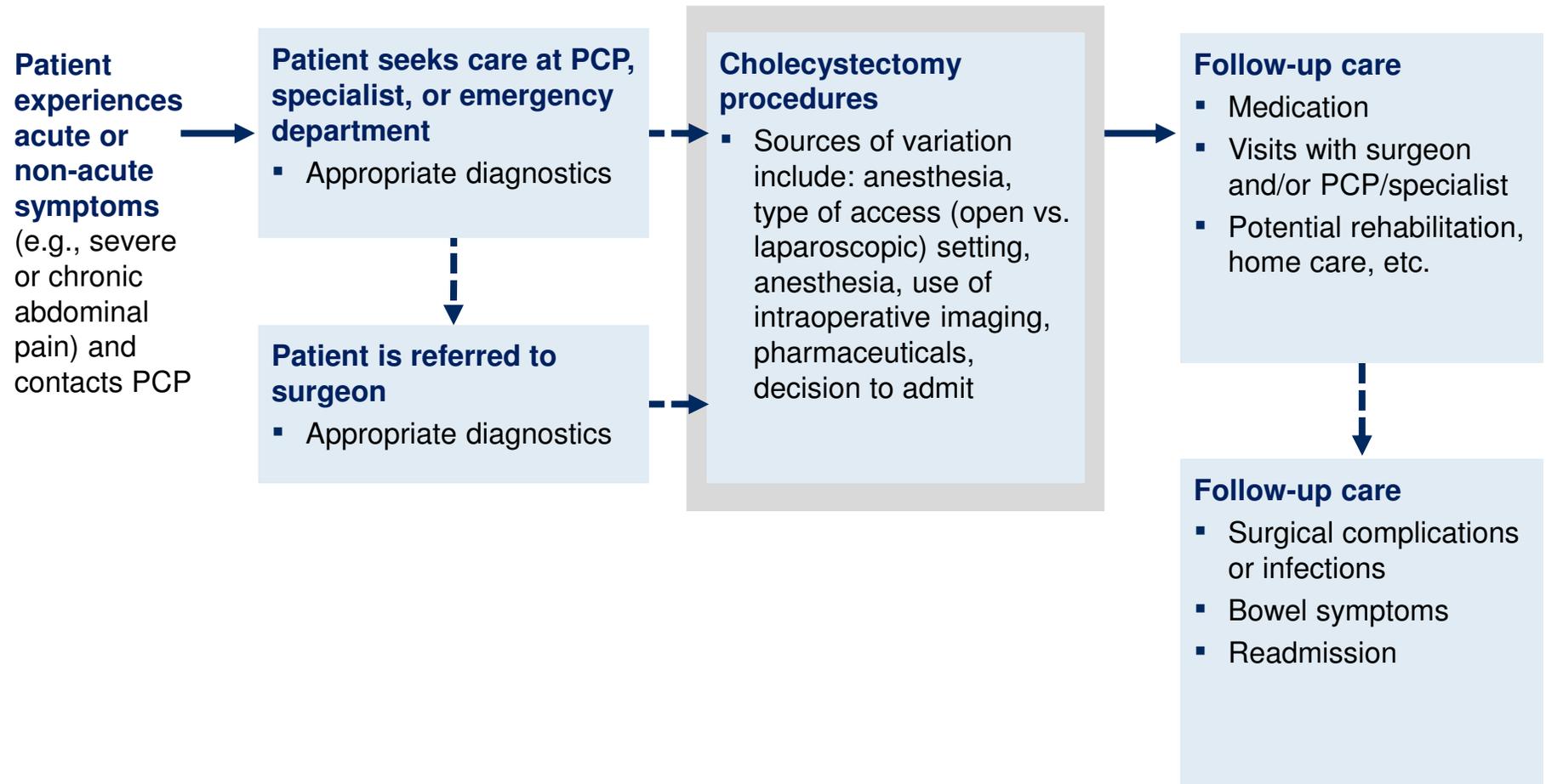


Patient journey: Cholecystectomy episode

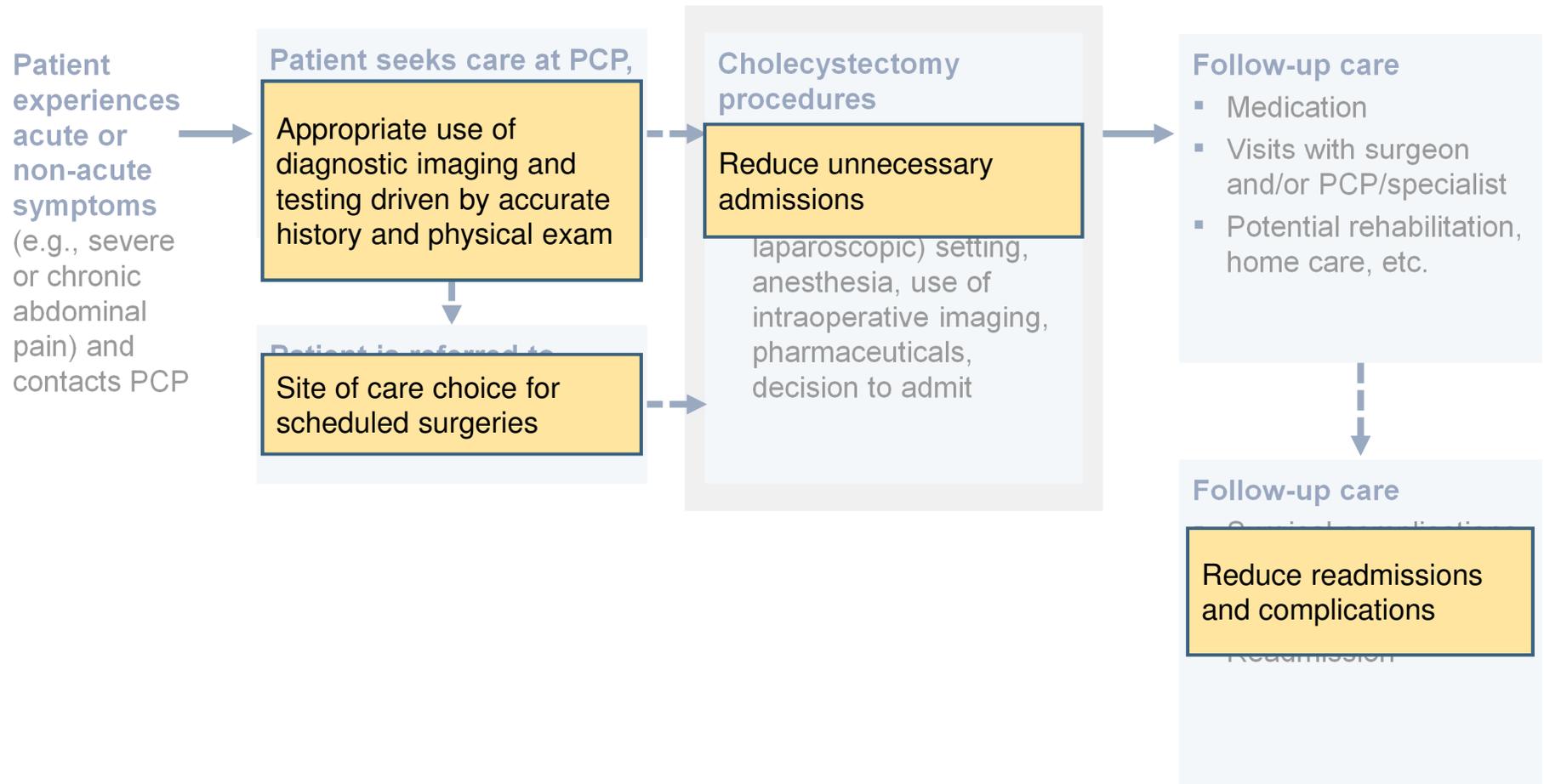
■ Potential episode trigger event



Sources of value: Cholecystectomy episode

CHOLECYSTECTOMY

■ Potential episode trigger event



Cholecystectomy episode definition (1/2)

CHOLECYSTECTOMY

Area	Episode base definition
1 Episode triggers	<ul style="list-style-type: none"> ▪ Professional claim for cholecystectomy surgery <ul style="list-style-type: none"> — Open cholecystectomies excluded — Open cholecystectomies with other procedures excluded
2 Episode window	<ul style="list-style-type: none"> ▪ Episodes begin on the day of the patient’s first visit to the PAP (surgeon) within 90 days before the surgery; post-trigger window is 30 days ▪ Clean period is 120 days
3 Claims included ¹	<ul style="list-style-type: none"> ▪ During the pre-operative period after 1st PAP involvement: Relevant diagnoses, relevant E&M visits, relevant imaging and testing procedures, and relevant medications ▪ During the visit for the surgery: All medical spend and relevant medications (e.g. anti-diarrheals, antibiotics) ▪ During post-operative period: Relevant E&M visits, relevant pathology, imaging, and post-operative procedures, relevant imaging and testing procedures, relevant medications, and all inpatient admissions less BPCI exclusions, and spend associated with diagnoses for relevant complications (e.g. perforation of gallbladder, abdominal x-rays, follow-up visits)
4 Principal accountable provider	<ul style="list-style-type: none"> ▪ The PAP is the surgeon or group that performs the surgery ▪ The billing provider ID on the triggering professional 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 A full list is available in the detailed business requirements

Cholecystectomy episode definition (2/2)

CHOLECYSTECTOMY

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 14 factors for use in risk adjustment including anemia, heart disease, lower GI conditions, obesity, and specific GI and abdominal conditions¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> – Business exclusions: <ul style="list-style-type: none"> ▫ Members under 18 years old or above 64 years old ▫ Others: Third party liability, inconsistent enrollment, PAP out of State, 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 16 clinical factors¹ ▫ Members with an unusually large number of comorbidities¹ – 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"> – Surgical site infection rate – Other severe adverse outcome rate ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Rate of admission in the post-trigger window – Initial admission rate for triggering procedure – CT use rate – Average length of stay for inpatient admissions – Average spend per episode in pre-trigger window before PAP involvement

¹ A full list is available in the detailed business requirements