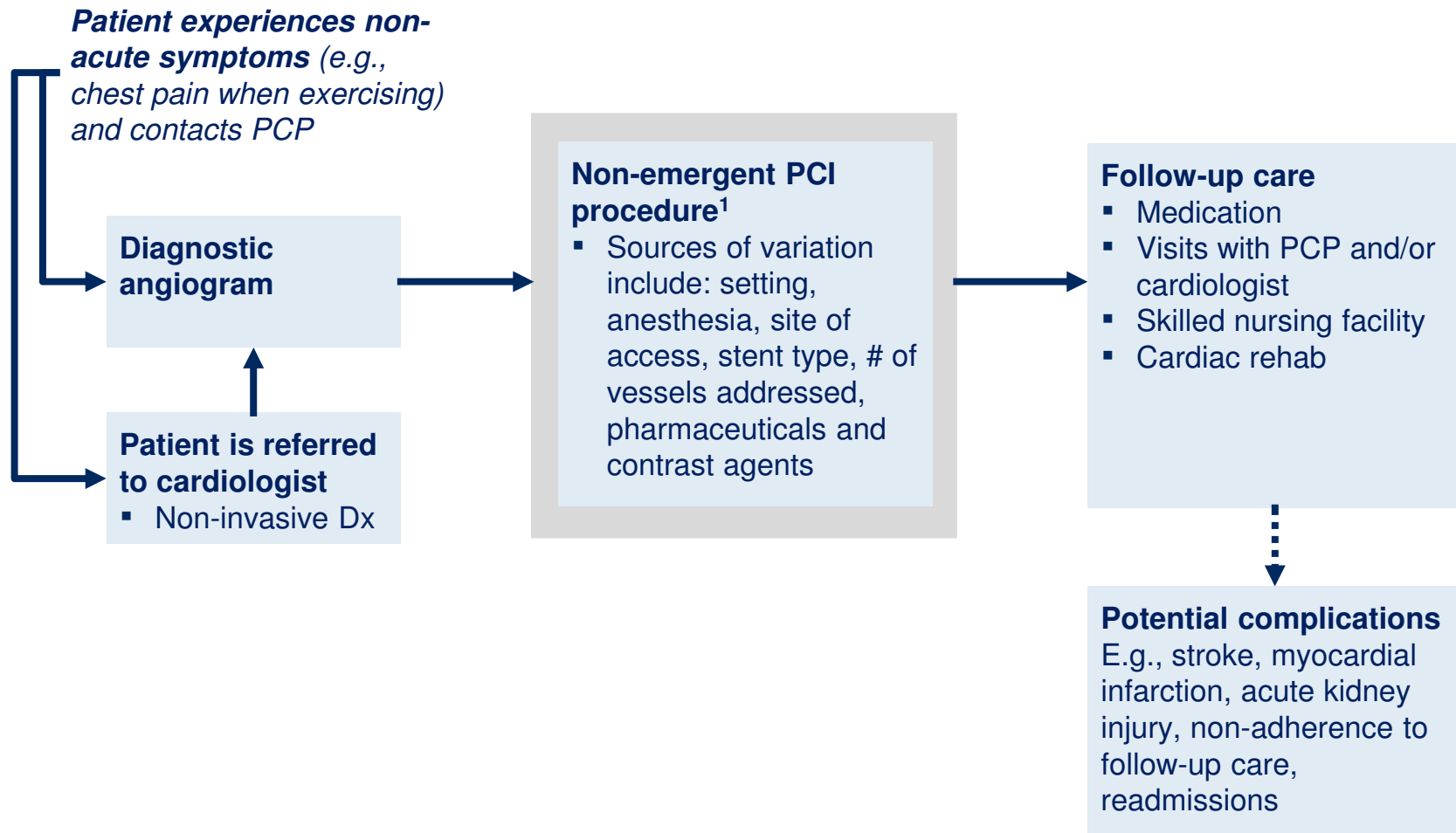
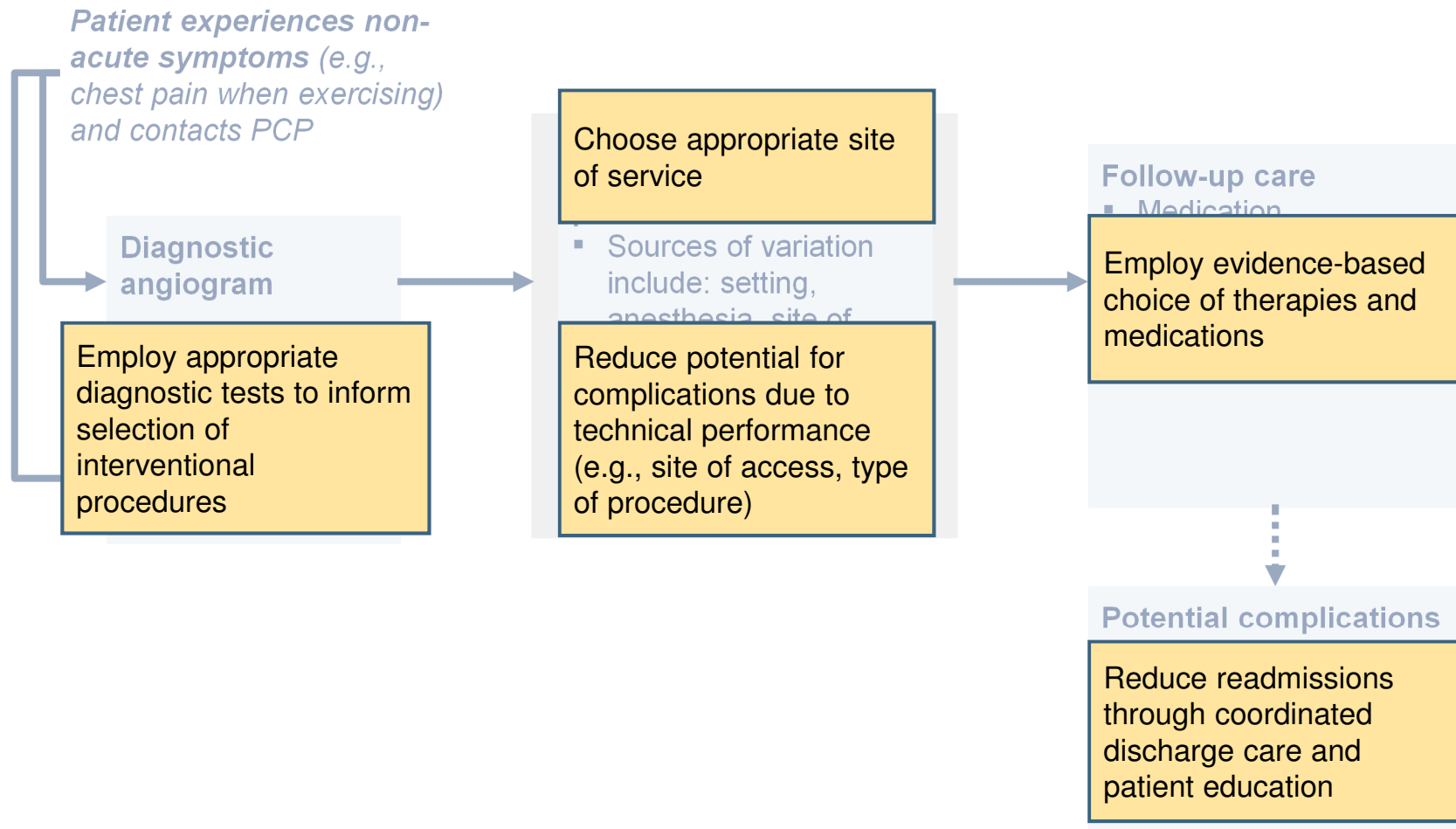


# Patient journey: Non-acute percutaneous coronary intervention (PCI) episode



<sup>1</sup> 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
<b>1</b> Episode triggers <sup>1</sup>	<ul style="list-style-type: none"> <li>Professional claim for a set of PCI-specific Px and an <b>ED or inpatient facility claim</b> with a primary non-acute ischemic heart disease-specific Dx (412.X, 413.X, or 414.X)</li> </ul>
<b>2</b> Episode window	<ul style="list-style-type: none"> <li>Pre-trigger window begins on the date of the most recent angiogram within <b>30 days</b> prior to the triggering PCI procedure<sup>2</sup></li> <li>Episodes end <b>30 days</b> after discharge from the trigger facility</li> </ul>
<b>3</b> Claims included <sup>3</sup>	<ul style="list-style-type: none"> <li><b>During the pre-trigger window:</b> All relevant outpatient, professional, and pharmacy less any occurring during inpatient admissions</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 and supplies (e.g. cardiomyopathy, diagnostic angiogram, ACE inhibitors, stroke, etc.) and inpatient admissions less BPCI exclusions</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 PCI</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>

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)

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> 8 factors for use in risk adjustment including cardiac arrest during the trigger PCI, complex hypertension, and fluid and electrolyte disorders<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 under 18 years old or above 64 years old</li> <li>▫ 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</li> </ul> </li> <li>– Clinical exclusions:                                     <ul style="list-style-type: none"> <li>▫ Members with any of 13 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 adverse outcomes<sup>2</sup></li> </ul> </li> <li>▪ <b>Quality metrics for reporting only:</b> <ul style="list-style-type: none"> <li>– Percent of episodes where the trigger PCI involves multiple vessels, including multiple branches</li> <li>– Percent of episodes with a repeat PCI</li> </ul> </li> </ul>

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