

Health Care Incentives Improvement Institute Inc.



**Congestive Heart Failure (CHF) ECR Playbook**

**ECR Definition Summary**

	<b>Definition</b>
Trigger Codes*	The patient has a <u>professional</u> claim with one of these ICD-9-CM diagnosis codes in any position: 428, 428.y, y=0,2,3,4,9, 428.yz, y=2,3,4, z=0,2, 402.y1, y=1,9 404.yz, y=1,9 z=1,3, 398.91
Episode Time Window	One year starting from the date of service of the trigger claim
Enrollment / eligibility requirement	Duration of episode (365 days look-forward period) with a maximum of continuous 30-day gap
Patient Exclusions	<ol style="list-style-type: none"> <li>1. Continuous enrollment requirement not met</li> <li>2. Age less than 18 years or &gt; 65 years</li> <li>3. Discharge status is left against medical advice</li> <li>4. In-hospital death</li> </ol>
Claim/Episode charge exclusions	<ol style="list-style-type: none"> <li>1. Remove PFO<sup>†</sup> claims if the claim charges are missing, &lt; \$10, or &gt;\$1,000,000</li> <li>2. Remove Stay claims if claim charges are missing, &lt; \$50, or &gt;\$1,000,000</li> <li>3. Remove Pharmacy claims if claim charges are missing, &lt; \$1, or &gt;\$1,000,000</li> <li>4. Remove episode if total medical charges for the episode are &lt; \$20 or &gt; \$1,000,000</li> <li>5. Remove episode if total <u>pharmacy charges</u> for the episode are &lt; \$1 or &gt; \$1,000,000</li> </ol>
Medical exclusions	HIV, cancer, suicide, end-stage renal disease (ESRD), pregnancy and newborn conditions
Procedural exclusions	<p>Exclude claims with any major or irrelevant surgical procedure as indicated in the “all codes” workbook, transplants etc.</p> <p>Exclude claims with any major but relevant surgical procedure suggesting that CHF would be a comorbidity rather the driver for those costs</p>
Potentially Avoidable Complications (PACs)	<p>All hospitalizations and all emergency room visits as well as professional services related to these hospitalizations are considered as PACs.</p> <p>Additionally, professional and other services are also considered as PACs if they are one of three types:</p> <ol style="list-style-type: none"> <li>1. Services related to the index condition: Services due to acute exacerbations of the anchor condition are considered as PACs. For example, services for acute CHF, pulm edema, respiratory failure, respiratory insufficiency, etc.</li> <li>2. Services related to Comorbidities: Services for acute exacerbations of any of the patient’s comorbid conditions are considered PACs. For example, a diabetic emergency, severe gastritis etc. for a patient with CHF.</li> <li>3. Services for potential Patient Safety Failures: Services for major infections, deep vein thrombosis, adverse drug events, and other patient safety-related events are considered PACs.</li> </ol>
Type of model(s) developed	Professional, outpatient facility, pharmacy & all other claims model: Model for ages 18 to <65 year olds.

\* x = any digit from 0-9 inclusive or blank; y and z are as indicated.

†PFO: Professional, outpatient facility, ancillary and other claims.