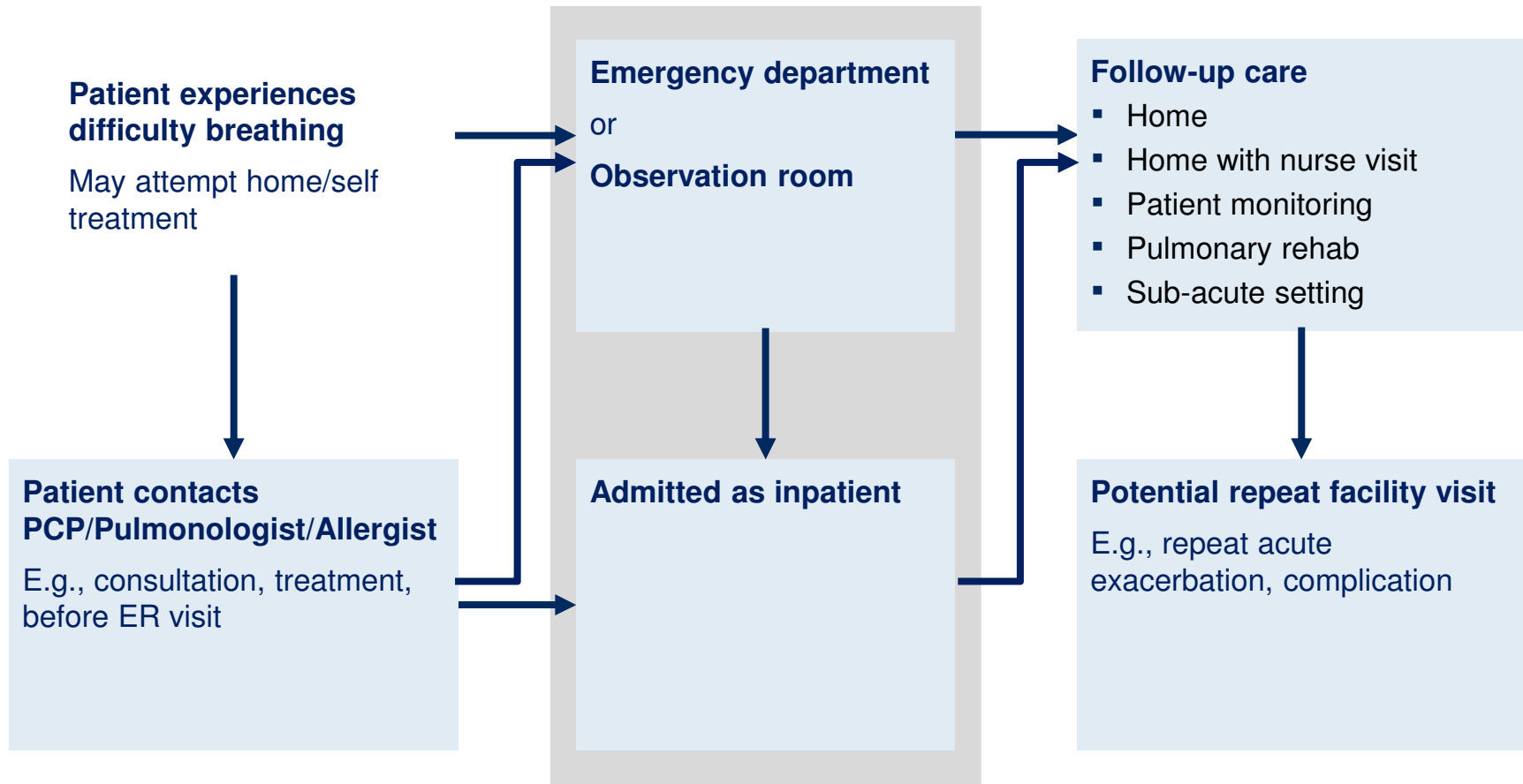


Patient journey: COPD acute exacerbation episode

COPD

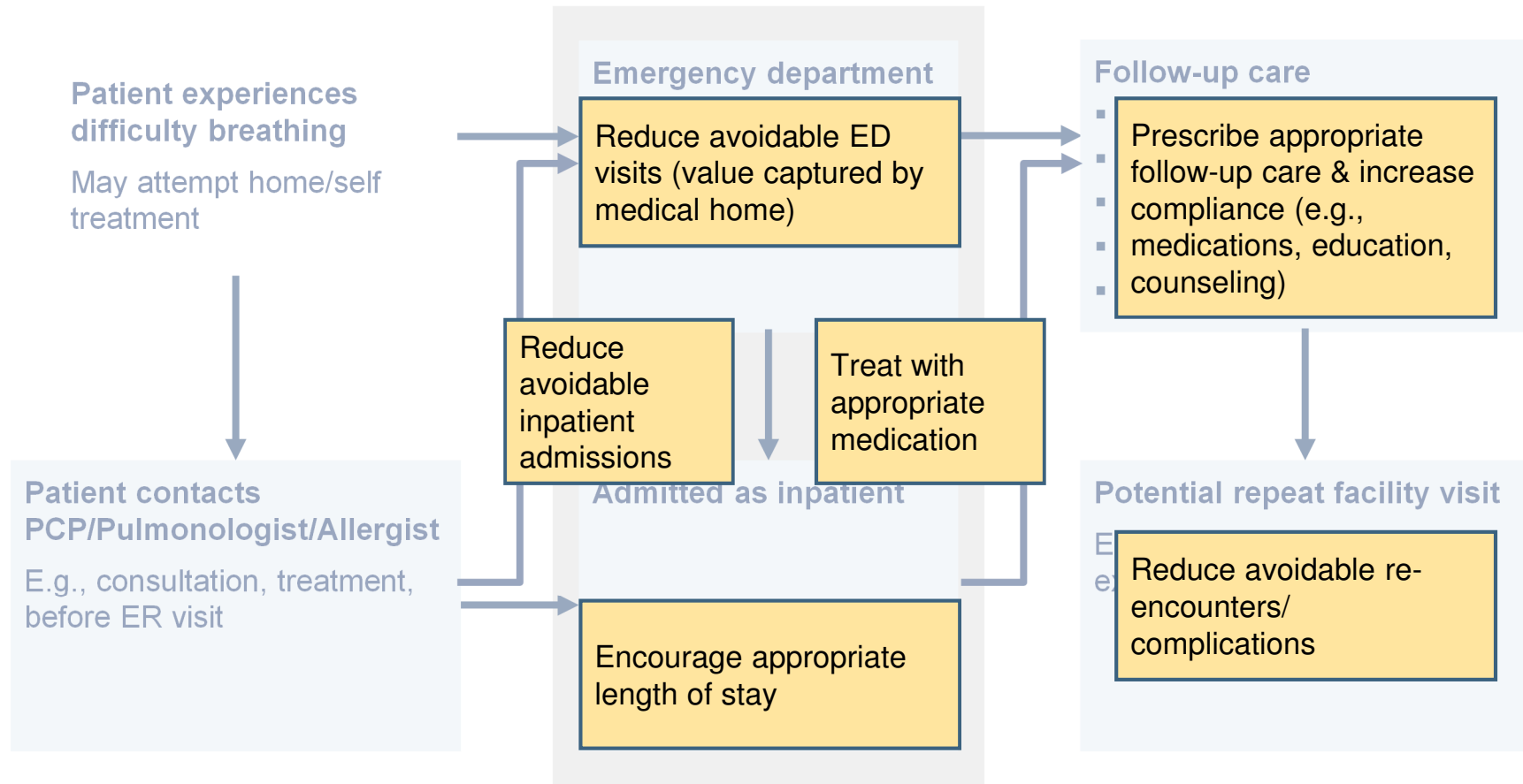
■ Potential episode trigger event



Sources of value: COPD acute exacerbation episode

COPD

■ Potential episode trigger event



COPD acute exacerbation episode definition (1/2)

COPD

Area	Episode base definition
<p>1 Episode triggers¹</p>	<ul style="list-style-type: none"> ▪ An ED or inpatient facility claim with a: <ul style="list-style-type: none"> – Primary Dx in a set of COPD-specific Dx – Primary contingent COPD Dx (518.8) with a secondary confirmatory COPD Dx
<p>2 Episode window</p>	<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
<p>3 Claims included²</p>	<ul style="list-style-type: none"> ▪ During the trigger window: All inpatient, outpatient, professional, and pharmacy claims ▪ During post-trigger window: Spend associated with relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g. pneumonia, chest x-rays, nebulizers, decongestants, etc.) and inpatient admissions less BPCI exclusions
<p>4 Principal accountable provider</p>	<ul style="list-style-type: none"> ▪ The PAP is the first facility that treats the patient during the trigger window ▪ 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

COPD acute exacerbation episode definition (2/2)

COPD

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 18 factors for use in risk adjustment including age group, heart disease, respiratory failure, and substance abuse¹ ▪ 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 18 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 a follow-up visit within 30 days ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Percent of episodes with a repeat exacerbation within 30 days – Percent of episodes in IP vs. ED/Obs treatment setting – Percent of episodes with smoking cessation counselling – Percent of episodes with a follow-up visit within 7 days

¹ A full list is available in the detailed business requirements