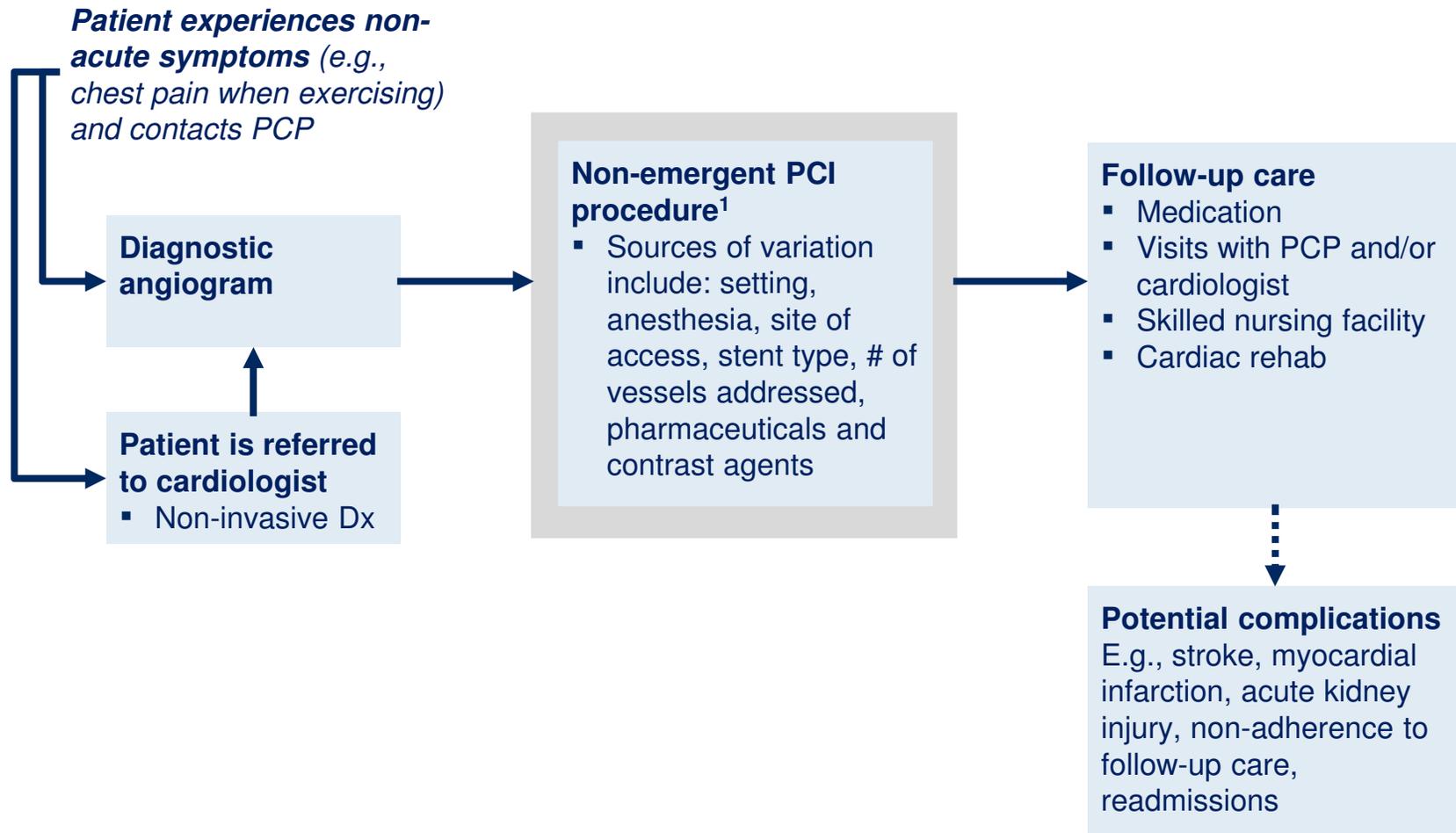
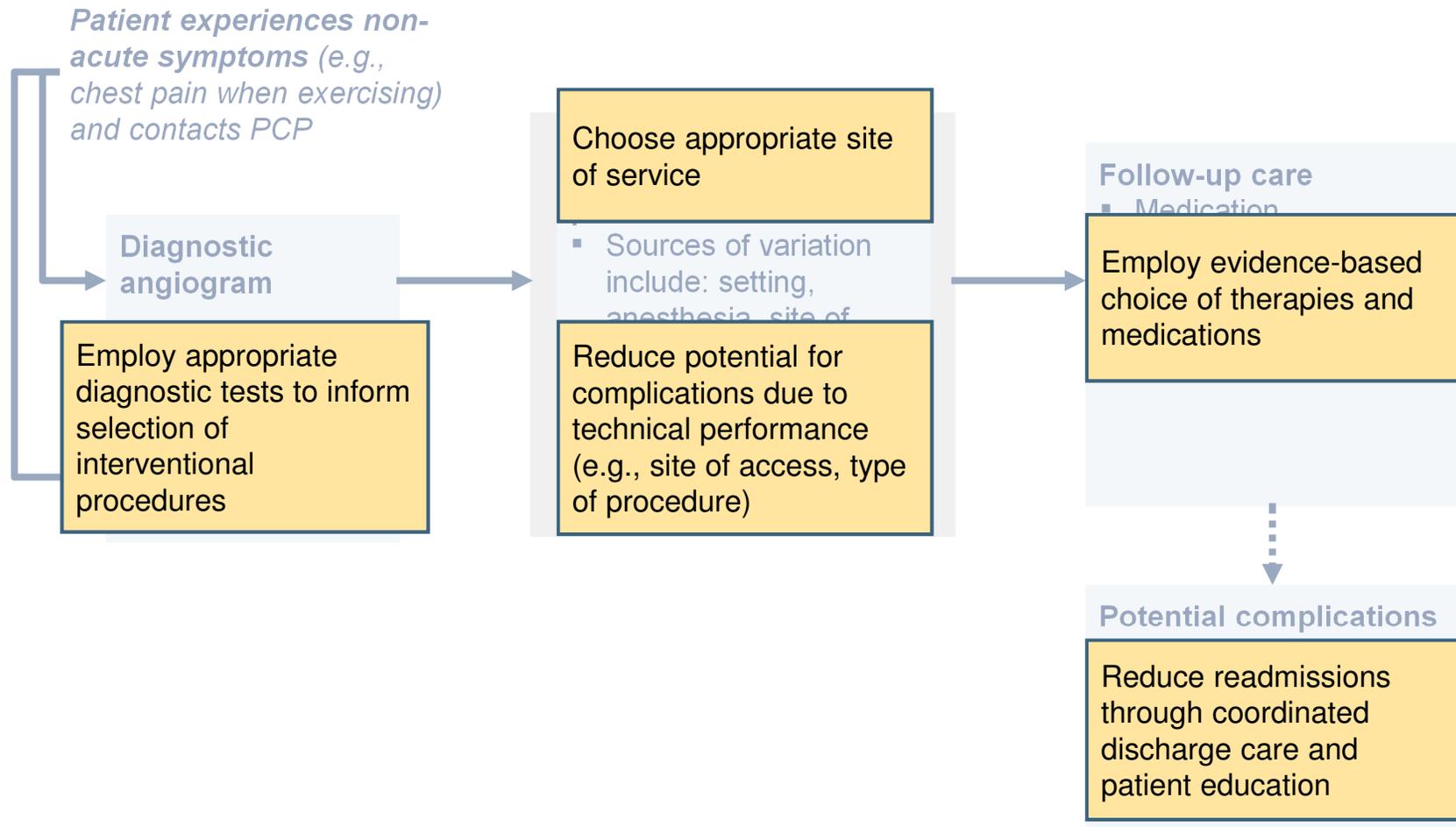


Patient journey: Non-acute percutaneous coronary intervention (PCI) episode



¹ May be performed in inpatient or outpatient setting

Sources of value: Non-acute percutaneous coronary intervention (PCI) episode



1 May be performed in inpatient or outpatient setting

Non-acute PCI episode definition (1/2)

Area	Episode base definition
1 Episode triggers ¹	<ul style="list-style-type: none"> Professional claim for a set of PCI-specific Px and an ED or inpatient facility claim with a primary non-acute ischemic heart disease-specific Dx (412.X, 413.X, or 414.X)
2 Episode window	<ul style="list-style-type: none"> Pre-trigger window begins on the date of the most recent angiogram within 30 days prior to the triggering PCI procedure² Episodes end 30 days after discharge from the trigger facility
3 Claims included ³	<ul style="list-style-type: none"> During the pre-trigger window: All relevant outpatient, professional, and pharmacy less any occurring during inpatient admissions During the trigger window: All inpatient, outpatient, long term care, professional, and pharmacy claims During post-trigger window: Relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g. cardiomyopathy, diagnostic angiogram, ACE inhibitors, stroke, etc.) and inpatient admissions less BPCI exclusions
4 Principal accountable provider	<ul style="list-style-type: none"> The PAP is the physician or physician group that performs the PCI 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 Listed codes also include all sub-codes

2 If no diagnostic angiogram is performed, the episode does not have a pre-trigger window

3 A full list is available in the detailed business requirements

Non-acute PCI episode definition (2/2)

NON-ACUTE PCI

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 8 factors for use in risk adjustment including cardiac arrest during the trigger PCI, complex hypertension, and fluid and electrolyte disorders¹ ▪ 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: 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 13 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 adverse outcomes² ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Percent of episodes where the trigger PCI involves multiple vessels, including multiple branches – Percent of episodes with a repeat PCI

¹ A full list is available in the detailed business requirements

² Adverse outcomes include AV fistula or dissection of coronary artery, post-operative hemorrhage, post-operative infection, myocardial infarction, pulmonary embolism or vein thrombosis, stent complication, or stroke