

**SUMMARY OF
EPISODES OF CARE 3-16 – UNCOMPLICATED PEDIATRIC PNEUMONIA**

Effective October 1, 2016 Arkansas Medicaid proposes to add Uncomplicated Pediatric Pneumonia episodes to the Episodes of Care Medicaid manual and Arkansas State Plan to incentivize improved care quality, efficiency, and economy. The program uses Medicaid paid claims data to evaluate the quality, efficiency, and economy of care delivered in the course of the episode, and to apply payment incentives.



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Episodes of Care

EFFECTIVE DATE: October 1, 2016

SUBJECT: Provider Manual Update Transmittal EPISODE-3-16-UPP

REMOVE

Section	Effective Date
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INSERT

Section	Effective Date
225.000	10-1-16
225.100	10-1-16
225.200	10-1-16
225.300	10-1-16
225.400	10-1-16
225.500	10-1-16
225.600	10-1-16
225.700	10-1-16

Explanation of Updates

Sections 225.000, 225.100, 225.200, 225.300, 225.400, 225.500, 225.600 and 225.700 are added to provide information pertaining to the uncomplicated pediatric pneumonia (UPP) episode of care.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the Arkansas Payment Improvement Initiative Center at 1-866-322-4696 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 301-8311.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Dawn Stehle
Director

TOC required

225.000 UNCOMPLICATED PEDIATRIC PNEUMONIA (UPP) EPISODES

225.100 Episode Definition/Scope of Services

10-1-16

A. Episode subtypes:

There are no subtypes for this episode type

B. Episode trigger:

Episode is triggered by an emergency department (ED) visit or inpatient hospital stay where the primary diagnosis is pneumonia.

C. Episode duration:

Episode begins on the date of admission to the ED or inpatient facility and ends 30 days after discharge from facility.

D. Episode services:

The following services are included in the episode:

1. During the trigger event: all diagnostic and treatment services beginning with, and during, the ED and/or inpatient hospitalization, with primary diagnoses indicating pneumonia
2. Hospital readmission based on these criteria:
 - a. All cause readmissions from facility discharge day 1 through day 3
 - b. Relevant complications from day 4 through day 30
3. Within 30 days post-discharge: related services (i.e., outpatient facility services, professional services, related medications, treatment for complications)

225.200 Principal Accountable Provider

10-1-16

For each episode, the Principal Accountable Provider (PAP) is the ED or inpatient facility where the pneumonia is diagnosed.

225.300 Exclusions

10-1-16

Global exclusions from Section 200.300 are applied to this episode.

Episode specific exclusions:

- A. Beneficiaries who are less than the age of 6 months or greater than the age of 12 years on the date of the trigger
- B. Beneficiaries with extraordinarily high- or low-cost episodes
- C. Beneficiaries with one or more of the following comorbidities within 365 days prior to the pneumonia:
 1. Hospital acquired pneumonia
 2. Ventilator acquired pneumonia
 3. Clinically pertinent structural and lung disorders
 4. Clinically pertinent respiratory disorders

5. Clinically pertinent immune disorders
6. Sickle cell anemia
7. Multiple sclerosis
8. Plegias
9. Clinically pertinent congenital anomalies
10. Coma
11. Tracheostomy status
12. HIV

225.400 Adjustments**10-1-16**

For the purpose of determining a PAP's performance, the total reimbursement attributable to the PAP is risk-adjusted for uncomplicated pediatric pneumonia episodes in which patients have comorbidities, including the following related health conditions:

- A. Asthma
- B. Lung disorders
- C. Recurrent pneumonia
- D. Respiratory disorders

225.500 Quality Measures**10-1-16**

- A. *Quality measures "to pass"*:
 1. Rate of chest imaging with a passing rate of at least 75%
- B. *Quality measures "to track"*:
 1. Use of inappropriate antibiotics in children ages 6 months through 4 years of age

225.600 Thresholds for Incentive Payments**10-1-16**

- A. The acceptable threshold is \$ 837.00.
- B. The commendable threshold is \$539.00.
- C. The gain sharing limit is \$144.00.
- D. The gain sharing percentage is 50%.
- E. The risk sharing percentage is 50%.

225.700 Minimum Case Volume**10-1-16**

The minimum case volume is 5 valid episodes per 12-month performance period.