



Building a healthier future for all Arkansans

Arkansas Payment Improvement Initiative

Episodes of Care

PRINCIPAL ACCOUNTABLE PROVIDER MANUAL

Pneumonia in the ED

Episode Reimbursement Program

www.paymentinitiative.org

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Arkansas Blue Plans in this report refers to Arkansas Blue Cross and Blue Shield, Health Advantage and/or BlueAdvantage Administrators of Arkansas.



Arkansas
BlueCross BlueShield

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Pneumonia Reimbursement Program

The Arkansas Health Care Payment Improvement Initiative (AHCPII) was developed as a joint effort between Arkansas Medicaid, QualChoice and Arkansas Blue Cross and Blue Shield, its affiliates and subsidiaries (Arkansas Blue Cross). More information may be found within this manual or at www.paymentinitiative.org.

The **Pneumonia** Episode Program will incentivize better coordination of care, encourage clinical effectiveness, and reward high quality care in order to reduce complications that threaten quality and increase costs.

Episode Definition

The Pneumonia episode begins when a patient enters the emergency room with a diagnosis of pneumonia and is discharged. The Pneumonia episode spans from the date of the visit to 30 days after the visit. Included in the episode are admissions after discharged from the facility, facility services, professional services, prescription usage, and follow up care.

Principal Accountable Provider (PAP)

The PAP for the Pneumonia episode is the hospital where the patient was seen for a pneumonia diagnosis code. The PAP for each episode is identified retrospectively through claims data. As leaders, however, PAPs will share in the savings and excess costs of episodes. A provider must have five or more eligible cases of an episode to be considered a PAP. For example, a physician must have performed at least five eligible Pneumonia episodes. The provider billing for the service on the claim is held responsible in the episode calculations and accurate coding is essential.

Claims Submission

Claims filing procedures will be the same as they are today as described in Arkansas Blue Cross' Provider Network Agreements and provider manuals.

Supplemental Quality Measures

We are currently tracking the following quality measures for providers:

1. Admission Rate after initial discharge
2. Advanced Imaging (non x-ray) utilization
3. Follow up with PCP within 30 days of trigger date
4. Appropriate Antibiotic Usage

Adjustments and Exclusions

Reference the [Pneumonia Algorithm Summary](#) for details.

Reports for Principal Accountable Providers (PAPs)

Reference the AHCPII Overview [manual](#) for details and instructions on accessing the PAP Reports on the Provider Portal.

Financial Settlements in the Episodes of Care Model

Reference the AHCPII Overview [manual](#) for details on the Financial Settlement Process.

Provider Appeal Process

Reference the AHCPII Overview [manual](#) for details on the Provider Appeal Process.

This Program document is referenced in the provider agreements and amendments (defined as ("Program") of the Preferred Payment Plan, True Blue PPO, Arkansas' First Source PPO and Health Advantage Network Participating Provider Agreements. Therefore it is considered to be part of these agreements.

[Pneumonia Algorithm Summary](#)

Pneumonia Algorithm Summary v1.0

Triggers	An episode is triggered by a pneumonia diagnosis code with a place of service in the emergency room. This is community acquired pneumonia, and does not include hospital acquired pneumonia. For specific ICD-9-CM, and CPT/HCPCS procedure codes, please see dataset.
PAP assignment	The Principal Accountable Provider (PAP) for an episode is the hospital enrolled in an Arkansas Blue Plan provider network that the patient presents to with a trigger diagnosis code.
Exclusions	<p>Episodes meeting one or more of the following criteria will be excluded:</p> <ul style="list-style-type: none"> A. The patient has claims or enrollment records that indicate coordination of benefits with another payer not associated with the Arkansas Blue Plans within the duration of the episode B. The patient does not have continuous coverage with at least one Arkansas Blue Plan throughout the entire episode C. The overall episode cost for the patient exceeds the outlier criteria. Currently, the outlier threshold is set at three standard deviations above the average episode cost for all patients otherwise included in the reporting period for all PAPs D. The patient has claims indicating one of the following comorbidities of the episode within 365 days or 30 days after pneumonia trigger: 1) HIV, 2) Cancer, 3) Transplant, 4) Pulmonary Fibrosis, 5) Interstitial Lung Disease, 6) Pulmonary Eosinophilia, 7) Aspiration Pneumonia, 8) Secondary malignancy, 9) dialysis, 10) Malposition, 11) Abortion complications, 12) Arteritis NOS, 13) Amnios, 14) Non-Hodgkin’s lymphoma, 15) Multiple myeloma, 16) Maintenance chemical, 17) Poison medical, 18) louse-born typhus, 19) Complications from organ transplants, 20) Patient pregnant during episode, 21) Rheumatoid Arthritis, 22) Suicide and intentional self-inflicted injury, 23) ESRD, 24) other perinatal diagnosis, 25) Respiratory distress, 26) Spontaneous abortion, 27) polyarthritis nodosa and allied conditions, 28) Pelvic obstructions, 29) Fetal disturbances, 30) Cystic fibrosis, 31) Transplant E. The episode window overlaps with another episode F. The patient was less than 18 years old or greater than 65 years old at the time of the initial ED visit G. The patient had an ICU admission H. The patient is an Access Only member I. The provider terminated prior to report publication or is VA J. Out-of-network, non-contracted, or ITS provider identified as PAP K. Procedure occurred late in the performance period, episode will likely appear on next report L. Non-Participating Self-Funded Groups: ABB Inc. (ABB/Baldor and Thomas & Betts), Green Bay Packaging, Hytrol Conveyor Co, Inc, Mana, Nabholz Inc, Navistar Inc, NYSC NYS Holding Company (Nucor), Replacement Parts, Riceland Foods Inc, Southern Steel & Wire (effective 1/1/16), and White River Medical Center M. Episode had a discharge status of ‘left against med advice’ or ‘in-hospital death’

Provider Network Operations (PNO) provides centralized administrative services for Arkansas Blue Cross and Blue Shield, Health Advantage and USABLE Corporation provider networks.



Pneumonia Algorithm Summary v1.0 (2/20/17)

Episode time window	The episode begins when the patient enters the emergency room for a diagnosis of Pneumonia, and ends 30 days after the patient is discharged from the facility.
Claims included	<p>The following services are included if incurred within the episode:</p> <ul style="list-style-type: none"> A. All claims for Emergency Department and readmissions. B. All claims in the following places of service that show pneumonia related ICD-9-CM diagnosis: inpatient, professional, and emergency department. C. All claims for select CPT/HCPCS procedures in the following places of service: office, outpatient facility, ambulance. <p>After all above criteria are applied, remaining claims will be excluded for select CPT/HCPCS procedures, regardless of the place of service in which it is billed.</p>
Quality measures	<p><u>Quality measures "to track" (not payment related):</u></p> <ul style="list-style-type: none"> A. Appropriate antibiotic usage: <ul style="list-style-type: none"> Amoxicillin Clarithromycin Amoxicillin-clavulanate Doxycilin Azithromycin Erythromycin Cefpodoxime Gemifloxacin Ceftriaxone Levofloxacin Cefuroximine Moxifloxacin Ciprofloxacin
Utilization measures	<p><u>Utilization measures "to track" (not payment related):</u></p> <ul style="list-style-type: none"> A. Admission rate after discharge B. Advanced imaging (non X-ray) C. Follow up with PCP within 30 days of trigger date

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Pneumonia Algorithm Summary v1.0 (2/20/17)

Trigger codes	Claims with following diagnosis codes are considered when triggering an episode: 480, 480.1, 480.1, 480.2, 480.3, 480.8, 480.9, 481, 482, 482.0, 482.1, 482.2, 482.3, 482.31, 482.32, 482.39, 482.4, 482.40, 482.41, 482.42, 482.49, 482.8, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483, 483.0, 483.0, 483.8, 484, 484.1, 484.3, 484.5, 484.6, 484.7, 484.8, 485, 486, 485., 486..
Exclusion codes	Patients who have co-morbid condition(s) matching the following ICD-9-CM or ICD10 codes will be excluded: ICD-9-CM codes: 042, 042., 042.0, 079.53, 279.10, 279.19, 795.71, 795.8, V08, V08., 140, 140.1, 140.3, 140.4, 140.5, 140.6, 140.8, 140.9, 141, 141.1, 141.2, 141.3, 141.4, 141.5, 141.6, 141.8, 141.9, 142, 142.1, 142.2, 142.8, 142.9, 143, 143.1, 143.8, 143.9, 144, 144.1, 144.8, 144.9, 145, 145.1, 145.2, 145.3, 145.4, 145.5, 145.6, 145.8, 145.9, 146, 146.1, 146.2, 146.3, 146.4, 146.5, 146.6, 146.7, 146.8, 146.9, 147, 147.1, 147.2, 147.3, 147.8, 147.9, 148, 148.1, 148.2, 148.3, 148.8, 148.9, 149, 149.1, 149.8, 149.9, 150, 150.1, 150.2, 150.3, 150.4, 150.5, 150.8, 150.9, 151, 151.1, 151.2, 151.3, 151.4, 151.5, 151.6, 151.8, 151.9, 152, 152.1, 152.2, 152.3, 152.8, 152.9, 153, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154, 154.1, 154.2, 154.3, 154.8, 155, 155.1, 155.2, 156, 156.1, 156.2, 156.8, 156.9, 157, 157.1, 157.2, 157.3, 157.4, 157.8, 157.9, 158, 158.8, 158.9, 159, 159.1, 159.8, 159.9, 160, 160.1, 160.2, 160.3, 160.4, 160.5, 160.8, 160.9, 161, 161.1, 161.2, 161.3, 161.8, 161.9, 162, 162.2, 162.3, 162.4, 162.5, 162.8, 162.9, 163, 163.1, 163.8, 163.9, 164, 164.1, 164.2, 164.3, 164.8, 164.9, 165, 165.8, 165.9, 170, 170.1, 170.2, 170.3, 170.4, 170.5, 170.6, 170.7, 170.8, 170.9, 171, 171.2, 171.3, 171.4, 171.5, 171.6, 171.7, 171.8, 171.9, 172, 172.1, 172.2, 172.3, 172.4, 172.5, 172.6, 172.7, 172.8, 172.9, 174, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, 175, 175.9, 176, 176.1, 176.2, 176.3, 176.4, 176.5, 176.8, 176.9, 179, 180, 180.1, 180.8, 180.9, 181, 182, 182.1, 182.8, 183, 183.2, 183.3, 183.4, 183.5, 183.8, 183.9, 184, 184.1, 184.2, 184.3, 184.4, 184.8, 184.9, 185, 186, 186.9, 187, 187.1, 187.2, 187.3, 187.4, 187.5, 187.6, 187.7, 187.8, 187.9, 188, 188.1, 188.2, 188.3, 188.4, 188.5, 188.6, 188.7, 188.8, 188.9, 189, 189.1, 189.2, 189.3, 189.4, 189.8, 189.9, 190, 190.1, 190.2, 190.3, 190.4, 190.5, 190.6, 190.7, 190.8, 190.9, 191, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 192, 192.1, 192.2, 192.3, 192.8, 192.9, 193, 194, 194.1, 194.3, 194.4, 194.5, 194.6, 194.8, 194.9, 195, 195.1, 195.2, 195.3, 195.4, 195.5, 195.8, 196, 196.1, 196.2, 196.3, 196.5, 196.6, 196.8, 196.9, 197, 197.1, 197.2, 197.3, 197.4, 197.5, 197.6, 197.7, 197.8, 198, 198.1, 198.2, 198.3, 198.4, 198.5, 198.6, 198.7, 198.8, 198.81, 198.82, 198.89, 199, 199.1, 199.2, 200, 200.01, 200.02, 200.03, 200.04, 200.05, 200.06, 200.07, 200.08, 200.1, 200.11, 200.12, 200.13, 200.14, 200.15, 200.16, 200.17, 200.18, 200.2, 200.21, 200.22, 200.23, 200.24, 200.25, 200.26, 200.27, 200.28, 200.3, 200.31, 200.32, 200.33, 200.34, 200.35, 200.36, 200.37, 200.38, 200.4, 200.41, 200.42, 200.43, 200.44, 200.45, 200.46, 200.47, 200.48, 200.5, 200.51, 200.52, 200.53, 200.54, 200.55, 200.56, 200.57, 200.58, 200.6, 200.61, 200.62, 200.63, 200.64, 200.65, 200.66, 200.67, 200.68, 200.7, 200.71, 200.72, 200.73, 200.74, 200.75, 200.76, 200.77, 200.78, 200.8, 200.81, 200.82, 200.83, 200.84, 200.85, 200.86, 200.87, 200.88, 201, 201.01, 201.02, 201.03, 201.04, 201.05, 201.06, 201.07, 201.08, 201.1, 201.11, 201.12, 201.13, 201.14, 201.15, 201.16, 201.17, 201.18, 201.2, 201.21, 201.22, 201.23, 201.24, 201.25, 201.26, 201.27, 201.28, 201.4, 201.41, 201.42, 201.43, 201.44, 201.45, 201.46, 201.47, 201.48, 201.5, 201.51, 201.52, 201.53, 201.54,

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Pneumonia Algorithm Summary v1.0 (2/20/17)

201.55, 201.56, 201.57, 201.58, 201.6, 201.61, 201.62, 201.63, 201.64, 201.65, 201.66, 201.67, 201.68, 201.7, 201.71, 201.72, 201.73, 201.74, 201.75, 201.76, 201.77, 201.78, 201.9, 201.91, 201.92, 201.93, 201.94, 201.95, 201.96, 201.97, 201.98, 202, 202.01, 202.02, 202.03, 202.04, 202.05, 202.06, 202.07, 202.08, 202.1, 202.11, 202.12, 202.13, 202.14, 202.15, 202.16, 202.17, 202.18, 202.2, 202.21, 202.22, 202.23, 202.24, 202.25, 202.26, 202.27, 202.28, 202.3, 202.31, 202.32, 202.33, 202.34, 202.35, 202.36, 202.37, 202.38, 202.4, 202.41, 202.42, 202.43, 202.44, 202.45, 202.46, 202.47, 202.48, 202.5, 202.51, 202.52, 202.53, 202.54, 202.55, 202.56, 202.57, 202.58, 202.6, 202.61, 202.62, 202.63, 202.64, 202.65, 202.66, 202.67, 202.68, 202.7, 202.71, 202.72, 202.73, 202.74, 202.75, 202.76, 202.77, 202.78, 202.8, 202.81, 202.82, 202.83, 202.84, 202.85, 202.86, 202.87, 202.88, 202.9, 202.91, 202.92, 202.93, 202.94, 202.95, 202.96, 202.97, 202.98, 203, 203.01, 203.02, 203.1, 203.11, 203.12, 203.8, 203.81, 203.82, 204, 204.01, 204.02, 204.1, 204.11, 204.12, 204.2, 204.21, 204.22, 204.8, 204.81, 204.82, 204.9, 204.91, 204.92, 205, 205.01, 205.02, 205.1, 205.11, 205.12, 205.2, 205.21, 205.22, 205.3, 205.31, 205.32, 205.8, 205.81, 205.82, 205.9, 205.91, 205.92, 206, 206.01, 206.02, 206.1, 206.11, 206.12, 206.2, 206.21, 206.22, 206.8, 206.81, 206.82, 206.9, 206.91, 206.92, 207, 207.01, 207.02, 207.1, 207.11, 207.12, 207.2, 207.21, 207.22, 207.8, 207.81, 207.82, 208, 208.01, 208.02, 208.1, 208.11, 208.12, 208.2, 208.21, 208.22, 208.8, 208.81, 208.82, 208.9, 208.91, 208.92, 209, 209.01, 209.02, 209.03, 209.1, 209.11, 209.12, 209.13, 209.14, 209.15, 209.16, 209.17, 209.2, 209.21, 209.22, 209.23, 209.24, 209.25, 209.26, 209.27, 209.29, 209.3, 209.31, 209.32, 209.33, 209.34, 209.35, 209.36, 209.7, 209.71, 209.72, 209.73, 209.74, 209.75, 209.79, 228, 228.01, 228.02, 228.03, 228.04, 228.09, 228.1, 235, 235.1, 235.2, 235.3, 235.4, 235.5, 235.6, 235.7, 235.8, 235.9, 236, 236.1, 236.2, 236.3, 236.4, 236.5, 236.6, 236.7, 236.9, 236.91, 236.99, 237, 237.1, 237.2, 237.3, 237.4, 237.5, 237.6, 237.7, 237.71, 237.72, 237.73, 237.79, 237.9, 238, 238.1, 238.2, 238.3, 238.4, 238.5, 238.6, 238.7, 238.71, 238.72, 238.73, 238.74, 238.75, 238.76, 238.77, 238.79, 238.8, 238.9, 239, 239.1, 239.2, 239.3, 239.4, 239.5, 239.6, 239.7, 239.8, 239.81, 239.89, 239.9, 714, 714., 714.0, 714.1, 714.2, 714.3, 714.30, 714.31, 714.32, 714.33, 714.4, 714.8, 714.81, 714.89, 714.9, 581.3, 516.31, 516.30, 516.32, 516.33, 516.34, 516.35, 516.37, 516.8, 507.0.

ICD_10 Diagnosis Code: There are 1438 ICD_10 diagnosis codes are available upon request.

ICD_10 Procedure Code: There are 1053 ICD_10 procedure codes are available upon request.

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Pneumonia Algorithm Summary v1.0 (2/21)

<p>Claims included Codes</p>	<p>Claims with following ICD_9 diagnosis codes will be included: 244.9, 246.9, 250, 250.01, 250.02, 250.9, 285.9, 288.6, 296.32, 296.33, 296.8, 296.9, 298.9, 300, 300.01, 300.02, 300.4, 305, 305.2, 305.9, 309.81, 311, 327.23, 338.19, 338.29, 338.4, 34, 346.9, 372, 38.9, 382, 382.9, 388.7, 401, 401.1, 401.9, 410.72, 412, 413.9, 414, 414.01, 415.19, 424, 424.1, 424.2, 425.4, 427.31, 427.89, 427.9, 428, 428.21, 428.23, 428.9, 429.3, 272, 272.2, 272.4, 274.9, 275.2, 276.1, 276.51, 276.8, 278</p> <p>Claims with following DRG codes will be included: 0195, 0194, 0871, 0193, 0203, 0202, 0163, 0177, 0189, 0165, 0392, 0870, 0167, 0314, 0179, 0178, 0312, 0305, 0300, 0304, 0103, 0166, 0872, 0186, 0188, 0208, 0207, 0206, 0153, 0204</p> <p>Claims with following HCP codes will be included: 00529, 00540, 00541, 00542, 32220, 32225, 32505, 32651, 32652, 32655, 32663, 32666, 35820, 36561, 71010, 71020, 71250, 71260, 71275, 74022, 76705, 80047, 80048, 80050, 80051, 80053, 80061, 80076, 80301, 81000, 81001, 81002, 81003, 81025, 49405, 83690, 83735, 83880, 84100, 84439, 84443, 84484, 84520, 84703, 85007, 85025, 85027, 85378, 85379, 85610, 85730, 86140, 86308, 86403, 86710, 87040, 87070, 87077, 87081, 87086, 87088, 87186, 87205, 87276, 87400, 87420, 87430, 87804, 87807, 82150, 82550, 82553, 82565, 82570, 82728, 82803, 82947, 83036, 83520, 83540, 83605, 83615, 87880, 90460, 90471, 90670, 93000, 93005, 93010, 93041, 93306, 94060, 94640, 94664, 96360, 96361, 96365, 96366, 96367, 96372, 96374, 96375, 96376, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99217, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99282, 99283, 99284, 99285, 99291, A0394, E0445, E0470, E0482, E0570, E1390, E1392, J0456, J0696, J0702, J1040, J1094, J1100, J1170, J1200, J1885, J1956, J2175, J2270, J2405, J2550, J2930, J3490, J7030, J7050, Q9967, A0422, A0425, A0426, A0427, A0431</p> <p>Claims with following Revenue codes will be included: 0450, 0250, 0270, 0258, 0636, 0305, 0306, 0110, 0410, 0730, 0307, 0762, 0264, 0302, 0240, 0120, 0350, 0200, 0483, 0206, 0412, 0111, 0402, 0101, 0929, 0214, 0710, 0456, 0731, 0985, 0257, 0311, 0113, 0341, 0740, 0480, 0920, 0359, 0254, 0252, 0312, 0126, 0251, 0760, 0219, 0451, 0119, 0400, 0459, 0761, 0272, 0324, 0259, 0301, 0300, 0271, 0260, 0320, 0637, 0940, 0352, 0255, 0460, 0279, 0360, 0771, 0210, 0370, 0310, 0124, 0942, 0343, 0319, 0481, 0273, 0201, 0987, 0732, 0309, 0622, 0490, 0202</p> <p>There are 1815 NDC codes available upon request.</p> <p>ICD_10 Diagnosis Codes Included: There are 8711 ICD_10 diagnosis codes available upon request.</p> <p>ICD_10 Procedure Codes Included: There are 1846 ICD_10 procedure codes available upon request.</p>
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