

This is an update about information in the provider manual. For access to the latest provider manual, go online to <https://providers.amerigroup.com>.

Episodes of Care — reporting

Summary: The keys to success for principal accountable providers (PAPs), or quarterbacks, concerning Episodes of Care (EOC) are effectively utilizing the quarterly EOC reports and employing techniques that will improve quality of care while decreasing costs. Reports will look the same for all TennCare payers to make it easier to understand the material. Reports from each payer will include member-specific information and metrics.

Q: When will reports be available?

A: Reports will become available on a quarterly basis and include all completed episodes for a quarterback during the reporting time. The preview reports will begin in the year prior to financial accountability and include data for a rolling 12-month period. The performance reports will always include data for a calendar year. There is a three-month claim lag and preparation time incorporated into the timeline for releasing the reports.

Q: What information is included in the reports?

A: The following details are included in each report to assist in understanding cost and quality of care for each episode:

- Overall performance summary
 - Total number of episodes
 - Acceptable thresholds based on state averages
 - Quality metric performance
 - Average cost with risk adjustment factor
 - Gain share or risk share calculations if applicable
- Episode summary
 - Episode cost summary and exclusions
 - Cost and quality distribution of episodes compared to peers
 - Cost breakdown by care categories
- Episode and exclusion details
 - Line-by-line details for individual patients included in the episode
 - Line-by-line details for excluded episodes with the reasons for exclusions

Q: What are preview reports and performance reports?

A: Preview reports cover a reporting-only period and will begin the year before any financial accountability. The preview period allows quarterbacks to see how they compare to other providers for episodes and to consider if any types of interventions and innovations may assist in achieving high-quality, cost-effective care. After the reporting-only period, the performance year will begin on January 1. The performance reports for the calendar year will include financial details showing opportunities for gain sharing or risk sharing.

Q: How does a quarterback receive reports?

A: The reports can be accessed through Availity, an online portal that gives providers access to multiple payer information with a single, secure log in. You will receive a notification email from Amerigroup Community Care when your reports have been posted. Instructions for accessing and using Availity are available from your Provider Relations representative or on the provider website at

<https://providers.amerigroup.com/TN>. Please make sure that your EOC provider representative has the correct email and contact for your practice. If you have a change in your office and need to update the contact information, please send an email to agpepisode.reporting@amerigroup.com.

Q: How can quarterbacks use their reports?

A: For most quarterbacks, the reports mark the first opportunity to access specific cost details, quality performance and utilization for most patients. This can help providers understand the overall quality of care compared to peers, year-by-year performance, as well as sources of costs. The details included in the reports can provide guidance concerning areas where there may be opportunities to improve. This will be the primary source of value across patient journeys. Quarterbacks are encouraged to use the reports to begin discussions with colleagues and associates to innovate, collaborate and solve problems.

Q: How will the reports be tied to gain sharing or risk sharing payments?

A: The reports will demonstrate the specific dollar amounts for the commendable and acceptable thresholds and where the quarterback falls on the continuum of costs for an EOC compared to all TennCare quarterbacks in the state. Following the performance calendar year, there will be a claims lag and report preparation time. It is anticipated that reports indicating gain-sharing or risk-sharing will be produced in August, following the performance year. Quarterbacks will have the opportunity to anticipate where they will fall on the continuum by looking at the interim quarterly reports during any performance year.

Q: What are the time frames for reports?

A: The time frames for reports are as follows:

- February report release
 - Preview reports with 12 months of data
 - Interim performance reports with cumulative data for quarters 1-3 of the performance year
- May report release
 - Preview reports for new episodes containing data from the last 12 months
 - Interim performance reports with cumulative data for quarters 1-4 of the performance year
- August report release
 - Preview reports for new episodes containing data from the last 12 months
 - Interim performance reports for new episodes containing data from the first quarter of the current performance year
 - Final performance reports with 12 months of performance year data with final financial obligations
- November report release
 - Preview reports for new episodes containing data from the last 12 months
 - Interim performance reports with cumulative data from quarters 1-2 of the current year

Q: What if there is information that seems incomplete or inaccurate in my reports?

A: If there are any concerns with data in your report, please contact your EOC provider representative (see contact information below) within 30 days of the report notification. You can also send an email to agpepisode.reporting@amerigroup.com. Amerigroup will work with you to investigate the reported concerns and determine the best course of action to address the issue.

Q: Is there a reconsideration process?

A: If a quarterback has concerns regarding the program provider payment and/or metrics accuracy of the final performance report they received in August, the quarterback can submit a formal

reconsideration request. Within 30 business days following the date of the final performance report notification, providers have the right to submit a written request for reconsideration to Amerigroup. Amerigroup will review and respond within 30 business days of receipt of the reconsideration.

Steps for submitting a written reconsideration request:

- Send your request in writing to Amerigroup via mail or email.
 - Mail: Provider Relations — Episodes of Care
Amerigroup Community Care
22 Century Blvd., Suite 220
Nashville, TN 37214
 - Email: agpepisode.reporting@amerigroup.com
- Provide a detailed rationale to support the reconsideration request and include:
 - Identification of each performance result (payment and metrics) to be reconsidered.
 - Identification of the contested result calculated.
 - A detailed explanation of why the provider believes the determination is incorrect.
 - Any other relevant information to support the provider's reconsideration request.

If the quarterback does not object to a final reconsideration in writing within 30 days following the receipt of the reconciliation report, the quarterback will be deemed to have accepted reconciliation.

Q: What if I am dissatisfied with the result from Amerigroup?

A: If a provider is dissatisfied with the result of the reconsideration process, or if Amerigroup fails to respond to the reconsideration request within 30 days from the received date of the payment dispute, the provider may submit a request to the Commissioner of the Department of Commerce and Insurance for an independent review of the disputed claims as set forth in *T.C.A. 56-32-126*. The independent review process is available to providers to resolve EOC disputes. It is understood that in the event providers file a request with the Commissioner for independent review, the dispute shall be governed by *T.C.A. 56-32-126(b)*.

The provider may also file a state complaint with the TennCare Oversight Division at the TennCare Department of Commerce and Insurance before they submit a request for an independent review. A state complaint can be filed by following instructions at the link below. This process is also available for disputing annual Episodes of Care Reports.

<https://tn.gov/commerce/article/tnoversight-provider-complaint-process>

The request form to the Commissioner for independent review of a disputed claim and instructions for completing the form, as well as sample copies of request forms and frequently asked questions, can be found on the state website at <http://tn.gov/commerce> > Our Divisions > TennCare Oversight > MCO Dispute Resolution > Independent Review Process.

Q: What if I have more questions?

A: You can contact your Amerigroup EOC provider representative if you have more questions. Please see contact information below:

- Deborah Bien, Clinical Program Development Manager for EOC: 615-316-2400, ext. 28524
- Shannon Marcum, Provider Clinical Liaison: 615-316-2400, ext. 22705
- Email: agpepisode.reporting@amerigroup.com

You can also find additional detailed information regarding EOC at <https://www.tn.gov/hcfa/topic/episodes-of-care>.