

# Revised Recommendation for RY 2017 Balanced Update for Psych & Specialty Hospitals

July 15, 2016

Health Services Cost Review Commission  
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This is a draft recommendation. Please submit any comments to Caitlin Grim at [Caitlin.Grim@Maryland.gov](mailto:Caitlin.Grim@Maryland.gov) on or before July 29, 2016. The Commission intends to consider this recommendation for action at its August 10, 2016 public meeting.

## REVISED RECOMMENDATIONS FOR RY 2017 BALANCED BUDGET

The final recommendation for psychiatric hospitals and Mt. Washington Pediatrics is as follows:

1. Release the productivity adjustment of 0.50 percent. This results in a new net amount of 2.05 percent, which can be reviewed in the chart below.

	<b>Psych &amp; Mt. Washington Revenues</b>
Proposed Base Update	2.80%
ACA Adjustment	-0.75%
Proposed Update	2.05%

2. In addition to receiving a higher update amount, these hospitals must agree to the following:
  - a. HSCRC staff will begin to implement quality measures and value based programs for psychiatric facilities/beds beginning in RY18. In order to successfully capture appropriate metrics, staff requests the following from the hospitals:
    - i. Work with HSCRC staff to compile a list of Potentially Avoidable Utilization metrics and readmissions reduction targets. These may include measures to reduce high risk Medicare readmissions by ensuring satisfactory discharge plans and availability of outpatient services;
      - a. Partner with community-based mental health services to improve care coordination and reduce potentially avoidable utilization;
      - b. Improve access to community-based mental health services;
    - ii. Work with CRISP, HSCRC, and MHA to obtain available information to support monitoring and implementation efforts;
    - iii. Work with CRISP, HSCRC, and CMMI to obtain data for care redesign activities as soon as it is available;
    - iv. Monitor the growth in Medicare's total cost of care and total hospital cost of care for its service area;
    - v. Implement programs focused on complex and high needs patients with multiple chronic conditions, initially focusing on Medicare patients;
    - vi. Work with CRISP to exchange information regarding care coordination resources aimed at reducing duplication of resources, ensuring more person-centered approaches, and bringing additional information to the point of care for the benefit of patients and

- vii. Increase efforts to work in partnership with physicians, post-acute and long term facilities, and providers to create aligned approaches and incentives to improve care, health, and reduce avoidable utilization for the benefit of patients. Work with physicians with the goal of developing and enhancing value-based approaches that are applied under MACRA.