Episode of Care:
Acute Exacerbation of Chronic Obstructive Pulmonary Disease (EOC-F-COPD)

Episode Design Summary

April 2019
ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

A COPD Episode is triggered by the following:

• An emergency department (ED) or inpatient medical claim with a primary diagnosis related to acute COPD exacerbation.

Note: The trigger must be preceded by a 30 day “clean period” with no previous or repeat presentations of acute COPD exacerbations indicated by paid claims.

See the Appendix for a list of triggering codes.

EPISODE DURATION

• A COPD episode begins with a triggering claim in a hospital setting (ED or inpatient).
• The episode ends either 30 days after discharge or upon discharge from a COPD-relevant readmission occurring within the initial 30-day post-discharge period.

EPISODE SERVICES

The episode will include the following services rendered within the duration of the episode:

• During the triggering event (i.e., emergency room visit and/or duration of inpatient stay) all services related to the triggering event (ED/inpatient facility, professional, diagnostic, pharmacy, etc.) reflected by paid claims.
• Within the 30-day post-discharge period: all inpatient and outpatient facility services, professional services, and related medications, treatment for post-discharge complications, and readmissions or repeat ED visits.
PRINCIPAL ACCOUNTABLE PROVIDER

The Principal Accountable Provider (PAP) for a COPD episode is facility (i.e., hospital) where the episode began.

EPISODE EXCLUSIONS

Episodes meeting any of the following criteria will be excluded:

GLOBAL EXCLUSIONS

- Medicaid and Medicare dual enrollment (i.e., “dual-eligible”) during the episode.
- Beneficiaries who do not have continuous Medicaid enrollment for the duration of the episode.
- Episodes that meet high or low-cost outlier criteria, applied after other cost adjustments.
- Beneficiaries with Third Party Liability.
- Beneficiaries with select comorbid conditions.
- Beneficiaries leaving against medical advice.
- Beneficiaries expiring during the episode duration.
- Beneficiaries admitted to hospice care.
- Episodes that are a result from trauma.
- Beneficiaries who are pregnant during episode duration.

EPISODE SPECIFIC EXCLUSIONS:

- Beneficiaries who are intubated or have home oxygen usage during the episode.
- Beneficiaries with ICU admissions greater than 3 days.
- Beneficiaries under the age of 35 on the episode trigger date.

EPISODE ADJUSTMENTS

For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP for a COPD Episode is adjusted based on:

- Patient comorbidities and statistically significant risk factors that influence an episode cost.
- The age of the beneficiary.

QUALITY MEASURES
QUALITY MEASURES “TO PASS”

The following quality measures are linked to gain sharing eligibility, and must be met in order “to pass”:

- The rate of valid episodes with an outpatient physician follow-up visit indicated by paid claims within 30 days after discharge must meet or exceed the minimum threshold of 36%.

Note: All metrics are based on paid Medicaid claims data.

QUALITY MEASURES “TO TRACK”

The following quality measures are tracked for informational/reporting purposes:

- The rate of repeat acute exacerbation within 30 days after the initial discharge.

MINIMUM CASE VOLUME

The minimum case volume is five valid episodes during the 12-month performance period.
APPENDIX

EPISODE TRIGGERING DIAGNOSIS CODES

<table>
<thead>
<tr>
<th>ICD-10-DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J410</td>
<td>Simple chronic bronchitis</td>
</tr>
<tr>
<td>J411</td>
<td>Mucopurulent chronic bronchitis</td>
</tr>
<tr>
<td>J418</td>
<td>Mixed simple and mucopurulent chronic bronchitis</td>
</tr>
<tr>
<td>J42</td>
<td>Unspecified chronic bronchitis</td>
</tr>
<tr>
<td>J430</td>
<td>Unilateral pulmonary emphysema [MacLeod's syndrome]</td>
</tr>
<tr>
<td>J431</td>
<td>Panlobular emphysema</td>
</tr>
<tr>
<td>J432</td>
<td>Centrilobular emphysema</td>
</tr>
<tr>
<td>J438</td>
<td>Other emphysema</td>
</tr>
<tr>
<td>J439</td>
<td>Emphysema, unspecified</td>
</tr>
<tr>
<td>J440</td>
<td>Chronic obstructive pulmonary disease with acute lower respiratory infection</td>
</tr>
<tr>
<td>J441</td>
<td>Chronic obstructive pulmonary disease with (acute) exacerbation</td>
</tr>
<tr>
<td>J449</td>
<td>Chronic obstructive pulmonary disease, unspecified</td>
</tr>
</tbody>
</table>