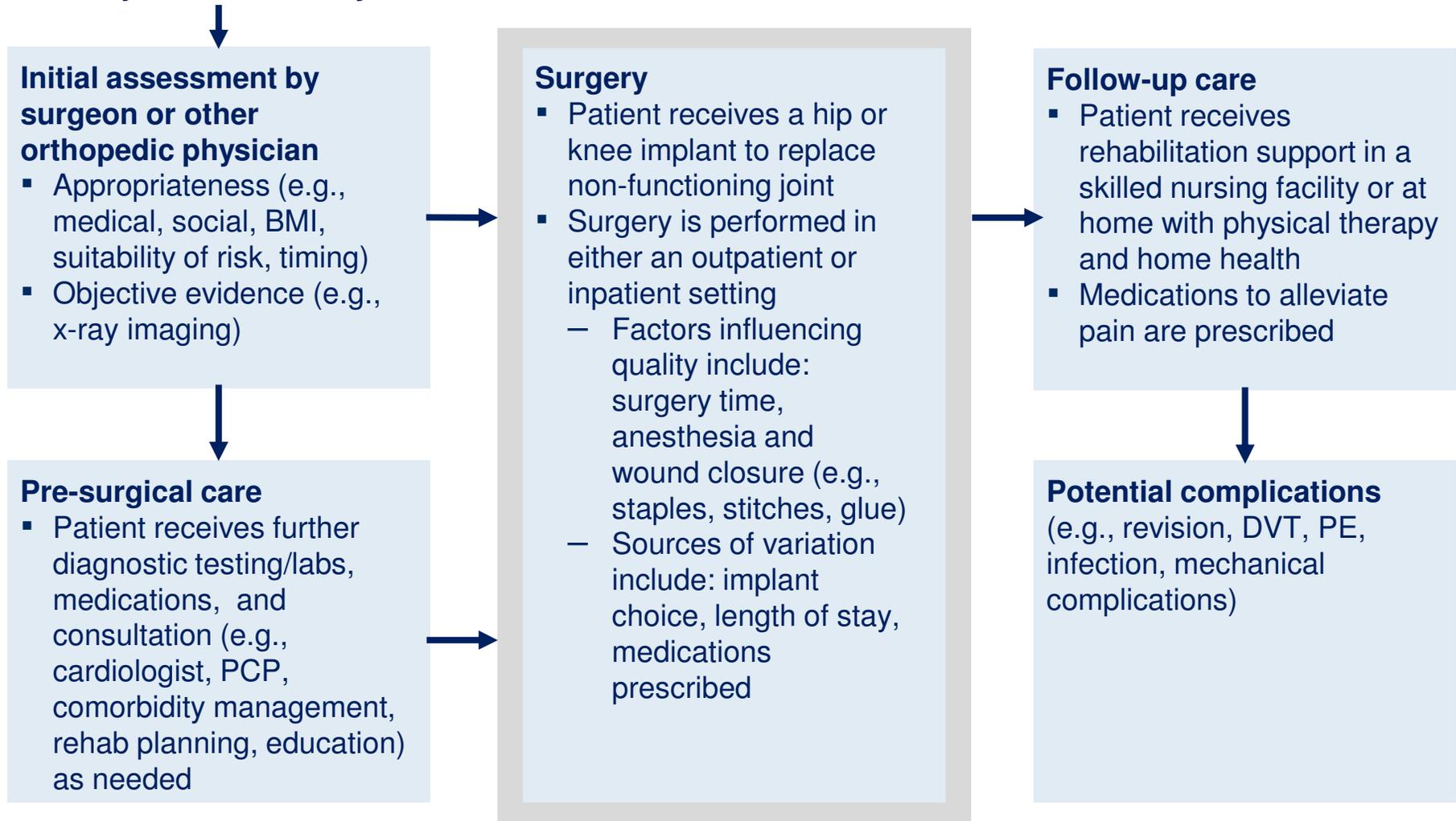


# Patient journey: Total joint replacement (TJR) episode

TJR

■ Potential episode trigger event

**Patient suffers from limited joint functionality**

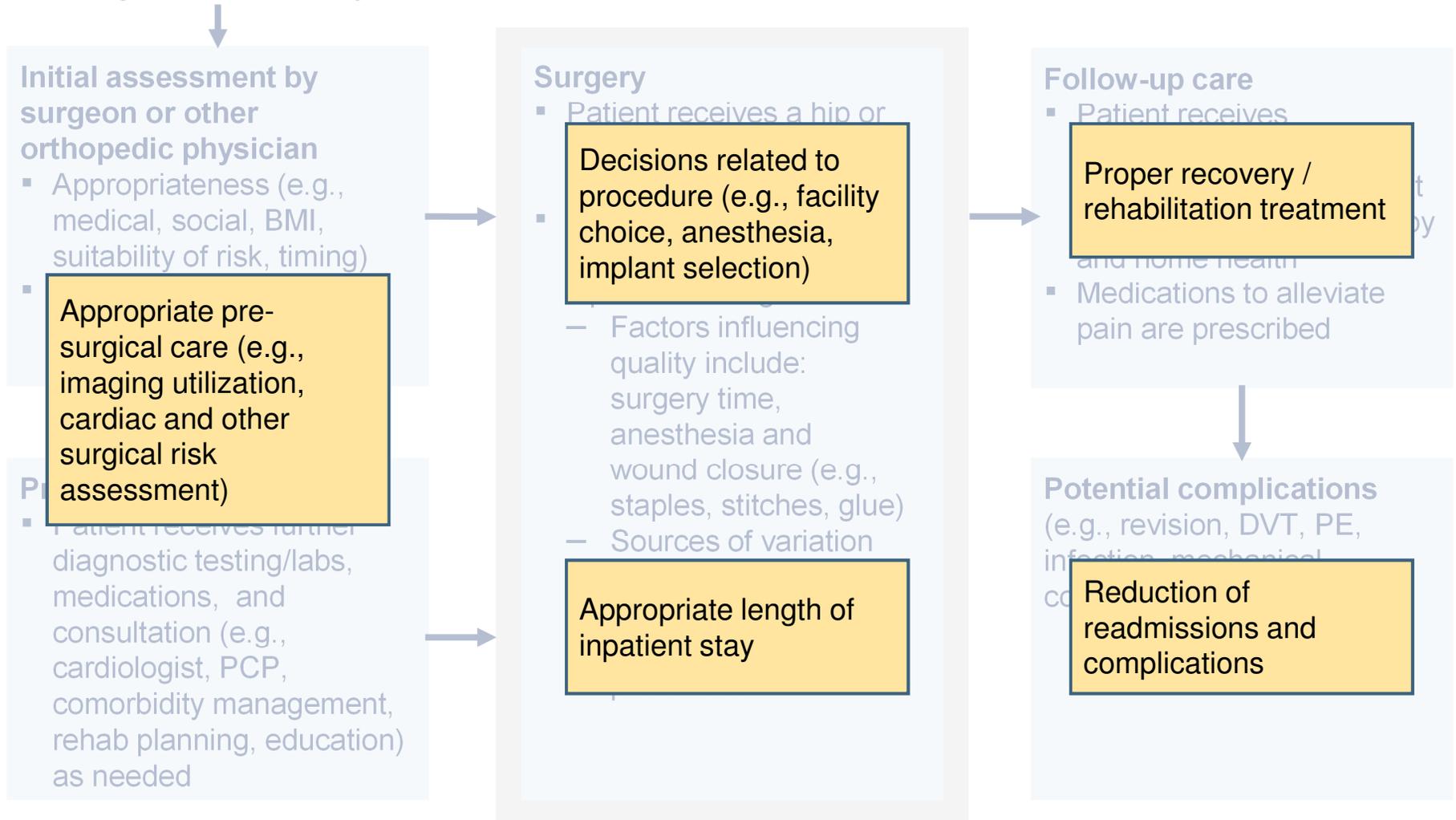


# Sources of value: Total joint replacement (TJR) episode

TJR

■ Potential episode trigger event

*Patient suffers from limited joint functionality*



# Total joint replacement (TJR) episode definition (1/2)

TJR

Area	Episode base definition
<b>1</b> Episode triggers	<ul style="list-style-type: none"> <li>Professional claim and an ED or inpatient facility claim for a set of TJR-specific Px without any Dx in a set of non-elective procedure or revision Dx</li> </ul>
<b>2</b> Episode window	<ul style="list-style-type: none"> <li>Episodes begin <b>90 days</b> before the date of the triggering total joint replacement</li> <li>Episodes end <b>90 days</b> after completion of the triggering total joint replacement</li> <li>Bilateral clean period spans 180 days before and after the trigger window</li> </ul>
<b>3</b> Claims included <sup>1</sup>	<ul style="list-style-type: none"> <li><b>During the pre-trigger window:</b> Relevant outpatient and professional less any occurring during inpatient admissions (e.g. hip/knee radiology, pre-surgical testing/assessment, etc.)</li> <li><b>During the trigger window:</b> All inpatient, outpatient, long term care, professional, and pharmacy claims</li> <li><b>During post-trigger window:</b> Relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications (e.g. osteoarthritis, revisions, dislocations, analgesics, etc.) and relevant inpatient admissions less BPCI exclusions               <ul style="list-style-type: none"> <li>If hospitalizations occur during post-trigger window 2 (e.g. days 30-90 after the end of the trigger window), associated claims must have relevant Dx for inclusion</li> </ul> </li> </ul>
<b>4</b> Principal accountable provider	<ul style="list-style-type: none"> <li>The PAP is the <b>physician</b> or <b>physician group</b> that performs the TJR</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

# Total joint replacement (TJR) episode definition (2/2)

TJR

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> 7 factors for use in risk adjustment including anemia, obesity, and cerebrovascular disease<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 above 64 years old</li> <li>▫ Others: Multiple payers, 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 6 clinical factors<sup>1</sup></li> <li>▫ Members with an unusually large number of comorbidities<sup>1</sup></li> <li>▫ Members who left treatment against medical advice or died</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>— Percent of episodes with 2+ hospitalizations in post-trigger window 1, excluding those occurring in acute rehabilitation facilities</li> <li>— Percent of episodes with a fracture, dislocation, or wound infection during the post-trigger window</li> </ul> </li> <li>▪ <b>Quality metrics for reporting only:</b> <ul style="list-style-type: none"> <li>— Percent of episodes with a pulmonary embolism in the trigger window or post-trigger window</li> <li>— Percent of episodes with 1+ blood transfusions during the trigger window</li> </ul> </li> </ul>

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