**CHF EPISODE**

- *How do you identify CHF patients?*
  For Medicaid, the episode focuses on acute and post-acute CHF care, defined as the CHF hospitalization and the 30 days following discharge, including readmissions. All facility services, inpatient professional services, emergency department visits, observation, and post-acute care as well as any CHF-related outpatient labs and diagnostics, outpatient costs and medications are included.

Arkansas Blue Cross Blue Shield will include any patient admitted to an inpatient facility with a diagnosis that will be assigned to a DRG for Heart Failure and Shock UNLESS the patient showed another inpatient admission for any reason within the 30 day period prior.

- *What if a CHF patient transfers to us from another facility?*
  In the case of a transfer, the last facility to discharge the CHF patient is identified as the PAP and is responsible for coordinating the care of that patient.

- *As a PAP, am I responsible for cost associated with admissions to other facilities during the episode?*
  Yes, your facility is accountable for coordinating care for this patient in the 30 day period following the discharge to assure that all precautionary steps have been taken to prevent incidences that may result in an additional inpatient stay.

- *How do you identify the claims after discharge to include in the episode?*
  All potential services and costs that could be incurred following a CHF discharge were reviewed by a clinical workgroup composed of Arkansas physicians, advocates, and stakeholders. All services considered likely be related to the CHF condition were included while any services that was likely to be either directly or indirectly out of the control of the admitting facility were excluded.

- *For providers such as hospitalists, how does a clinician enter information for CHF?*
  Information is not dependent on a clinician entering it in individual patient data entry, and it may be better to run a batch report.