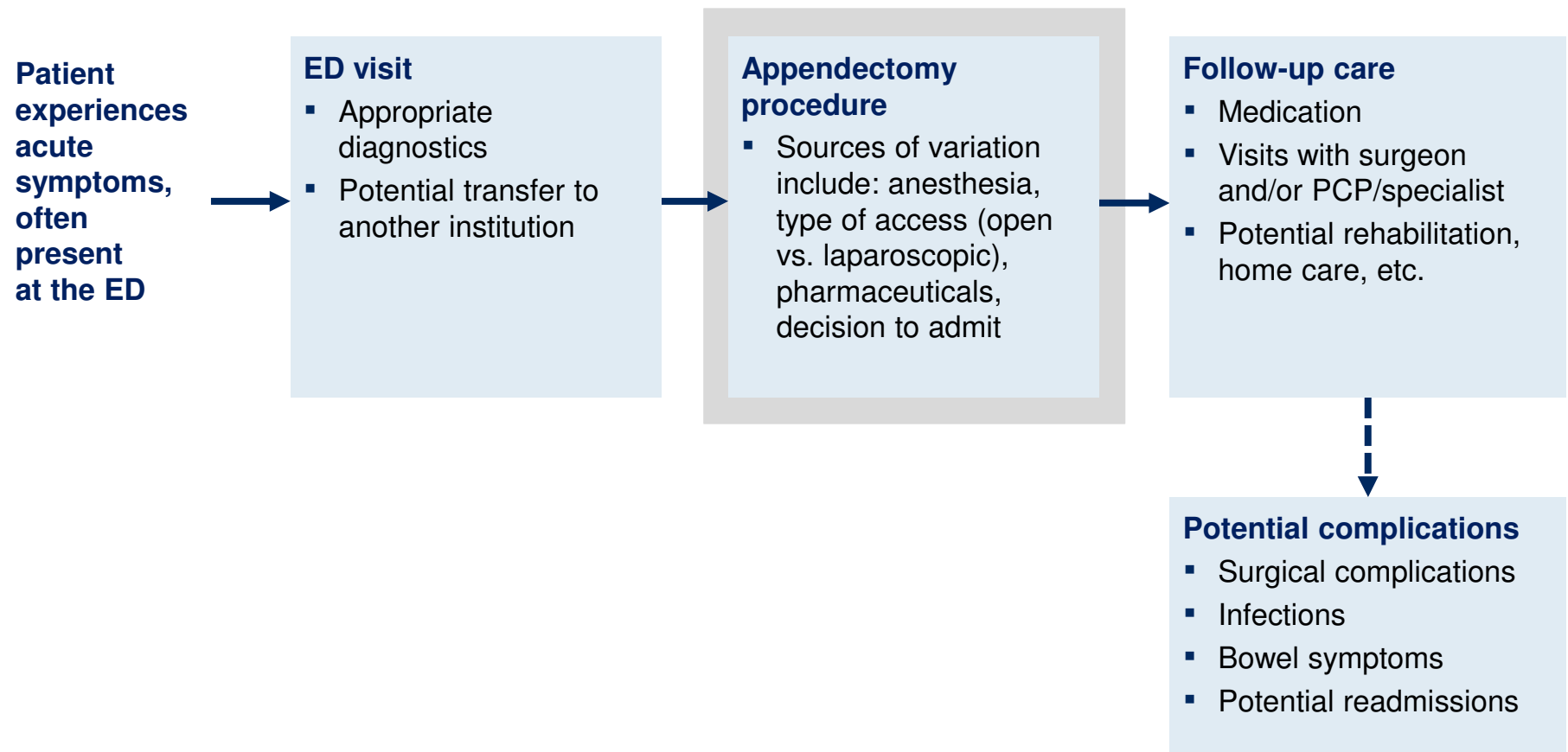


Patient journey: Appendectomy episode

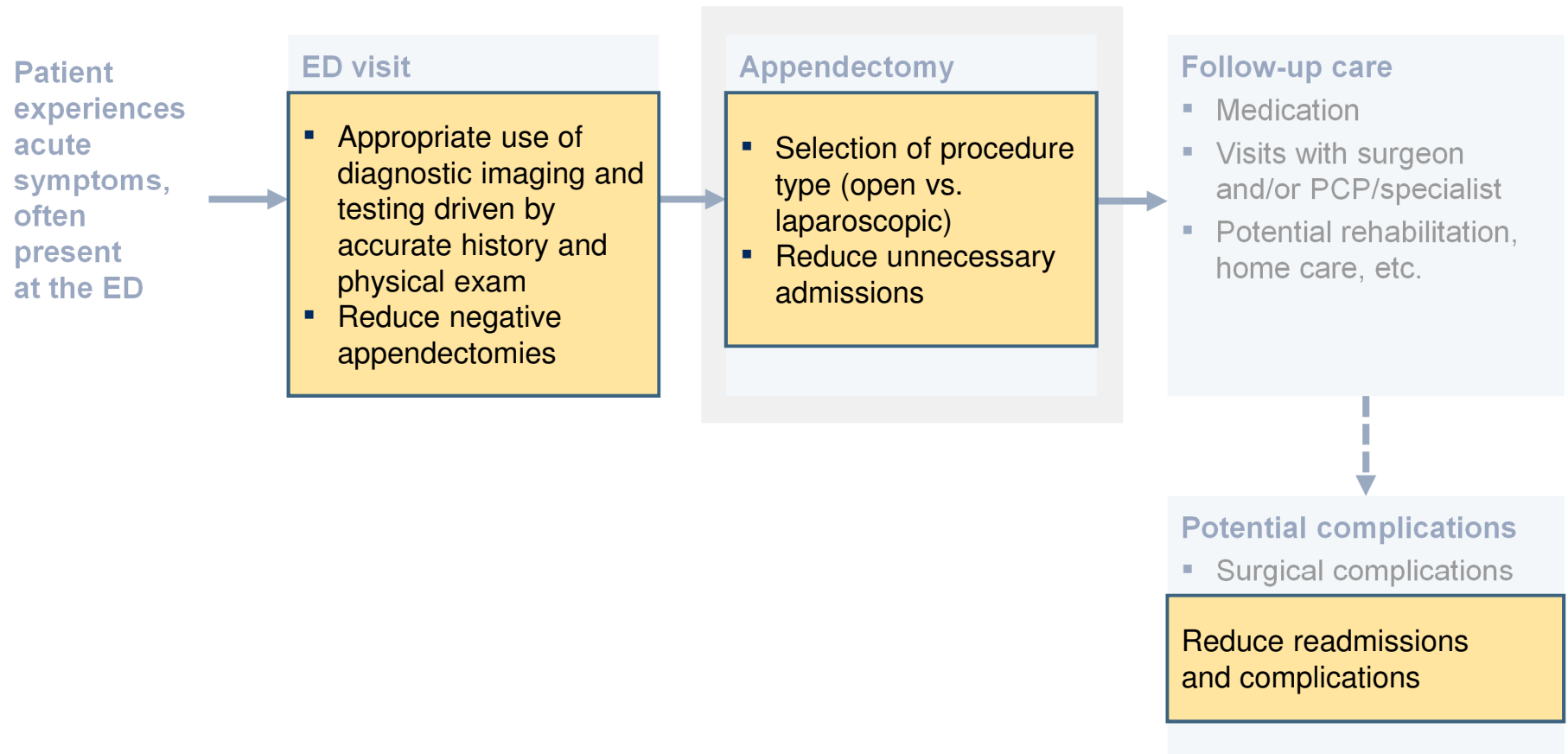
■ Potential episode trigger event



Sources of value: Appendectomy episode

APPENDECTOMY

■ Potential episode trigger event



Appendectomy episode definition (1/2)

Area	Episode base definition
1 Episode trigger	<ul style="list-style-type: none"> Professional claim for appendectomy surgery, including open and laparoscopic procedures
2 Episode window	<ul style="list-style-type: none"> Episodes begin 2 days before the appendectomy surgery Episodes end 30 days after the appendectomy surgery or discharge from hospital Clean period is 32 days
3 Claims included ¹	<ul style="list-style-type: none"> During the pre-operative period: Relevant diagnoses, relevant pre-operative procedures, relevant E&M visits, relevant imaging and testing procedures, and relevant medications (e.g. acute appendicitis with peritonitis, abdominal ultrasound) During the visit for the surgery: All medical spend and relevant medications (e.g. heparin, antibiotics) During post-operative period: Relevant E&M visits, relevant pathology, imaging, and post-operative procedures, relevant imaging and testing procedures, relevant medications, all inpatient admissions less BPCI exclusions, and spend associated with diagnoses for relevant complications (e.g. surgical complications, blood testing, training in joint movement)
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

Appendectomy episode definition (2/2)

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 13 risk factors for use in risk adjustment including obesity, respiratory failure, heart disease, and diabetes¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> – Business exclusions: <ul style="list-style-type: none"> ▫ Members under 2 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 14 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 – Negative appendectomy rate – Open versus laparoscopic rate – CT use rate – Average length of stay for inpatient admissions

¹ A full list is available in the detailed business requirements