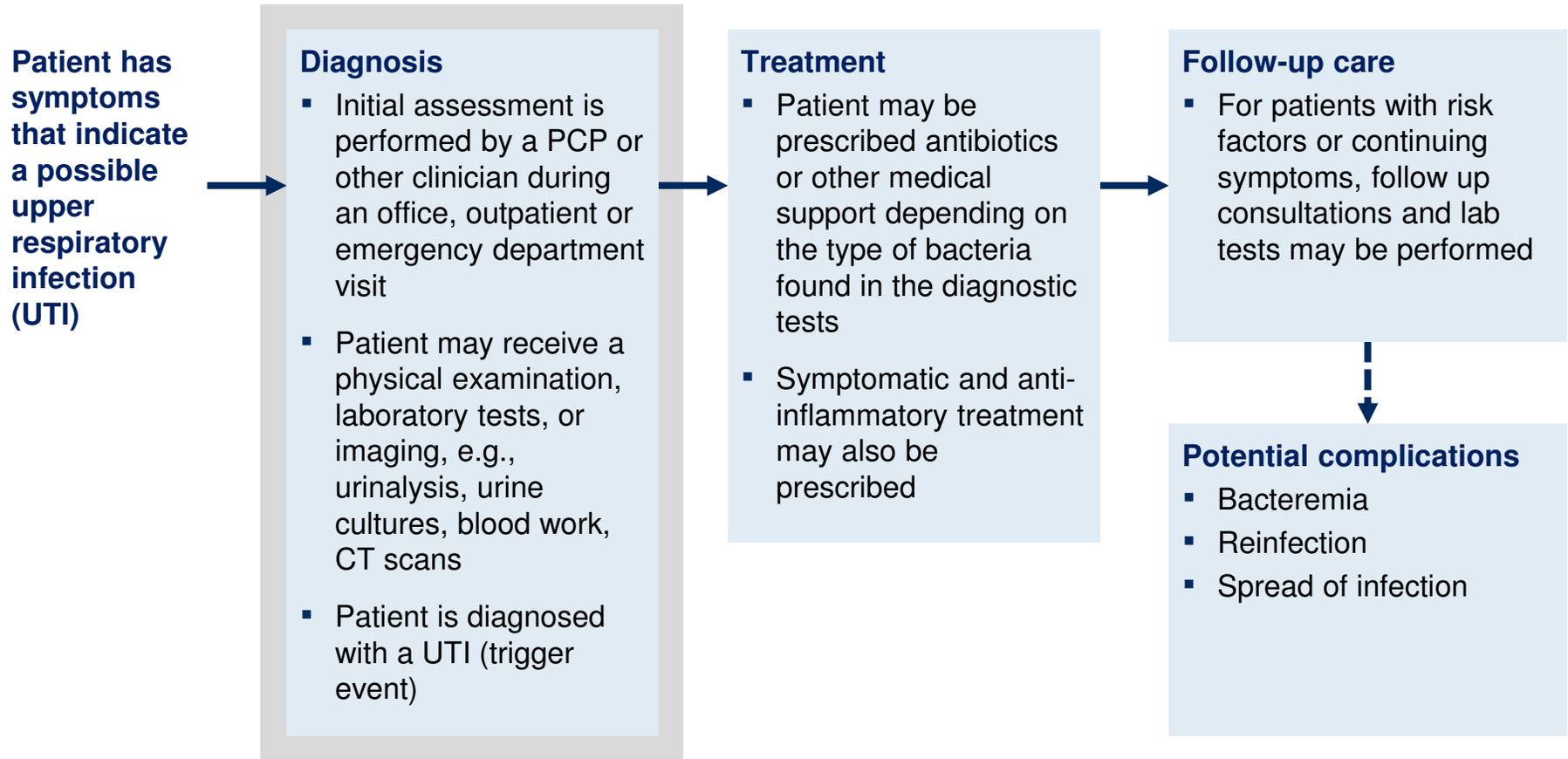


# Patient journey: Urinary tract infection (UTI) episode

UTI (OP)

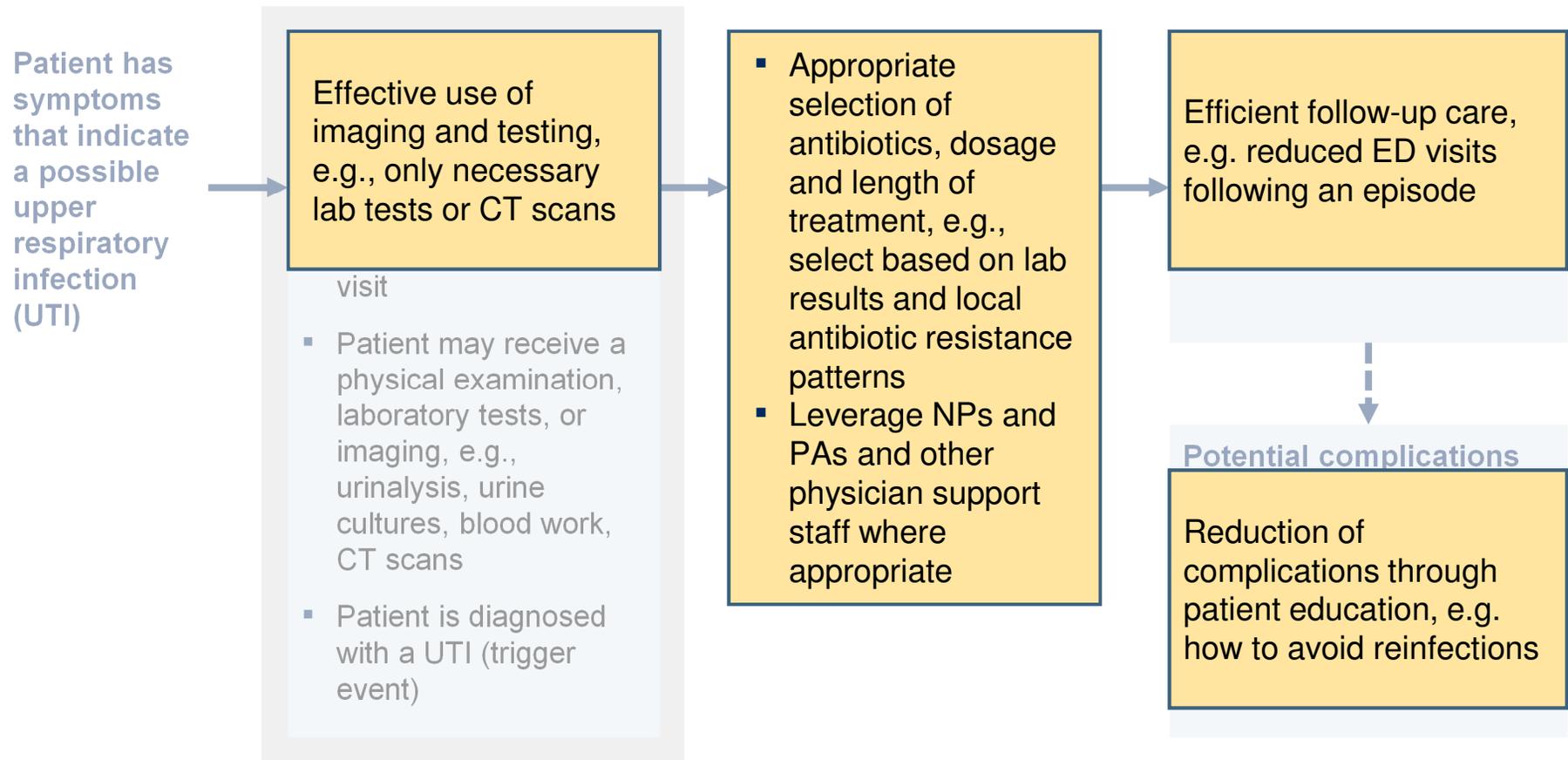
■ Potential episode trigger event



# Sources of value: Urinary tract infection (UTI) episode

UTI (OP)

■ Potential episode trigger event



# Urinary tract infection (UTI) episode definition (1/2)

UTI (OP)

| Area   | Episode base definition   |
|--|---|
| <p><b>1</b> Episode triggers</p>               | <ul style="list-style-type: none"> <li>▪ <b>Professional claim for an office, ED, or urgent care visit</b> with either:                             <ul style="list-style-type: none"> <li>– A primary Dx in a set of specific UTI Dx</li> <li>– A primary Dx in a set of contingent UTI Dx and a confirmatory secondary URI Dx in a set of specific UTI Dx</li> </ul> </li> </ul>  |
| <p><b>2</b> Episode window</p>                 | <ul style="list-style-type: none"> <li>▪ Episodes begin on the day of the triggering visit; post-trigger window is <b>30</b> days</li> <li>▪ Clean period is the same length as post-trigger window</li> </ul>  |
| <p><b>3</b> Claims included<sup>1</sup></p>    | <ul style="list-style-type: none"> <li>▪ <b>During the day the UTI was diagnosed:</b> Relevant E&amp;M professional and facility claims (excluding ED facility fees at initial visit), relevant procedures, relevant medications (e.g. fever, nausea with vomiting, urinalysis, electrolyte panel)</li> <li>▪ <b>During post-visit period:</b> Relevant E&amp;M visits, relevant procedures, relevant medications, spend associated with diagnoses for relevant complications, and spend associated to relevant APR-DRGs (e.g. septicemias, abdominal pain, antibiotics)</li> </ul> |
| <p><b>4</b> Principal accountable provider</p> | <ul style="list-style-type: none"> <li>▪ The PAP is the <b>clinician or group</b> that diagnosed the patient</li> <li>▪ The billing provider ID on the triggering professional claim will be used to identify the PAP</li> <li>▪ Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim</li> </ul>  |

<sup>1</sup> A full list is available in the detailed business requirements

# Urinary tract infection (UTI) episode definition (2/2)

UTI (OP)

| Area  | Episode base definition  |
|---|--|
| <p><b>5</b> Risk adjustment and episode exclusion</p> | <ul style="list-style-type: none"> <li>▪ <b>Risk adjustment:</b> 58 factors for use in risk adjustment including diabetes, endometriosis, heart disease, hepatitis, obesity, pneumonia, and severe kidney infections<sup>1</sup></li> <li>▪ <b>Episode exclusion:</b> There are three types of exclusions:                             <ul style="list-style-type: none"> <li>– Business exclusions:                                     <ul style="list-style-type: none"> <li>▫ Members under 2 years or above 64 years of age</li> <li>▫ Episodes with inpatient admissions during trigger window</li> <li>▫ 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</li> </ul> </li> <li>– Clinical exclusions:                                     <ul style="list-style-type: none"> <li>▫ Members with any of 16 clinical factors<sup>1</sup></li> <li>▫ Members with an unusually large number<sup>1</sup></li> </ul> </li> <li>– High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)</li> </ul> </li> </ul> |
| <p><b>6</b> Quality metrics</p>                       | <ul style="list-style-type: none"> <li>▪ <b>Quality metrics linked to gain-sharing:</b> <ul style="list-style-type: none"> <li>– Advanced imaging rate</li> </ul> </li> <li>▪ <b>Quality metrics for reporting only:</b> <ul style="list-style-type: none"> <li>– Repeat infection rate</li> <li>– Antibiotics fill rate</li> <li>– Percentage of episodes with ED or urgent care visit during the trigger window where IP admission occurs during the post-trigger window</li> <li>– Percentage of episodes with ED or urgent care visit during the trigger window where an office visit occurs during the post-trigger window</li> <li>– Percentage of episodes with an ED or urgent care visit during the post-trigger window</li> <li>– <b>For pediatric episodes (up to 17 years of age):</b> Urine culture AND urinalysis rate</li> <li>– <b>For adult episodes:</b> Urine culture rate OR urinalysis rate</li> </ul> </li> </ul>  |

<sup>1</sup> A full list is available in the detailed business requirements