

Health Care Incentives Improvement Institute Inc.



Diabetes ECR Playbook

ECR Definition Summary

	Definition
Trigger Codes*	The patient has a <u>professional</u> claim with one of these ICD-9-CM diagnosis codes in any position: 250.xx, v45.85, v53.91, v58.67, v65.46
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"> 1. Continuous enrollment requirement not met 2. Age less than 18 years or ≥ 65 years 3. Discharge status is left against medical advice 4. In-hospital death
Claim/Episode charge exclusions	<ol style="list-style-type: none"> 1. Remove PFO[†] claims if the claim charges are missing, < \$10, or >\$1,000,000 2. Remove Stay claims if claim charges are missing, < \$50, or >\$1,000,000 3. Remove Pharmacy claims if claim charges are missing, < \$1, or >\$1,000,000 4. Remove episode if total medical charges for the episode are < \$20 or > \$1,000,000 5. Remove episode if total pharmacy charges for the episode are < \$1 or > \$1,000,000
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 diabetes 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"> 1. Services related to the index condition: Services due to acute exacerbations of the index condition are considered as PACs. For example, services for diabetic emergency, hypo-, hyper-glycemia, visual loss, blindness, surgery for retinal tear, detachment, etc. 2. Services related to Comorbidities: Services for acute exacerbations of any of the patient’s comorbid conditions are considered PACs. For example, acute exacerbation of COPD, asthma, gastritis, ulcer, GI hemorrhage, etc. for a patient with diabetes. 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.
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.