

Payment Bundle Administration (PBA) Tool

Desk Reference

January 2021

NOTE: ALL IDENTIFYING INFORMATION, LINKS, PHONE NUMBERS, ETC HAVE BEEN REMOVED AND INDIVIDUAL EXAMPLES USE FAKE USER DATA.

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Getting Started

Purpose of This Document

This document introduces the Payment Bundle Administration (PBA) tool functionality, layout, and major tabs used when inputting bundle data. Tab by tab, it explains the data used in each field and any associated guidelines or parameters. It also explains the upstream and downstream dependencies of that data. It does not include highly detailed, advanced, or uncommon information or processes that are in the Disneyworld PBA User Guide or website. It also excludes tasks that are only done by more senior analysts (such as publishing). This document is based on Version 5.70.002.000 of the PBA tool.

Document Audience

This document is intended for PBA tool novice users who are entering bundle data into the tool. For advanced information, see the PBA User Guide.

Document Maintenance

This document should be updated to reflect tool changes. The Core Systems Configuration team is responsible for the updates.

Revision History

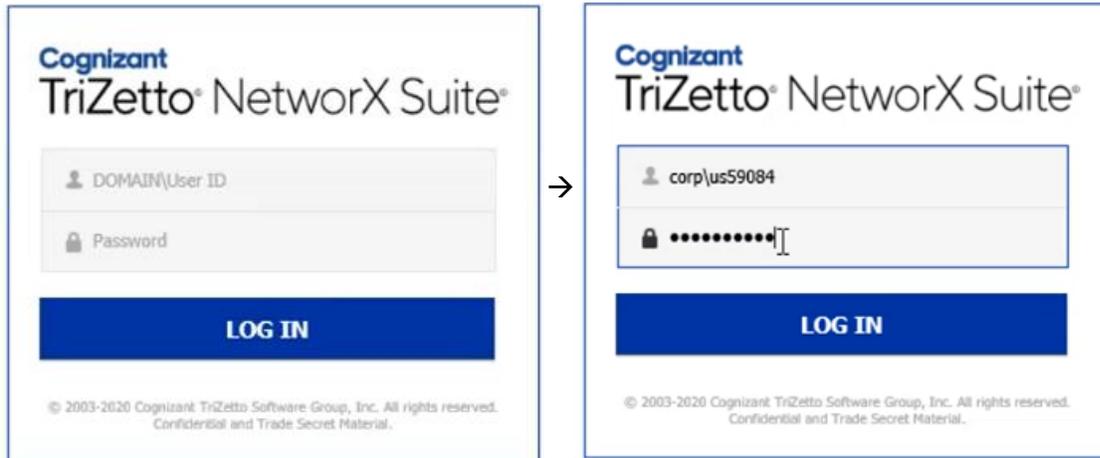
Date	Author	Change

PBA Tool Access

There are multiple environments for the PBA tool—a production environment and multiple configuration and test environments.

- Production: [URL REMOVED](#)
- ACPT environment (testing): [URL REMOVED](#)
- CFGM (configuration): [URL REMOVED](#)
- AITS (configuration / testing): [URL REMOVED](#)

Your login is your Disneyland login: CORP**<userID>** plus your Disneyland network password.



- You must be assigned to a user group that has permission to use this tool.
- For access issues, submit a Service Now ticket or call the Help Desk at x.84100 (425-000-0000).
- See the TriZetto Customer Exchange website (which contains the PBA User Guide) for detailed help. For access, contact Paul Ng at paul.ng@Disneyland.com.

Basic Tool Layout

The PBA tool consists of several tabs that can be added, deleted, and rearranged (drag them with your mouse) to customize your workspace. The main tabs you will use when creating patient bundles are: Codes, Qualifier Groups, Episode Definitions, Episodes, and Patient Bundles. These are the tabs explained in this document.

Bundle ID	Status	Claimant ID	Claimant Name	Provider ID	Start Date	End Date	Episode Name	Methodology	Run Out Date
263	Active	602953169-01	SUN GUOWEI	56823565823	10/27/2020	12/26/2020	2020 PROVIDENCE ST PETER H...	Prospective	
262	Active	602953142-01	WEST JESSICA	749659749659	10/25/2020	12/24/2020	2020 PROVIDENCE REGIONAL...	Prospective	
261	Active	602953139-01	MURPHY RACHEL	106220106220	10/22/2020	12/21/2020	2020 SWEDISH BALLARD KNEE...	Prospective	
260	Active	602635539-01	SCHMUCKER JEREMY	749659749659	10/19/2020	12/18/2020	2020 PROVIDENCE REGIONAL...	Prospective	
259	Active	602727920-01	LANG MEGAN	106220106220	10/17/2020	12/16/2020	2020 SWEDISH BALLARD KNEE...	Prospective	
258	Active	601350536-01	CUTLER KEITH M	106220106220	10/16/2020	12/15/2020	2020 SWEDISH BALLARD KNEE...	Prospective	
257	Active	102042868-01	SAVAGE JERRY	106217106217	10/14/2020	12/13/2020	2020 SWEDISH FIRST HILL KNE...	Prospective	
256	Active	601420027-01	NORASTEH POURIA	101995101995	10/24/2020	12/23/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
255	Active	102077079-03	KIPP ALEXANDER	101995101995	10/22/2020	12/21/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
254	Active	102074568-01	LLAMAS LUIS	106217106217	10/14/2020	12/13/2020	2020 SWEDISH FIRST HILL KNE...	Prospective	
253	Active	102079738-01	LAVADA JHENILYN B	749659749659	10/21/2020	12/20/2020	2020 PROVIDENCE REGIONAL...	Prospective	
252	Active	102079081-01	THOMAS BRITTANY S	101995101995	10/21/2020	12/20/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
251	Active	102101254-01	WYRUCHOWSKI DAWN M	56823565823	10/20/2020	12/19/2020	2020 PROVIDENCE ST PETER H...	Prospective	
250	Active	102101043-02	HANSON HARPER K	749659749659	10/19/2020	12/18/2020	2020 PROVIDENCE SACRED HE...	Prospective	
249	Active	102086126-03	COMPTON CELIA C	749659749659	10/18/2020	12/17/2020	2020 PROVIDENCE REGIONAL...	Prospective	
248	Active	102083839-05	SNOW MATTHEW	A08H94408H94	10/17/2020	12/16/2020	2020 SWEDISH EDMONDS KNEE...	Prospective	
247	Active	102102839-02	RANGAN MUKUND	106220106220	10/16/2020	12/15/2020	2020 SWEDISH BALLARD KNEE...	Prospective	
246	Active	102092386-03	BROWNING RILEE	106217106217	10/14/2020	12/13/2020	2021 SWEDISH FIRST HILL KNE...	Prospective	
245	Complete	601561926-01	CAMARGO BRAIS	101995101995	10/11/2020	12/10/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
244	Complete	602946648-01	Loading...	101995101995	10/07/2020	12/06/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
243	Complete	102084973-01	PLACSON CHRY	101995101995	10/06/2020	12/05/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
242	Complete	602613609-01	GELBITNER LISA M	101995101995	10/16/2020	12/09/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
241	Active	602614291-01	WILLIAMS KRISTOFER J	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
240	Cancelled	602246809-01	HALL BRANDON	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
239	Active	601293976-02	DUBOIS BRANDON R	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
238	Active	602246809-01	HALL BRANDON	101995101995	10/31/2020	12/30/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
237	Active	602945338-01	NOVAK MATTHEW	101995101995	11/10/2020	01/09/2021	2020 KADLEC REGIONAL MEDIC...	Prospective	
236	Complete	102087111-01	CASTRO ADRIANA G	101995101995	10/02/2020	12/01/2020	2020 KADLEC REGIONAL MEDIC...	Prospective	
235	Complete	602953149-03	WIMBERLEY WYATT	106220106220	05/02/2020	07/02/2020	2020 SWEDISH BALLARD KNEE...	Prospective	

Each tab has a unique layout, but there are basic elements that apply to most tabs. Generally, you can search and filter, create a record from scratch, and edit, cut, copy, or delete. Above and below is the Patient Bundles tab (the leftmost tab is shown by default when you open the tool).

Annotations for the Patient Bundles tab:

- Tabs Menu
- Create, Filter, Search
- Open, Edit, Cancel, Delete, Cut, Copy, etc.
- Search by Field

Bundle ID	Status	Claimant ID	Claimant Name	Provider
263	Active	602953160-01	SUN GUOWEI	565823565
262	Active	602953142-01	WEST JESSICA	749659749
261	Active	602953139-01	MURPHY RACHEL	106220106
260	Active	602635539-01	SCHMUCKER JEREMY	749659749
259	Active	602727920-01	LANG MEGAN	106220106
258	Active	601355036-01	CUTLER KEITH M	106220106
257	Active	107042868-01	SAVAGE IFRY	106217106

Click the hamburger icon at the top left of the screen to add tabs (the tab dropdown list is shown here), and the X at the right of a tab to close it.

Open tab menu

Close a tab

- PAYMENT BUNDLING ADMINISTRATION
 - Patient Bundles
 - Episodes
 - Episode Definitions
 - Qualifier Groups
 - Test Price
 - Claim Re-evaluation
 - Codes
 - Administration
 - Batch Processing
 - Service Categories

Click **About** under your username at the top right of the screen to view the version of the tool. The main user guide frequently refers to which version includes certain features, so it's helpful to be able to locate this information.

corp/us59084

Logout

About

Cognizant
TriZetto NetworkX Payment Bundling Administration

Version: 5.70.002.000

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Main Tabs

These are the five main tabs used when entering data from the Build on Paper to create a patient bundle.

Tab	Definition
Codes	Codes are user-determined values that help define episode definitions, rule actions, and information for reporting. There are various code types, including Cancel Reason, Explanation, Pricing Category, Supplemental Data, Close Reason, and Service Category. Types of Care are also listed in this tab. Some codes are defined in the Functional Design document, and they must be identical to the codes in Facets. What is entered here is used in the subsequent tabs, so analysts begin building patient bundles with this tab.
Qualifier Groups	A qualifier group is a set of conditions that a claim must meet to qualify for a specific rule action, such as a particular hospital, procedure, surgeon, date range, or service. Individual qualifiers can be strung together with AND/OR conditions or nested within each other. Qualifier types are individual conditions that can stand alone or comprise a qualifier group.
Episode Definitions	Episode Definitions are rules that qualify a claim for a patient bundle. They attach qualifier groups to codes and tell the system what to do with a claim that meets certain criteria. For example, an episode definition might apply a certain price to a claim, assign a set of procedure codes, or indicate that a service is included in a bundle.
Episodes	Episodes define details for a unit of care (an episode), such as hip replacement or colonoscopy. These details might include associated contracts, effective dates, claim inclusion days, pricing method (prospective/retrospective), pricing rates, and providers.
Patient Bundles	A patient bundle is a collection of claims that qualify for an episode for a specific claimant and date range. Examples of claims that might be included in a patient bundle for a hip replacement include a primary care visit, orthopedic consult, pre-surgical blood work, anesthesiologist, and physical therapy.

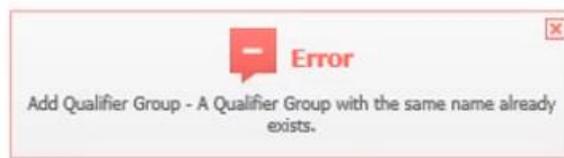
PBA Data

The data in this tool comes from provider contracts, the Facets tool, the bundle's Functional Design document, and the bundle's Requirements document, which are all used to create the Build on Paper. Everything you enter into PBA should already be in the Build on Paper, so you should not have to make

analytical decisions or use other sources while entering codes and descriptions into the tool. If something is missing or seems incorrect, ask an experienced PBA analyst for guidance.

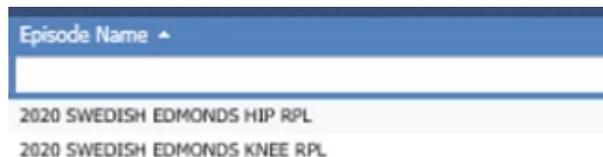
PBA Names

Qualifier Groups, Episodes, and Episode Definitions can't have the same name. When there was only one bundle in the system, this was not an issue, but as additional bundles and rules get added, generic names (such as Knee Replacement or Patient Transfer) will have to have things like years, providers, or other unique identifiers added. For example, trying to add the qualifier group PATIENT DEATH causes the error below, as there is already one in the system. If different qualifier group parameters are required, a new name must be added, such as 2021 PATIENT DEATH or PROVIDENCE PATIENT DEATH.

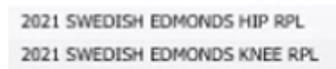


Everything that is valid for only one year, such as an Episode, should have the year in the title:

2020 values



2021 values



Things that are potentially valid indefinitely, such as Episode Definitions or Qualifier Groups, do not need this, but if changes require a new version (like stated above), a year or other unique identifier might be added.

Syntax and Formatting

Adhering to naming conventions throughout the PBA tool (as well as Facets) makes codes and descriptions consistent and easy to interpret. Use ALL CAPS when creating a code or description, and don't use special characters. There are also standard abbreviations used, including:

- 30, 60, etc. = these numbers refer to pre and post days from surgery or primary service
- CPT = list of procedure codes (Current Procedural Terminology)
- DME = durable medical equipment
- DRG = Diagnosis-related Group
- DX = list of diagnosis codes

- EVAL = evaluation
- LK# = Codes from LK1 to LK7 (and beyond) refer to explanation codes
- MOD = modifier
- OP = operation (does not specify pre- OR post-op)
- POST = post-op
- PRE = pre-op
- PROC = procedure code
- PRPR = provider ID
- PT = physical therapy
- REV = revenue code
- SUBCON = subcontractor
- VISIT = office visit
- WO = without

Descriptions usually consist of a few of these abbreviations strung together:

- SUBCON DME 30 WO
- PREOP VISIT30

Codes Tab

Purpose of This Tab

This tab holds codes that are created in the Functional Design documents, added to the Build on Paper, and used in other PBA tabs, such as Episode Definition and Qualifier Groups. You might be creating new codes, but several codes relevant to a bundle have already been defined in the tool.

Tab Layout

This tab includes search fields, short and long descriptions, and a folder structure at the left where the codes are divided into types.



Code Types

These are the code types listed in the folder at the left side of the tab.

Code Type	Description
Cancel Reason Codes	Used to identify why a patient bundle is cancelled. No claims can be added to a canceled bundle. Any claims previously associated to the bundle must be reprocessed to apply the standard network pricing. Example Scenario: A member is going through an oncology episode of care, which administers chemotherapy. They become eligible for a clinical trial. The requirement states that any member who is in a clinical trial will not be part of the bundled program. The member's bundle gets canceled once the claim for a clinical trial is received. Examples: NOTCOMPLETE, ERROR, DEATH Information Entered: Short and long description

Short Description	Description ▲
Type here to narrow your search	
GRPTERM	GROUP TERMINATION
MBRTERM	MEMBER TERMINATION OR UNENROLLED
MISCCOMP	MISCELLANEOUS CANCEL SCENARIOS
ERROR	PATIENT BUNDLE OPENED IN ERROR
DEATH	PATIENT DECEASED
TRANSFER	PATIENT TRANSFERRED TO A DIFFERENT FACILITY
PROVTERM	PROVIDER TERMINATION OR UNENROLLED
NOTCOMPLTE	SERVICE NOT COMPLETED DUE TO COMPLICATIONS

Explanation Codes

Used to identify details about how a claim is priced. These must be identical to the codes used in Facets.

Examples: INCLUDED IN BUNDLE, BUNDLED ALLOWABLE, PREOP DME

Information Entered: Short and long description

Short Description	Description ▲
Type here to narrow your search	
LX0	LX0 INCLUDED IN BUNDLE
LX1	LX1 BUNDLED ALLOWABLE
LX2	LX2 DEFAULT CODE
LX3	LX3 NON EPISODE PROVIDER
LX4	LX4 DEFAULT DIAGNOSIS CODE
LX5	LX5 BUNDLED OUTLIER ALLOWABLE
LX6	LX6 PREOP DME
LX7	LX7 INCLUDED IN THE BUNDLE FOR PT

Pricing Category Codes

Used to identify the type of claim or service for an episode. Pricing categories are used as the basis for assigning a price to a service.

Examples: PHYSICIAN, HOSPITAL, SURGEON, POSTOP OFFICEVISIT30

Information Entered: Long description

Description ▲
Type here to narrow your search
(T2) Episode
ANESTHESIA
DME
DME SALES TAX
EPISODE PRPR SERVICES
FACILITY
FACILITY OUTLIER
NON EPISODE PROVIDER
OTHER PROCEDURES
OTHER PRPR SERVICES
POSTOP ALL WO
POSTOP DME30
POSTOP DME30 WO DX
POSTOP DME30 WO PROC
POSTOP OFFICEVISIT30
POSTOP OFFICEVISIT30 WO DX
POSTOP OFFICEVISIT30 WO PROC

Supplemental Data

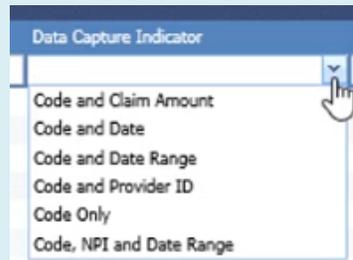
Used to identify additional information about a claim that is often used for reporting or tracking purposes.

Examples: READMISSION, SURGICAL SITE INFECTION, IMPLANTABLE DEVICE COSTS

Description	Data Capture Indicator	Type	Status
Type here to narrow your search			
(TZ) Date - Inpatient Stay	Code, NPI and Date Range		Active
PATIENT DEATH	Code and Date Range		Active
PATIENT TRANSFER	Code and Date Range		Active
POSTOP ALL CPT	Code and Date		Active
POSTOP ALL DX	Code and Date		Active
POSTOP DME	Code and Date		Active
POSTOP OFFICEVISIT	Code and Date		Active
POSTOP XRAY	Code and Date		Active
PREOP ALL CPT	Code and Date		Active
PREOP ALL DX	Code and Date		Active
PREOP ANESTHESIOLOGIST	Code and Date		Active
PREOP EX	Code and Date		Active
PREOP LAB	Code and Date		Active
PREOP OFFICEVISIT	Code and Date		Active
PREOP PT	Code and Date		Active
PREOP XRAY RADIOLOGY READING	Code and Date		Active

Information Entered

- Description (These are used in Episode Definition rule actions)
- Data Capture Indicator (Data to capture and save when the code is used for a rule with a supplemental code qualifier; usually Code and Date)



- Status (Active means valid and able to be used; it doesn't necessarily mean they are being used)



Close Reason Codes

Used to identify why a patient bundle is ending prematurely. Claims with a date of service on or before the date the bundle is closed will be included if they qualify for the bundle.

Example Scenario 1: A bundle is closed on the date of patient discharge because they are being transferred to another hospital, and the requirements state that no further claims qualify for the bundle. In this case, pre-op and procedure claims will be included in the bundle, but no post-op visits can be included.

Example Scenario 2: A patient does both his left and right knee simultaneously, so bundle pricing would not be appropriate. This situation would be fee for service.

Examples: PATIENT DEATH, TRANSFER, PROVTERM

Information Entered: Short and long description (similar to cancel codes)

Short Description	Description ▲
Type here to narrow your search	
(TZ) Death	(TZ) Death
BILATERAL	BILATERAL PROCEDURE
MEDADVICE	DISCHARGE AGAINST MEDICAL ADVICE
GRPTERM	GROUP TERMINATION
MBRTERM	MEMBER TERMINATION OR UNENROLLED
MISCCOMP	MISCELLANEOUS CANCEL SCENARIOS
ERROR	PATIENT BUNDLE OPENED IN ERROR
DEATH	PATIENT DECEASED
TRANSFER	PATIENT TRANSFERRED TO A DIFFERENT FACILITY
PROVTERM	PROVIDER TERMINATION OR UNENROLLED
NOTCOMPLTE	SERVICE NOT COMPLETED DUE TO COMPLICATIONS

Service Category Codes

Used to identify claim groupings for reporting purposes and describe what type of service is being done.

Examples: HOSPITAL MEDICINE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, EMERGENCY MEDICINE

Information Entered: Description

Description ▲
Type here to narrow your search
All Inclusive R&B
Ambulatory Surgery
Anesthesia
Behavioral Health
Blood Products
Cardiac Catheterization
Cardiovascular
Care Coordination
Chemotherapy
Coronary Care
Detoxification R&B

Add a Code

To add a code, click **ADD +** and enter the required information (such as a short and long description for a Close Reason code, below), then Save.

Short Description	Description ▲
Type here to narrow your search	Type here to narrow your search
GRPTERM	GROUP TERMINATION
MBRTERM	MEMBER TERMINATION OR UNENROLLED

SAVE CANCEL

Do not delete codes. Just because they aren't being used in your bundle doesn't mean they aren't being used elsewhere.

Dependencies

Where do these codes end up, and where do they come from?

After being inputted in this tab, codes appear elsewhere in PBA, such as in the Episode Definition rules and Patient Bundle tab. Here you can see a Close Reason Code, Pricing Category Code, Explanation Code, and Supplemental Code in the Episode Definition rules.

Pricing Categories and Supplemental Data are shown in the Patient Bundle tab.

Claim Number	Line	Provider ID	Provider Name	Pricing Category	Total Charges	Threshold Price	Pre-Episode Price	Episode Price	Split Pre-Episode Price	Split Episode Price	Complication
203040003200	1	A06YSHADZJN	BLACK, JOHN-DAVID	POSTOP OFFICEVISIT30	\$100.00	\$0.00	\$100.00	\$0.00	\$100.00	\$0.00	T
203040003300	1	A06YSHADZJN	BLACK, JOHN-DAVID	POSTOP ALL WO	\$100.00	\$0.00	\$100.00	\$100.00	\$100.00	\$100.00	T
203040003001	1	A03K9AG3G9	INTEGRA IMAGING	POSTOP XRAY30	\$100.00	\$0.00	\$83.37	\$0.00	\$83.37	\$0.00	T
203040003100	1	101995101995	KADLEC REGIONAL MEDICAL...	POSTOP ALL WO	\$100.00	\$0.00	\$100.00	\$100.00	\$100.00	\$100.00	T
203040003500	1	101995101995	KADLEC REGIONAL MEDICAL...	POSTOP DME30 WO PROC	\$100.00	\$0.00	\$100.00	\$100.00	\$100.00	\$100.00	T
203040003500	2	101995101995	KADLEC REGIONAL MEDICAL...	POSTOP DME30 WO PROC	\$100.00	\$0.00	\$100.00	\$100.00	\$100.00	\$100.00	T
203040003500	3	101995101995	KADLEC REGIONAL MEDICAL...	POSTOP DME30 WO PROC	\$100.00	\$0.00	\$70.00	\$70.00	\$70.00	\$70.00	T
203070001200	1	A06W71608W71	PACIFIC MEDICAL (STATHEW...	POSTOP DME30	\$100.00	\$0.00	\$17.94	\$0.00	\$17.94	\$0.00	T
203070001400	1	201362201362	PACIFIC MEDICAL SYSTEMS	POSTOP DME30 WO PROC	\$100.00	\$0.00	\$9.27	\$9.27	\$9.27	\$9.27	T

Claim Number	Line	Supplemental Data Description	Provider ID	From Date	Through Date	Amount
203040003300	1	POSTOP ALL DX		09/15/2020		
203040003100	1	POSTOP ALL DX		08/18/2020		
203040003500	1	POSTOP DME		08/22/2020		
203040003500	2	POSTOP DME		08/23/2020		
203040003500	3	POSTOP DME		08/24/2020		
203070001400	1	POSTOP DME		08/31/2020		
203080001600	1	POSTOP ALL CPT		08/20/2020		
203080001600	2	POSTOP ALL CPT		08/20/2020		
203080002000	1	POSTOP ALL CPT		08/20/2020		
203080002000	2	POSTOP ALL CPT		08/20/2020		

Some codes come from Functional Design documents. Here is an example of how Explanation Codes (LK# format) are listed and mapped to the Episode Definition. This is for a knee surgery, but these explanation codes and pricing categories can be applied to other types of bundles.

Scenario: Professional subcontractor claim bundled into facility claim zero payment

Field	Content
Code	LK0
Short Text	INCLUDED IN BUNDLE
Long Text1	Payment is part of the Plan's High Value Specialty Care Centers of
Long Text2	of Excellence Program payment. Member: No action required.
Healthcare Claim Adj Reason Code	234
Remittance Remark Codes-1	N390
Print on EOB	Yes
Override Type	

Scenario: Providence Facility bundled payment

Field	Content
Code	LK1
Short Text	BUNDLED ALLOWABLE
Long Text1	Reimbursement based on the Plan's High Value Specialty Care Centers
Long Text2	of Excellence Program bundled rate. Member: No action required.
Healthcare Claim Adj Reason Code	234
Remittance Remark Codes-1	N390
Print on EOB	Yes
Override Type	

Explanation Codes [Codes tab] to map to respective Episode Definition [PBA]

Pricing Category	Short Description	Description
PREOP EKG30 PREOP OFFICEVISIT30 PREOP RADIOLOGY READING30 PREOP XRAY30 PREOP ANESTHESIOLOGIST30 PREOP LAB30 SUBCON DME* POSTOP OFFICEVISIT30 POSTOP XRAY30 POSTOP DME30 SURGEON ANESTHESIA EPISODE PRPR SERVICES OTHER PRPR SERVICES	LK0	INCLUDED IN BUNDLE
FACILITY	LK1	BUNDLED ALLOWABLE
PREOP EKG30 WO PREOP PT30 WO DME SALES TAX PREOP ALL WO SUBCON DME 30 WO* POSTOP DME30 WO PROC POSTOP ALL WO (w/o proc)	LK2	DEFAULT CODE
<u>NON EPISODE PROVIDER</u>	LK3	<u>NON EPISODE PROVIDER</u>
POSTOP ALL WO (w/o Dx)	LK4	DEFAULT DIAGNOSIS CODE
FACILITY OUTLIER	LK5	BUNDLED OUTLIER ALLOWABLE
PREOP DME*	LK6	PREOP DME
PREOP PT30	LK7	INCLUDED IN THE BUNDLE FOR PT

Provider sets

These are groups of providers, such as a hospital group that has several locations. Disneyland does not yet use these, but there are entries in the system for potential future use.

Provider Set Name	Description	Number of Providers
Type here to narrow your search		
KADLEC REGIONAL MEDICAL CENTER	KADLEC REGIONAL MEDICAL CENTER PROVIDER AND SUBCONTRACTORS	0
PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT PROVIDER AND SUBCONTRACTORS	0
PROVIDENCE SACRED HEART MEDICAL CENTER	PROVIDENCE SACRED HEART MEDICAL CENTER PROVIDER AND SUBCONTRACTORS	0
PROVIDENCE ST PETER HOSPITAL	PROVIDENCE ST PETER HOSPITAL PROVIDER AND SUBCONTRACTORS	0
SWEDISH BALLARD	SWEDISH BALLARD PROVIDER AND SUBCONTRACTORS	0
SWEDISH EDMONDS	SWEDISH EDMONDS PROVIDER AND SUBCONTRACTORS	0
SWEDISH FIRST HILL	SWEDISH FIRST HILL PROVIDER AND SUBCONTRACTORS	0

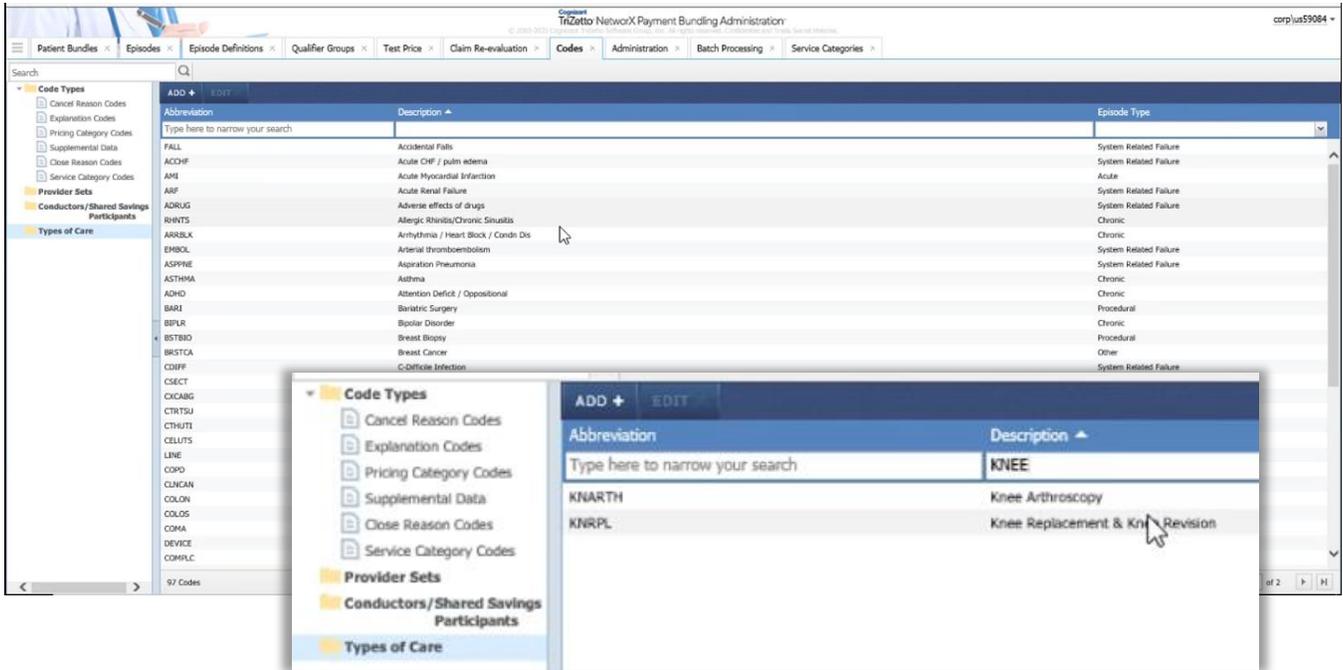
Conductors / Shared Savings Participants

These track pricing methodology. They are empty and not used at Disneyland. Ignore this folder.

Types of Care

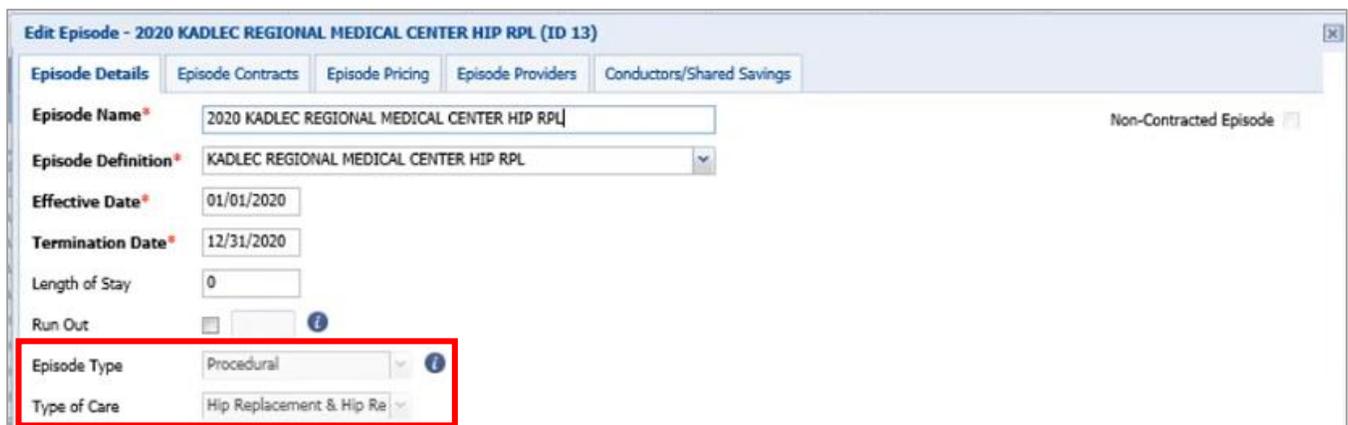
Types of Care is an imported list of nearly 100 categories that determine the order in which bundles are processed. These have an abbreviation, description, and episode type. These could potentially be used in the future for bundle auto-creation processing.

Types of Care are currently only being used for analytic reporting, by PBA processes such as leveling, and for duplicate checking to prevent creation of duplicate patient bundles. For example, if episodes exist for a contracted hip replacement episode and a non-contracted hip replacement episode with the same Type of Care, bundles will not be created for both.



Search by Abbreviation or Description (or filter by episode type).

Type of Care and Episode Type appear in the Episode Details tab of an Episode, though they can't be edited there (they are greyed out).



Qualifier Groups Tab

Purpose of This Tab

A qualifier group is a set of conditions that a claim must meet to qualify for a specific rule action. These groups refer to things like a particular hospital, procedure, surgeon, date range, or service. Individual qualifier groups can be strung together with AND/OR conditions or nested within each other. Qualifier types are individual conditions that comprise a qualifier group.

Qualifier group names are abbreviated descriptions that indicate data such as the procedure type, facility, whether it's pre- or post-op, and what type of service or item is being provided. For example, pre-operative durable medical equipment (DME) for a hip surgery at Sacred Heart Hospital might have this qualifier group: SACRED HEART HIP PREOP DME.

Tab Layout

Annotations for the Qualifier Groups Tab:

- Add New**: Points to the '+ Add' button in the top left.
- Search + filter**: Points to the search bar at the top of the list.
- Edit selected group**: Points to the 'Edit Qualifier Group' dialog box.
- Add or edit nested qualifier or qualifier type**: Points to the 'ADD QUALIFIER' and 'ADD QUALIFIER GROUP' buttons.
- Hide Groups**: Points to the 'HIDE GROUPS' button in the top right.

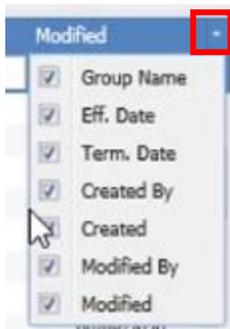
Search and Filter Fields

These are the standard fields used to search and filter qualifier groups.

Column Title	Definition
Group Name	Type qualifier group name elements to narrow your search—such as knee, Sacred Heart, preop, DME, or other items.

Effective and Termination Date	The options are before (<), after (>), or exact date (=) indicated. These dates are often from January 1 of a particular year to December 31, 9999.
Created By / Created	Enter your username and the date you created the qualifier group.
Modified By / Modified	Enter your username and the date you modified the qualifier group.

You can change the fields displayed by clicking the arrow at the right of the column titles. This is true for all PBA tabs.



Add or Edit Qualifier Group Fields

When adding a new qualifier group or editing an existing one, complete these fields.

Column Title	Definition
Group Name	<p>Qualifier group name. Like entries in the Codes tab, these are in all caps and use standard syntax and abbreviations for consistency and ease of interpretation. They also often include the provider and/or surgery type.</p> <p>Examples:</p> <ul style="list-style-type: none"> • ALL KNEE POSTOP CPT • KADLEC REG ALL PROVIDERS PRPR ID • LAB VISIT KNEE PREOP DX <p>Qualifier groups are designated in the tool with a G.</p>
Effective and Termination Dates	Effective and Termination date range.

<p>Same Qualifier</p>	<p>If two qualifiers measure the same thing, the chosen conditional (AND/OR) is used to link them. AND means both qualifiers must match the claim, and OR means only one must match.</p> <p>For example, a patient might need to be below 18 OR over 65 to qualify for a bundle. Age is measured both times, and someone can't fulfill both categories at once, so the OR option is used. This field is often OR, because it allows for mutually exclusive ways to qualify for a single parameter, like age or location.</p> <p>Another Example for Same Qualifier (Qualifier Group Name "ALL DIAG M17"):</p> <p>ICD-10 Diagnosis - All Code(s) M17</p> <p>ICD-10 Diagnosis - All Code(s) M17.11</p> <p>ICD-10 Diagnosis - All Code(s) M17.22</p> <p>With the above scenario,</p> <ul style="list-style-type: none"> • If the same qualifier is set to OR: if claim has any one of these diagnosis codes, it will qualify for the term. • If the same qualifier is set to AND: the claim must have all of these diagnosis codes to qualify for the term.
<p>Different Qualifier</p>	<p>If two qualifiers measure different things, they are joined by the chosen conditional (AND/OR). AND means both qualifiers must match the claim, and OR means only one must match.</p> <p>For example, if a patient must be between 18-65 AND must have a certain provider. This field is often AND, which requires a claim to qualify in several different categories for inclusion.</p> <p>Another example for Different Qualifier:</p> <p>Place of Service Code(s) - Line 11</p> <p>ICD-10 Diagnosis - All Code(s) M17</p> <p>CPT-4 Procedure Code(s) – Line 99215</p> <ul style="list-style-type: none"> • If the Different Qualifier is set to OR: The claim will qualify if the place of service is 11, or CPT code is 99215, or the diagnosis code is M17 • If the Different Qualifier is set to AND: The claim will qualify only when the place of service is 11, and CPT code is 99215, and the diagnosis code is M17
<p>In Use</p>	<p>Indicates whether a Qualifier Group is currently used in a rule or nested in another qualifier group.</p>

Add Qualifier	Add a qualifier type inside of a main qualifier group. A qualifier type is a single qualifier, designated in the tool with a T.
Add Qualifier Group	Add a nested qualifier group inside of a main qualifier group.
Reverse Result	Checking this box when editing a qualifier group will select for the inverse of what is specified. If a qualifier is for ages 18-60, a reverse result will qualify everyone under 18 and over 60.

Qualifier Syntax

Below you can see the Group Name syntax, the G (for group) and T (for type) designations, Qualifier Type names, and qualifier Values. Claims can qualify at the line level or at the claim level, and this is included in the Qualifier Type name. If the qualifier type says "line," it qualifies the at the line level. This is generally for a particular procedure or element of service (such as EKG and anesthesiologist below). If it says "exists," it qualifies at the claim level. This is for the entire claim.

Group Name	Qualifier	Add Qualifier Type: Name	Add Qualifier: Value 1	Add Qualifier: Value 2
RADIOLOGY READING HIP PREOP CPT MOD	G G			
EKG HIP PREOP CPT	T T	CPT-4 Procedure Code(s) - Line CPT-4 Procedure Code(s) - Line	93000 93010	93000 93010
EKG HIP DEFAULT PREOP CPT	T	CPT-4 Procedure Code(s) - Line	93005	93005
ANESTHESIOLOGIST HIP PREOP CPT	T	CPT-4 Procedure Code(s) - Line	01200	01200
EVAL AND THERAPY HIP PREOP CPT	T T T	CPT-4 Procedure Code(s) - Exists CPT-4 Procedure Code(s) - Exists CPT-4 Procedure Code(s) - Exists	97161 97162 97163	97161 97162 97163

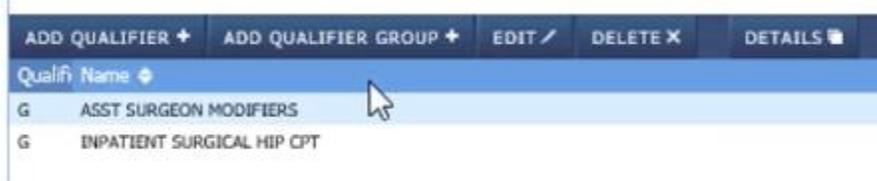
Add a Qualifier Group

To add a qualifier group, click  at the top left of the screen. Add a name, dates, and the same / different qualifier values, then click Continue to add the nested qualifiers and qualifier types. A nested qualifier group is one that is inside another qualifier group. For dates, use the format MMDDYYYY. The system automatically inserts slashes when you press tab to advance to the next field.



Add a Nested Qualifier Group or Qualifier Type

Qualifier groups are a collection of qualifier types. When you select a qualifier group, you can then add, edit, or delete nested qualifier groups and types in the Edit window on the bottom half of the screen. The Edit and Delete options are clickable once you select a nested qualifier or qualifier type.



Qualifier types have a single qualifying element, such as an age range or a provider, and they can be added to a qualifier group or directly to the episode definition. Adding types into qualifier groups is more common, because it is easier to update the qualifier group than to update an episode definition.

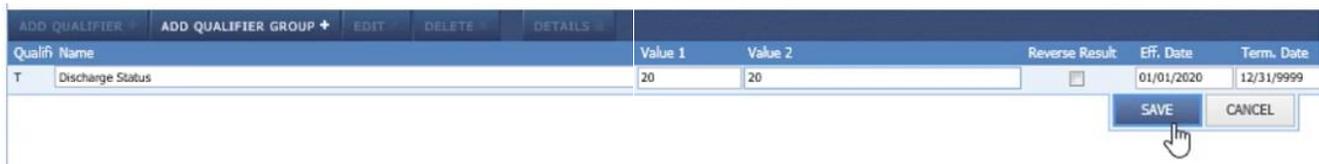
There is a large dropdown (or up, in this case) menu to choose from more than 800 qualifier groups...



... and also several qualifier types.



Once you add a qualifier group or type, you assign its values and dates.



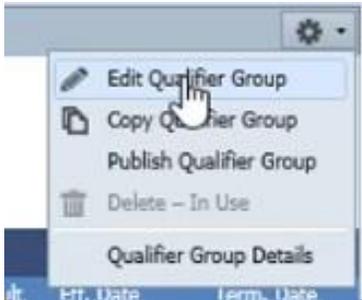
Note the **Reverse Result** option in the qualifier group creation window above. This allows you to select everything BUT the designated data. For example, if the qualifier group specifies Kadlec as the provider and this option is checked, every provider EXCEPT Kadlec will qualify.

Reverse Result:	Eff. Date	Term. Date
<input type="checkbox"/>	01/01/2020	12/31/9999
No		
No		

SAVE CANCEL

Edit or Copy a Qualifier Group

Edit or Copy Qualifier Groups to avoid doing them from scratch if a similar entry exists. Click the Settings gear at top right of Qualifier Group window.



Don't **Publish Qualifier Group** from here. Experts on the team will publish from the Episode tab instead.

The **Delete** option is greyed out if a qualifier group is in use.

Click **Qualifier Group Details** to see a summary of what you're entered. It's often easier to find any errors this way. See how the **OR** values below are used to allow people to qualify from one of multiple age groups or procedure codes. The **AND** values require people to qualify from all listed qualifiers.

Either age range is ok →

Patient must also meet both these requirements →

Qualifier Group Details - ASST SURGEON HIP CPT MOD

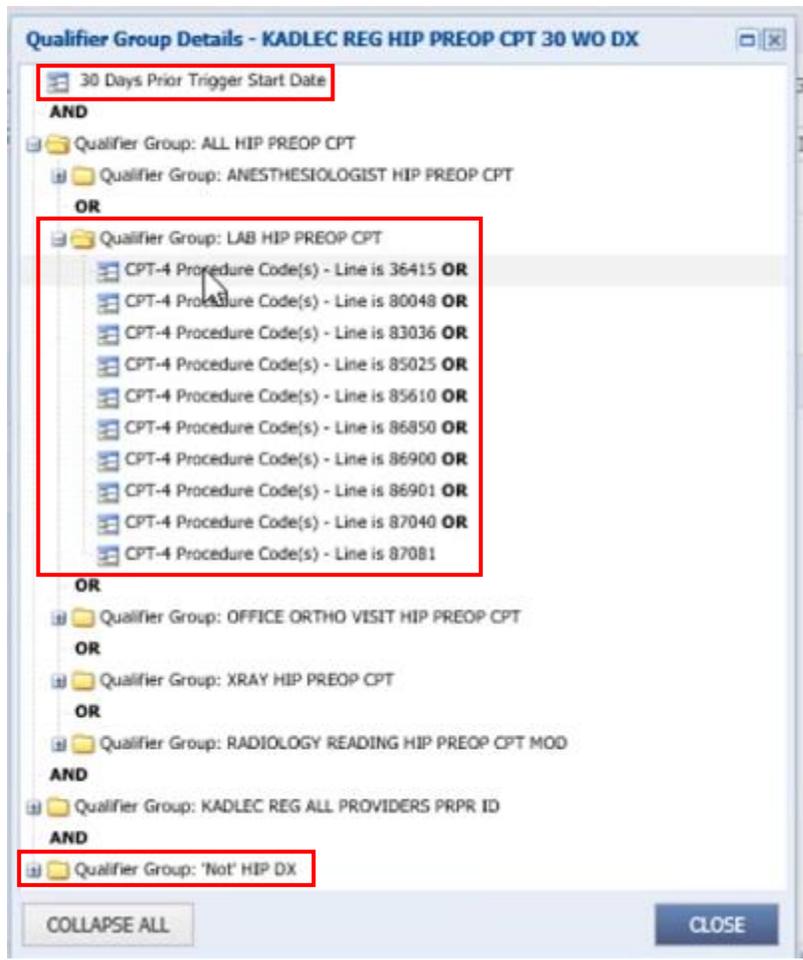
- Age from 30 to 40 **OR**
- Age from 60 to 70
- AND**
- Qualifier Group: INPATIENT SURGICAL HIP CPT
- AND**
- Qualifier Group: ASST SURGEON MODIFIERS

This shows the processing window start →

Qualifier group has several nested qualifier groups →

It's common to see a "CPT" qualifier group with several procedure codes listed, joined by OR. →

A Reverse Result will add "NOT" to the requirement. →



Nested Qualifier Group Example

In the example below, there is a main qualifier group (PT EVAL AND THERAPY HIP PREOP CPT) with two nested qualifier groups. To qualify, the claim must meet one criterion in each nested qualifier group.

Qualifier Group Details - KADLEC REG HIP PREOP PT EVAL 30

- Claim Format is Institutional
- AND
- 30 Days Prior Trigger Start Date
- AND
- Main Qualifier Group**: Qualifier Group: PT EVAL AND THERAPY HIP PREOP CPT
 - Nested Qualifier Group 1**: Qualifier Group: PT HIP PREOP CPT
 - CPT-4 Procedure Code(s) - Exists is 97110 OR
 - CPT-4 Procedure Code(s) - Exists is 97116 OR
 - CPT-4 Procedure Code(s) - Exists is 97530
 - AND
 - Nested Qualifier Group 2**: Qualifier Group: EVAL AND THERAPY HIP PREOP CPT
 - CPT-4 Procedure Code(s) - Exists is 97161 OR
 - CPT-4 Procedure Code(s) - Exists is 97162 OR
 - CPT-4 Procedure Code(s) - Exists is 97163 OR
 - CPT-4 Procedure Code(s) - Exists is 97164 OR
 - CPT-4 Procedure Code(s) - Exists is 97165 OR
 - CPT-4 Procedure Code(s) - Exists is 97166 OR
 - CPT-4 Procedure Code(s) - Exists is 97167 OR
 - CPT-4 Procedure Code(s) - Exists is 97168
- AND
- Qualifier Group: PT HIP PREOP DX
 - ICD-10 Diagnosis - All Code(s) from M16 to M16.XXXX OR
 - ICD-10 Diagnosis - All Code(s) from M25.551 to M25.559
- AND
- Qualifier Group: KADLEC REG FACILITY PRPR ID
 - Associated Provider(s) is 101995101995

Dependencies

This is what qualifier group data looks like in the Build on Paper. All required fields are listed (a few aren't shown here for space reasons), including the AND/OR designations, diagnosis and procedure codes, reverse result option, and whether the qualifier is a type or a group.

Group Name	Effective Dates: From	Effective Dates: To	Same Qualifier	Different Qualifier	Group Name	Qualifier	Add Qualifier Type: Name	Add Qualifier: Value 1	Add Qualifier: Value 2	Add Qualifier Group: Name	Add Qualifier or Qualifier Group: Reverse Result	Add Qualifier or Qualifier Group: Effective Date
						T	CPT-4 Procedure Code(s) - Line	86901	86901		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	87040	87040		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	87081	87081		NO	1/1/2020
LAB VISIT KNEE PREOP DX	1/1/2020	12/31/9999	OR	AND	LAB VISIT KNEE PREOP DX	T	ICD-10 Diagnosis - All Code(s)	201.810	201.810		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	201.812	201.812		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	201.818	201.818		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	M17	M17.XXXX		NO	1/1/2020
EKG KNEE PREOP DX	1/1/2020	12/31/9999	OR	AND	EKG KNEE PREOP DX	T	ICD-10 Diagnosis - All Code(s)	201.810	201.810		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	201.812	201.812		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	201.818	201.818		NO	1/1/2020
PT KNEE PREOP DX	1/1/2020	12/31/9999	OR	AND	PT KNEE PREOP DX	T	ICD-10 Diagnosis - All Code(s)	M17	M17.XXXX		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	M25.561	M25.569		NO	1/1/2020
VISIT XRAY KNEE POSTOP DX	1/1/2020	12/31/9999	OR	AND	VISIT XRAY KNEE POSTOP DX	T	ICD-10 Diagnosis - All Code(s)	M17	M17.XXXX		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	296.651	296.651		NO	1/1/2020
						T	ICD-10 Diagnosis - All Code(s)	296.652	296.652		NO	1/1/2020
KNEE DX	1/1/2020	12/31/9999	OR	AND	KNEE DX	T	ICD-10 Diagnosis - All Code(s)	M17	M17.XXXX		NO	1/1/2020
INPATIENT SURGICAL KNEE DRG	1/1/2020	12/31/9999	OR	AND	INPATIENT SURGICAL KNEE DRG	T	DRG Code(s)	469	469		NO	1/1/2020
						T	DRG Code(s)	470	470		NO	1/1/2020
INPATIENT SURGICAL KNEE CPT	1/1/2020	12/31/9999	OR	AND	INPATIENT SURGICAL KNEE CPT	T	CPT-4 Procedure Code(s) - Exists	27447	27447		NO	1/1/2020
INPATIENT SURGICAL STAY KNEE CPT DRG	1/1/2020	12/31/9999	OR	OR	INPATIENT SURGICAL STAY KNEE CPT DRG	G				INPATIENT SURGICAL KNEE DRG	NO	1/1/2020
						G				INPATIENT SURGICAL KNEE CPT	NO	1/1/2020
ASST SURGEON KNEE CPT MOD	1/1/2020	12/31/9999	OR	AND	ASST SURGEON KNEE CPT MOD	G				INPATIENT SURGICAL KNEE CPT ASST SURGEON MODIFIERS	NO	1/1/2020
						G					NO	1/1/2020
OFFICE ORTHO VISIT KNEE POSTOP CPT	1/1/2020	12/31/9999	OR	AND	OFFICE ORTHO VISIT KNEE POSTOP CPT	T	CPT-4 Procedure Code(s) - Line	99212	99212		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	99213	99213		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	99214	99214		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	99215	99215		NO	1/1/2020
						T	CPT-4 Procedure Code(s) - Line	99024	99024		NO	1/1/2020

Qualifier groups and types appear in the Episode Definition tab.

ADD +	EDIT	DELETE X	CUT X	COPY	PASTE					COLLAPSE	EXPAND
Rule	Qualifier Type	Qualification	Action	Description	Eff. Date	Term. Date					
2.17	FREOP ALL CPT 30 WO PROC	G	KADLEC REG HIP PREOP CPT 30 WO PROC	Apply Episode Pricing	Pricing Category - PREOP ALL WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - PREOP ALL CPT. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.18	NON KADLEC REG PREOP 30	G	NON KADLEC REG HIP PREOP 30	Apply Episode Pricing	Pricing Category - NON EPISODE PROVIDER. Explanation Code - LK3 NON EPISODE PROVIDER. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.19	OP HIP SUBCON DME	G	KADLEC REG HIP SUBCON OP DME	Apply Episode Pricing	Pricing Category - SUBCON DME. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.20	OP HIP SUBCON DME 30 WO PROC	G	KADLEC REG HIP SUBCON OP DME WO PROC	Apply Episode Pricing	Pricing Category - SUBCON DME 30 WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.21	POSTOP VISIT 30	G	KADLEC REG HIP POSTOP VISIT 30	Apply Episode Pricing	Pricing Category - POSTOP OFFICEVISIT30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.22	POSTOP XRAY 30	G	KADLEC REG HIP POSTOP XRAY 30	Apply Episode Pricing	Pricing Category - POSTOP XRAY30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.23	POSTOP DME 30 WO PROC	G	KADLEC REG HIP DEFAULT FACILITY POSTOP DME 30	Apply Episode Pricing	Pricing Category - POSTOP DME30 WO PROC. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP DME. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.24	POSTOP SUBCON DME 30 WO PROC	G	KADLEC REG HIP SUBCON POSTOP DME 30 WO PROC	Apply Episode Pricing	Pricing Category - POSTOP DME30 WO PROC. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP DME. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.25	POSTOP DME 30	G	KADLEC REG HIP POSTOP DME 30	Apply Episode Pricing	Pricing Category - POSTOP DME30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.26	POSTOP DME 30 REV CODES	G	KADLEC REG HIP FACILITY POSTOP DME 30 REV CODES	Apply Episode Pricing	Pricing Category - POSTOP DME30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical.	01/01/2020	12/31/9999				
2.27	POSTOP ALL CPT 30 WO PROC	G	KADLEC REG HIP POSTOP CPT 30 WO PROC	Apply Episode Pricing	Pricing Category - POSTOP ALL WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP ALL CPT. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999				
2.28	POSTOP ALL CPT 30 WO DX	G	KADLEC REG HIP POSTOP CPT 30 WO DX	Apply Episode Pricing	Pricing Category - POSTOP ALL WO. Explanation Code - LK4 DEFAULT DIAGNOSIS CODE. Update Patient Bundle date(s) - Do not update. Assign	01/01/2020	12/31/9999				

Episode Definition Tab

Purpose of This Tab

Episode Definitions are rules that qualify a claim for a patient bundle. They attach qualifier groups to codes and tell the system what to do with a claim that meets certain criteria. For example, an episode definition might apply a certain price to a claim, assign a set of procedure codes, or indicate that a service is included in a bundle. There are rules that apply at the line level, at the claim level, and creation rules. The Description column lists all the details for that episode definition.

Tab Layout

The screenshot shows the 'Episode Definitions' tab in the software. On the left, a list of rules is displayed, with a red box around it labeled 'Episode Definition rule list'. On the right, a detailed view of rule 2.17 is shown, with a red box around it labeled 'Episode Definition rule details'. The detailed view includes columns for Rule, Qualification Type, Qualification, Action, Description, Eff. Date, and Term. Date.

Rule	Qualification Type	Qualification	Action	Description	Eff. Date	Term. Date
2.17	G	KADLEC REG HRP PREOP CPT 30 WO PROC	Apply Episode Pricing	Pricing Category - PREOP ALL WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - PREOP ALL CPT. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.18	G	NON KADLEC REG HRP PREOP 30	Apply Episode Pricing	Pricing Category - NON EPISODE PROVIDER. Explanation Code - LK3 NON EPISODE PROVIDER. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.19	G	OP HRP SUBCON DME	Apply Episode Pricing	Pricing Category - SUBCON DME. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.20	G	OP HRP SUBCON DME 30 WO PROC	Apply Episode Pricing	Pricing Category - SUBCON DME 30 WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.21	G	POSTOP VEIST 30	Apply Episode Pricing	Pricing Category - POSTOP OFFICEVEIST30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.22	G	POSTOP XRAY 30	Apply Episode Pricing	Pricing Category - POSTOP HRP POSTOP XRAY 30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.23	G	POSTOP DME 30 WO PROC	Apply Episode Pricing	Pricing Category - POSTOP DME30 WO PROC. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP DME. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.24	G	POSTOP SUBCON DME 30 WO PROC	Apply Episode Pricing	Pricing Category - POSTOP DME30 WO PROC. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP DME. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.25	G	POSTOP DME 30	Apply Episode Pricing	Pricing Category - POSTOP DME30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.26	G	POSTOP DME 30 REV CODES	Apply Episode Pricing	Pricing Category - POSTOP DME30. Explanation Code - LK0 INCLUDED IN BUNDLE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical.	01/01/2020	12/31/9999
2.27	G	POSTOP ALL CPT 30 WO PROC	Apply Episode Pricing	Pricing Category - POSTOP ALL WO. Explanation Code - LK2 DEFAULT CODE. Update Patient Bundle date(s) - Do not update. Assign Complication - Typical. Supplemental code(s) to save for the claim - POSTOP ALL CPT. Mark patient bundle for claim re-evaluation.	01/01/2020	12/31/9999
2.28	G	POSTOP ALL CPT 30 WO DX	Apply Episode Pricing	Pricing Category - POSTOP ALL WO. Explanation Code - LK4 DEFAULT DIAGNOSIS CODE. Update Patient Bundle date(s) - Do not update. Assign	01/01/2020	12/31/9999

Episode Definition Columns

This table defines the blue column headings in the Episode Definition Details panel above.

Column Title	Definition
Rule	Number and abbreviated name of rule, which is designated in the Build on Paper. This name is often similar to the qualifier group, but without the facility name. These rules are in hierarchical order. They are processed one at a time down the rows, and changing the order can cause claims to be processed incorrectly. If a rule is met and marked "Complete" (the grey minus icon after the name below), the system stops looking for a match.

	
Qualification Type	Indicates whether the qualifier is a type (T) or a group (G). Qualifier types have a single data element, and qualifier groups are a collection of qualifier types.
Qualification	Qualification group or type name.
Action	<p>The action taken if the claim or line within it meets the qualifications. Only one action can be assigned per rule. Possible actions:</p> <ul style="list-style-type: none"> • Apply episode pricing (most entries are of this type) • Cancel patient bundle • Capture supplemental data • Close patient bundle • Exclude claim from patient bundle (claim level inclusion only; not seen in line inclusion) • Skip current section
Description	A list of all details in the episode definition rule.
Effective and Termination Date	The begin and end dates designated in the episode definition rule. These are usually January 1 of the relevant year to December 31, 9999.

Add a New Episode Definition

To add a new episode definition (rather than a single rule):

1. Click  at the top left of the screen.
2. Enter the definition name.
3. Enter the description.
4. Enter the effective dates as MMDDYYYY (the system adds the slashes so you can just enter 12319999).
5. Select the sections you want to include (choose Line Inclusion Rules Tier 1 and Claim Inclusion Rules Tier 1; Creation Rule is always included).
6. Click **Save**.

New Episode Definition

Sections

- Creation Rule(s)
- Content - Line Inclusion Rule(s) - Tier 0 ⇄
- Content - Line Inclusion Rule(s) - Tier 1
- Content - Line Inclusion Rule(s) - Tier 2 ⇄
- Content - Line Inclusion Rule(s) - Tier 3 ⇄
- Content - Line Inclusion Rule(s) - Tier 4 ⇄
- Content - Line Inclusion Rule(s) - Tier 5 ⇄
- Content - Line Inclusion Rule(s) - Tier 6 ⇄
- Content - Line Inclusion Rule(s) - Tier 7 ⇄
- Content - Line Inclusion Rule(s) - Tier 8 ⇄
- Content - Line Inclusion Rule(s) - Tier 9 ⇄
- Content - Line Inclusion Rule(s) - Tier 10 ⇄

Name*

Description

Effective Dates* -

☆ These sections allow multiple assignments during processing.

SAVE **CANCEL**

This is what the information for adding an episode definition looks like in the Build on Paper.

Episode Definition Name	Episode Definition Description	Effective Date:		Sections
		From	To	
KADLEC REGIONAL MEDICAL CENTER KNEE RPL	KADLEC REGIONAL MEDICAL CENTER KNEE REPLACEMENT	1/1/2020	12/31/9999	Content - Line Inclusion Rule(s) - Tier 1 Content - Claim Inclusion Rule(s) - Tier 1

Add an Episode Definition Rule – Creation Rule

Creation rules tell the system to create a bundle if certain circumstances are met. For example, if a particular provider creates a certain claim type within a certain date range, a patient bundle is generated (or explicitly NOT created). Disneyland doesn't currently use this feature but might in the future.

New Episode Definition Rule (Creation Rule(s))

Description

Description:

Effective Dates: -

Qualifications

Qualifier: Type Group

Qualifier Type:

Reverse Result:

Action

Type here to search

- Create Patient Bundle
- Do Not Create Patient Bundle

Create Patient Bundle

Create a patient bundle for the claimant.

Confirming Claim Trigger Parameters (Optional)

Confirming claim required

Activate Pending patient bundle

Trigger Separation Days: Min ≥ Max ≤

Create Active patient bundle if no Pending patient bundle can be activated

Actions

Complete

SAVE

SAVE AND CLOSE

CANCEL

Creation rules are included by default in the Episode Definition window as Section 1, so you'll still see this listed:

Rule	Qualification Type	Qualification	Action
<p>▼ 1. Creation Rule(s)</p> <p><i>Section has no rules</i></p>			

Add an Episode Definition Rule – Line or Claim Level

Select the episode definition where you want to add the new rule. Click **ADD +** to add a new episode definition rule. Note you can also edit, delete, cut, copy, and paste selected episode definition rules.



The New Episode Definition Rule window appears. Complete the required fields based on the Build on Paper. Remember only one action can be assigned per rule.

Episode Definition Rule Actions

This section covers what to enter for each of the rule actions. There are two types of episode definition rules—line inclusion and claim inclusion. Line inclusions refer to a line in a claim, while claim inclusions refer to the entire claim. The only difference in the interface is that the claim inclusion has an “Exclude Claim from Patient Bundle” action that disqualifies the entire claim from being included in a bundle (this is used for patient transfer and death, among other things).

Apply Episode Pricing

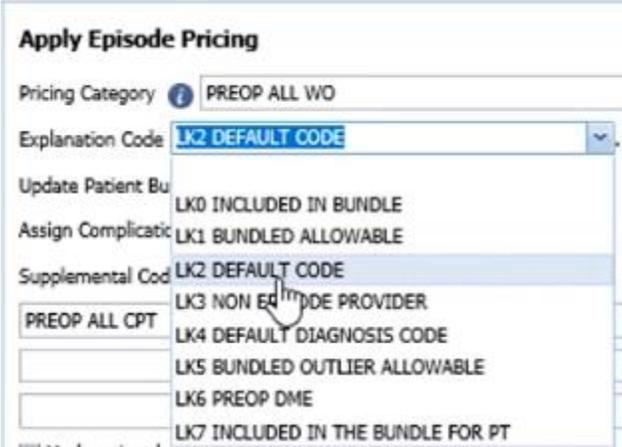
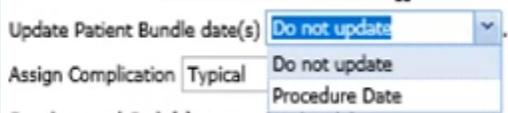
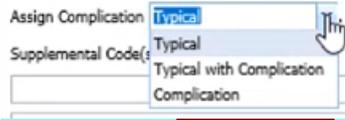
This is the most used episode definition rule. The description and qualification information is at the top, and the specific action is selected and entered at the bottom. In the Qualifications window below, always set the Qualifier to Group, not Type. This ensures that qualifier revision updates will automatically apply wherever a specific qualifier is attached. Also, DO NOT check the Reverse Result box in the Qualifications area. Do that only in the qualifier group tab.

The screenshot shows the 'Edit Episode Definition Rule - PREOP ALL CPT 30 WO PROC (Content - Line Inclusion Rule(s) - Tier 1)' window. It is divided into several sections:

- Description:** Contains the rule name 'PREOP ALL CPT 30 WO PROC' and 'Effective Dates' from '01/01/2020' to '12/31/9999'. An annotation points to this section with the text: 'Episode definition rule name and dates'.
- Qualifications:** Includes a 'Qualifier' dropdown set to 'Group', a 'Qualifier Group' dropdown set to 'KADLEC REG HIP PREOP CPT 30', and a 'Reverse Result' checkbox which is unchecked. An annotation points to this section with the text: 'Enter qualifier group (NOT type). DO NOT check Reverse Result.'
- Action:** A list of possible line inclusion rule actions is shown, with 'Apply Episode Pricing' selected. An annotation points to this list with the text: 'List of possible line inclusion rule actions'.
- Apply Episode Pricing:** This section contains fields for 'Pricing Category' (set to 'PREOP ALL WO'), 'Explanation Code' (set to 'LK2 DEFAULT CODE'), 'Update Patient Bundle date(s)' (set to 'Do not update'), 'Assign Complication' (set to 'Typical'), and 'Supplemental Code(s) to save for the claim' (with 'PREOP ALL CPT' entered). An annotation points to this section with the text: 'Specific action taken for this rule.'

At the bottom of the window, there are 'Actions' buttons: 'Complete', 'SAVE', and 'CANCEL'.

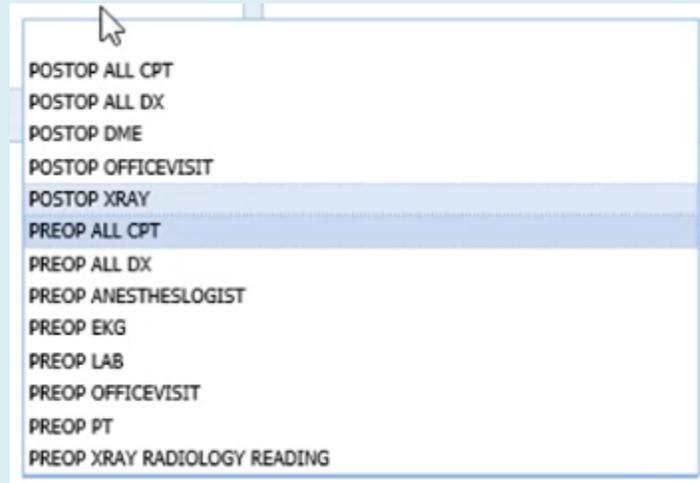
Apply Episode Pricing Fields

Column Title	Definition
<p>Pricing Category</p>	<p>This is defined in the Codes tab and used to identify the type of claim or service for an episode. You usually do not update this, as it's decided upon when the procedure is scheduled.</p>
<p>Explanation Code</p>	<p>This is a dropdown list of the explanation codes defined in the Codes tab. Recall that these codes must be identical to the Facets explanation code definition.</p> 
<p>Update Patient Bundle Date</p>	<p>Select how to update patient bundle dates if claim dates differ from the current patient bundle dates (for example, a delayed surgery date will shift the pre-op and post-op bundle window), or if patient bundle values do not already exist. This can be updated once the claim comes in, though it's not commonly necessary, because the date has already been assigned.</p> 
<p>Assign Complication</p>	<p>The default and most common option is Typical. Complications are defined in contracts and include things like pneumonia, infection, or sepsis. They often must occur within defined timeframe and be handled at an approved provider (so not all complications the patient might experience necessarily qualify). Warranties also qualify as complications and are in some of the Builds on Paper, but Disneyland does not yet use them.</p> 

Supplemental Codes

Used to identify additional information about a claim that is often used for reporting or tracking purposes.

You can assign up to three of these codes, which were previously defined in the Codes tab.



Mark patient bundle for claim re-evaluation

This is often checked, so that no claims are missed if they come in late.

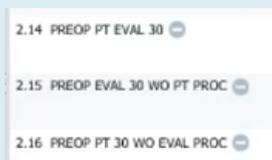
Mark patient bundle for claim re-evaluation

Complete checkbox

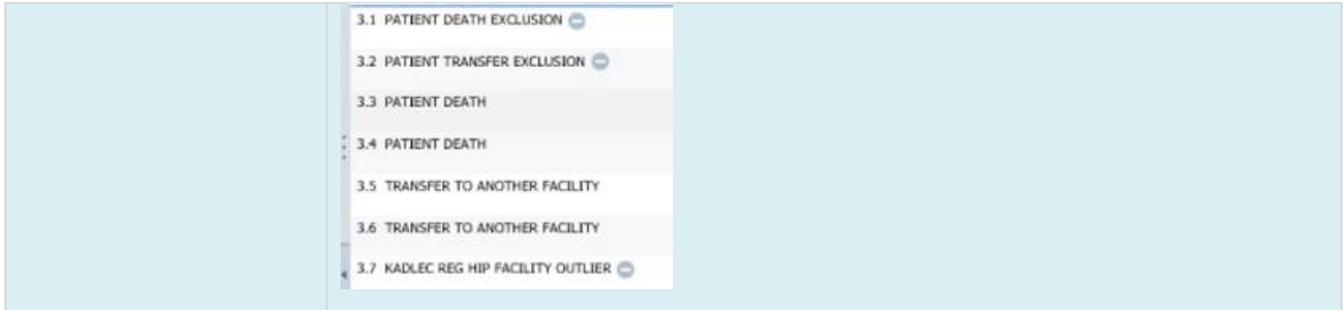
Once a claim qualifies for an episode definition, the PBA tool stops checking to see if it qualifies for others if this box is checked. Terms are hierarchical.



The Complete icon is a minus sign in a grey circle and is at the right of the rule description.



This box is almost always checked. Exceptions include patient death and patient transfer, as those situations require multiple actions.



All the information above is available in the Build on Paper, shown below.

Inclusion Rule	Line Inclusion Rule Description	Effective Dates: From	Effective Dates: To	Qualifier Group or Type	Qualifier Group or Qualifier Type	Action	Apply Episode Pricing: Pricing Category	Apply Episode Pricing: Explanation Code	Apply Episode Pricing: Update
2.1	PATIENT DEATH EXCLUSION	1/1/2020	12/31/9999	G	PATIENT DEATH EXCLUSION	Skip Current Section			
2.2	PATIENT TRANSFER EXCLUSION	1/1/2020	12/31/9999	G	PATIENT TRANSFER EXCLUSION	Skip Current Section			
2.3	PREOP EKG 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP EKG 30	Apply Episode Pricing	PREOP EKG30	LK0 INCLUDED IN BUNDLE	Do not t
2.4	PREOP EKG 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP EKG 30 WO PROC	Apply Episode Pricing	PREOP EKG30 WO	LK2 DEFAULT CODE	Do not t
2.5	PREOP PT EVAL 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP PT EVAL 30 WO PROC	Apply Episode Pricing	PREOP PT30 WO	LK2 DEFAULT CODE	Do not t
2.6	PREOP VISIT 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP VISIT 30	Apply Episode Pricing	PREOP OFFICEVISIT30	LK0 INCLUDED IN BUNDLE	Do not t
2.7	PREOP RADIOLOGY READING 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP RADIOLOGY READING 30	Apply Episode Pricing	PREOP RADIOLOGY READING30	LK0 INCLUDED IN BUNDLE	Do not t
2.8	PREOP XRAY 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP XRAY 30	Apply Episode Pricing	PREOP XRAY30	LK0 INCLUDED IN BUNDLE	Do not t
2.9	PREOP ANESTHESIOLOGIST 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP ANESTHESIOLOGIST 30	Apply Episode Pricing	PREOP ANESTHESIOLOGIST30	LK0 INCLUDED IN BUNDLE	Do not t
2.10	PREOP LAB CPT 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP LAB CPT 30	Apply Episode Pricing	PREOP LAB30	LK0 INCLUDED IN BUNDLE	Do not t
2.11	PREOP DME	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP DME	Apply Episode Pricing	LK6 PREOP DME	LK6 PREOP DME	Do not t
2.12	DME SALES TAX	1/1/2020	12/31/9999	G	KADLEC REG DME SALES TAX	Apply Episode Pricing	DME SALES TAX	LK2 DEFAULT CODE	Do not t
2.13	PREOP ALL CPT 30 WO DX	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP CPT 30 WO DX	Apply Episode Pricing	PREOP ALL WO	LK2 DEFAULT CODE	Do not t
2.14	PREOP PT EVAL 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP PT EVAL 30	Apply Episode Pricing	PREOP PT30	LK7 INCLUDED IN BUNDLE FOR PT	Do not t
2.15	PREOP PT 30 WO EVAL PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP PT 30 WO EVAL PROC	Apply Episode Pricing	PREOP ALL WO	LK2 DEFAULT CODE	Do not t
2.16	PREOP EVAL 30 WO PT PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP EVAL 30 WO PT PROC	Apply Episode Pricing	PREOP PT30	LK7 INCLUDED IN BUNDLE FOR PT	Do not t
2.17	PREOP ALL CPT 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE PREOP CPT 30 WO PROC	Apply Episode Pricing	PREOP ALL WO	LK2 DEFAULT CODE	Do not t
2.18	NON KADLEC REG PREOP 30	1/1/2020	12/31/9999	G	NON KADLEC REG KNEE PREOP 30	Apply Episode Pricing	LK3 NON EPISODE PROVIDER	LK3 NON EPISODE PROVIDER	Do not t
2.19	OP KNEE SUBCON DME	1/1/2020	12/31/9999	G	KADLEC REG KNEE SUBCON OP DME	Apply Episode Pricing	SUBCON DME	LK0 INCLUDED IN BUNDLE	Do not t
2.20	OP KNEE SUBCON DME 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE SUBCON OP DME WO PROC	Apply Episode Pricing	SUBCON DME 30 WO	LK2 DEFAULT CODE	Do not t
2.21	POSTOP VISIT 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE POSTOP VISIT 30	Apply Episode Pricing	POSTOP OFFICEVISIT30	LK0 INCLUDED IN BUNDLE	Do not t
2.22	POSTOP XRAY 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE POSTOP XRAY 30	Apply Episode Pricing	POSTOP XRAY30	LK0 INCLUDED IN BUNDLE	Do not t
2.23	POSTOP DME 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE DEFAULT FACILITY POSTOP DME 30	Apply Episode Pricing	POSTOP DME30 WO PROC	LK2 DEFAULT CODE	Do not t
2.24	POSTOP SUBCON DME 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE SUBCON POSTOP DME 30 WO PROC	Apply Episode Pricing	POSTOP DME30 WO PROC	LK2 DEFAULT CODE	Do not t
2.25	POSTOP DME 30	1/1/2020	12/31/9999	G	KADLEC REG KNEE POSTOP DME 30	Apply Episode Pricing	POSTOP DME30	LK0 INCLUDED IN BUNDLE	Do not t
2.26	POSTOP DME 30 REV CODES	1/1/2020	12/31/9999	G	KADLEC REG KNEE FACILITY POSTOP DME 30 REV CODES	Apply Episode Pricing	POSTOP DME30	LK0 INCLUDED IN BUNDLE	Do not t
2.27	POSTOP ALL CPT 30 WO PROC	1/1/2020	12/31/9999	G	KADLEC REG KNEE POSTOP CPT 30 WO PROC	Apply Episode Pricing	POSTOP ALL WO	LK2 DEFAULT CODE	Do not t
2.28	POSTOP ALL CPT 30 WO DX	1/1/2020	12/31/9999	G	KADLEC REG KNEE POSTOP CPT 30 WO DX	Apply Episode Pricing	POSTOP ALL WO	LK4 DEFAULT DIAGNOSIS CODE	Do not t
2.29	NON KADLEC REG POSTOP 30	1/1/2020	12/31/9999	G	NON KADLEC REG KNEE POSTOP 30	Apply Episode Pricing	LK3 NON EPISODE PROVIDER	LK3 NON EPISODE PROVIDER	Do not t

Cancel Patient Bundle

This action has only one field with a dropdown menu of options that are defined in the Codes tab. Canceled patient bundles cannot have any claims attached.

Action

Type here to search

- Apply Episode Pricing
- Cancel Patient Bundle**
- Capture Supplemental Data
- Close Patient Bundle
- Skip Current Section

Cancel Patient Bundle

Cancel this patient bundle and reprocess associated claims. Cancel Reason Code

- GROUP TERMINATION
- MEMBER TERMINATION OR UNENROLLED
- MISCELLANEOUS CANCEL SCENARIOS
- PATIENT BUNDLE OPENED IN ERROR
- PATIENT DECEASED
- PATIENT TRANSFERRED TO A DIFFERENT FACILITY
- PROVIDER TERMINATION OR UNENROLLED
- SERVICE NOT COMPLETED DUE TO COMPLICATIONS

Actions Complete **SAVE** **CANCEL**

Capture Supplemental Data

This action has three fields with a dropdown menu of options defined in the Codes tab. A patient bundle can also be marked for claim re-evaluation here.

Action

Type here to search

- Apply Episode Pricing
- Cancel Patient Bundle
- Capture Supplemental Data**
- Close Patient Bundle
- Skip Current Section

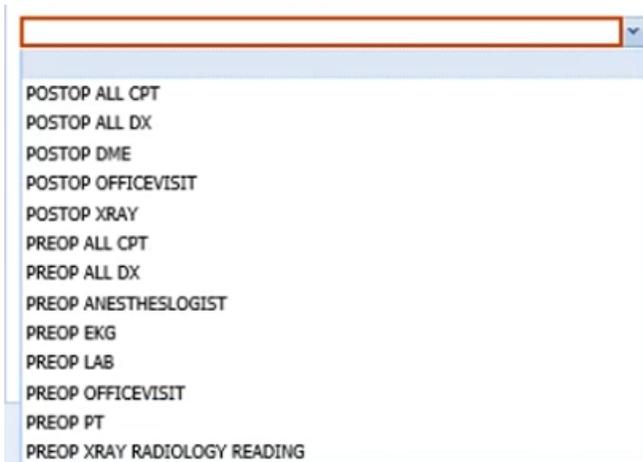
Capture Supplemental Data

Supplemental Code(s) to save for the claim

Mark patient bundle for claim re-evaluation

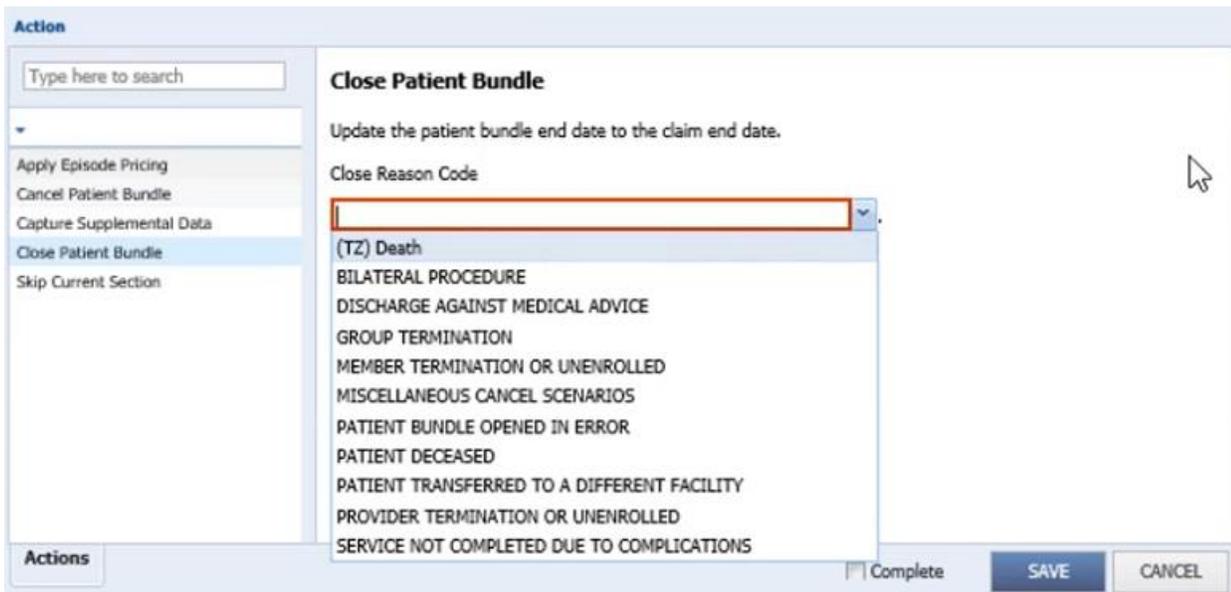
Actions Complete **SAVE** **CANCEL**

Dropdown options:



Close Patient Bundle

This action has only one field with a dropdown menu of options defined in the Codes tab. Many of these options are also in the Cancel Patient Bundle dropdown menu. Claims cannot be added once a bundle is closed.



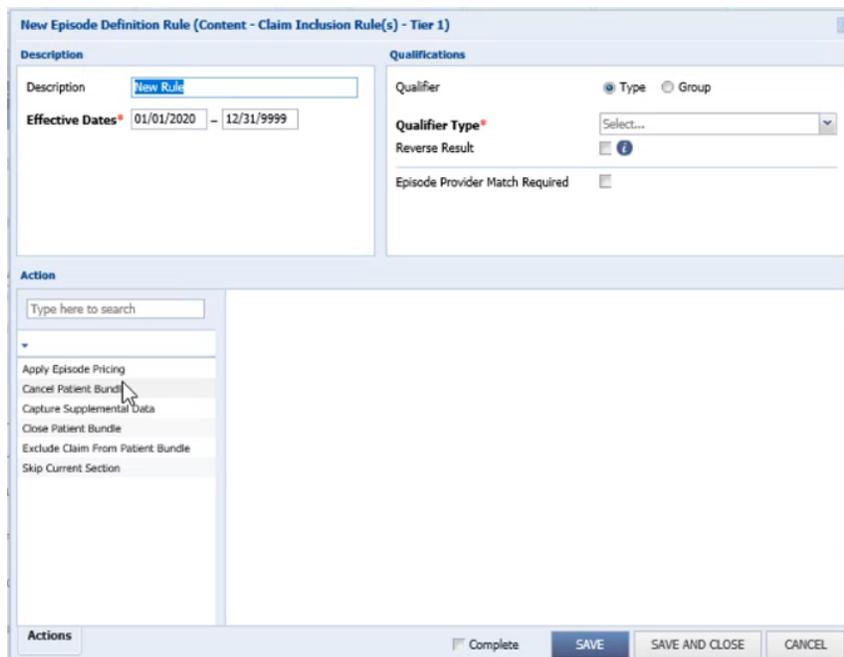
Skip Current Section

There is nothing to fill out for this action.



Add Multiple Rules

To add multiple episode definitions in succession, click **Save** rather than **Save And Close** when finished with each rule.



Move Rules

Rules are saved in the order they are created, but you can move them around. To move a rule, select and copy it, click on the rule it should come after, then paste it. To add a rule to the beginning of a section, click the section title, then paste it. Section 1 is for creation rules (Disneyland doesn't currently use these), Section 2 is for line inclusion rules, and Section 3 is for claim inclusion rules. The "Content – Line Inclusion Rule(s) – Tier 1" section is shown below, both in the folder at the left and in the main window.

Rule	Qualification Type	Qualification	Action
1. Creation Rule(s)			
<i>Section has no rules</i>			
2. Content - Line Inclusion Rule(s) - Tier 1			
2.1 PATIENT DEATH EXCLUSION	G	PATIENT DEATH EXCLUSION	Skip Current Section
2.2 PATIENT TRANSFER EXCLUSION	G	PATIENT TRANSFER EXCLUSION	Skip Current Section
2.3 PREOP EKG 30	G	KADLEC REG HIP PREOP EKG 30	Apply Episode Pricing

Dependencies

- Episode Definitions pull information from the other tabs in the PBA tool, such as the Codes Tab and the Qualifier Groups tab. Other information comes directly from the Build on Paper.
- Episode Definition information feeds into the Episodes and Patient Bundle tabs.

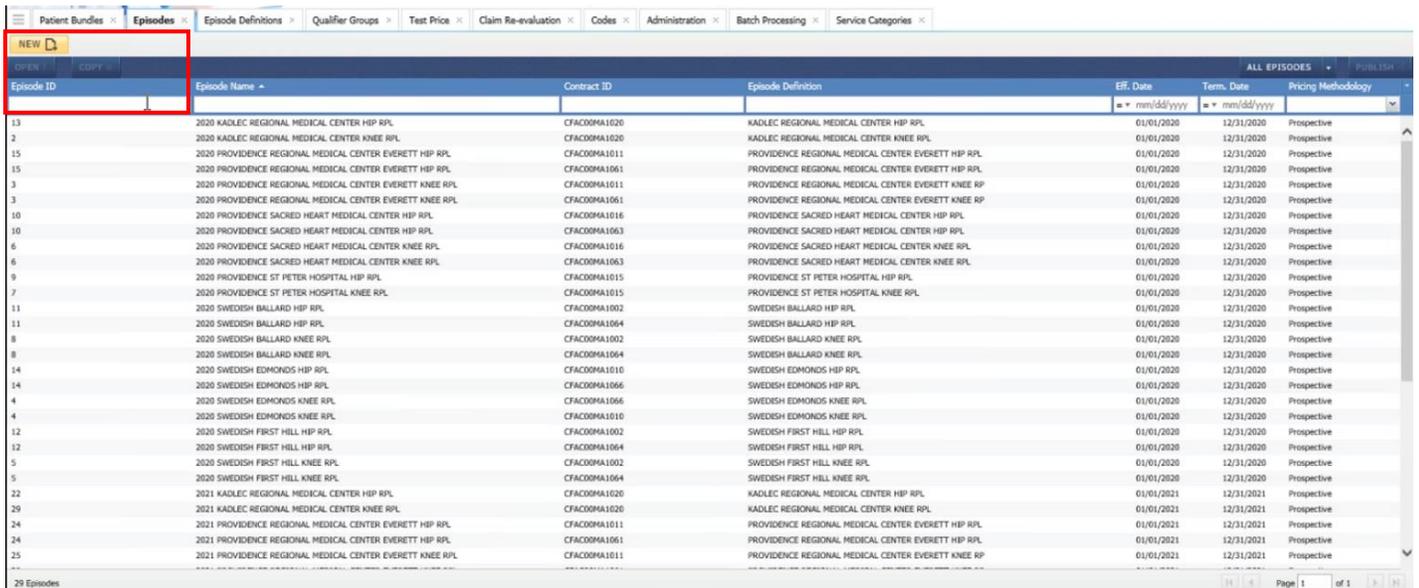
Episodes Tab

Purpose of This Tab

Episodes define details for a unit of care, such as a hip replacement or colonoscopy. These details might include associated contracts, effective dates, claim inclusion days, pricing method (prospective / retrospective), pricing rates, and providers.

Tab Layout

You can search episodes by ID, name, contract ID, episode definition, dates, pricing methodology, and other columns that you choose to add using the arrow icon at the far right. The tab has the usual options of New, Open, Cut, Copy, Paste, etc, at the top left.

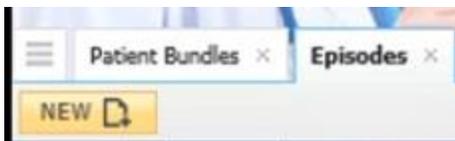


The screenshot shows the 'Episodes' tab in a software application. At the top, there is a navigation bar with tabs for 'Patient Bundles', 'Episodes', 'Episode Definitions', 'Qualifier Groups', 'Test Price', 'Claim Re-evaluation', 'Codes', 'Administration', 'Batch Processing', and 'Service Categories'. Below the navigation bar is a toolbar with a 'NEW' button highlighted in a red box, along with other standard editing icons like 'OPEN', 'COPY', and 'PASTE'. The main area is a table with the following columns: Episode ID, Episode Name, Contract ID, Episode Definition, Eff. Date, Term. Date, and Pricing Methodology. The table contains 29 rows of data, each representing an episode with details like '2020 KADLEC REGIONAL MEDICAL CENTER HIP RPL' and '2021 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT HIP RPL'. The bottom status bar shows '29 Episodes' and 'Page 1 of 1'.

Episode ID	Episode Name	Contract ID	Episode Definition	Eff. Date	Term. Date	Pricing Methodology
13	2020 KADLEC REGIONAL MEDICAL CENTER HIP RPL	CFAC00MA1020	KADLEC REGIONAL MEDICAL CENTER HIP RPL	01/01/2020	12/31/2020	Prospective
2	2020 KADLEC REGIONAL MEDICAL CENTER KNEE RPL	CFAC00MA1020	KADLEC REGIONAL MEDICAL CENTER KNEE RPL	01/01/2020	12/31/2020	Prospective
15	2020 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT HIP RPL	CFAC00MA1011	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT HIP RPL	01/01/2020	12/31/2020	Prospective
15	2020 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	CFAC00MA1061	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	01/01/2020	12/31/2020	Prospective
3	2020 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RP	CFAC00MA1061	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RP	01/01/2020	12/31/2020	Prospective
3	2020 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	CFAC00MA1061	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	01/01/2020	12/31/2020	Prospective
10	2020 PROVIDENCE SACRED HEART MEDICAL CENTER HIP RPL	CFAC00MA1016	PROVIDENCE SACRED HEART MEDICAL CENTER HIP RPL	01/01/2020	12/31/2020	Prospective
10	2020 PROVIDENCE SACRED HEART MEDICAL CENTER HIP RPL	CFAC00MA1063	PROVIDENCE SACRED HEART MEDICAL CENTER HIP RPL	01/01/2020	12/31/2020	Prospective
6	2020 PROVIDENCE SACRED HEART MEDICAL CENTER KNEE RPL	CFAC00MA1016	PROVIDENCE SACRED HEART MEDICAL CENTER KNEE RPL	01/01/2020	12/31/2020	Prospective
6	2020 PROVIDENCE SACRED HEART MEDICAL CENTER KNEE RPL	CFAC00MA1063	PROVIDENCE SACRED HEART MEDICAL CENTER KNEE RPL	01/01/2020	12/31/2020	Prospective
9	2020 PROVIDENCE ST PETER HOSPITAL HIP RPL	CFAC00MA1015	PROVIDENCE ST PETER HOSPITAL HIP RPL	01/01/2020	12/31/2020	Prospective
9	2020 PROVIDENCE ST PETER HOSPITAL KNEE RPL	CFAC00MA1015	PROVIDENCE ST PETER HOSPITAL KNEE RPL	01/01/2020	12/31/2020	Prospective
11	2020 SWEDISH BALLARD HIP RPL	CFAC00MA1002	SWEDISH BALLARD HIP RPL	01/01/2020	12/31/2020	Prospective
11	2020 SWEDISH BALLARD KNEE RPL	CFAC00MA1064	SWEDISH BALLARD KNEE RPL	01/01/2020	12/31/2020	Prospective
8	2020 SWEDISH BALLARD KNEE RPL	CFAC00MA1002	SWEDISH BALLARD KNEE RPL	01/01/2020	12/31/2020	Prospective
8	2020 SWEDISH BALLARD KNEE RPL	CFAC00MA1064	SWEDISH BALLARD KNEE RPL	01/01/2020	12/31/2020	Prospective
14	2020 SWEDISH EDMONDS HIP RPL	CFAC00MA1010	SWEDISH EDMONDS HIP RPL	01/01/2020	12/31/2020	Prospective
14	2020 SWEDISH EDMONDS HIP RPL	CFAC00MA1066	SWEDISH EDMONDS HIP RPL	01/01/2020	12/31/2020	Prospective
4	2020 SWEDISH EDMONDS KNEE RPL	CFAC00MA1066	SWEDISH EDMONDS KNEE RPL	01/01/2020	12/31/2020	Prospective
4	2020 SWEDISH EDMONDS KNEE RPL	CFAC00MA1010	SWEDISH EDMONDS KNEE RPL	01/01/2020	12/31/2020	Prospective
12	2020 SWEDISH FIRST HILL HIP RPL	CFAC00MA1002	SWEDISH FIRST HILL HIP RPL	01/01/2020	12/31/2020	Prospective
12	2020 SWEDISH FIRST HILL HIP RPL	CFAC00MA1064	SWEDISH FIRST HILL HIP RPL	01/01/2020	12/31/2020	Prospective
5	2020 SWEDISH FIRST HILL KNEE RPL	CFAC00MA1002	SWEDISH FIRST HILL KNEE RPL	01/01/2020	12/31/2020	Prospective
5	2020 SWEDISH FIRST HILL KNEE RPL	CFAC00MA1064	SWEDISH FIRST HILL KNEE RPL	01/01/2020	12/31/2020	Prospective
22	2021 KADLEC REGIONAL MEDICAL CENTER HIP RPL	CFAC00MA1020	KADLEC REGIONAL MEDICAL CENTER HIP RPL	01/01/2021	12/31/2021	Prospective
29	2021 KADLEC REGIONAL MEDICAL CENTER KNEE RPL	CFAC00MA1020	KADLEC REGIONAL MEDICAL CENTER KNEE RPL	01/01/2021	12/31/2021	Prospective
24	2021 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT HIP RPL	CFAC00MA1011	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT HIP RPL	01/01/2021	12/31/2021	Prospective
24	2021 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	CFAC00MA1061	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RPL	01/01/2021	12/31/2021	Prospective
25	2021 PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RP	CFAC00MA1011	PROVIDENCE REGIONAL MEDICAL CENTER EVERETT KNEE RP	01/01/2021	12/31/2021	Prospective

Add a New Episode

To create an episode, click New.



There are several tabs to complete when you are creating or editing an episode.

Episode Details

General information about the episode is entered here. A few items are visible, but not alterable, when in Edit mode.

Episode Details Tab Fields

Column Title	Definition
Episode Name	Note that the episode name begins with a year (2020 or 2021) but the episode definition does not. This is because the rates change every year and require a new episode in which they're defined, but the general episode definition often remains the same and can be reused year after year. Episodes have a date range of January 1 through December 31 of the same year.
Episode Definition	Episode definition previously defined in the Episode Definition tab.
Effective and Termination Dates	The start and end date for when the episode applies, which is based on the provider contract. These are currently usually January 1 – December 31 for the relevant year, but this could change in the future.

Length of Stay	Some hospitals require mandatory hospital stays, which can be used to calculate a discharge date if one hasn't been provided. However, this field is not used with Facets claim data, so Disneyland is not currently using this field. It also might override other dates, such as discharge / end dates.
Run Out	This is not currently being used. It defines the number of days after the patient bundle end date that claims can still qualify for inclusion in a patient bundle. The default value is 90 days.
Episode Type	This is defined in the Codes tab and selected when creating a new episode. It is visible here but can't be altered. Examples: CHRONIC, PROCEDURAL, ACUTE
Type of Care	This is defined in the Codes tab and selected when creating a new episode. It is visible here but can't be altered. Examples: ASTHMA, BREAST CANCER, KNEE ARTHROSCOPY
Claim Inclusion Method	This is selected when creating a new episode. It is visible in Edit mode but can't be altered. You can choose either Days or Months.
Days Before Admission/Service and Days After Discharge/Service	Once a claim qualifies to trigger a patient bundle, these dates are used to set the patient bundle date window. The default for these fields has been 30, but they might change depending on the bundle type. For example, maternity has a longer duration of care than a typical knee surgery.
Bundle Duration Months	If you choose months instead of days in the Claim Inclusion Method, fill in this field rather than the Days fields.
Pricing Methodology	This is selected when creating a new episode. It is visible here but can't be altered. The options are Prospective and Retrospective. Prospective pricing occurs when PBA prices and includes the claim in the bundle. Retrospective pricing occurs when the claim is a fee for service and is included for reporting purposes only.
Episode Budget	This is an assigned baseline price for an episode (for comparison or reporting purposes).
Episode Condition Minimum	This is the minimum dollar amount required for patient bundles tied to this episode. This field is not currently being used by Disneyland.

Episode Contracts

This tab contains Contract IDs for all contracts that should trigger PBA to create a patient bundle.

Edit Episode - 2020 KADLEC REGIONAL MEDICAL CENTER HIP RPL (ID 13)

Episode Details | Episode Contracts | Episode Pricing | Episode Providers | Conductors/Shared Savings

Contract ID	Delete
1 CFAC00MA1020	X
2	

ADD NEW

SAVE CANCEL

Episode Pricing

This tab contains rates and other cost information for all categories in the episode.

Edit Episode - 2020 KADLEC REGIONAL MEDICAL CENTER HIP RPL (ID 13)

Episode Details | Episode Contracts | **Episode Pricing** | Episode Providers | Conductors/Shared Savings

Threshold Pricing Category Pricing

THRESHOLD PRICING

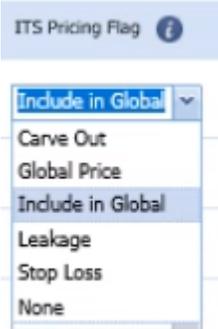
CATEGORY PRICING

Category	Rate	% of Allowed	Dollar Limit	Frequency Limit	ITS Pricing Flag	Benefit Override	Delete
1 ANESTHESIA	\$0.00	%	\$		Include in Global		X
2 DME SALES TAX	\$	100%	\$		Carve Out		X
3 EPISODE PRPR SERVICES	\$0.00	%	\$		Include in Global		X
4 FACILITY	\$23500.00	%	\$		Global Price	BO	X
5 FACILITY OUTLIER	\$	100%	\$		Global Price	BO	X
6 NON EPISODE PROVIDER	\$	100%	\$		Leakage		X
7 OTHER PRPR SERVICES	\$0.00	%	\$		Include in Global		X
8 POSTOP ALL WO	\$	100%	\$		Carve Out		X

SAVE CANCEL

Episode Pricing Tab Fields

Column Title	Definition
Category	Service Category defined in the Codes tab that describes the type of service being done. There is no limit to the number that can be added. The tool automatically alphabetizes them as they're entered.
Rate	Dollar amount for the service on a claim. This is often \$0 except for the facility fee, which is often the entire budget for the patient bundle.
% of Allowed	The percentage of the total cost that the patient is responsible for. If a rate has been inputted, this field must remain blank. You can only have one or the other.
Dollar Limit	Limit on the cost of a particular service for an episode. If used, the dollar limit must be equal to or larger than the rate. This field is optional.
Frequency Limit	This determines how many times a code be used on a claim, such as how many visits or services of this type are allowed before the limit is hit. This is only used with “% of Allowed” above. It is never used with Rate. Also, either a

	dollar limit or a frequency limit is possible. You can't have both. This field is optional.
ITS Pricing Flag	<p>ITS membership is a Blue Cross Blue Shield designation and is assigned when creating a patient bundle (not in the episode pricing area). This doesn't change the pricing; it just changes how it appears on a claim. This is the dropdown menu:</p>  <ul style="list-style-type: none"> • Carve Out (1CO) -- Fee for service. 100% of what is allowed. This is for things that aren't included in a bundle, but are rather "carved out" of contracts, such as pharmacy items. • Global Price (1GL) -- The set price for the episode. • Include in Global (1ZO) – Item that is included in the set global price. • Leakage (1LK) – Used for out-of-network or out-of-bundle services • Stop Loss (1SL) – If a cost reaches a certain threshold, this flag is assigned to keep patients from paying out of pocket. • None (NULL) – Default value
Benefit Override	Use the benefit override feature to define an indicator that PBA should send to the core claim system to indicate that member liability may be impacted for a particular claim. Facets requires a two-character indicator in this field (such as "BO").

Episode Providers

This tab lists the Provider IDs and dates. The Creating field set to Yes means that the provider is billing. Provider Sets are listed here and can be added to, but Disneyland is not yet using them.

Edit Episode - 2020 KADLEC REGIONAL MEDICAL CENTER HIP RPL (ID 13)

Episode Details | Episode Contracts | Episode Pricing | **Episode Providers** | Conductors/Shared Savings

Require Facility/Physician secondary match for Patient Bundle creation

PROVIDERS

ADD + | EDIT | DELETE

Provider ID	Secondary Match Criteria - NPI	Secondary Match Criteria - ID	Provider Name	Eff. Date	Term. Date	Creating
101995101995				01/01/2020	12/31/9999	Yes

PROVIDER SETS

Provider Set Name | Delete

1 | KADLEC REGIONAL MEDICAL CENTER | X

ADD NEW

SAVE | CANCEL

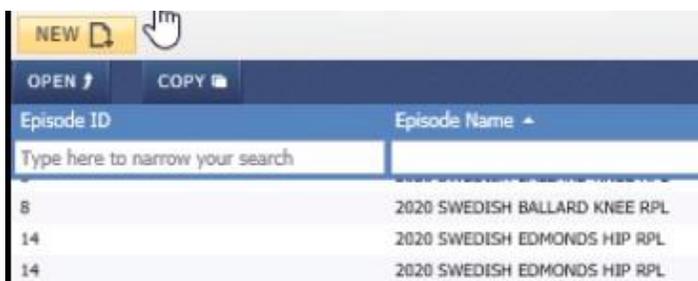
Conductors / Shared Savings

This tab is for administrative and analytical purposes only. You can ignore it.



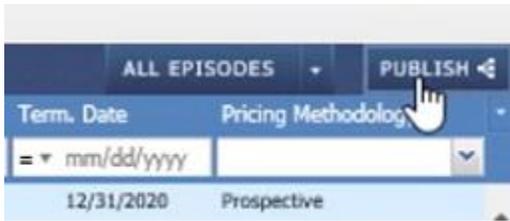
Copy an Episode

You can copy episodes just like you can episode definitions. This is helpful when creating episodes for a new year and rate based on the previous year's episode definitions. Just copy the previous year's episode and update the year and rate.



Publish an Episode

ONLY experienced members on the Disneyland team may publish at the Episode level using the button at the top right of the screen. Individual or multiple episodes can be published at once.



Dependencies

- Episode details, contract IDs, and pricing are pulled from the Build on Paper. The spreadsheet sections (blue title rows) correspond to the tabs they populate in the PBA tool.

Episode Parameters	Value
Episode Details	
Episode Name	2020 KADLEC REGIONAL MEDICAL CENTER KNEE RPL
Non-Contracted Episode	
Episode Definition	KADLEC REGIONAL MEDICAL CENTER KNEE RPL
Effective Date	1/1/2020
Termination Date	12/31/2020
Length of Stay	0
Run Out	0
Episode Type	PROCEDURAL
Type of Care	KNEE REPLACEMENT AND KNEE REVISION
Claim Inclusion Method	
Days Before Admission/Service	30 DAYS
Days After Discharge/Service	30 DAYS
Bundle Duration Months	
Pricing Methodology	PROSPECTIVE
Episode Budget	23,500
Episode Condition Minimum	23,500

Episode Contracts	
Contract ID(s)	CFAC00MA1020
Episode Pricing	
Category Pricing	
Service	ANESTHESIA
Rate	\$0.00
% of Allowed	
Dollar Amount	
Frequency Limit	
ITS Pricing Flag	Included in Global
Benefit Override	
Service	DME SALES TAX
Rate	
% of Allowed	100%
Dollar Amount	
Frequency Limit	
ITS Pricing Flag	Carve Out
Benefit Override	

- Episode names appear in the Patient Bundle Tab.

Patient Bundle Tab

Purpose of This Tab

A patient bundle is a collection of claims that qualify for an episode for a specific claimant and date range. Examples of claims that might be included in a patient bundle for a hip replacement include a primary care visit, orthopedic consult, pre-surgical blood work, anesthesiologist, and physical therapy.

Tab Layout

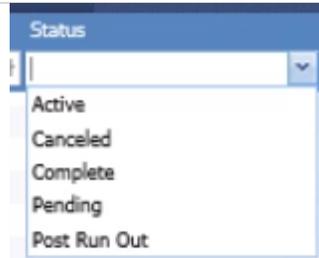
These fields can be searched, filtered, and modified by selecting others from the dropdown menu at the right, like elsewhere in the tool. The entire field list is shown at the right.

Bundle ID	Status	Claimant ID	Claimant Name	Provider ID	Start Date	End Date	Episode Name	Methodology
263	Active	602953160-01	SUN GUOWEI	565823565823	10/27/2020	12/26/2020	2020 PROVIDENCE ST PETER H...	Prospective
262	Active	602953142-01	WEST JESSICA	749659749659	10/25/2020	12/24/2020	2020 PROVIDENCE REGIONAL...	Prospective
301	Active	602953139-01	MURPHY RACHEL	106220106220	10/22/2020	12/21/2020	2020 SWEDISH BALLARD KNEE...	Prospective
260	Active	602835539-01	SCHRECKER JEREMY	749659749659	10/19/2020	12/18/2020	2020 PROVIDENCE REGIONAL...	Prospective
259	Active	602727920-01	LANG MEGAN	106220106220	10/17/2020	12/16/2020	2020 SWEDISH BALLARD KNEE...	Prospective
258	Active	601350536-01	CUTLER KEITH H	106220106220	10/16/2020	12/15/2020	2020 SWEDISH BALLARD KNEE...	Prospective
257	Complete	102042068-01	SAVAGE JERRY	106217106217	10/14/2020	12/13/2020	2020 SWEDISH FIRST HILL KNE...	Prospective
256	Active	601420027-01	NORASTEH POURIA	101995101995	10/24/2020	12/23/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
255	Active	102077709-03	KIPP ALEXANDER	101995101995	10/22/2020	12/21/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
254	Complete	102074569-01	LLAMAS LUIS	106217106217	10/21/2020	12/13/2020	2020 SWEDISH FIRST HILL KNE...	Prospective
253	Active	102075738-01	LAVADIA JHENILYN B	749659749659	10/21/2020	12/20/2020	2020 PROVIDENCE REGIONAL...	Prospective
252	Active	102079081-01	THOMAS BRITTANY S	101995101995	10/21/2020	12/20/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
251	Active	102101254-01	WYRUCHOWSKI DAWN H	565823565823	10/20/2020	12/19/2020	2020 PROVIDENCE ST PETER H...	Prospective
250	Active	102101043-02	HANSON HARPER K	749664749664	10/19/2020	12/18/2020	2020 PROVIDENCE SACRED HE...	Prospective
249	Active	102036126-03	COMPTON CELIA C	749659749659	10/18/2020	12/17/2020	2020 PROVIDENCE REGIONAL...	Prospective
248	Active	102083839-05	SKOBY MATTHEW	403914403914	10/17/2020	12/16/2020	2020 SWEDISH EDWARDS KNEE...	Prospective
247	Active	102102639-02	RANGAN MUNLAD	106220106220	10/16/2020	12/15/2020	2020 SWEDISH BALLARD KNEE...	Prospective
246	Complete	102092386-03	BROWNING RILEE	106217106217	10/14/2020	12/13/2020	2021 SWEDISH FIRST HILL KNE...	Prospective
245	Complete	601561926-01	CAMARIGO RAIS	101995101995	10/11/2020	12/10/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
244	Complete	602944649-01	Loading...	101995101995	10/07/2020	12/06/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
243	Complete	102084973-01	PLADSON CINDY	101995101995	10/06/2020	12/05/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
242	Complete	602613609-01	GEUBTNER LISA M	101995101995	10/10/2020	12/09/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
241	Active	602614291-01	WILLIAMS KRISTOFER J	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
240	Cancelled	602246859-01	HALL BRANDON	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
239	Active	601293976-02	DUBOIS BRANDON R	101995101995	10/16/2020	12/15/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
238	Active	602246859-01	HALL BRANDON	101995101995	10/31/2020	12/30/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
237	Active	602944638-01	NOVAK MATTHEW	101995101995	11/10/2020	01/09/2021	2020 KADLEC REGIONAL MEDIC...	Prospective
236	Complete	102087111-01	CASTRO ADRIANA G	101995101995	10/02/2020	12/01/2020	2020 KADLEC REGIONAL MEDIC...	Prospective
235	Complete	602953149-03	WHIRLEY WYATT	106220106220	05/02/2020	07/02/2020	2020 SWEDISH BALLARD KNEE...	Prospective

Tab Navigation: Search and Filter Fields

These are the standard fields seen above that are used to search and filter patient bundles.

Column Title	Definition
Bundle ID	This is autogenerated when a patient bundle is created and ties the Facets claim to the patient bundle in PBA.
Status	The bundle status has a dropdown menu.

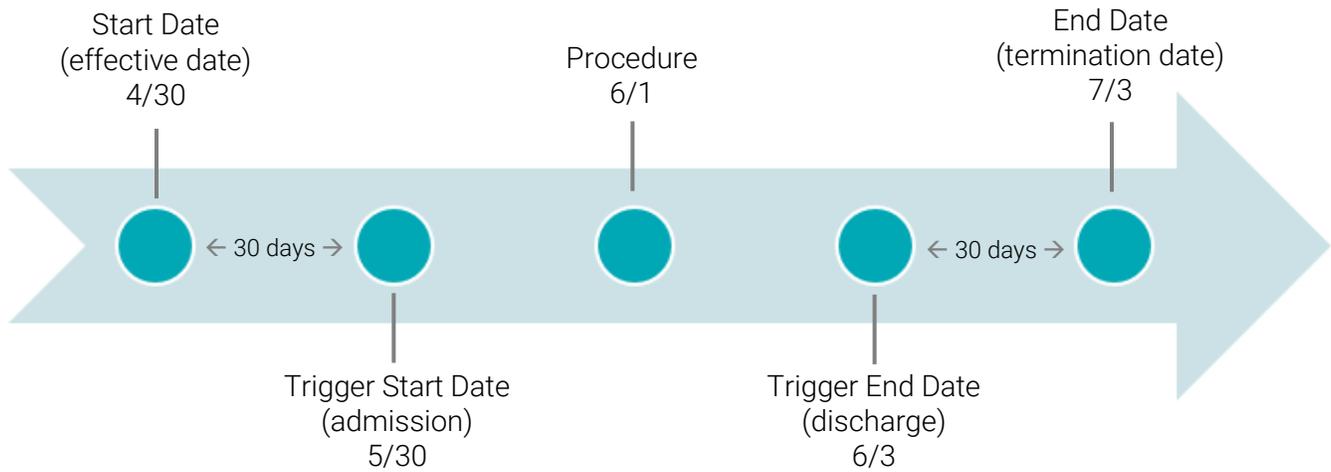


- Active – Bundle is currently open and in use.
- Canceled – Bundle is terminated before being completed.
- Complete – Bundle has reached the end date. Claims can still be accepted through the claim re-evaluation process.
- Pending – Rarely used field that indicates a temporary technical or other error.
- Post Run Out – Disneyland doesn't use run out dates (after this date, the claim isn't accepted into bundle).

Claimant ID	Disneyland Facets Subscriber ID number.
Claimant Name	Patient name
Provider ID	Facility or medical professional ID
Start and End Date	<p>These are auto-populated by the system. Note that the start and end dates for a bundle are for a specific date range, rather than the generic 01/01 – 12/31 range often used for episodes and episode definitions. These dates are generally 30 days prior to the admission date (trigger start date) and 30 days after the discharge date (trigger end date).</p> <p>You can select any date before (<) or after (>), or an exact date (=).</p>
Episode Name	This is defined in the Episode tab.
Methodology	This is the pricing methodology (prospective or retrospective), which is defined in the Episode tab.

PBA Bundle Dates

There are a few types of dates referred to in PBA, which can be confusing. There are also multiple terms for the same type of date. This timeline shows the entire processing window—from 30 days before the admission to 30 days after discharge (this window can vary)—and the various terms used for each date.



Patient Bundle Claim

When you click into a specific bundle, this screen appears. Note that if a claim in this patient bundle has supplemental data, it is listed in the lower window. Here, that includes several pre-op office visits and x-rays.

The screenshot shows a software interface for 'Cognet Trizetto NetworkX Payment Bundling Administration'. The main window displays 'Patient Bundle Claims' for a specific bundle. Below this, there is a 'SUPPLEMENTAL DATA' section listing various claims with their descriptions, dates, and amounts.

Claim Number	Line	Provider ID	Provider Name	Pricing Category	Total Charges	Threshold Price	Pre-Episode Price	Episode Price	Split Pre-Episode Price	Split Episode Price	Complication
90901000001		A00H/4A00H/4	SWEDISH EDMONDS	FACILITY	\$182,031.00	\$0.00	\$71,910.85	\$23,500.00	\$71,910.85	\$23,500.00	T
909010000100		201013201013	PACIFIC ANESTHESIA	ANESTHESIA	\$3,000.00	\$0.00	\$529.54	\$0.00	\$529.54	\$0.00	T
909010000200		144666A09017	STAEHELL, JOHN W.	SURGEON	\$8,000.00	\$0.00	\$2,080.48	\$0.00	\$2,080.48	\$0.00	T
909010000300		A04902A07E52	TOWOLAWI, MARGARET N.	OTHER PROCEDURES	\$1,500.00	\$0.00	\$212.24	\$0.00	\$212.24	\$0.00	T
909010000400	1	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT30	\$400.00	\$0.00	\$67.63	\$0.00	\$67.63	\$0.00	T
909010000400	2	144666A09017	STAEHELL, JOHN W.	PREOP EXC30	\$21.00	\$0.00	\$21.00	\$0.00	\$21.00	\$0.00	T
909010000400	3	144666A09017	STAEHELL, JOHN W.	PREOP PT30	\$100.00	\$0.00	\$46.33	\$0.00	\$46.33	\$0.00	T
909010000400	4	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$410.00	\$0.00	\$34.08	\$34.08	\$34.08	\$34.08	T
909010000400	5	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$22.00	\$0.00	\$19.17	\$19.17	\$19.17	\$19.17	T
909010000400	6	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	T
909010000500	1	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$450.00	\$0.00	\$67.63	\$67.63	\$67.63	\$67.63	T
909010000500	2	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$31.00	\$0.00	\$25.56	\$25.56	\$25.56	\$25.56	T
909010000500	3	144666A09017	STAEHELL, JOHN W.	PREOP OFFICEVISIT EKG PT3...	\$150.00	\$0.00	\$46.33	\$46.33	\$46.33	\$46.33	T

Claim Number	Line	Supplemental Data Description	Provider ID	From Date	Through Date	Amount
909010000400	4	PREOP OFFICEVISIT EKG PT		04/10/2020		
909010000400	5	PREOP OFFICEVISIT EKG PT		04/11/2020		
909010000400	6	PREOP OFFICEVISIT EKG PT		04/12/2020		
909010000500	1	PREOP OFFICEVISIT EKG PT		04/07/2020		
909010000500	2	PREOP OFFICEVISIT EKG PT		04/07/2020		
909010000500	3	PREOP OFFICEVISIT EKG PT		04/07/2020		
909010000601	3	PREOP XRAY RADIOLOGY READING		04/08/2020		
909010000601	4	PREOP XRAY RADIOLOGY READING		04/07/2020		
909010000700	1	PREOP XRAY RADIOLOGY READING		04/11/2020		

Top Row Financial Information

Note the cost information above the main window that lists all the bundle claims.

Patient Bundles × Episodes × Episode Definitions × Qualifier Groups × Test Price × Claim Re-evaluation ×					
← BACK Bundle ID: 19 ⓘ Claimant: 102060129-01 / HERBERT HUGH Episode: 2020 SWEDISH EDMONDS KNEE RPL					
TOTAL EPISODE PRICE	EPISODE BUDGET	EPISODE VARIANCE	Non-complications	Complications	TOTAL CHARGES
\$26,019.93	\$23,500.00	-\$2,519.93	\$26,019.93	N/A	\$204,348.00

- Total Episode Price - What has been allowed to the episode so far.
- Episode Budget – Average cost of this type of episode as determined by Healthcare Economics. Set in Episodes tab.
- Episode Variance - Difference between episode budget and total episode price.
- Non-complications and Complications – Splits charges out between these two areas (Complications might include pneumonia, infection, or sepsis within a week of surgery and are defined in the Episode Definition > Apply Episode Pricing area).
- Total charges – Total cost of everything billed without the bundle discount.

Clicking the information icon ⓘ next to the Bundle ID brings up basic information:

Patient Bundles × Episodes × Episode Definitions × Qualifier Groups × Test Price	
← BACK Bundle ID: 19 ⓘ Claimant: 102060129-01 / HERBERT HUGH Episode: 2020	
AL EPISODE PRICE	EPISODE BUDGET
\$26,019.93	\$23,500.00
PATIENT BUNDLE CLAIMS	
Claim Number	Search here to narrow your search
10000001	
10000100	
10000200	
10000300	
10000400	
10000400	
10000400	
10000400	

Patient Bundle ID 19

Claimant ID/Name 102060129-01 / HERBERT HUGH

Bundle Date Window 04/01/2020 - 06/01/2020

Original Bundle Date Window 04/01/2020 - 06/01/2020

Status Complete

Status Reason

Episode Name 2020 SWEDISH EDMONDS KNEE RPL

Episode Definition Name SWEDISH EDMONDS KNEE RPL

Trigger Claim Number N/A

Confirming Claim Number

Closing Claim Number

Canceling Claim Number

Search and Filter Fields

Column Title	Definition
Claim Number	Claim number attached to bundle
Line	Line item number on the claim form in Facets.

There are six total lines listed below as qualifying in PBA for claim number 909010000400.

Claim Number	Line	Provider ID	Provider Name	Pricing Category
909010000400	2	144666A09017	STAEHELLI, JOHN W.	PREOP EKG3
909010000400	3	144666A09017	STAEHELLI, JOHN W.	PREOP PT30
909010000400	4	144666A09017	STAEHELLI, JOHN W.	PREOP OFFI
909010000400	5	144666A09017	STAEHELLI, JOHN W.	PREOP OFFI
909010000400	6	144666A09017	STAEHELLI, JOHN W.	PREOP OFFI

Provider ID	Provider ID
Provider Name	The provider can be a facility or a person.
Pricing Category	This is defined in the Codes tab and is used to identify the type of claim or service for an episode. Pricing categories are used as the basis for assigning a price to a service.
Total Charges	Total charges for a service before fee schedules, bundle pricing, or splitting is applied.
Threshold Price	After a claim hits this price, different rules might apply, such as a claimant paying a different percentage of a bill. This feature is no longer available.
Pre-Episode Price	The allowed amount from Integrated Pricer before the claim goes to PBA. This could be lower than the total charges due to fee schedules and network pricing in Facets.
Episode Price	Charges billed to the episode for a particular service.
Split Pre-Episode Price	If a bundle is split between two or more providers, this lists the allowed amount from Integrated Pricer for the provider in question before the claim goes to PBA.
Split Episode Price	If a bundle is split between two or more providers, this lists the price for the provider in question.

Complication	This is for charges that qualify as complications (defined in Episode Definition > Apply Episode Pricing section).
---------------------	--

Auto-creating Patient Bundles

PBA can automatically create patient bundles based on patient claim data, claim rules, the episode type defined in the Codes tab, and the date range defined in the Episode Details tab, shown below. Disneyland does not currently use this feature—all bundles are manually created—but it might in the future.

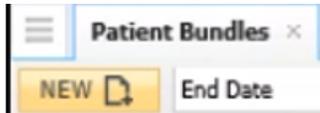
Episode Type →

Type of Care (neither editable here) →

Days Before/After Service define the date range →

Add a Patient Bundle

Click New to add a patient bundle.



The fields to complete are the same as in the table above, with a few exceptions:

Once you fill in the **Claimant ID** and suffix, the **Claimant Name** automatically populates. If the Claimant Name displays “Loading” instead of a name, DO NOT save the bundle. Submit a ServiceNow request (see KB0021684). The **Procedure Date** is the surgery date. The **Trigger Start Date** is the admission date, and the **Trigger End Date** is the discharge date (sometimes all three of these dates are identical, as below). These dates automatically update the **Processing Date Window**. Claims submitted outside of this window will not be considered until the claims re-evaluation process happens. All fields are required.

New Patient Bundle

Claimant ID* ITS Member

Claimant Name

Provider ID

Provider Name

Episode Name:*

Procedure Date

Trigger Start Date*

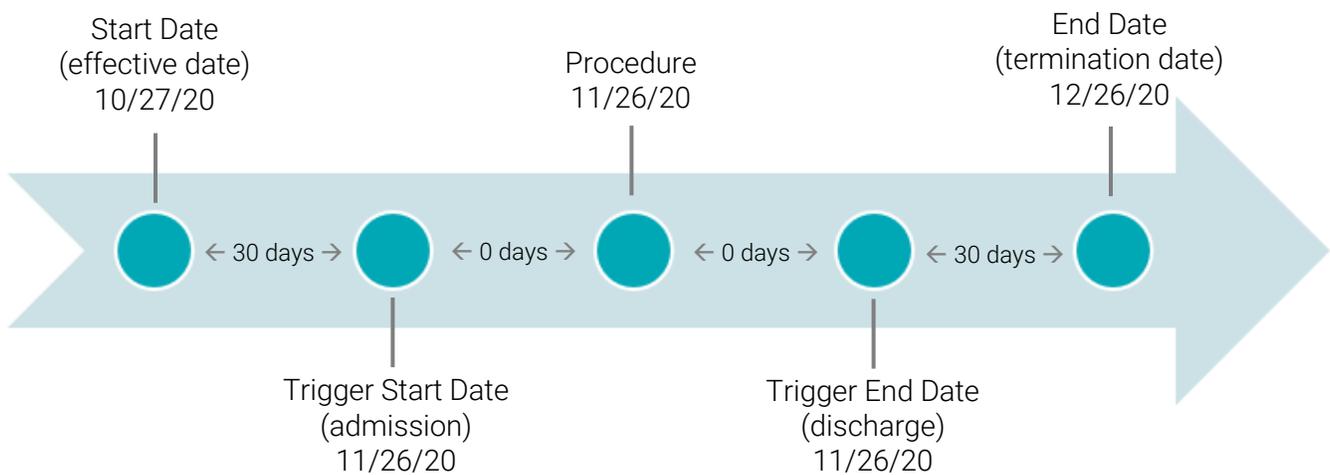
Trigger End Date*

Processing Date Window ⓘ

Start Date*

End Date*

The timeline below is from the PBA Dates section in Getting Started. The above dates are applied:



Dependencies

- The Patient Bundle takes information from the Codes, Episode, and Episode Definition tabs. There is no Build on Paper associated with this tab.

Patient Death and Transfer

This is not a tab. Patient death and transfer are handled a bit differently from other situations, so this section explains the processes. There are four steps to processing these claims:

1. A bundle is closed based on a claim's discharge status (indicating death or transfer).
2. Supplemental data for that claim is collected (discharge status codes).
3. Line inclusions for subsequent claims are no longer processed.
4. Those subsequent claims are excluded from the closed bundle.

Build on Paper

This is the Build on Paper for **Episode Definition line inclusion rules** (Section 2). Note that each EXCLUSION rule has the Action of Skip Current Section, which means no more rules are processed in this section. This is because if the patient is deceased or transferred, no other line items (such as EKGs or office visits) would be relevant. The tool then moves on to claim inclusion rules (Section 3).

Line Inclusion Rule	Line Inclusion Rule Description	Effective Dates: To	Qualifier Group or Type	Qualifier Group or Qualifier Type	Action
2.1	PATIENT DEATH EXCLUSION	12/31/9999	G	PATIENT DEATH EXCLUSION	Skip Current Section
2.2	PATIENT TRANSFER EXCLUSION	12/31/9999	G	PATIENT TRANSFER EXCLUSION	Skip Current Section

This is the Build on Paper for **Episode Definition claim inclusion rules** (Section 3):

Claim Inclusion Rule	Claim Inclusion Rule Description	Capture Supplemental Data: Mark Patient Bundle for Claim Re-evaluation	Close Patient Bundle: Patient Bundle:	Close Patient Bundle: Close Reason Code	Exclude Claim From Patient Bundle	Skip Current Section	Complete
3.1	PATIENT DEATH EXCLUSION				YES		YES
3.2	PATIENT TRANSFER EXCLUSION				YES		YES
3.3	PATIENT DEATH		YES	PATIENT DECEASED			
3.4	PATIENT DEATH	YES					
3.5	TRANSFER TO ANOTHER FACILITY		YES	PATIENT TRANSFERRED TO A DIFFERENT FACILITY			
3.6	TRANSFER TO ANOTHER FACILITY	YES					

The specific numbering is just an example and could vary for other builds (e.g., 3.1, 3.2, 3.3).

For patient death:

- 3.1 indicates that the patient has died, and the claim should be excluded from the patient bundle. No more rules will be processed (Complete = Yes). No more claims can be processed. If further claims do come in, they are investigated.
- 3.3 indicates that the patient has died, and the patient bundle should be closed. Further rules will be processed (Complete = blank).
- 3.4 indicates that supplemental data should be captured. Further rules will be processed (Complete = blank).
- While rule 3.1 is listed first, it happens in the system after 3.3 and 3.4. Rules 3.3 and 3.4 close the bundle and capture relevant data, so that when an additional claim comes in, rule 3.1 is then applied. Rule 3.1 impacts claims that come in *after* the initial claim that triggers bundle closure.

For patient transfer:

- 3.2 indicates that the patient has been transferred to another facility, and the claim should be excluded from the patient bundle. No more rules will be processed (Complete = Yes). No more claims can be processed. If further claims do come in, they are investigated.
- 3.5 indicates that the patient has been transferred to another facility, and the patient bundle should be closed. Further rules will be processed (Complete = blank).
- 3.6 indicates that supplemental data should be captured. Further rules will be processed (Complete = blank).
- The same order is relevant for patient transfers as patient death. Rules 3.5 and 3.6 are processed first when a claim indicates a transfer. They close the bundle and capture relevant codes. Rule 3.2 is then applied to any additional claims that come in *after* the bundle has been closed.

This is the Build on Paper for the **Qualifier Groups**.

Group Name	Effective Dates: From	Effective Dates: To	Same Qualifier	Different Qualifier	Group Name	Qualifier	Add Qualifier Type: Name	Add Qualifier: Value 1	Add Qualifier: Value 2
TRANSFER	1/1/2020	12/31/9999	OR	AND	TRANSFER	T	Discharge Status	02	02
PATIENT DEATH	1/1/2020	12/31/9999	OR	AND	PATIENT DEATH	T	Discharge Status	20	20
						T	Discharge Status	40	40
						T	Discharge Status	41	41
						T	Discharge Status	42	42
PATIENT DEATH EXCLUSION	1/1/2020	12/31/9999	OR	AND	PATIENT DEATH EXCLUSION	T	Supplemental Code Days On/After Admission/Service	PATIENT DEATH	1
PATIENT TRANSFER EXCLUSION	1/1/2020	12/31/9999	OR	AND	PATIENT TRANSFER EXCLUSION	T	Supplemental Code Days On/After Admission/Service	TRANSFER	1

The top two qualifier groups add the relevant discharge statuses for death (20, 40, 41, 42) and transfer (02 here, though 03 and 04 are also possibilities).

The bottom two qualifier groups (with EXCLUSION) add the relevant supplemental data codes (see Episode Definition rules 3.4 and 3.6 in the Build on Paper, which indicate that these should be captured).

PBA Tool

This is how these episode definition rules and qualifier groups are applied in the PBA tool.

Copy or Assign Qualifier Groups

You have a few options when adding a Qualifier Group to an Episode Definition rule.

These qualifier groups should already be in the PBA tool, as they're not specific to a particular bundle. They can just be selected in the Episode Definition tab when creating a rule.

Edit Episode Definition Rule - PATIENT DEATH (Content - Claim Inclusion Rule(s) - Tier 1)

Description
 Description: PATIENT DEATH
 Effective Dates: 01/01/2020 - 12/31/9999

Qualifications
 Qualifier: Type Group
 Qualifier Group: PATIENT DEATH
 Reverse Result:

However, you might need to add discharge or other codes to a qualifier group, in which case you can just edit the existing group (see the Qualifier Group section of this document).

Finally, you can copy an existing Qualifier Group, modify it as needed, and save it under a new name, such as 2021 PATIENT DEATH or PROVIDENCE TRANSFER (see the Qualifier Group section of this document).

Add Qualifier Groups

To add a **PATIENT DEATH** Qualifier Group from scratch that will capture supplemental data:

1. Select the Qualifier tab and click .
2. Enter **PATIENT DEATH** as the group name (or the name designated in the functional design).
3. The **Same Qualifier** should be **OR**, and the Different Qualifier should be **AND**, based on the Build on Paper above. The date can be from January 1 of the relevant year through December 31, 9999. Select **Continue**.

New Qualifier Group

Group Name: PATIENT DEATH
 Effective Dates: 01012020 - 12/31/9999
 Same Qualifier: Or
 Different Qualifier: And
 In Use: No

4. Add the qualifier type of **Discharge Status** with each of the proper values, then click **Save**.

Qualif. Name	Value 1	Value 2	Reverse Result	Eff. Date	Term. Date
T Discharge Status	20	20	<input type="checkbox"/>	01/01/2020	12/31/9999

SAVE CANCEL

Patient death codes:

20 – EXPIRED
 40 – EXPIRED: HOME, HOSPICE
 41 – EXPIRED: MED FACILITY, HOSPICE
 42 – EXPIRED, UNKNOWN, HOSPICE

Patient transfer codes:

02 – DISCH/TRANSF: OTHER I/P FAC.
 03 – DISCH/TRANSF: SNF
 04 – DISCH/TRANSF: ICF

These are the codes currently in use, but they might change.

Copy Episode Definition Rules

Episode definition rules already exist for patient death and transfer, so they can just be copied from an existing episode definition and pasted into a new one (like Qualifier Groups).

1. If an Episode Definition has not yet been created, you must do this first (see the Add a New Episode Definition section of this document).
2. In the Episode Definitions tab, click an episode definition that contains a patient death or transfer rule you want to use.



3. The rules appear in the bottom half of the screen. Select the rule you'd like to use (any of the ones listed below are relevant) and click **Copy**.



4. Go into the new episode definition, click the rule that goes above where you want the new rule, and click **Paste**. If the rule belongs at the top of the section (such as rule 3.1), click the section heading itself.



Add Episode Definition Rules

The steps below refer to how to create these episode definition rules from scratch. While you likely won't need to do this for patient death and transfer, this lets you see how they are constructed and what they contain. Select the rule above where you want to add the new episode definition rule, then click ADD. If the rule belongs at the top of the section (such as rule 3.1), click the section heading itself.

For **PATIENT DEATH EXCLUSION** or **TRANSFER EXCLUSION** line inclusion rules (Section 2):

1. Open the Episode Definition Rule.
2. Add **PATIENT DEATH EXCLUSION** or **TRANSFER EXCLUSION** as the Description and Qualifier Group.
3. Select **Skip Current Section** as the Action.
4. Check the **Complete** box.

The screenshot shows the 'Edit Episode Definition Rule' window for 'PATIENT DEATH EXCLUSION (Content - Line Inclusion Rule(s) - Tier 1)'. The interface is divided into three main sections: Description, Qualifications, and Action.

- Description:** The 'Description' field contains 'PATIENT DEATH EXCLUSION'. The 'Effective Dates' are set to '01/01/2020' to '12/31/9999'.
- Qualifications:** The 'Qualifier' is set to 'Group'. The 'Qualifier Group' is 'PATIENT DEATH EXCLUSION'. There are checkboxes for 'Reverse Result' and 'Episode Provider Match Required', both of which are currently unchecked.
- Action:** A search bar is present. A list of actions is shown on the left, with 'Skip Current Section' highlighted. The main area displays the selected action: 'Skip Current Section' with the description 'Do not process the remaining rules in this section.'

At the bottom, there is an 'Actions' section with a checked 'Complete' checkbox, and 'SAVE' and 'CANCEL' buttons.

For **PATIENT DEATH** or **TRANSFER** claim inclusion rules (Section 3):

1. Open the Episode Definition Rule
2. Add **PATIENT DEATH** or **TRANSFER** as the Description and Qualifier Group.
3. Close the patient bundle with the Close Reason Code **PATIENT DECEASED** or **PATIENT TRANSFERRED TO A DIFFERENT FACILITY**.

4. Do not check the Complete box.

Edit Episode Definition Rule - PATIENT DEATH

Description

Description: **PREOP PT 30 WO EVAL PROC**

Effective Dates: 01/01/2020 - 12/31/9999

Qualifications

Qualifier: Type Group

Qualifier Group: **PATIENT DEATH** Details

Reverse Result: ?

Episode Provider Match Required:

Action

Type here to search

- Apply Episode Pricing
- Cancel Patient Bundle
- Capture Supplemental Data
- Close Patient Bundle**
- Skip Current Section

Close Patient Bundle

Update the patient bundle end date to the claim end date.

Close Reason Code

(TZ) Death

- BILATERAL PROCEDURE
- DISCHARGE AGAINST MEDICAL ADVICE
- GROUP TERMINATION
- MEMBER TERMINATION OR UNENROLLED
- MISCELLANEOUS CANCEL SCENARIOS
- PATIENT BUNDLE OPENED IN ERROR
- PATIENT DECEASED**
- PATIENT TRANSFERRED TO A DIFFERENT FACILITY**
- PROVIDER TERMINATION OR UNENROLLED
- SERVICE NOT COMPLETED DUE TO COMPLICATIONS

Actions

Complete

To capture PATIENT DEATH or TRANSFER Supplemental Data:

1. Open the Episode Definition Rule for claim inclusion.
2. Add PATIENT DEATH or TRANSFER as the Description and Qualifier Group.
3. Select Capture Supplemental Data as the Action.
4. Do not check the Complete box.

Edit Episode Definition Rule - PATIENT DEATH (Content - Claim Inclusion Rule(s) - Tier 1)

Description

Description: PATIENT DEATH

Effective Dates: 01/01/2020 - 12/31/9999

Qualifications

Qualifier: Type Group

Qualifier Group: PATIENT DEATH

Reverse Result: Details

Episode Provider Match Required:

Action

Type here to search

Apply Episode Pricing

Cancel Patient Bundle

Capture Supplemental Data

Close Patient Bundle

Exclude Claim From Patient Bundle

Skip Current Section

Capture Supplemental Data

Supplemental Code(s) to save for the claim

PATIENT DEATH

Mark patient bundle for claim re-evaluation

Actions: Complete SAVE CANCEL

If you click **Details** (see above) to view the qualifier group details, they are listed:

Qualifier Group Details - PATIENT DEATH

- Discharge Status is 20 OR
- Discharge Status is 40 OR
- Discharge Status is 41 OR
- Discharge Status is 42

For PATIENT DEATH EXCLUSION or TRANSFER EXCLUSION claim inclusion rules (Section 3):

1. Open the Episode Definition Rule for claim inclusion.
2. Add PATIENT DEATH EXCLUSION or TRANSFER EXCLUSION as the Description and Qualifier Group.
3. Select Exclude Claim from Patient Bundle as the Action.
4. Check the Complete box.

Edit Episode Definition Rule - PATIENT DEATH EXCLUSION (Content - Claim Inclusion Rule(s) - Tier 1)

Description

Description: PATIENT DEATH EXCLUSION

Effective Dates: 01/01/2020 - 12/31/9999

Qualifications

Qualifier: Type Group

Qualifier Group: PATIENT DEATH EXCLUSION

Reverse Result: [i](#)

Episode Provider Match Required:

Action

Type here to search

- Apply Episode Pricing
- Cancel Patient Bundle
- Capture Supplemental Data
- Close Patient Bundle
- Exclude Claim From Patient Bundle**
- Skip Current Section

Exclude Claim From Patient Bundle

Exclude claim from this patient bundle.

Actions

Complete

View in PBA Tool

This is what the **Episode Definition tab** inclusion rules look like once created. Note that in the example below, only the Exclusion rules have a Complete icon . The other rules close the relevant patient bundle, then capture supplemental data, and allow for more rules to be processed.

2. Content - Line Inclusion Rule(s) - Tier 1					
2.1	PATIENT DEATH EXCLUSION 	G	PATIENT DEATH EXCLUSION	Skip Current Section	Do not process the remaining rules in this section.
2.2	PATIENT TRANSFER EXCLUSION 	G	PATIENT TRANSFER EXCLUSION	Skip Current Section	Do not process the remaining rules in this section.

▼ 3. Content - Claim Inclusion Rule(s) - Tier 1

Rule ID	Group	Qualifier	Action	Description
3.1 PATIENT DEATH EXCLUSION	G	PATIENT DEATH EXCLUSION	Exclude Claim From Patient Bundle	Exclude claim from this patient bundle.
3.2 PATIENT TRANSFER EXCLUSION	G	PATIENT TRANSFER EXCLUSION	Exclude Claim From Patient Bundle	Exclude claim from this patient bundle.
3.3 PATIENT DEATH	G	PATIENT DEATH	Close Patient Bundle	Update the patient bundle end date to the claim end date. Close Reason Code - PATIENT DECEASED.
3.4 PATIENT DEATH	G	PATIENT DEATH	Capture Supplemental Data	Supplemental code(s) to save for the claim - PATIENT DEATH. Mark patient bundle for claim re-evaluation.
3.5 TRANSFER TO ANOTHER FACILITY	G	TRANSFER	Close Patient Bundle	Update the patient bundle end date to the claim end date. Close Reason Code - PATIENT TRANSFERRED TO A DIFFERENT FACILITY.
3.6 TRANSFER TO ANOTHER FACILITY	G	TRANSFER	Capture Supplemental Data	Supplemental code(s) to save for the claim - PATIENT TRANSFER. Mark patient bundle for claim re-evaluation.

This is what the PATIENT DEATH Qualifier Group tab looks like in PBA. It attaches one of the four discharge statuses (listed in the Value 1 and Value 2 columns). A TRANSFER qualifier group would do the same for transfer statuses.

Edit Qualifier Group - PATIENT DEATH

Group Name: PATIENT DEATH Same Qualifier: Or In Use: Yes

Effective Dates: 01/01/2020 - 12/31/9999 Different Qualifier: And

SAVE CANCEL

Qualif. Name	Value 1	Value 2	Reverse Result	Eff. Date	Term. Date
T Discharge Status	20	20	No	01/01/2020	12/31/9999
T Discharge Status	40	40	No	01/01/2020	12/31/9999
T Discharge Status	41	41	No	01/01/2020	12/31/9999
T Discharge Status	42	42	No	01/01/2020	12/31/9999

The supplemental data (such as qualifier group and transfer codes) is listed in the Patient Bundle Supplemental Data area.

PATIENT BUNDLE CLAIMS				
Claim Number	Line	Provider ID	Provider Name	Pricing Category
202870004000		100040A01TR1	STONECIPHER, THOMAS K.	OTHER PRPR SERVICES
203420006300	1	747940A02EUL	CANNON, CHRISTOPHER P.	PREOP EKG30
203420006300	2	747940A02EUL	CANNON, CHRISTOPHER P.	PREOP ALL WO
203420006300	3	747940A02EUL	CANNON, CHRISTOPHER P.	PREOP EKG30 WO
909145000000		106220106220	SWEDISH MEDICAL CENTER...	FACILITY
909145000100		106891106891	PHYSICIANS ANESTHESIA SE...	ANESTHESIA
909145000200		747940A02EUL	CANNON, CHRISTOPHER P.	SURGEON
909145000300		747940A02EUL	CANNON, CHRISTOPHER P.	EPISODE PRPR SERVICES
909145000402		101233A0762Z	LOVELL, TIMOTHY P.	OTHER PRPR SERVICES

37 Claims

SUPPLEMENTAL DATA		
Claim Number	Line	Supplemental Data Description
203420006300	2	PATIENT DEATH

Resources and Troubleshooting

Websites

- [URL REMOVED](#)
- [URL REMOVED](#)
- [URL REMOVED](#)