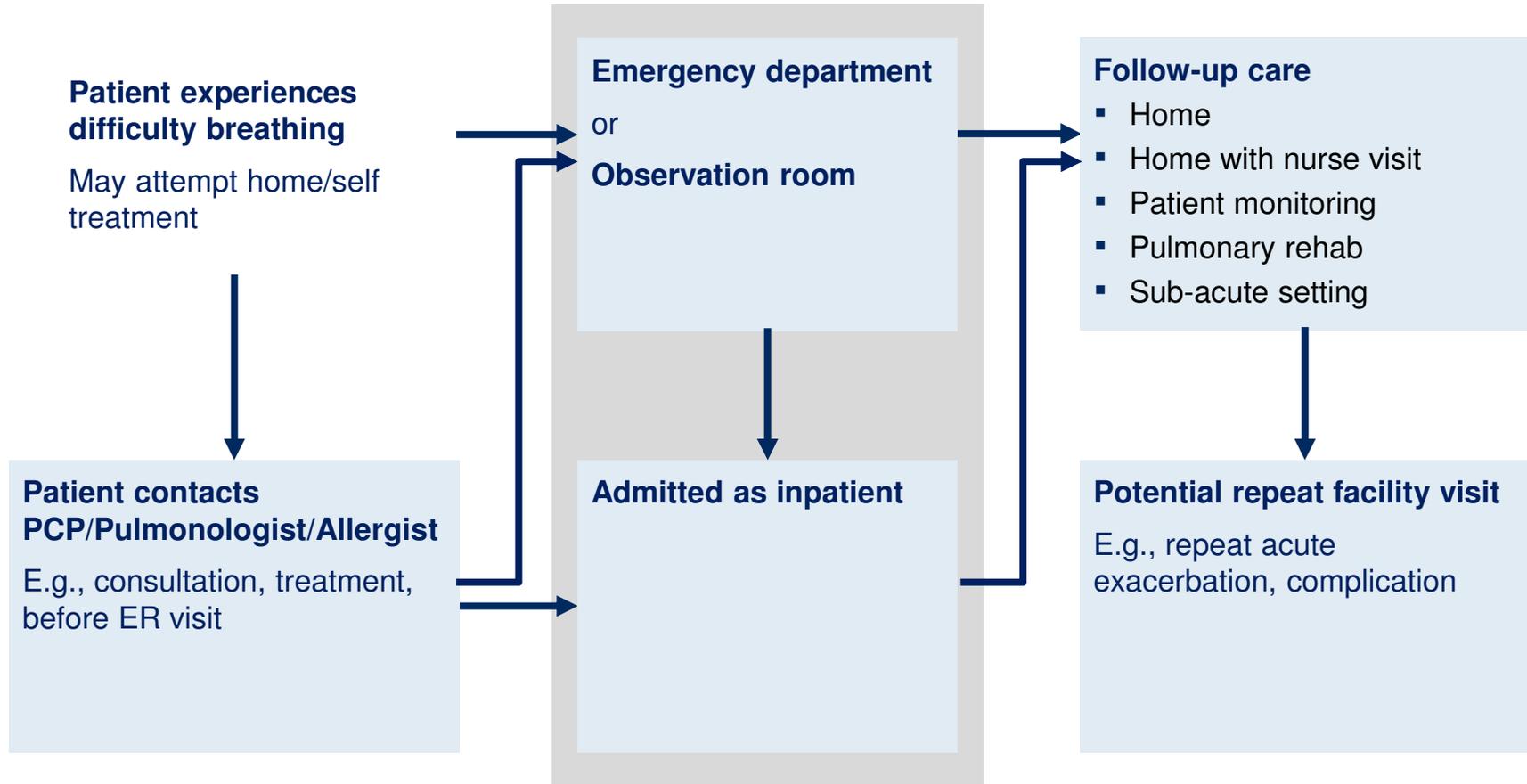


Patient journey: Asthma acute exacerbation episode

ASTHMA

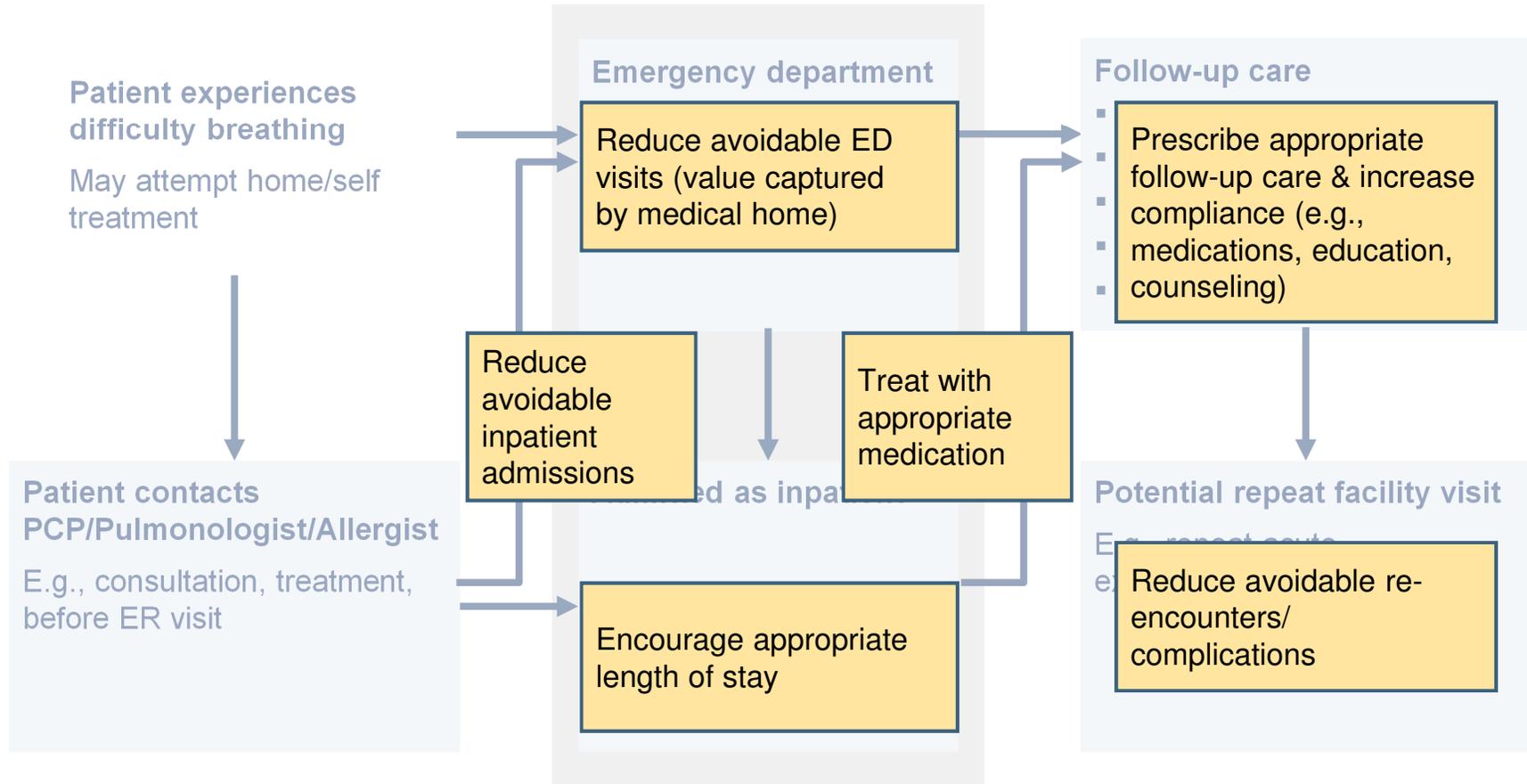
■ Potential episode trigger event



Sources of value: Asthma acute exacerbation episode

ASTHMA

■ Potential episode trigger event



Asthma acute exacerbation episode definition (1/2)

ASTHMA

Area	Episode base definition
1 Episode triggers ¹	<ul style="list-style-type: none">Any ED or inpatient facility claim with a:<ul style="list-style-type: none">Primary asthma-specific Dx (493.X)Primary Dx in a set of contingent asthma Dx with a secondary confirmatory asthma Dx
2 Episode window	<ul style="list-style-type: none">Episodes begin on the day of admission to the trigger facilityEpisodes end 30 days after discharge from the trigger facility
3 Claims included ²	<ul style="list-style-type: none">During the trigger window: All inpatient, outpatient, professional, and pharmacy claimsDuring 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
4 Principal accountable provider	<ul style="list-style-type: none">The PAP is the first facility that treats the patient during the trigger windowThe billing provider ID on the triggering facility claim will be used to identify the PAPPayers 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

Asthma acute exacerbation episode definition (2/2)

ASTHMA

Area	Episode base definition
5	<p>Risk adjustment and episode exclusion</p>
6	<p>Quality metrics</p>

- **Risk adjustment:** 28 factors for use in risk adjustment including age group, allergic reactions, respiratory failure, and viral infections¹
- **Episode exclusion:** There are three types of exclusions:
 - Business exclusions:
 - Members under 2 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:
 - Members with any of 15 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)
- **Quality metrics linked to gain-sharing:**
 - Percent of episodes with a follow-up visit within 30 days
 - Percent of episodes with filled prescription for controller medication
- **Quality metrics for reporting only:**
 - Percent of episodes with a repeat exacerbation within 30 days
 - Percent of episodes in IP vs. ED/Obs treatment setting
 - Chest x-ray utilization rate
 - Percent of episodes with smoking cessation counseling
 - Percent of episodes with a follow-up visit within 7 days

¹ A full list is available in the detailed business requirements