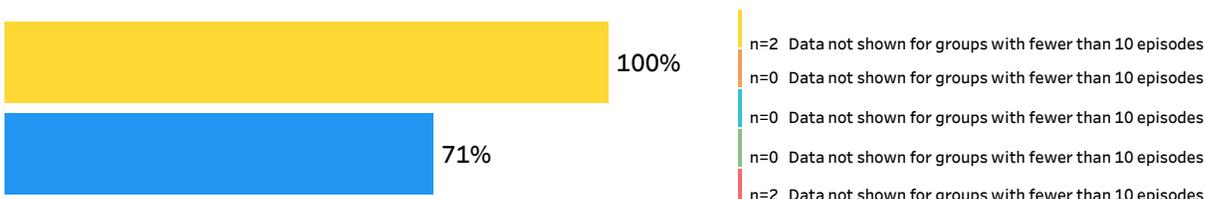
### Absence of maternal complications

% of valid episodes where the patient does not have a complication in the trigger or post-trigger 1 window (within 30 days of discharge).



### Absence of post-delivery acute event

% of valid episodes where the patient does not make an inpatient or ED visit within 30 days of discharge.



\*Data will not be shown where there are fewer than 10 episodes



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Section

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**Appendix**

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# What are the types of financial incentives and how do I qualify?

## Quality and utilization metrics comparison to threshold and other providers

### DESCRIPTION OF INCENTIVE

	Shared savings	High performer bonus	SUD participation incentive
Purpose	Incentivizes improvements in episode quality-of-care and reductions in episode cost-of-care, as compared to historical performance.	Rewards strong absolute performance in episode quality-of-care and cost-of-care, as compared to peer performance.	Incentivizes providers with high percentage of patients with substance use disorders to participate.
Payment structure	Amount of payment is based on the amount by which the provider's performance year spend is lower than their benchmark spend.	Flat bonus per episode subject to budgetary constraints.	Flat bonus per episode subject to budgetary constraints.

### REQUIREMENTS

	Shared savings	High performer bonus	SUD participation incentive
Quality metrics linked to payment	Pass minimum threshold on all 5 metrics.	Pass minimum threshold on all 5 metrics <b>AND</b> pass commendable quality on at least 2 metrics.	n/a
Episode spend	Average risk-adjusted episode spend is lower than benchmark year by at least 3% (i.e. spend is <97% of benchmark year spend).	Average risk-adjusted episode spend is lower than than peer median in the benchmark year.	n/a
Episode volume	≥15 included episodes.	≥15 included episodes.	Serve the highest percentage (top 20% of all NJ FamilyCare providers) of patients with a SUD diagnosis  ≥15 included episodes.



## What is being measured?

### Episode quality-of-care

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The episode model measures quality by measuring markers of high quality care that can be identified through claims data (rather than clinical sources like EMRs) to minimize administrative burden on participating providers. These measures flag both indications of activity (e.g. well-child visits and obstetrical follow-ups) as well as documented diagnoses that indicate relevant aspects of patient care (e.g. diagnosis of substance use disorder).

There are five payment-linked quality metrics. You must pass “minimum” levels to be eligible for Shared Savings and the High Performer Bonus. In addition, you must pass “commendable” performance on at least two of these metrics to qualify for the High Performer Bonus. Payment-linked quality metrics will be scored in relation to predetermined acceptable and commendable thresholds set from the benchmark year.

You will also receive information on supplemental “reporting-only” metrics to track your performance. Definitions of each quality metric follow in the next section.

### Episode cost-of-care

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The episode relies on a fair comparison of the total spend on all relevant claims included in valid episodes. All spend relevant to patients’ maternity care is bundled, and includes care delivered by the principal accountable provider (PAP) as well as other providers. To achieve comparability across patients and providers, this episode spend is then risk-adjusted based on patient risk factors to produce risk-neutral episode spend metrics that are used to compute eligibility for financial incentives.



## How is quality-of-care being measured?

### PAYMENT-LINKED QUALITY METRICS

Prenatal	<b>Prenatal depression screening</b> % of valid episodes where patient receives prenatal screening for depression using a standardized, validated tool (e.g., Edinburgh Postnatal Depression Scale)
	<b>Gestational diabetes screening</b> % of valid episodes where the patient receives prenatal screening for gestational diabetes, or has an existing diabetes diagnosis.
Delivery	<b>Delivery mode</b> % of valid episodes for patients without a prior C-section and with a live term singleton newborn in vertex presentation where that patient delivers vaginally.
Postpartum	<b>Postpartum visit within 3 weeks</b> % of valid episodes where the patient receives an obstetric follow-up visit (with the PAP or another provider) within 21 days of discharge.
Neonatal	<b>Neonatal visit within 5 days</b> % of valid episodes for patients that can be matched to neonate where the neonate receives a primary care visit within 5 days of discharge.

### REPORTING-ONLY QUALITY METRICS

Prenatal	<b>Mental health treatment</b> % of valid episodes where patient has a mental health diagnosis and patient has received treatment for mental health in the prenatal period.
	<b>Substance use disorder treatment</b> % of valid episodes where patient has a substance use disorder diagnosis and patient has received treatment for substance use disorder in the prenatal period.
Delivery	<b>Vaginal delivery rate</b> % of valid episodes where patient delivered vaginally.
	<b>Vaginal deliveries without episiotomy</b> % of valid episodes where patient delivered vaginally and patient does not receive an episiotomy.
	<b>Term newborn free of unexpected complications</b> % of valid episodes for patients that can be matched to neonate where the neonate does not have a complication in its first 30 days.
	<b>Absence of maternal complications</b> % of valid episodes where the patient does not have a complication within 30 days of discharge.
Postpartum	<b>Absence of post-delivery acute event</b> % of valid episodes where the patient does not make an inpatient or ED visit within 30 days of discharge
	<b>Postpartum visit within 60 days</b> % of valid episodes where the patient receives an obstetric follow-up visit (with the PAP or another provider) within 60 days of discharge.



# How are my incentive payments calculated?

## PROVIDER INFORMATION: Q1 2020 - Q4 2020

**Provider** SAMPLE PROVIDER      **ID** 9999999

Reporting period covering episodes that ended between January 1, 2020 to December 31, 2020

### IMPROVEMENT INCENTIVE

Component	You <sup>1</sup>	Description
1. Total spend across included episodes	\$610,000	Total of all associated claims submitted paid during this cycle, excluding medical education & capital portions of the hospital base rates.
2. Included Episodes	50	Total valid episodes attributed to you (does not include exclusions for clinical or operational considerations).
3. Avg. episode spend (non adj.)	\$12,200	Average spend before risk adjustment; Equals line (1) divided by line (2).
4. Risk adjustment ratio (avg.)	0.4262	Average adjustment to raw claims to account for clinical variability.
5. Average risk-adjusted spend per episode	\$5,200	Average risk-adjusted spend per episode in benchmark year (2019).
6. Benchmark spend	\$5,000	Average risk-adjusted spend per episode in benchmark year (2019).
7. Threshold for gain sharing <sup>2</sup>	\$4,850	Lower corridor of benchmark spend; equals line (6) multiplied by 97% <sup>3</sup>
8. Risk-adjusted spend per episode below threshold <sup>4</sup>	(\$350)	Difference between adjusted average spend and the spend threshold for gain sharing; equals line (7) minus line (5).
9. Percentage of spend subject to shared savings	(6.73%)	Difference between adjusted spend and commendable spend as a percentage of adjusted spend; equals line (8) divided by line (5).
10. Total spend eligible for Shared savings		Equals line (1) times line (9).
11. Gain sharing proportion	50%	Proportion of spending eligible for gain you share in.
12. Total gain share		Total Shared savings payment; equals line (10) times line (11).

**1. These values subject to change between Interim and Final Performance reports.** Eligibility for Shared savings will be determined at end of the performance period and any applicable incentives will be calculated at that time.

**2.** If avg. risk-adjusted spend (5) is greater than 103% of the benchmark (i.e. the higher corridor of the benchmark spend) (6) this could lead to risk sharing. However, since risk sharing is not in place for the current Performance Period, there will be no financial penalties.

**3.** If avg. risk-adjusted spend (5) is greater than benchmark (6) this would state "Higher corridor of benchmark spend; equals line (6) multiplied by 103%." Since risk-sharing is not in place for the current Performance Period, this is calculated for informational purposes only.

**4.** If avg. risk-adjusted spend (5) is greater than benchmark (6) this would represent the risk-adj. spend per episode above threshold. Since risk sharing is not in place for the current Performance Period, this is calculated for informational purposes only.



## How are my incentive payments calculated?

### HIGH PERFORMER BONUS

Component	You <sup>1</sup>	Description
13. Target bonus per episode	\$1,500	Target bonus per episode for qualifying providers.
14. Capped bonus per episode	\$1,500	Bonus is subject to caps on the total amount that may be paid out because of the fixed pool fund for this bonus.
15. Total High performer bonus	N.A.	Total High performer bonus; equals line (2) multiplied by line (14).

### SUD PARTICIPATION INCENTIVE

Component	You <sup>1</sup>	Description
16. Target incentive per episode	\$300	Target incentive per episode for qualifying providers.
17. Capped bonus per episode	\$300	Incentive is subject to caps on the total amount that may be paid out because of the fixed pool fund for this bonus.
18. Total SUD participation incentive	N.A.	Total SUD bonus; equals line (17) multiplied by line (18).

**1.** Eligibility for high performer bonus or SUD participation incentives will be determined at end of the performance and any applicable payments will be calculated at that time.