Episode of Care:
Heart Failure (EOC-F-HF)

Episode Design Summary

April 2019
HEART FAILURE EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

A Heart Failure Episode is triggered by the following:

- Inpatient admission with primary diagnosis code for heart failure

*See the Appendix for a list of triggering codes.*

EPISODE DURATION

- Episodes begin at inpatient admission for heart failure. Episodes end at the latter of 30 days after the date of discharge for the triggering admission or the date of the discharge for any inpatient readmission initiated within 30 days of the initial discharge. Episodes shall not exceed 45-days post-discharge from the triggering admission.

EPISODE SERVICES

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

- Inpatient facility and professional fees for the initial hospitalization and for all cause readmissions
- Emergency or observation care
- Home health services
- Skilled nursing facility care due to acute exacerbation of CHF (services not included in episode for patients with SNF care within 30 days prior to episode start)
- Durable medical equipment

PRINCIPAL ACCOUNTABLE PROVIDER

- The Principal Accountable Provider (PAP) for a Heart Failure episode is the admitting hospital for the triggering hospitalization.
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.
- 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 under the age of 18 at the time of admission.
- Beneficiaries with any inpatient stay within the 30 days prior to the triggering admission.
- Beneficiaries with any of the following comorbidities diagnosed in the period beginning 365 days before the episode start date and concluding on the episode end date: 1) End-Stage Renal Disease; 2) organ transplants; 3) pregnancy; 4) mechanical or left ventricular assist device (LVAD); 5) intra-aortic balloon pump (IABP).
- Beneficiaries with diagnoses for malignant cancers in the period beginning 365 day before the episode start date and concluding on the episode end date. The following types of cancers will not be criteria for episode exclusion: colon, rectum, skin, female breast, cervix uteri, body of uterus, prostate, testes, bladder, lymph nodes, lymphoid leukemia, and monocytic leukemia.
- Beneficiaries who received a pacemaker or cardiac defibrillator within six months prior to the start of the episode or during the episode.
- Beneficiaries with any of the following statuses upon discharge: 1) transferred to acute care or inpatient psych facility; 2) left against medical advice; 3) expired.
EPISODE ADJUSTMENTS

No adjustments are included in this episode type.

QUALITY MEASURES

QUALITY MEASURES “TO PASS”

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

- Percentage of patients with LVSD who are prescribed an ACEI or ARB at hospital discharge - must meet minimum threshold of 85%.

Note: This metric is based on paid Medicaid claims data.

QUALITY MEASURES “TO TRACK”

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

- Frequency of outpatient follow-ups within 7 and 14 days after discharge. (claims derived)
- For qualitative assessment of left ventricular ejection fraction (LVEF), proportion of patients matching: hyperdynamic, normal, mild dysfunction, moderate dysfunction, severe dysfunction (portal derived)
- Average quantitative ejection fraction value (portal derived)
- 30-day all cause readmission rate (claims derived)
- 30-day heart failure readmission rate (claims derived)
- 30-day outpatient observation care rate- utilization metric (claims derived)

Note: Claims derived metrics are based on paid Medicaid claims. Portal derived metrics are based on data entered by the provider in the AHIN portal.

MINIMUM CASE VOLUME

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

**PORTAL ENTRY GUIDELINES**

**RULES THAT APPLY ACROSS ALL HEART FAILURE PORTAL ENTRY TYPES:**

- Provider portal entries are selected based on the "timestamp" of the entry. The timestamp is the actual date and time the entry was saved on the portal.
- The last entry of any portal entry type will be the one used in the episode. Any others will be replaced by the most recent entry.

*The most advisable provider method is to complete all portal entry as soon as possible, regardless of the technical timely filing deadline.*

**APPENDIX**

**EPISODE TRIGGERING DIAGNOSIS CODES**

<table>
<thead>
<tr>
<th>ICD-10-DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I0981</td>
<td>Rheumatic heart failure</td>
</tr>
<tr>
<td>I110</td>
<td>Hypertensive heart disease with heart failure</td>
</tr>
<tr>
<td>I130</td>
<td>Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease</td>
</tr>
<tr>
<td>I132</td>
<td>Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease</td>
</tr>
<tr>
<td>I501</td>
<td>Left ventricular failure</td>
</tr>
<tr>
<td>I5020</td>
<td>Unspecified systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5021</td>
<td>Acute systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5022</td>
<td>Chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5023</td>
<td>Acute on chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5030</td>
<td>Unspecified diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5031</td>
<td>Acute diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5032</td>
<td>Chronic diastolic (congestive) heart failure</td>
</tr>
</tbody>
</table>
### ICD-10-DX Code Description

<table>
<thead>
<tr>
<th>ICD-10-DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I5033</td>
<td>Acute on chronic diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5040</td>
<td>Unspecified combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5041</td>
<td>Acute combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5042</td>
<td>Chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I5043</td>
<td>Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I509</td>
<td>Heart failure, unspecified</td>
</tr>
</tbody>
</table>