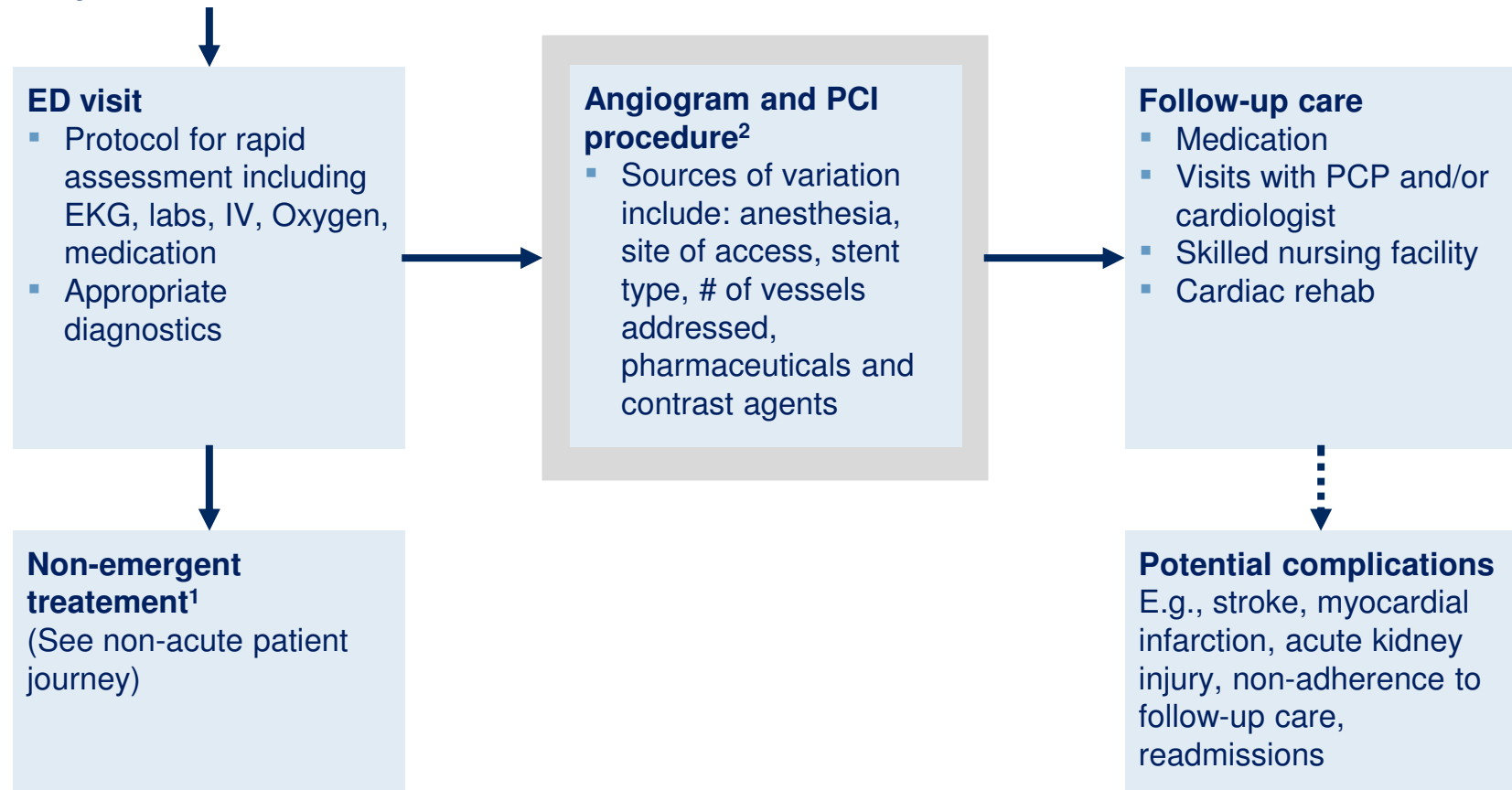


Patient journey: Acute percutaneous coronary intervention (PCI) episode

■ Potential episode trigger event

Patient experiences acute symptoms, suspects myocardial infarction and goes straight to the ED



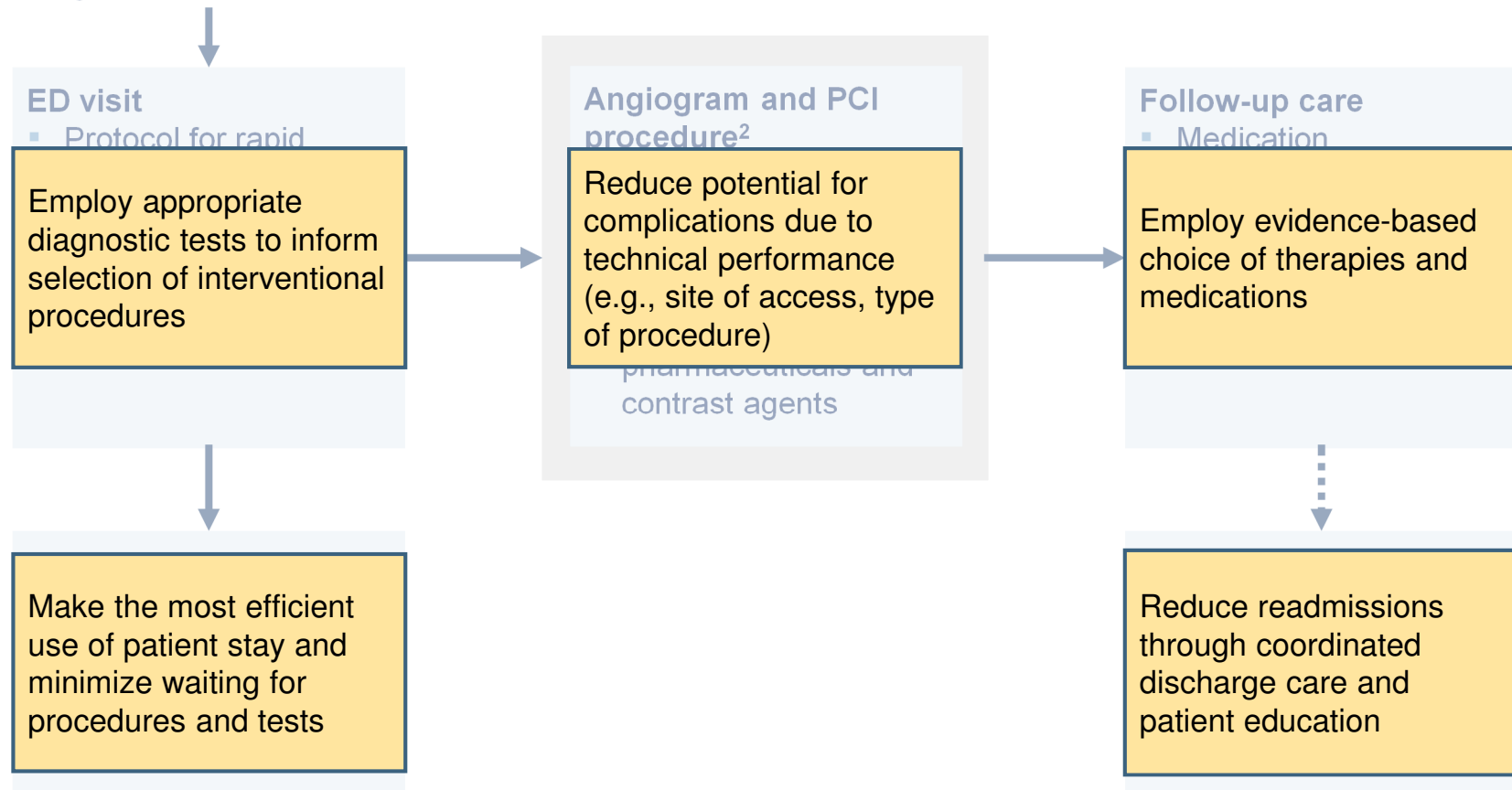
1 Some non-acute patients self-admit to the ED and are either treated or discharged to the “non-emergent” pathway

2 STEMI guidelines indicate intervention within 2 hours; NSTEMI and others within 48 hours when urgent

Sources of value: Acute percutaneous coronary intervention (PCI) episode

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Acute PCI episode definition (1/2)

Area	Episode base definition
1 Episode triggers¹	<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 acute ischemic heart disease-specific Dx (410.X or 411.X)
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 included²	<ul style="list-style-type: none"> ▪ During the trigger window: All inpatient, outpatient, long term care, professional, and pharmacy claims ▪ During post-trigger window: All spend associated with 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 facility where the PCI is performed ▪ 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

Acute PCI episode definition (2/2)

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