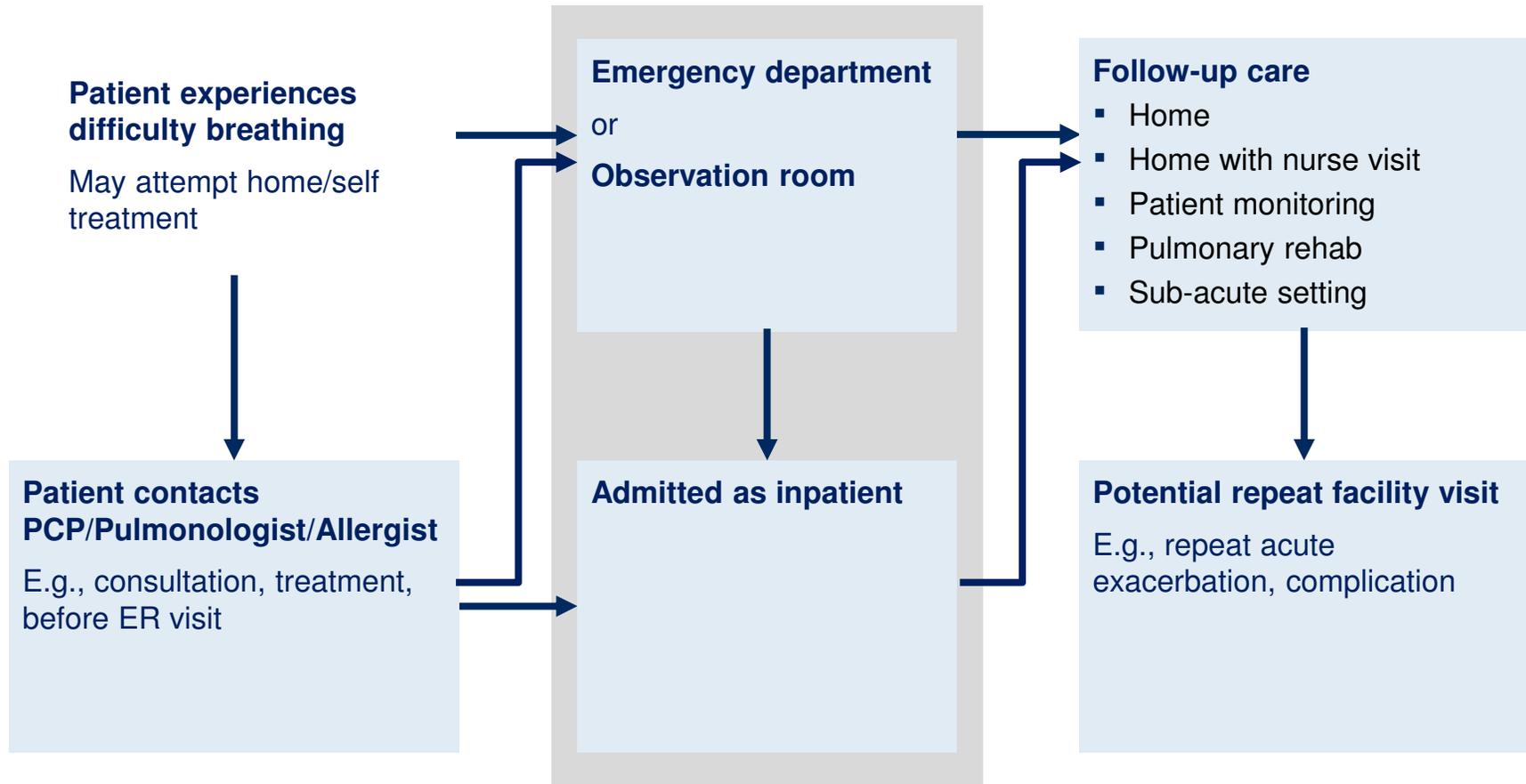


Patient journey: Asthma acute exacerbation episode

ASTHMA

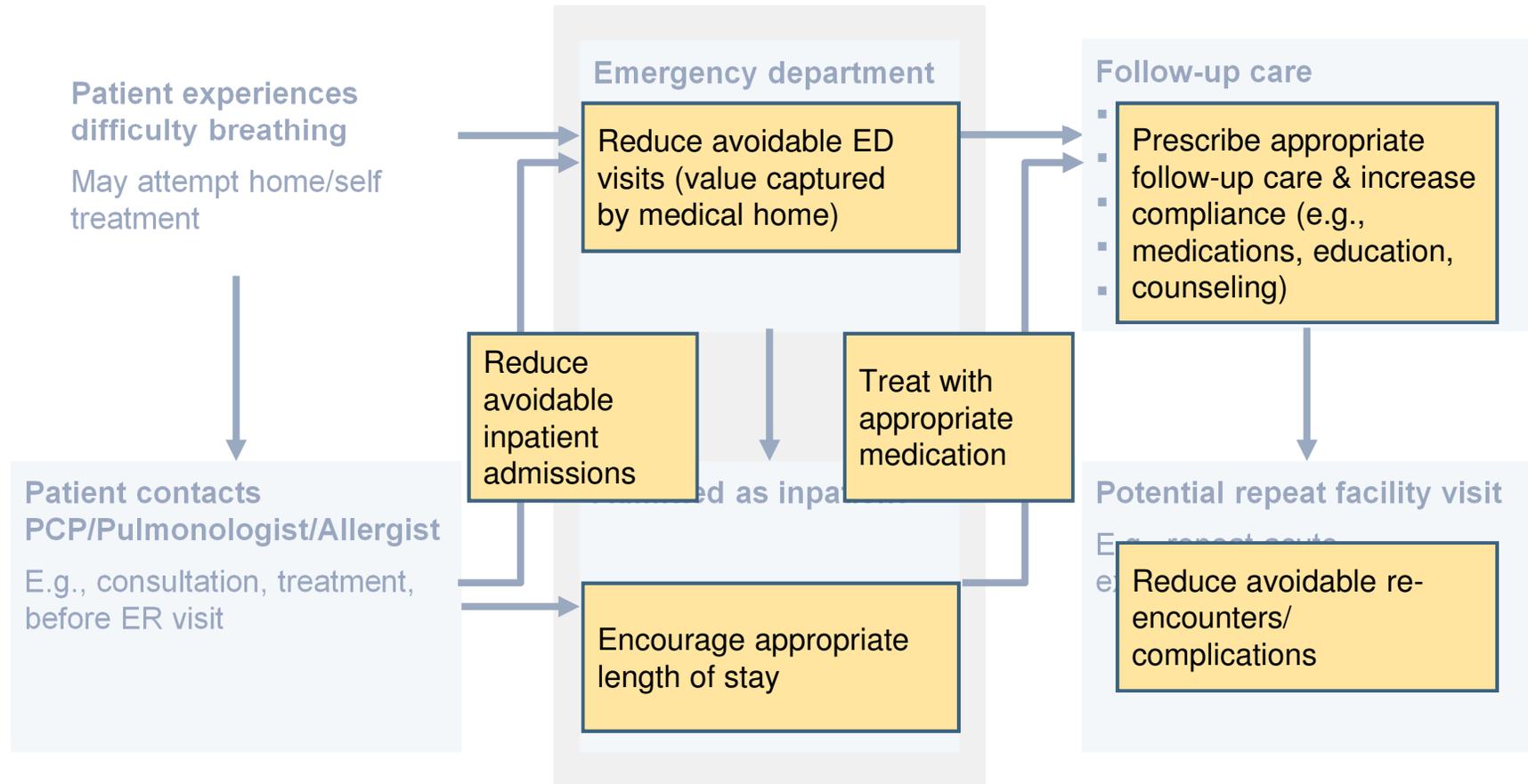
■ Potential episode trigger event



Sources of value: Asthma acute exacerbation episode

ASTHMA

■ Potential episode trigger event



Asthma acute exacerbation episode definition (1/2)

ASTHMA

Area	Episode base definition
1 Episode triggers ¹	<ul style="list-style-type: none"> ▪ Any ED or inpatient facility claim with a: <ul style="list-style-type: none"> – Primary asthma-specific Dx (493.X) – Primary Dx in a set of contingent asthma Dx with a secondary confirmatory asthma Dx
2 Episode window	<ul style="list-style-type: none"> ▪ Episodes begin on the day of admission to the trigger facility ▪ Episodes end 30 days after discharge from the trigger facility
3 Claims included ²	<ul style="list-style-type: none"> ▪ During the trigger window: All inpatient, outpatient, professional, and pharmacy claims ▪ During post-trigger window: Spend associated with relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g. pneumonia, chest x-rays, nebulizers, decongestants, etc.) and inpatient admissions less BPCI exclusions
4 Principal accountable provider	<ul style="list-style-type: none"> ▪ The PAP is the first facility that treats the patient during the trigger window ▪ The billing provider ID on the triggering facility claim will be used to identify the PAP ▪ Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim

1 Listed codes also include all sub-codes

2 A full list is available in the detailed business requirements

Asthma acute exacerbation episode definition (2/2)

ASTHMA

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 28 factors for use in risk adjustment including age group, allergic reactions, respiratory failure, and viral infections¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> – Business exclusions: <ul style="list-style-type: none"> ▫ Members under 2 years old or above 64 years old ▫ Others: Multiple payers, third party liability, inconsistent enrollment, PAP out of State, exempt PAP, no PAP, dual eligibility, long-term care, long hospitalization, missing APR-DRG, and incomplete episodes – Clinical exclusions: <ul style="list-style-type: none"> ▫ Members with any of 15 clinical factors¹ ▫ Members with an unusually large number of comorbidities¹ ▫ Members who left treatment against medical advice or died – High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)
<p>6 Quality metrics</p>	<ul style="list-style-type: none"> ▪ Quality metrics linked to gain-sharing: <ul style="list-style-type: none"> – Percent of episodes with a follow-up visit within 30 days – Percent of episodes with filled prescription for controller medication ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Percent of episodes with a repeat exacerbation within 30 days – Percent of episodes in IP vs. ED/Obs treatment setting – Chest x-ray utilization rate – Percent of episodes with smoking cessation counseling – Percent of episodes with a follow-up visit within 7 days

¹ A full list is available in the detailed business requirements