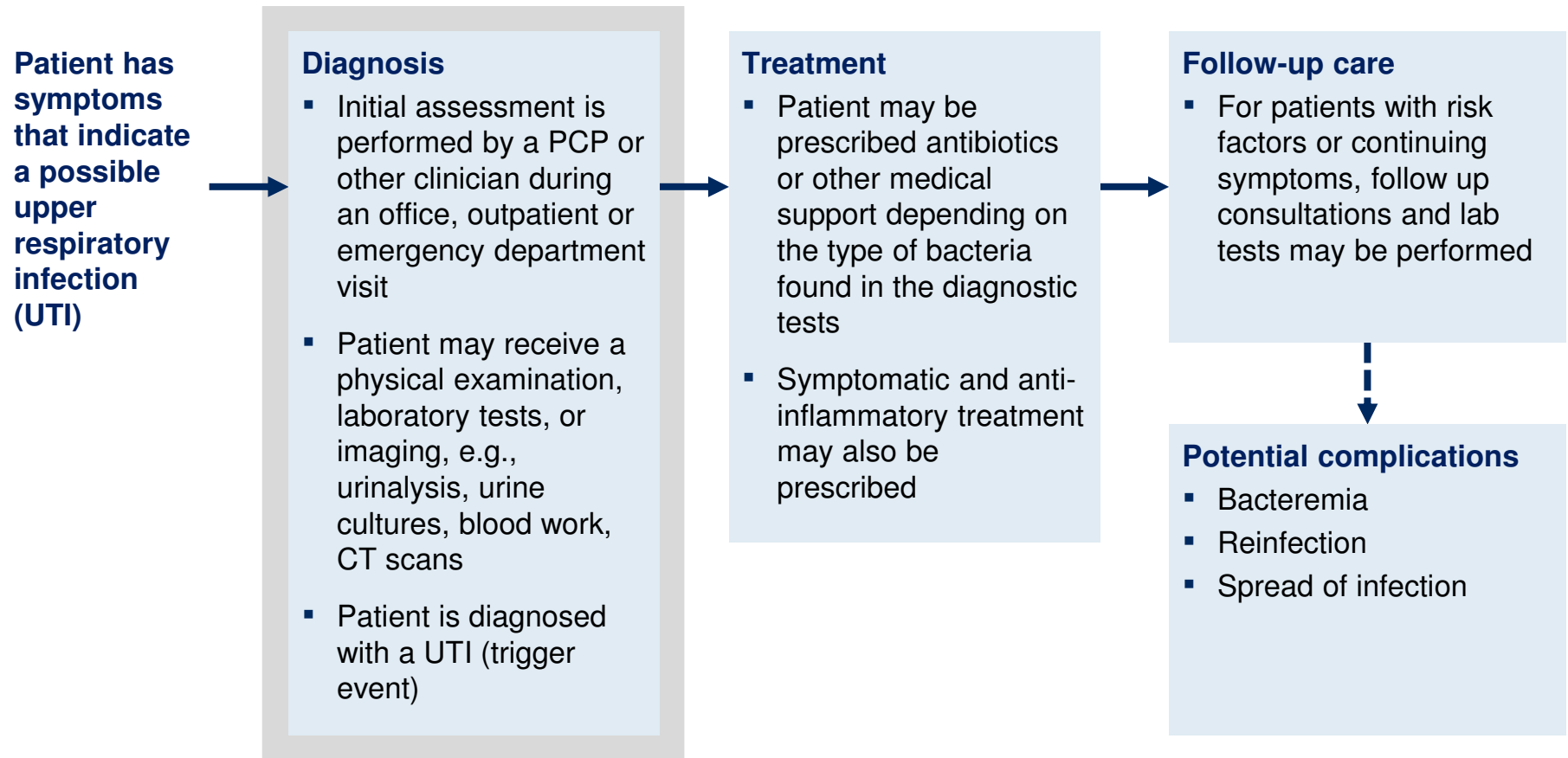


Patient journey: Urinary tract infection (UTI) episode

UTI (OP)

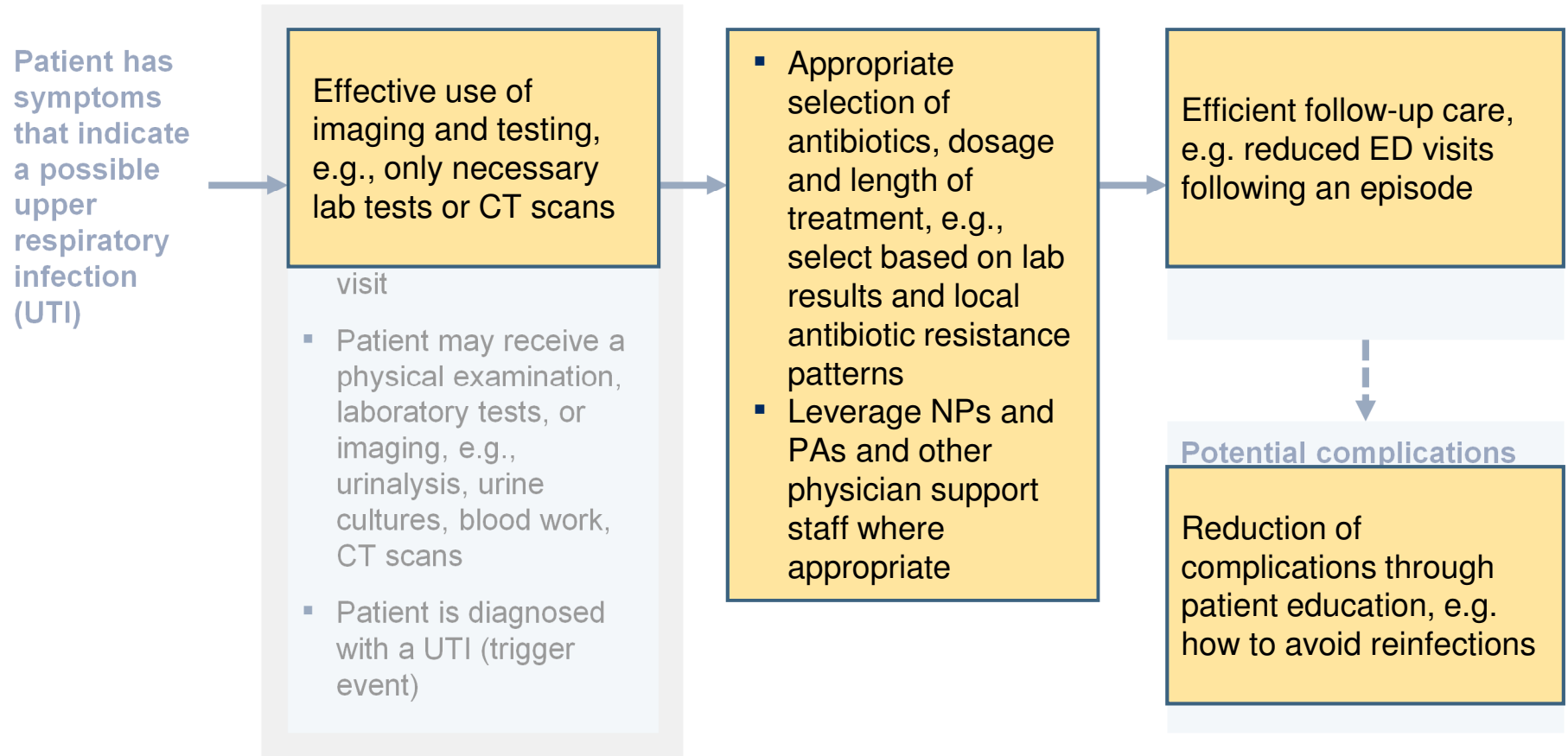
■ Potential episode trigger event



Sources of value: Urinary tract infection (UTI) episode

UTI (OP)

■ Potential episode trigger event



Urinary tract infection (UTI) episode definition (1/2)

UTI (OP)

Area	Episode base definition
<p>1 Episode triggers</p>	<ul style="list-style-type: none"> ▪ Professional claim for an office, ED, or urgent care visit with either: <ul style="list-style-type: none"> – A primary Dx in a set of specific UTI Dx – A primary Dx in a set of contingent UTI Dx and a confirmatory secondary URI Dx in a set of specific UTI Dx
<p>2 Episode window</p>	<ul style="list-style-type: none"> ▪ Episodes begin on the day of the triggering visit; post-trigger window is 30 days ▪ Clean period is the same length as post-trigger window
<p>3 Claims included¹</p>	<ul style="list-style-type: none"> ▪ During the day the UTI was diagnosed: Relevant E&M professional and facility claims (excluding ED facility fees at initial visit), relevant procedures, relevant medications (e.g. fever, nausea with vomiting, urinalysis, electrolyte panel) ▪ During post-visit period: Relevant E&M visits, relevant procedures, relevant medications, spend associated with diagnoses for relevant complications, and spend associated to relevant APR-DRGs (e.g. septicemias, abdominal pain, antibiotics)
<p>4 Principal accountable provider</p>	<ul style="list-style-type: none"> ▪ The PAP is the clinician or group that diagnosed the patient ▪ 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

Urinary tract infection (UTI) episode definition (2/2)

UTI (OP)

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 58 factors for use in risk adjustment including diabetes, endometriosis, heart disease, hepatitis, obesity, pneumonia, and severe kidney infections¹ ▪ 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 or above 64 years of age ▫ Episodes with inpatient admissions during trigger window ▫ 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 16 clinical factors¹ ▫ Members with an unusually large number¹ – 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"> – Advanced imaging rate ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Repeat infection rate – Antibiotics fill rate – Percentage of episodes with ED or urgent care visit during the trigger window where IP admission occurs during the post-trigger window – Percentage of episodes with ED or urgent care visit during the trigger window where an office visit occurs during the post-trigger window – Percentage of episodes with an ED or urgent care visit during the post-trigger window – For pediatric episodes (up to 17 years of age): Urine culture AND urinalysis rate – For adult episodes: Urine culture rate OR urinalysis rate

¹ A full list is available in the detailed business requirements