IT-5.2: Per episode cost of care

| **Measure Title** | **IT-5.2 Per Episode Cost of Care** |
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| **Description** | Per episode cost of care measurement quantifies the services involved in the diagnosis, management and treatment of specific clinical conditions. Episode‐of‐care measures can be developed for the full range of acute and chronic conditions, including pneumonia and hip/knee replacement and many others (for which to contact the Measure Steward).. |
| **NQF Number** | 1609 & 1611 |
| **Measure Steward** | Optum Inc. |
| **Link to measure citation** | <http://www.qualityforum.org/> |
| **Measure type** | SA for project area 2.5  NSA for all other project areas |
| **Performance and Achievement Type** | Pay for Performance (P4P) – Improvement Over Self (IOS): Prior Authorization   |  |  |  | | --- | --- | --- | |  | DY4 | DY5 | | Achievement Level Calculation | Baseline - 5% \*(performance gap)  =  Baseline - 5% \*(0% – Baseline rate) | Baseline - 10% \*(performance gap)  =  Baseline - 10% \*(0% – Baseline rate) | |
| **DSRIP-specific modifications to Measure Steward’s specification** | None |
| **Denominator Description** | Total number of episodes during the measurement period |
| **Denominator Inclusions** | Note: The monthly reporting is more adequate at institution level, while the annual reporting is more suited at individual physician level |
| **Denominator Exclusions** | None |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Total cost for episode of care |
| **Numerator Inclusions** | None |
| **Numerator Exclusions** | None |
| **Setting** | Multiple |
| **Data Source** | Administrative and Clinical Data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |