FAQs about Provider Profiles on Emergency Room Utilization

Q: Who receives a profile?

A: Not all PCPs receive a profile. We analyze data from members who have been assigned to your panel for at least 11 months during a one-year review period and had at least one visit in the office or ER. That's because PCPs may not have had a chance to develop a relationship with members who had less eligibility. If a PCP had members who were on the panel for at least 11 months and if there were enough office or ER visits for valid statistical profiling, then the PCP will receive a profile.

Q: How many visits are required for a valid profile?

A: Providers receive a profile if at least 5 office visits and 5 ER visits are expected. (The meaning of "expected" is explained below.) This is a total for all of the members who had enough eligibility, as defined above. If the expected number of office visits or ER visits is less than 5, then a valid statistical profile cannot be created, and the provider will receive a letter saying s/he had insufficient data for profiling.

Q: I am a provider with more than one service location. How does this impact my profile for ER utilization?

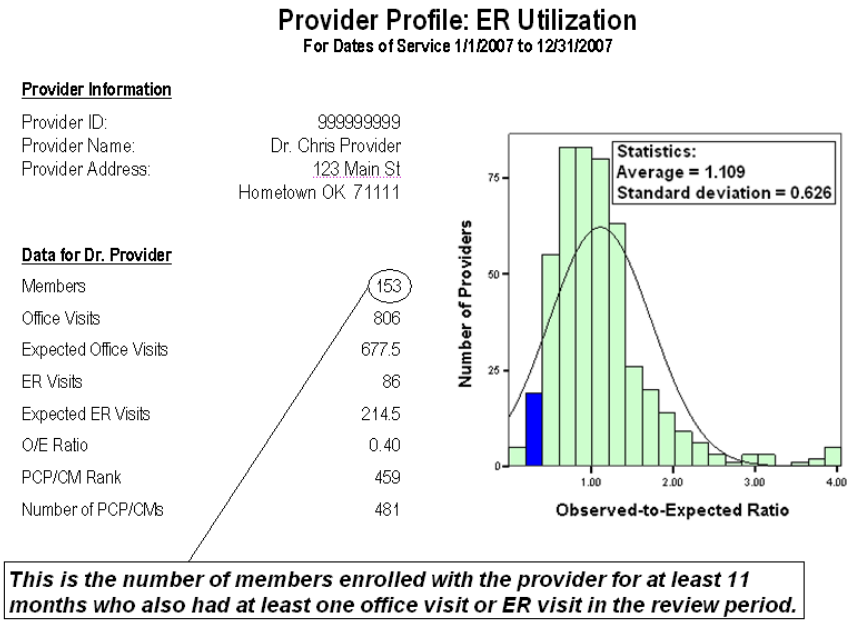
A: We combine data from all of your service locations so that we will have the best chance of being able to provide you with a profile. We mail the profile to the service location serving the largest number of SoonerCare Choice members.

Q: How often are the ER utilization profiles created?

A: We send out profiles twice a year. The review period for one profile covers the calendar year, and the review period for the other profile is the state fiscal year (July 1-June 30). We wait at least 90 days after the review period to allow time for all claims to be paid.

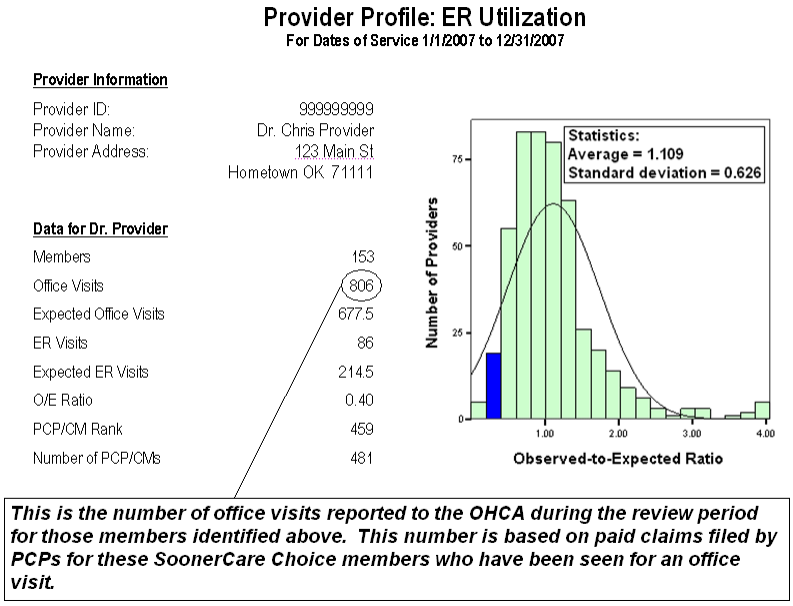
Q: My records show more members on my panel than you're showing on the profile. Why?

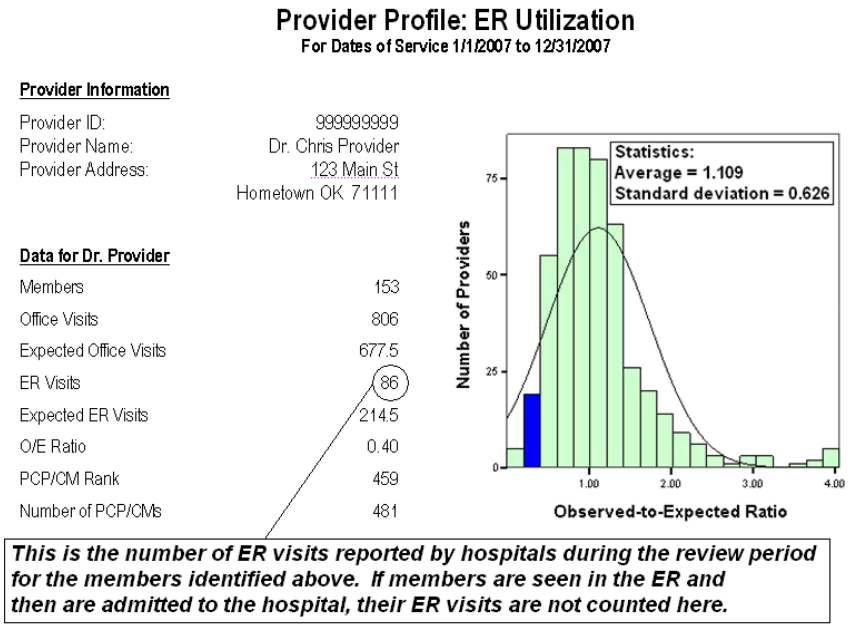
A: We count only those members who had 11 or 12 months of enrollment with the PCP. It wouldn't be fair to hold PCPs even partly responsible for the ER utilization of members who have only recently been assigned to a panel.



Q: How do you count the number of office visits and ER visits that have been made by these members? Where is this information shown on the profile?

A: The number of office visits that were provided to these members and the number of ER visits that these members made are counted based on claims submitted by PCPs and hospitals. ER visits are not counted if the members then were admitted for a hospital stay.





Q: My records show that I provided more office visits than the number shown on my profile. Why?

A: The profile counts the office visits only for those members with 11 or 12 months of enrollment with the PCP.

Q: My profile shows an expected number of ER visits equal to 214.5. How can you calculate the number of ER visits that you would expect for a group of patients?

A: This is where we use the Adjusted Clinical Group (ACG) Case-Mix System developed by Johns Hopkins University. The ACG software assigns an ACG number for each member based on the person's illness burden. Then we examine our data, comparing all the members with the same ACG scores. Based on the data for all members included in the review period, we determine the rate of ER utilization statewide for people with the same ACG score. For example, members with a certain ACG score might have 20% of their total visits (office + ER) occurring in the ER. This expected rate is then associated with all the members with that ACG score.

Once we have an expected ER rate for each member on your panel, we average these numbers. Out of all your members' visits (office + ER), the expected number of ER visits is based on this average rate. The rest of the total visits (office + ER) would be expected as office visits.

Provider Profile: ER Utilization

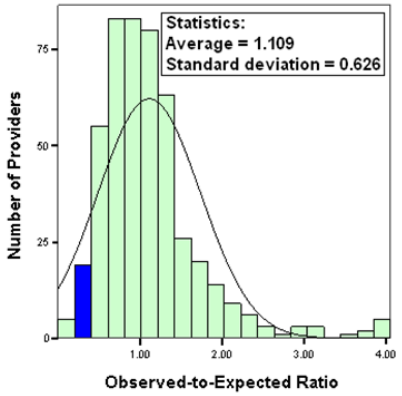
For Dates of Service 1/1/2007 to 12/31/2007

Provider Information

Provider ID:	999999999
Provider Name:	Dr. Chris Provider
Provider Address:	123 Main St
	Hometown OK 71111

Data for Dr. Provider

Members	153
Office Visits	806
Expected Office Visits	677.5
ER Visits	86
Expected ER Visits	214.5
O/E Ratio	0.40
PCP/CM Rank	459
Number of PCP/CMs	481



The expected number of ER visits is calculated using the ACG score. Each member is assigned an ACG score. We combine members from all the providers in the analysis; and within each ACG group, we calculate the proportion of total visits (office + ER) that occurred in the ER. A greater proportion of total visits would be expected in the ER if a PCP's panel consists of sicker members.

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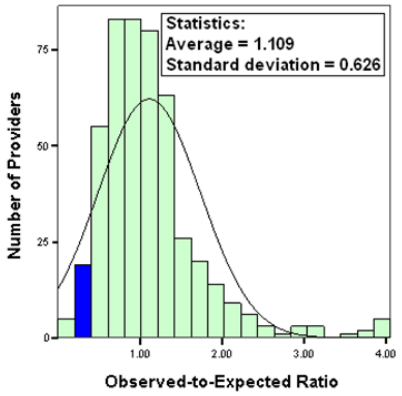


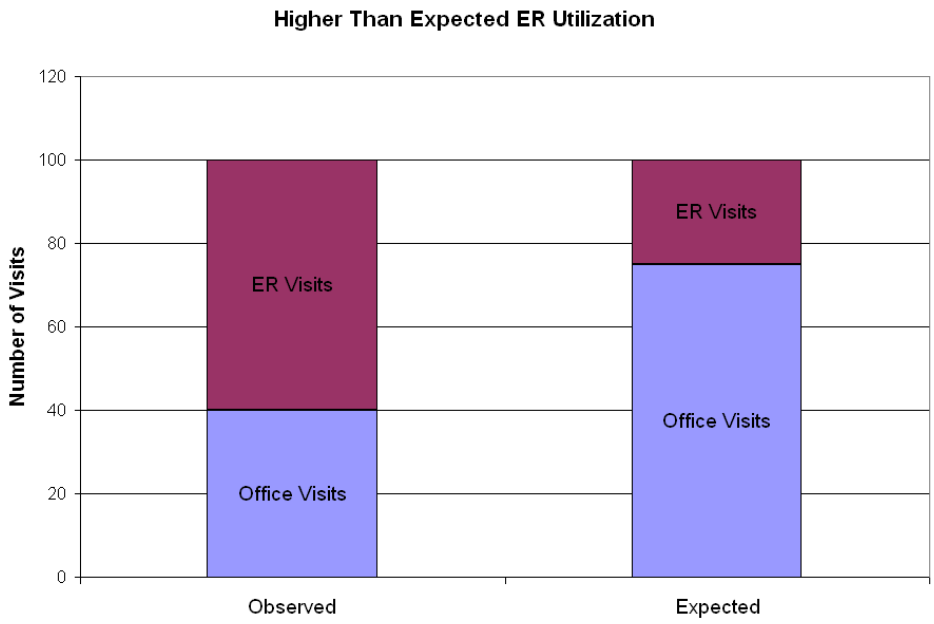
Once the expected number of ER visits has been calculated, we would expect the rest of the total visits to occur in the PCP's office. So the Expected Office Visits is computed by subtracting the Expected ER visits from the total number of office visits and ER visits. Here, the total number is 892 (= 806 office visits + 86 ER visits). By subtracting the Expected ER (214.5) from 892, we obtain Expected Office Visits = 677.5.

Q: Could you give me some easier examples?

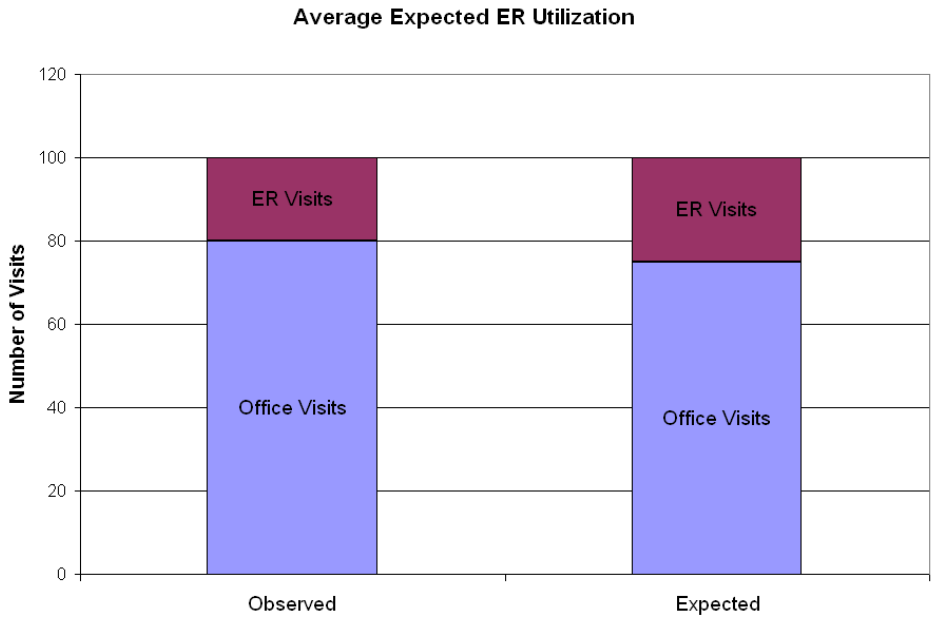
-- Let's say that a provider has 20 members with 11 or 12 months of enrollment who also had office or ER visits during the review period.

-- Further, let's assume these members have an average ER rate of 0.25, based on their ACGs and the ER utilization of all members in the analysis statewide with the same ACGs. In other words, we would expect members with the same illness burden as your members to end up in the ER for 25% of their total visits (office + ER).
-- If these members had 40 office visits and 60 ER visits, then the total visits = 100, and they were seen in the ER 60% of the time – not the 25% that we expected based on their illness burden and the pattern of ER utilization statewide.

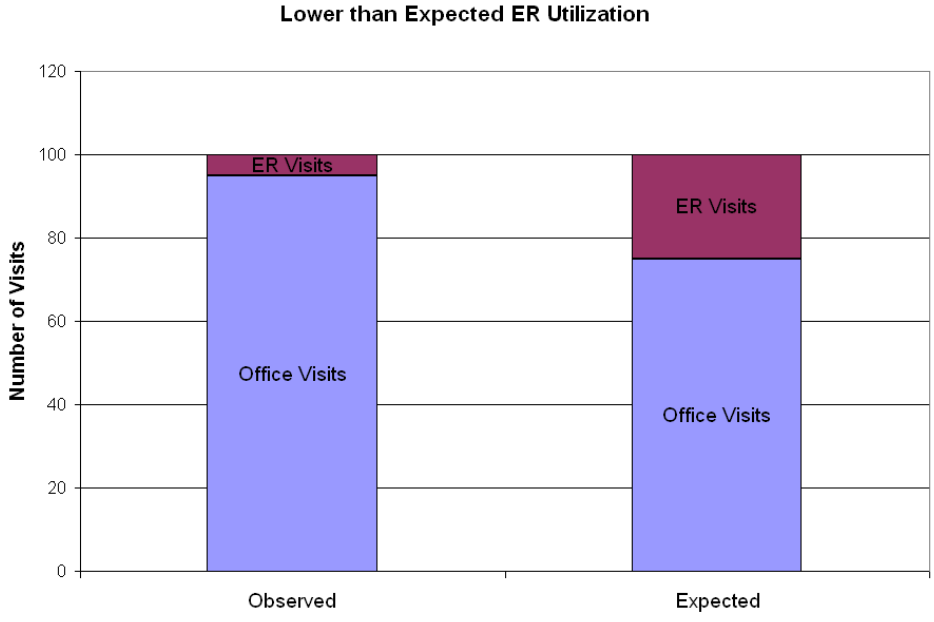
This is an example of higher than expected ER utilization. To illustrate this example, please examine the graph below. It compares the observed (actual) office and ER visits with the expected office and ER visits.



As another example, let's say that a second provider had the same number of members with the same expected ER utilization rate (25%), and the members had a total of 100 visits (office + ER). But the second provider saw the members 80 times, and the members had a total of 20 ER visits. This would be an example of average ER utilization, as illustrated in the next graph.

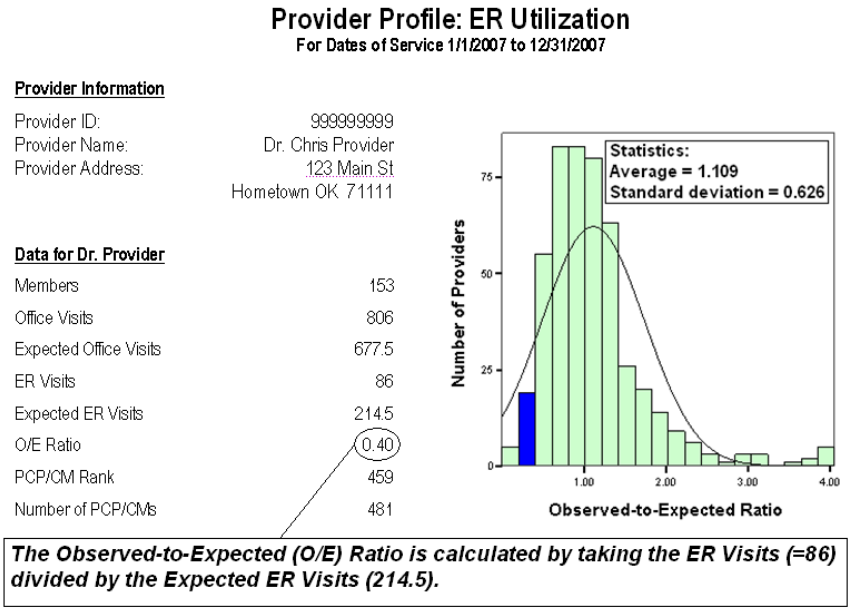


Finally, let's consider a third provider, with the same number of members with the same illness burden and the same expected rate of ER use (25%) of the total 100 visits (office + ER). But these members went to the ER only 5 times, with 95 office visits during the review period. This example of low ER utilization is shown in the next graph.



Q: What is the "O/E Ratio" reported on the profile?

A: This statistic is the first step toward determining whether the ER utilization rate is average for SoonerCare Choice PCPs, lower than average, or higher than average. The observed-to-expected (O/E) ratio is a fraction that divides the observed ER rate by the expected ER rate. The observed ER rate is computed by taking the number of observed (actual) ER visits and dividing it by the expected number of ER visits. In the illustration below, the O/E ratio = 0.40. This number is found by taking the observed number of ER visits (86) and dividing it by the expected number of ER visits (214.5). This is an example of a provider whose members had lower than expected ER utilization.



Q: How is the O/E ratio used?

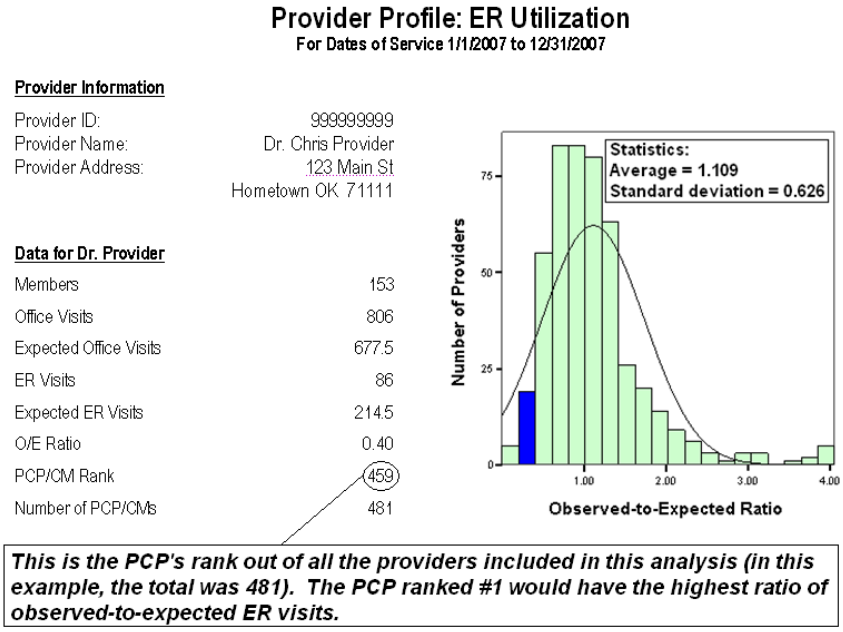
A: We use the O/E ratio to compare your members' ER utilization rate to the statewide average. A confidence interval is computed to help us determine whether your O/E ratio is statistically the same as the average of all providers' O/E ratios – or if the difference is statistically "big." A confidence interval is similar to a *margin of error*, which is used in opinion polls. A margin of error may be used to determine whether one candidate is significantly more popular than another, or if the difference in the popularity of the two candidates is so close that they are statistically equal.

If the O/E ratio perfectly equals 1, then we know that expectations have been met – that is, the Observed and Expected are the same. The confidence interval (not reported on the Provider Profile) provides a range of values around the O/E ratio. If the confidence interval brackets the number 1, then the Observed and Expected ER visits are statistically the same. We use a second confidence interval (based on Bayesian statistics) to further take into account the illness burden of the members. Your O/E ratio must be significantly different from the statewide average O/E ratio on both of these confidence intervals before we conclude that the members' ER utilization rate is higher than average. We can provide more information on the calculation of the

confidence intervals upon request; please contact the Quality Assurance and Improvement Department of the OHCA at (405) 522-7672.

Q: What is the "Rank" on the profile?

A: We assign rank by placing all providers' data in order according to the O/E ratio. The provider with the largest O/E ratio (that is, with the highest number of observed ER visits, relative to the expected ER visits) is ranked first. In the example shown below, the provider is ranked 459 out of 481 providers in the analysis, and the O/E ratio is 0.40. This O/E ratio means that for every 4 observed ER visits, the provider could have expected these panel members to have 10 ER visits, based on their illness burdens and the utilization patterns among members assigned to SoonerCare Choice PCPs. So a lower rank is a better result.



Q: The profile has a graph, and one bar is shown in a different shade. Why?

A: This bar indicates where your O/E ratio is located, relative to other providers who had enough data for a valid profile to be created for this review period.

Q: I received a letter saying there was not enough data for a profile to be created. How much data do you need?

A: The expected office visits and expected ER visits both need to be greater than or equal to 5 in order to create a valid statistical profile.

Q: What if I have other questions that you haven't covered here?

A: Please contact our Quality Assurance and Improvement Department at (405) 522-7672.