

# Quick Reference Guide

## *Episodes of Care*

December 30, 2019

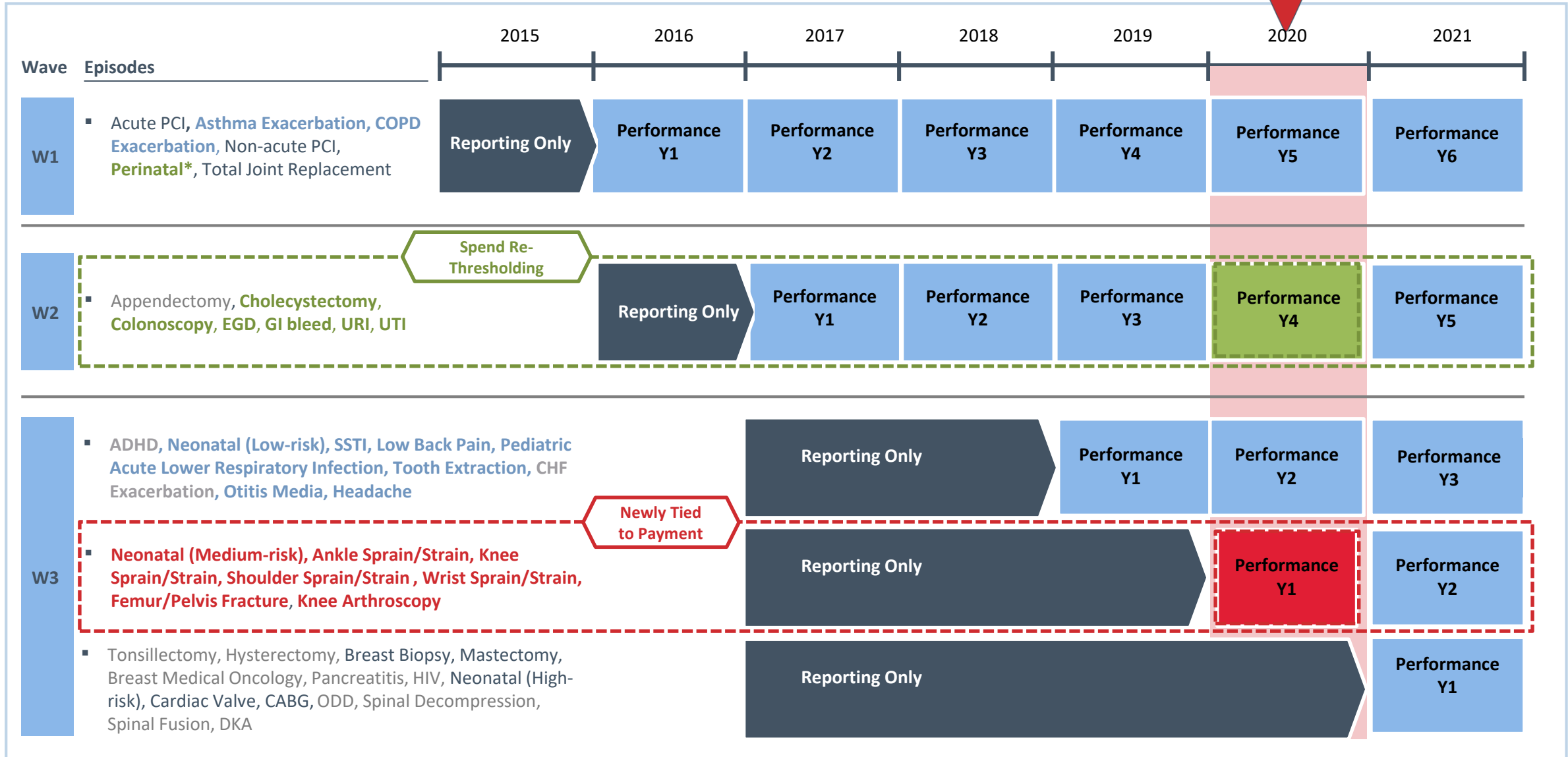
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Department of  
Medicaid

# Timeline of Episodes of Care: Episode Launch/Update Timeline



# Episodes Summary by Sources of Value: 30 Episodes

<b>Infant Mortality</b>	Perinatal*	<b>Antibiotic Stewardship</b>	URI*	
	Neonatal-Low*		Otitis Media*	
	Neonatal-Medium*		UTI*	
	Neonatal-High		Pediatric Acute LRI*	
<b>Population Health</b>	Asthma*	<b>Cardiology</b>	Skin and Soft Tissue Infection*	
	COPD*		Acute PCI	
<b>Opioid Prescribing</b>	Low Back Pain*		<b>Surgical</b>	Non-Acute PCI
	Tooth Extraction*			CABG
	Headache*			Cardiac Valve
	Ankle Sprain/Fracture*	EGD*		
	Shoulder Sprain/Fracture*	Colonoscopy*		
	Wrist Sprain/Fracture*	GI-Bleed*		
	Knee Sprain/Fracture*	Cholecystectomy*		
	Knee Arthroscopy*	Breast Biopsy		
	Total Joint Replacement			
	Femur/Pelvis Fracture Procedure*			

\*Tied to payment for 2020. All other episodes are for information only.

# Retired Episodes of Care

**Removed from reporting in 2019:**

ODD

Tonsillectomy

HIV

Pancreatitis

Hysterectomy

Appendectomy

Diabetic Ketoacidosis

Spinal Fusion

Spinal Decompression without Fusion

Breast Cancer Surgery

Breast Medical Oncology

**Removed from reporting in 2020:**

ADHD\*

Congestive Heart Failure\*

\*Tied to payment for 2019

# Infant Mortality Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Perinatal</b>	Physician who delivers the baby	Live birth diagnosis and delivery procedure code	12 – 49 years	<ul style="list-style-type: none"> <li>Pre-trigger: 40 weeks prior to delivery date</li> <li>Post-trigger: 60 days</li> </ul>	<ul style="list-style-type: none"> <li>HIV test</li> <li>C-section rate</li> <li>Follow-up visit 60 days</li> <li>Gestational diabetes screening</li> <li>Hepatitis B screening</li> <li>Ultrasounds</li> <li>Chlamydia test</li> </ul>
<b>Neonatal-Low</b>	Facility where the newborn is born	Live birth diagnosis in IP setting; 37+ weeks gestational age	0 years	<ul style="list-style-type: none"> <li>Post-trigger 1: 7 days</li> <li>Post-trigger 2: 8 – 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Initial pediatric visit</li> <li>Readmission rate</li> <li>ED visit rate</li> <li>Mortality rate</li> <li>Rate of non-office visits for jaundice</li> <li>Rate of delivery by C-section</li> </ul>
<b>Neonatal-Medium</b>	Facility where the newborn is born	Live birth diagnosis in IP setting; 32 through 36 weeks gestational age <sup>1</sup>	0 years	<ul style="list-style-type: none"> <li>Post-trigger 1: 7 days</li> <li>Post-trigger 2: 8 – 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Initial pediatric visit</li> <li>Readmission rate</li> <li>ED visit rate</li> <li>Mortality rate</li> <li>Rate of delivery by C-section</li> </ul>
<b>Neonatal-High</b>	Facility where the newborn is born	Live birth diagnosis in IP setting; <32 weeks gestational age <sup>2</sup>	0 years	<ul style="list-style-type: none"> <li>Post-trigger 1: 7 days</li> <li>Post-trigger 2: 8 – 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Initial pediatric visit</li> <li>Readmission rate</li> <li>ED visit rate</li> <li>Mortality rate</li> <li>Rate of delivery by C-section</li> </ul>

<sup>1</sup> Defined using ICD-10 codes, approximated as 33-36 weeks in ICD-9

<sup>2</sup> Defined using ICD 10 codes, approximated as 32 weeks and lower in ICD 9

# Population Health Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Asthma</b>	First facility that receives the patient	Asthma specific diagnosis on ED, OBs, or IP facility claim; contingent code with confirming diagnosis	2 – 64 years	<ul style="list-style-type: none"> <li>• Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up visit 30 days</li> <li>• Controller medication</li> <li>• Repeat exacerbation</li> <li>• IP-triggered acute exacerbation</li> <li>• Chest x-ray</li> <li>• Smoking cessation counseling</li> <li>• Follow-up visit 7 days</li> </ul>
<b>COPD</b>	First facility that receives the patient	COPD specific diagnosis on ED, OBs, or IP facility claim; contingent code with confirming diagnosis	18 – 64 years	<ul style="list-style-type: none"> <li>• Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up visit 30 days</li> <li>• Repeat exacerbation</li> <li>• IP-triggered acute exacerbation</li> <li>• Smoking cessation counseling</li> <li>• Follow-up visit 7 days</li> </ul>

# Opioid Prescribing Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Low Back Pain</b>	Physician entity diagnosing the low back pain	Outpatient or office visit diagnosis indicating non-traumatic low back pain	18 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>30-day physician follow-up rate</li> <li>30-day back imaging rate (CT, MRI, X-ray)</li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>New opioid prescription rate</li> <li>Steroid injection rate</li> </ul>
<b>Headache</b>	Physician entity diagnosing the headache	Outpatient or office visit diagnosis indicating non-traumatic headache	14 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 15 days<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>New opioid prescription rate</li> <li>New barbiturate prescription rate</li> <li>Imaging rate (CT, MRI)</li> <li>15-day ED visit rate</li> </ul>
<b>Total Joint Replacement</b>	Physician who performs the procedure	Procedure code for total hip or knee replacement without a related disqualifying trauma diagnosis code	0 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 90 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Readmission 30 days</li> <li>Fracture, dislocation, or infection</li> <li>Pulmonary embolism</li> <li>% 1+ blood transfusions during trigger</li> </ul>

1 MED: morphine equivalence dose

2 Comprised of one 3-day window and one 12-day window

3 Comprised of one 3-day window and one 27-day window



# Opioid Prescribing Episodes: Quick Reference Continued

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Tooth Extraction</b>	Clinician who performs the procedure	Simple or surgical tooth extraction dental procedure code	0 – 64 years	<ul style="list-style-type: none"> <li>• Pre-trigger 1: 30 days</li> <li>• Pre-trigger 2: 30 days</li> <li>• Post-trigger 1: 15 days</li> <li>• Post-trigger 2: 15 days</li> </ul>	<ul style="list-style-type: none"> <li>• Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>• Related post-trigger ED visits</li> <li>• Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>• Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>• New opioid prescription rate</li> <li>• Time to extraction rate (within 30 days)</li> <li>• Preventive services rate</li> <li>• General anesthesia rate for patients under 5 years</li> <li>• Pre-trigger ED visits for known patients</li> </ul>
<b>Knee Arthroscopy</b>	Surgeon who performs the procedure	Knee arthroscopy procedure	18 – 64 years	<ul style="list-style-type: none"> <li>• Pre-trigger: 60 day</li> <li>• Post-trigger 1: 30 days</li> <li>• Post-trigger 2: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>• Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>• Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>• Non-indicated episodes</li> <li>• Multiple MRIs</li> <li>• Concurrent opioid and benzodiazepine</li> </ul>

<sup>1</sup> MED: morphine equivalence dose

# Opioid Prescribing Episodes: Quick Reference Continued

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Ankle, Knee, Shoulder and Wrist Sprain/ Fracture</b>	Clinician who diagnosed the patient	E&M visit with primary diagnosis of sprain, strain, or fracture (ankle, knee, shoulder, wrist) <sup>2</sup> or a relevant diagnosis in an outpatient setting; also primary diagnosis of pain with relevant secondary diagnosis	0 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>X-ray rate for sprain/strain episodes</li> <li>Incremental imaging rate<sup>2</sup></li> <li>Post-trigger ED visit rate</li> <li>Concurrent opioid and benzodiazepine</li> <li>New opioid prescription</li> </ul>
<b>Femur / Pelvis Fracture Procedure</b>	Surgeon who performs the procedure	Femur or pelvis fracture procedure	0 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger 1: 30 days</li> <li>Post-trigger 2: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up rate</li> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>Discharge to post-acute setting</li> <li>Related readmission</li> <li>Related ED/ Observation visits</li> <li>Surgical complication rate</li> </ul>

<sup>1</sup> 1 MED: morphine equivalence dose <sup>2</sup> Percentage of episodes with an MRI where the patient received an x-ray or ultrasound within the 60 days prior to the MRI

<sup>2</sup> Arranged in hierarchical order from most complex/expensive to least complex/expensive

# Antibiotic Stewardship Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>URI</b>	Physician or group that diagnoses the patient	URI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis	6 months – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 14 days</li> </ul>	<ul style="list-style-type: none"> <li>Filled antibiotics if no Strep test</li> <li>Flu vaccination</li> <li>Strep test if strep</li> <li>Strep test if pharyngitis and filled antibiotics</li> <li>ED visit 14 days</li> <li>Office follow-up 14 days if ED trigger</li> <li>Filled antibiotics if bronchitis</li> <li>Filled antibiotics if sinusitis</li> </ul>
<b>UTI</b>	Physician or group that diagnoses the patient	UTI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis	2 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Advanced imaging</li> <li>Repeat UTI</li> <li>Filled antibiotics</li> <li>IP in 30 days if ED trigger</li> <li>Office visits in 30 days if ED trigger</li> <li>ED visit 30 days</li> <li>Urine culture if &gt; 18 y/o</li> <li>Urinalysis if &gt;18 y/o</li> <li>Urine culture and urinalysis if ≤17 y/o</li> </ul>

# Antibiotic Stewardship Episodes: Quick Reference Continued

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Otitis Media</b>	Clinician who diagnosed the otitis media (OM)	Outpatient office visit with a primary diagnosis of OM, or a primary diagnosis of a sign or symptom of OM with a secondary diagnosis of OM	6 months – 20 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Decongestants filled</li> <li>Antibiotics filled</li> <li>First-line antibiotics rate amongst episodes with antibiotics</li> <li>Overall tympanostomy rate</li> <li>Hearing test (audiometry) rate</li> </ul>
<b>Pediatric Acute LRI</b>	Facility where the patient first presents	Emergency department or inpatient admission with pneumonia or bronchiolitis	0 – 20 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Follow-up care rate within 7 days</li> <li>Trigger admission rate</li> <li>Post-trigger ED visit rate</li> <li>Post-trigger admission rate</li> <li>Bronchiolitis episode antibiotic prescription rate</li> <li>Bronchodilator fill rate in bronchiolitis</li> <li>Chest x-ray rate in bronchiolitis</li> </ul>
<b>Skin and Soft Tissue Infection</b>	Physician diagnosing the infection	Outpatient or office visit diagnosis indicating a simple SSTI	31 days – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>First-line antibiotic use</li> <li>Bacterial culture rate of episodes with incision &amp; drainage</li> <li>Infection recurrence</li> <li>Ultrasound imaging rate</li> <li>Non-ultrasound imaging rate</li> </ul>

# Cardiology Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Acute PCI</b>	Facility that performs the procedure	Professional claim for PCI; Matching IP or OP facility claim with acute diagnosis code	18 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Incidence of adverse outcomes</li> <li>% multi-vessel procedures</li> <li>Repeat PCI</li> <li>Cardiac rehabilitation rate</li> </ul>
<b>Non-Acute PCI</b>	Physician who performs the procedure	Professional claim for PCI specific diagnosis; Matching IP or OP facility claim with non-acute diagnosis code	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days (most recent angiogram before PCI)</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Incidence of adverse outcomes</li> <li>% multi-vessel procedures</li> <li>Repeat PCI</li> <li>Cardiac rehabilitation rate</li> </ul>
<b>CABG</b>	Surgeon who performs the CABG procedure	Planned CABG procedure in an inpatient setting	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>30-day physician follow-up care rate</li> <li>Beta blocker prescription (fill) rate</li> <li>ACE inhibitor prescription (fill) rate</li> <li>30-day readmission rate</li> <li>Major morbidity (complication) rate</li> <li>Cardiac rehabilitation rate</li> </ul>
<b>Cardiac Valve</b>	Surgeon who performs the valve procedure	Planned cardiac valve repair or replacement procedure in an inpatient setting	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>30-day physician follow-up care rate</li> <li>Beta blocker prescription (fill) rate</li> <li>ACE inhibitor prescription (fill) rate</li> <li>30-day readmission rate</li> <li>Major morbidity (complication) rate</li> <li>Cardiac rehabilitation rate</li> </ul>

# Surgical Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>EGD</b>	Physician or group that performs the surgery	Professional claim for the surgery	1 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 7 days</li> <li>Post-trigger: 14 days</li> </ul>	<ul style="list-style-type: none"> <li>ED visit 14 days</li> <li>Perforation</li> <li>Biopsy if gastric ulcers or Barrett’s esophagus</li> </ul>
<b>Colonoscopy</b>	Physician or group that performs the surgery	Professional claim for the surgery	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 7 days</li> <li>Post-trigger: 14 days</li> </ul>	<ul style="list-style-type: none"> <li>ED visit 14 days</li> <li>Perforation</li> <li>% additional colonoscopy 60 days</li> <li>% post-polypectomy or biopsy bleeding</li> </ul>
<b>GI Bleed</b>	First facility that treats the patient	GIH specific diagnosis on ED or IP facility claim; Contingent code with confirming diagnosis	1 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Office visit 30 days</li> <li>Readmission</li> <li>ED visit 30 days</li> <li>ED vs office visit 30 days</li> <li>Mortality</li> <li>Surgery</li> <li>Re-bleeding</li> <li>Intervention radiology</li> <li>H. Pylori treatment</li> <li>Filled NSAID prescription</li> </ul>

# Surgical Episodes: Quick Reference Continued

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Cholecystectomy</b>	Physician or group that performs the surgery	Professional claim for the surgery; Exclude open cholecystectomies	18 – 64 years	<ul style="list-style-type: none"> <li>• Pre-trigger: 90 days (first visit to PAP before the surgery)</li> <li>• Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Infection</li> <li>• Severe adverse outcomes</li> <li>• Readmission 30 days</li> <li>• Associated facility hospitalization</li> <li>• CT scan</li> <li>• Average length of stay (LOS)</li> <li>• Average spend in pre-trigger window</li> </ul>
<b>Breast Biopsy</b>	Clinician who performs the procedure	Core needle breast biopsy, open breast biopsy, or punch biopsy procedure	13 – 64 years	<ul style="list-style-type: none"> <li>• Pre-trigger: 90 days</li> <li>• Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Timely diagnostic work-up rate</li> <li>• Core needle biopsy rate</li> <li>• Surgical complication rate</li> <li>• Repeat biopsy rate</li> <li>• Genetic testing rate</li> </ul>

# Retired Episodes: Quick Reference

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Oppositional Defiant Disorder</b>	Provider with the plurality of ODD - related E&M and medication management visits when applicable	Professional claim with diagnosis of ODD	4 – 20 years	<ul style="list-style-type: none"> <li>Episode window: 180 days<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Percentage of valid episodes meeting minimum care requirement of five visits/claims</li> <li>Percentage of valid episodes with no behavioral health comorbidity treated with antipsychotics</li> <li>Average number of therapy visits</li> <li>Repeat ODD episodes</li> <li>Medications for non-comorbid episodes</li> </ul>
<b>Tonsillectomy</b>	Surgeon who performs the procedure	Planned tonsillectomy, adenoidectomy, or adenotonsillectomy procedure	6 months – 20 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Perioperative dexamethasone administration rate</li> <li>Post-op bleeding rate within 2 days of the procedure</li> <li>Rate of indicated concurrent tympanostomy post-op follow-up rates</li> <li>Post-operative bleeding within days 3-14</li> </ul>
<b>HIV</b>	Physician with the most OP visits for HIV and HIV-related conditions	OP pharmacy claim for anti-retroviral therapy (ART) drug with a confirming diagnosis	16 – 64 years	<ul style="list-style-type: none"> <li>Episode window: 180 days<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Periodic ART refill</li> <li>Viral status reporting</li> <li>Infrequent ART refill</li> <li>New patients</li> <li>Viral suppression</li> <li>Preferred drug use</li> <li>IP admission rate</li> <li>ED visit rate</li> <li>Screening for STIs</li> <li>Hepatitis C screening</li> <li>Influenza vaccination</li> </ul>

<sup>1</sup> The episode window is 180 days; it is not divided into trigger/post-trigger windows



# Retired Episodes: Quick Reference Continued

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Pancreatitis</b>	Facility where the patient first presents	Inpatient or observation stay for pancreatitis	0 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>New opioid prescription rate</li> <li>30-day follow-up visit</li> <li>Readmission rate</li> <li>ED visit rate</li> <li>Index cholecystectomies performed</li> <li>CT imaging rate</li> </ul>
<b>Hysterectomy</b>	Surgeon who performs the hysterectomy	Planned hysterectomy in an inpatient or outpatient setting	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger: 30 days<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>New opioid prescription rate</li> <li>Major morbidity (complication) rate</li> <li>Percent of episodes with an abdominal hysterectomy</li> </ul>
<b>Appendectomy</b>	Physician or group that performs the surgery	Professional claim for the surgery	2 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 2 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Infection</li> <li>Severe adverse outcomes</li> <li>Readmission 30 days</li> <li>Associated facility hospitalization</li> <li>CT scan</li> <li>Average length of stay (LOS)</li> <li>Open appendectomy</li> <li>Neg appendectomy</li> </ul>
<b>Diabetic Ketoacidosis</b>	Facility where the patient first presents	Inpatient or observation stay for DKA or HHS	0 – 64 years	<ul style="list-style-type: none"> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>30-day follow-up visit</li> <li>Readmission rate</li> <li>ED visit rate</li> <li>Imaging rate</li> <li>Diabetes medication rate</li> </ul>

<sup>1</sup> MED: morphine equivalence dose

<sup>2</sup> Comprised of one 3-day window and one 27-day window

# Retired Episodes: Quick Reference Continued

1 MED: Morphine Equivalent Dosage  
 2 Of note, registry data is currently unavailable for the calculation of this metric; when registry data becomes available, a value for this metric will be displayed in the episode provider reports

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Spinal Fusion</b>	Surgeon who performs the procedure	Spinal fusion procedure	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger 1: 30 days</li> <li>Post-trigger 2: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>30-day readmission</li> <li>Surgical complication</li> <li>30-day follow-up care</li> <li>Non-surgical management</li> <li>Physical therapy</li> <li>Opioids and benzodiazepines filled</li> </ul>
<b>Spinal Decompression without fusion</b>	Surgeon who performs the procedure	Spinal decompression without fusion procedure	18 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger 1: 30 days</li> <li>Post-trigger 2: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Difference between average MED/day in the pre-trigger opioid windows and post-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the pre-trigger opioid window<sup>1</sup></li> <li>Average MED/day during the post-trigger opioid window<sup>1</sup></li> <li>30-day readmission</li> <li>Surgical complication</li> <li>30-day follow-up care</li> <li>Non-surgical management</li> <li>Physical therapy</li> <li>Opioids and benzodiazepines filled</li> </ul>
<b>Breast Cancer Surgery</b>	Surgeon who performs the procedure	Mastectomy, axillary lymphadenectomy, or a sentinel lymph node biopsy procedure	13 – 64 years	<ul style="list-style-type: none"> <li>Pre-trigger: 30 days</li> <li>Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>Rate of partial mastectomy</li> <li>Rate of surgical complications</li> <li>Rate of radiation therapy treatment following partial mastectomy</li> <li>Rate of repeat surgery following partial mastectomy</li> <li>Rate of neo-adjuvant radiation</li> <li>Timely transition to mastectomy</li> <li>Rate of adjuvant antineoplastic therapy following non-partial mastectomy</li> <li>Timely clinical registry reporting<sup>2</sup></li> </ul>

# Retired Episodes: Quick Reference Continued

1 The episode window is 180 days; it is not divided into trigger/post-trigger windows  
 2 Of note, registry data is currently unavailable for the calculation of this metric; when registry data becomes available, a value for this metric will be displayed in the episode provider reports

Episode	Principal Accountable Provider	Trigger	Valid Ages	Duration	Quality Metrics
<b>Breast Medical Oncology</b>	Clinician with plurality of: <ul style="list-style-type: none"> <li>• Therapy infusion-related visits</li> <li>• Related visits for patients on oral antineoplastic regimen</li> </ul>	Administration of breast-related antineoplastic therapy, medication with breast-related oral antineoplastic therapy	13 – 64 years	<ul style="list-style-type: none"> <li>• Episode window: 180 days<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Hospitalizations due to adverse events</li> <li>• Monitoring of therapy induced bone loss</li> <li>• Antineoplastic therapy before death</li> <li>• Timely transition to breast cancer medical oncology</li> <li>• Timely clinical registry reporting<sup>2</sup></li> </ul>
<b>ADHD</b>	Provider with the plurality of ADHD-related E&M and medication management visits when applicable	Professional claim with diagnosis of AD/ADHD	4 – 20 years	<ul style="list-style-type: none"> <li>• Episode window: 180 days<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Minimum care requirement of five visits/claims</li> <li>• Percentage of valid episodes with no behavioral health comorbidity treated with antipsychotics</li> <li>• Follow-up visit within 30 days of prescription</li> <li>• Repeat ADHD</li> <li>• Average number of pharmacy claims</li> <li>• Episodes with 20 or more pharmacy claims</li> <li>• Medications for patients age 4 to 5</li> <li>• Medications for patients age 6 to 12</li> <li>• Medications for patients age 13 to 20</li> </ul>
<b>Congestive Heart Failure</b>	Facility treating the acute CHF exacerbation	ED, observation, outpatient IV clinic, or inpatient visit with diagnosis indicating acute CHF exacerbation	18 – 64 years	<ul style="list-style-type: none"> <li>• Post-trigger: 30 days</li> </ul>	<ul style="list-style-type: none"> <li>• 30-day physician follow-up care rate</li> <li>• Beta blocker prescription (fill) rate</li> <li>• ACE inhibitor prescription (fill) rate</li> <li>• 30-day readmission rate</li> <li>• Cardiac rehabilitation rate</li> <li>• Spironolactone/epplerenone fill rate</li> </ul>