All-Payer Model Amendment
Webinar Series- Webinar 6

Q & A: CCIP and HCIP Program Templates & Implementation Protocols

January 13, 2017

HSCRC
Health Services Cost Review Commission

Welcome and Introduction

Donna Kinzer, Executive Director, HSCRC

CMMI Perspective

Willem Daniel, CMMI

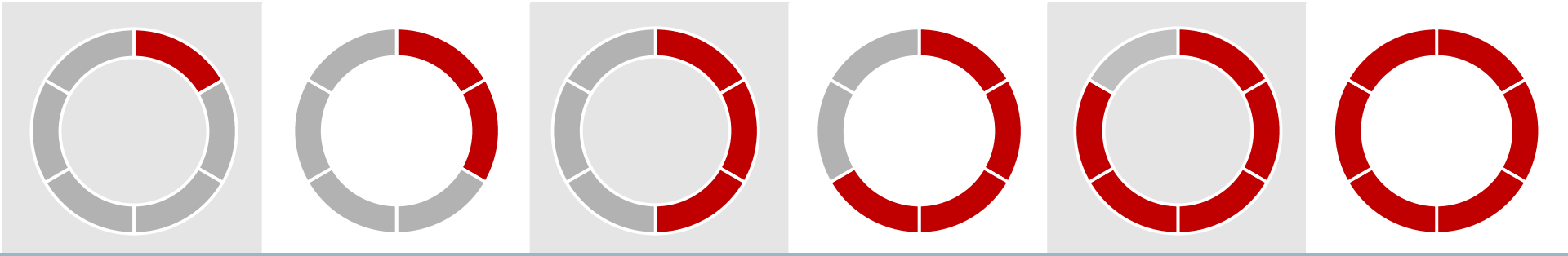
Context and Updates

Deborah Gracey, HMA

Background

- Aligning financial incentives between hospitals and providers is essential to meet All-Payer Model demonstration goals and be successful under global budgets
- Care redesign amendment authority provides waivers from fraud and abuse regulations to facilitate sharing of resources, financial incentives and data across providers
- Two initial programs: Complex and Chronic Care Improvement Program (CCIP) and Hospital Care Improvement Program (HCIP) designed to
  - Engage community and hospital-based providers, respectively
  - Complement existing hospital efforts to reduce cost, improve quality, reduce readmissions and avoid unnecessary admissions
  - Provide hospitals with patient-level data across all settings of care to inform interventions
- Programs will be added/modified over time; work to receive CMS recognition as Advanced Alternative Payment Model under MACRA

Timeline for HCIP & CCIP Implementation



Nov. '16	Jan.-March '17	March '17	March – April '17	May '17	June '17
• Hospitals submit Letters of Intent (LOI) for each program	• Hospitals submit physician vetting lists • Hospitals receive Implementation Protocols (IP) and Participation Agreement	• CMS provides approved Care Partner lists to hospitals by 3/31/17 • CMS releases final Participation Agreements Waivers, and Implementation Protocols (IPs)	• Hospitals sign and submit Participation Agreement and Data Attestation forms • Hospitals complete and submit IPs to State • Hospitals execute Care Partner Agreements (through 6/1/17)	• GBR Amendments executed between State and Hospitals (5/1/17) • State reviews, requests changes, if needed, & approves Hospital IPs (by 5/1/17)	• Hospitals complete provider contracting process (6/1/17) • IPs approved and executed by CMS • July 1, 2017 Program Launch

Implementation Protocol Overview

MARYLAND

Implementation Protocol Purpose

- Outlines hospital-specific requirements under the respective programs including governance, staffing and care redesign interventions and metrics
- Approval, in conjunction with Participation Agreement with CMS, provides access to fraud and abuse waivers and Medicare data
- Each program has required elements that can be tailored to hospital implementation to provide flexibility
- Implementation protocols must be submitted annually

Implementation Protocol Structure

- Section A: General Hospital Information
- Section B: Description of Hospital Governance and Key Personnel
- Section C: Description of Model Plan and Key Programmatic Details
- Section D: Care Redesign Interventions and Monitoring Plan
- Section E: Describe Program Budget/Incentive Calculation

Implementation Protocol: Section A

A. Hospital Information

Date of Implementation Protocols Submission: XXXX, XX, 2016

Organization Name and D/B/A: Name

TIN:

CMS cert #(s) for organization:

Contact Person for Agreement:

	Hospital
Name:	
Title:	
Street Address:	
City, State, Zip:	
Telephone:	
Fax:	
Email:	

Name the key personnel and describe the function of the key management personnel for this program.

Key Personnel	Responsibilities	% Of Time Dedicated

- Hospitals should designate a Program Coordinator to serve as point of contact for Program Administrator

Implementation Protocol: Section B

B. Governance

Oversight Committee must include hospital CEO, CFO, CMO, a consumer representative, and must comprise at least 50% physicians. See the Participation Agreement for additional detail regarding requirements of the Oversight Committee.

Provide the names of your Oversight Committee members and their organization.

Name, Credentials	Job Title and Organization, if applicable	Please check one to indicate who the member is representing:		
		Hospital Employee	Physician Representative	Consumer Representative
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Please answer the following questions about how the Care Redesign Program Oversight Committee will provide oversight, guidance, and management to the Complex and Chronic Care Improvement Program.	
How often will the Oversight Committee meet? (monthly, bi-monthly, quarterly, bi-annually)	
Does the member composition of your Oversight Committee meet the qualifications outlined in the Participation Agreement?	
Will the Oversight Committee be provided with progress/dashboard reports on program performance from hospital personnel involved in the program?	
If yes, how often will the Oversight Committee require these reports? (monthly, bi-monthly, quarterly, bi-annually, annually)	

- Hospitals are encouraged to evaluate existing committees to see if they meet Oversight Committee specifications
- Hospitals may form program-specific Steering Committees if participating in both programs

Implementation Protocol: Section C

HCIP Programmatic Information

Category	Hospital changes to current care model	Describe programmatic information at a general level (200 words or less)
Infrastructure	Please describe your process for engaging care partners (Responsible Physicians) (i.e. service line pilot, by specialty, hospital wide).	
	Please describe the information systems that your hospital will use to track the interventions performed by the care partners.	
	Please identify what staff will be responsible for administering the HCIP program at your hospital.	
Data	Please describe your hospital's process for sharing clinical and other key information with providers.	
	Please describe how your hospital will utilize monthly CMS data files in the care redesign program.	
	Please describe how data will be used to support incentive payments and processes.	
Processes; redesign care	Please describe how your hospital will identify opportunities for improvement.	
	Please describe the monitoring and reporting process.	
	Please describe your processes for communicating and educating physicians and clinical staff regarding the care redesign program.	
	Please describe how you will use feedback from care partners in order to improve interventions in the care redesign program.	

- Categories are identical across HCIP and CCIP; however specific questions vary.
- Some of these elements will be standard across participants. *See sample protocol.*

Implementation Protocol: Section D HCIP

Table 2. Care Redesign Interventions

Category of Allowable Activity	Hospital Interventions	Will Include	Existing Strategy	Interventions Used as a Condition of Payment?	Are any non-cash resources provided to Care Partner for performing this intervention? If yes, please describe briefly
Care Coordination	Medication reconciliation forms completed per protocol If yes, please explain:	☐	☐	☐	
	Care alert or care plans completed for high risk patients per protocol	☐	☐	☐	
	Home management plans in care document are completed and reviewed with the patient and care givers before discharge If yes, please explain:	☐	☐	☐	
	Patients with a high risk of readmission are identified, per protocols, and subsequently connected with transitions of care services If yes, please explain:	☐	☐	☐	

- ❑ For HCIP there are 7 categories of Care Redesign Interventions to choose from:
  - Care Coordination
  - Discharge Planning
  - Clinical Care
  - Patient Safety
  - Patient and Caregiver Experience
  - Population Health
  - Efficiency and Cost Reduction
- ❑ Don't reinvent the wheel!
- ❑ Consider data availability, ease of collection and ability to track at physician-level

Implementation Protocol: Section D CCIP

Required Care Redesign Hospital Resource	Program Start	By mid-Performance Year	By end of Performance Year
Staffing			
1. How many FTEs will staff your Care Management function?			
2. If RNs will be used, how many FTEs will be on staff?			
3. If social workers or mental health professional are used, how many FTEs will be on staff?			
4. If community health workers will be used, how many FTEs will be on staff?			

- Care management staff may be employed or contracted by the hospital
- Build upon existing resources and systems

Required Care Redesign Interventions to be implemented by start of program	Response
1. Define how you will track and report the completion of the Care Plan. How will this be monitored?	
2. Define how you will track and report updates to the Care Plan. How will this be monitored?	
3. Define how you will track and report completed medication reviews. How will this be monitored?	
4. Define how you will track and report physician visits within 7 days of discharge from an Inpatient admission? How will this be monitored?	
5. Define how you will track and report completed Care Transitions after an Inpatient Discharge. How will this be monitored?	

Standard CCIP Requirements

- For all hospitals participating in CCIP, the following required resources must be provided and deployed in July 2017 at the time of program roll-out:
  - Care management staff
  - Twenty four/seven (24/7) phone access to a Care Manager accessible to CCIP patients and care partners
  - Completion of a Health Risk Assessment (HRA), development of Care Plans, and care management interventions appropriate to identified risks
  - Care plans kept current with CRISP and within the available care management platform
  - Standardized policies and procedures for care management
  - Coordination and planning for follow-up appointments
  - Ensure there is a system in place for tracking and managing:
    - Completion of the Care Plan
    - Updates to the Care Plan
    - Completed medication reviews
    - Physician visits within 7 days of discharge from an inpatient admission
    - Completed Care Transitions after an inpatient discharge
  - CEHRT accessible and available to PDPs (if PDP currently does not have CEHRT)

Implementation Protocol: Section E

- For CCIP, you will estimate a program budget associated with the care management function and an estimate of the patient costs
- For HCIP, explain how you will distribute the incentive pool

Questions Submitted in Advance of Webinar

HCIP

- Are we able to work with other physicians that are not considered the Responsible Physician (e.g. specialists, ED)?
- We have a significant number of employed physicians, how do we avoid duplication of incentive payments?
- How many care redesign interventions are we required to implement?
- Can we use interventions that we are already working on?
- Can we use an existing hospital committee for program oversight?

CCIP

- How will the CCIP interact with existing ACOs?
- How will the CCIP interact with the Primary Care Model?

Additional Questions?

Upcoming Webinars

Webinar 7: Care Redesign Program Monitoring

February 3rd, 2017 from 9:00-10:00am

Register here:

https://attendee.gotowebinar.com/register/7149713276008973060

Email questions to: hscrc.care-redesign@maryland.gov