

**SUMMARY OF  
EPISODES OF CARE 4-16 – URINARY TRACT INFECTION**

**Effective October 1, 2016 Arkansas Medicaid proposes to add Urinary Tract Infection 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.**



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**TO:** Arkansas Medicaid Health Care Providers – Episodes of Care

**EFFECTIVE DATE:** October 1, 2016

**SUBJECT:** Provider Manual Update Transmittal EPISODE-4-16-UTI

**REMOVE**

**Section**

**Effective Date**

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**Section**

**Effective Date**

226.000 10-1-16  
226.100 10-1-16  
226.200 10-1-16  
226.300 10-1-16  
226.400 10-1-16  
226.500 10-1-16  
226.600 10-1-16  
226.700 10-1-16

**Explanation of Updates**

Sections 226.000, 226.100, 226.200, 226.300, 226.400, 226.500, 226.600 and 226.700 are added to provide information pertaining to the urinary tract infection 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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Dawn Stehle  
Director

TOC is required

## 226.000 URINARY TRACT INFECTION (UTI) EPISODES

### 226.100 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 where the primary diagnosis (Dx1) is related to Urinary Tract Infection (e.g., cystitis, urethritis and pyelonephritis).

C. Episode duration:

Episode begins on the date of admission to the ED and ends 14 days after discharge from ED.

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 admission
2. All cause readmissions from facility discharge day 1 through day 3
3. Relevant complications from day 4 through day 14
4. Within 14 days post-discharge: Related services (i.e., outpatient facility services, professional services, related medications, treatment for complications)

### 226.200 Principal Accountable Provider

10-1-16

For each episode, the Principal Accountable Provider (PAP) is the facility where the UTI is diagnosed.

### 226.300 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 or equal to the age of 65 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 urinary tract infection:
  1. Spina bifida
  2. Coma
  3. Partial or complete paralysis
  4. Tuberculosis of urinary tract
  5. Sexually transmitted infections of the urinary tract
  6. Cerebral palsy

7. Significant urinary tract diseases (e.g., renal abscess, urinary tract calculus, vesicoureteral reflux, hydronephrosis)
8. Bladder dysfunction
9. Multiple sclerosis
10. Beneficiaries aged 4 and over with prescriptions filled for diapers
11. Beneficiaries using catheters
12. Genitourinary Cancer

**226.400 Adjustments****10-1-16**

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

- A. Diabetes
- B. Urinary retention
- C. Pyelonephritis

**226.500 Quality Measures****10-1-16**

- A. Quality measures "to pass":
  1. Percent of valid episodes in which clinically inappropriate antibiotics (Ampicillin, 3rd generation Cephalosporins, Quinolones) are prescribed – must be below maximum threshold of 25%.
- B. Quality measures "to track":
  1. Percent of episodes including a CBC (complete blood count)
  2. Percent of episodes including a urine culture
  3. Rate of abdominal CT Scans

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

- A. The acceptable threshold is \$275.00.
- B. The commendable threshold is \$243.00.
- C. The gain sharing limit is \$117.00.
- D. The gain sharing percentage is 50%.
- E. The risk sharing percentage is 50%.

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

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