
All-Payer Model Amendment
Webinar Series – Webinar 4

Hospital Care Improvement Program
(HCIP)

November 18, 2016



Welcome and Introduction

Donna Kinzer, Executive Director, HSCRC



CMMI Perspective

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Amendment Timeline

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Amendment Inauguration Timeline

When	What
November 18, 2016	Hospital submits Letter of Intent
Late November 2016	Provider vetting process begins
Early December 2016	State publishes “Program Templates” for each Care Redesign Program
January – March 2017	Hospitals submit an “Implementation Protocol” for each Program
March – April 2017	Participation Agreements are signed and waivers issued
By May 1, 2017	State approves Implementation Protocols and Hospital GBR Amendments executed
By June 1, 2017	Hospitals complete provider contracting process



Hospital Care Improvement Program (HCIP)

Nicole Stallings (MHA) and Jo Surpin (AMS)



Overview

- ▶ Background
- ▶ HCIP Overview
- ▶ Institutional Safeguards
- ▶ Care Redesign Interventions
- ▶ Simulation / Sample Reports
- ▶ Implementation
- ▶ General Information
 - ▶ Upcoming Webinars
 - ▶ Email address for additional questions
- ▶ Appendix

Background

- ▶ **Began working in March 2014 to help member hospitals implement a gainsharing program that will align hospital incentives with the work of physicians**
 - ▶ AMS has designed, developed and implemented large scale, comprehensive gainsharing programs (all DRGs, all costs).
 - ▶ The gainsharing methodology developed by AMS was for use in commercial and/or Medicare gainsharing programs and is the methodology used in HCIP
- ▶ **Convened Maryland Physician Gainsharing Steering Committee in October 2014 to provide overall direction to the program**
 - ▶ Made up of hospital executives, HSCRC staff and MedChi (state medical society) members
 - ▶ Sub-group recommended financial and technical changes to the methodology to align with Maryland's rate setting environment
- ▶ **Preliminary simulation data provided to hospitals for FY 2014 and FY 2015**
- ▶ **Work became the basis for Amendment Request for HCIP**



HCIP Overview



HCIP Aligns Hospital-Based Physicians with Hospital GBRs

- ▶ Allows hospitals to incentivize hospital-based physicians to reduce inpatient hospital use, readmissions and other potentially avoidable utilization and improve care by performing care redesign activities
 - ▶ Discharge planning aimed at reducing readmissions
 - ▶ Performing clinical care according to evidence-based practices
 - ▶ Participating in patient safety programs such as self-reporting errors
 - ▶ Completing activities to promote patient experience and population health improvement
 - ▶ Improved use of resources such as ICU beds and certain supplies or medications
- ▶ Intended to improve the delivery of healthcare services during the inpatient stay by focusing on efficient use of resources
- ▶ Drives improvement in priority areas and creates important linkage to other hospital efforts (e.g. ACOs, clinical integration, population health) to provide care more efficiently and effectively

Program Overview

Incentives are based on individual performance. Physicians are not required to join a group to participate; not paid per capita. Methodology provides a direct linkage to measurable results.

- ▶ Methodology incorporates adjustments to emphasize Improvement and / or Performance.
- ▶ Internal steering committee, composed of at least 50% physicians, conditions incentive payments based on specific quality and care redesign initiatives.
- ▶ Methodology can be extended to consultants and ancillary physicians at the decision of the institution.
- ▶ “Circuitbreakers” create a direct link between physician success and institutional success.

Economic Framework

- ▶ The Program allows hospitals to incent physicians financially for improved quality of care and improved efficiency
- ▶ Creates a collaborative environment where both hospital and physician incentives are aligned
- ▶ Rewards achieved level of physician performance
 - ▶ **Improvement** - performance compared to own performance over time - prior year to current year
 - ▶ **Performance** - performance compared to peers - Best Practice Norm
- ▶ Provides loss of physician income protection - medical cases

Design Principles

- ▶ **Measurement:** To promote physician acceptance, performance is evaluated based on statewide derived Best Practice Norms
 - ▶ 25th percentile of lowest patient costs in state
 - ▶ Severity adjusted DRGs (APR DRGs) used for costing
 - ▶ Responsible Physician / Physician of Record is eligible for incentive
 - ▶ Medical cases = attending physician of record
 - ▶ Surgical cases = surgeon of record
 - ▶ Ability to add specialists, consultants and ancillary physicians at the discretion of the hospital

Securing Physician “Buy-In”

- ▶ Voluntary participation for private physicians; Employed physician participation determined by hospital
- ▶ No change in physician professional payment
- ▶ Incentive only; No risk or penalties
- ▶ Emphasizes Quality: Links quality metrics to incentive payment, including institution-specific objectives
- ▶ Severity of Illness: Utilizes severity adjusted, physician-specific data to identify savings opportunities, determine incentive payments
- ▶ Comprehensive: Includes all DRGs (except psych, deliveries and newborns)

Gainsharing Targets Triple Aim By Aligning Physicians and Hospitals

Framework

- Improves communication with physicians
- Increase performance transparency through data analysis
- Focus on costs and quality
- Physician participation / engagement increases after initial payments
- Hospital Steering Committee takes on a broader role



Process

- Documentation accuracy and timeliness
- Early consultation with discharge planner
- Round / writing discharge order prior to noon
- Increase discharges on weekends
- Implant costs and implementation of demand matching
- Decrease time between request and occurrence of consultation
- Earlier transition from ICU to standard acute floor

Institutional Safeguards



Patient Protections Built into Methodology

Regulatory Concerns	Characteristics of Approach
Cherry picking, quicker-sicker, stinting and steering	Severity of Illness Adjustment
Phantom savings	Uniform methodology
New and untried practices	Limit on incentive payments
Compensation to induce referrals	Volume requirements
Patient participation	Requires patient notice



Steering Committee Establishes Institutional Safeguards

- **Composition:** at least half physicians
- **Purpose**
 - Provides governance
 - Fair administration of the program
 - Prioritizes initiatives
- **Function**
 - Prospectively conditions incentive payments on quality and performance measures
 - Sets thresholds regarding institutional savings and physician incentive payments
 - Balances Performance and Improvement allocation
 - Determines whether or not, and how, to include consultants, ancillary and other physicians

Care Redesign Interventions



Care Redesign Interventions

- ▶ Care redesign interventions are activities and resources the hospital will develop for implementation in hospital based care.
- ▶ Hospitals may select one, multiple or all of the care redesign interventions.
- ▶ Standard Measures Required
- ▶ Other Measures determined by Hospital Steering Committee and consistent with other hospital initiatives (see Appendix I)

Care Redesign Interventions (Continued)

	Required Metrics
Physician Enrollment and Activities	<ul style="list-style-type: none"> • Number of physicians participating in the program, including number of cases • Total incentives paid per 6 month performance period
Hospital Utilization, Efficiency and Care Redesign Impact	<ul style="list-style-type: none"> • 30 day readmission rates • 30 day emergency room visit rates post discharge • Average LOS • Total Internal Cost Savings
Patient Safety and Patient Satisfaction	<ul style="list-style-type: none"> • Mortality Rates • Potentially Preventable Complications • HCAHPS Scores –Communication with Physicians, Discharge Instructions, and Care Transitions

Care Redesign Interventions (Continued)

Category of Allowable Activity
Care Coordination
Discharge Planning
Clinical Care
Patient Safety
Patient & Caregiver Experience
Population Health
Efficiency and Cost Reduction

Care Redesign Interventions

Category of Allowable Activity	Hospital Interventions
Care Coordination	<ul style="list-style-type: none"> Medication reconciliation forms completed per protocol After Hospital Discharge Plans are completed and reviewed with the patient and caregivers before discharge Patients with a high risk of readmission are identified, per protocols, and subsequently connected with transitions of care services Other evidence-based, reliable and valid intervention
Discharge Planning	<ul style="list-style-type: none"> Follow-up appointments for high-risk patients are scheduled before hospital discharge bedside delivery of discharge medications (for new or high risk medications) Other evidence-based, reliable and valid intervention
Clinical Care	<ul style="list-style-type: none"> Core compliance activities are completed, including documenting core measures, using evidence-based order sets, and documenting the rationale behind diversions. Heart failure activities are completed, such as giving heart failure patients ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) and documenting evaluation of LV systolic function. Surgical improvement activities are completed, including compliance with requirements for surgery registry and compliance with pre-surgery safety checklists, including surgical markings. Other evidence-based, reliable and valid intervention
Patient and Caregiver Experience	<ul style="list-style-type: none"> Advanced directives obtained per protocol Maryland MOLST compliance documented per protocol Interdisciplinary palliative care consults and interventions completed per protocol Comprehensive, individualized patient/family education (considering health literacy, preferred method of education,) use of Teach Back Other evidence-based, reliable and valid intervention
Efficiency and Cost Reduction	<ul style="list-style-type: none"> administered to patients. Other evidence-based, reliable and valid intervention Procedures and patient flow activities are completed in a timely manner, including writing discharge orders by the hospital goal time (e.g. noon), and reducing median time from Emergency Department arrival to departure or admission to a bed.

See Appendix I

Integrating HCIP into a Global Model

▶ Potentially Avoidable Admissions

- ▶ Specific APR DRGs, severity levels and outpatient clinical categories
- ▶ Identify broad clinical categories that should not be treated in a hospital setting
- ▶ Payment to specific physicians could be conditioned based on potentially avoidable admission rates related to specific APR DRG and / or severity levels
- ▶ Incentives / penalties could be linked to the departments or specialties that play a role in the clinical categories identified by the Commission
- ▶ Length of Stay (LOS) specific objectives can be established utilizing payer specific data (i.e. Medicare) or total LOS to align with the Waiver tests



Implementation



Care Partner Approval

- ▶ Master list of providers (from PECOS) from CMS being provided to HSCRC
 - ▶ List will be provided to hospital to review
 - ▶ HCIP providers in simulation data should also be reviewed
- ▶ Submit Care Partner list (using approved template) to CMS for vetting
- ▶ Approved list are the eligible Care Partners for CY 2017
- ▶ Quarterly submissions
 - ▶ Care Partners enrolled in a quarter are screened by CMS
 - ▶ Hospitals notified if approved

Implementation Protocols

- ▶ Program and Implementation Protocol Templates
 - ▶ Awaiting final approval from CMS
 - ▶ Submission date
- ▶ Assistance with completion
 - ▶ Components will be standardized where possible
 - ▶ Hospital must complete sections and select care redesign interventions
- ▶ Approval

Key Provisions for purpose of developing the Hospital Care Improvement Program Implementation Protocol

Performance Year 2017

Hospital Name _____

(Not approved)

C. Care Redesign Interventions

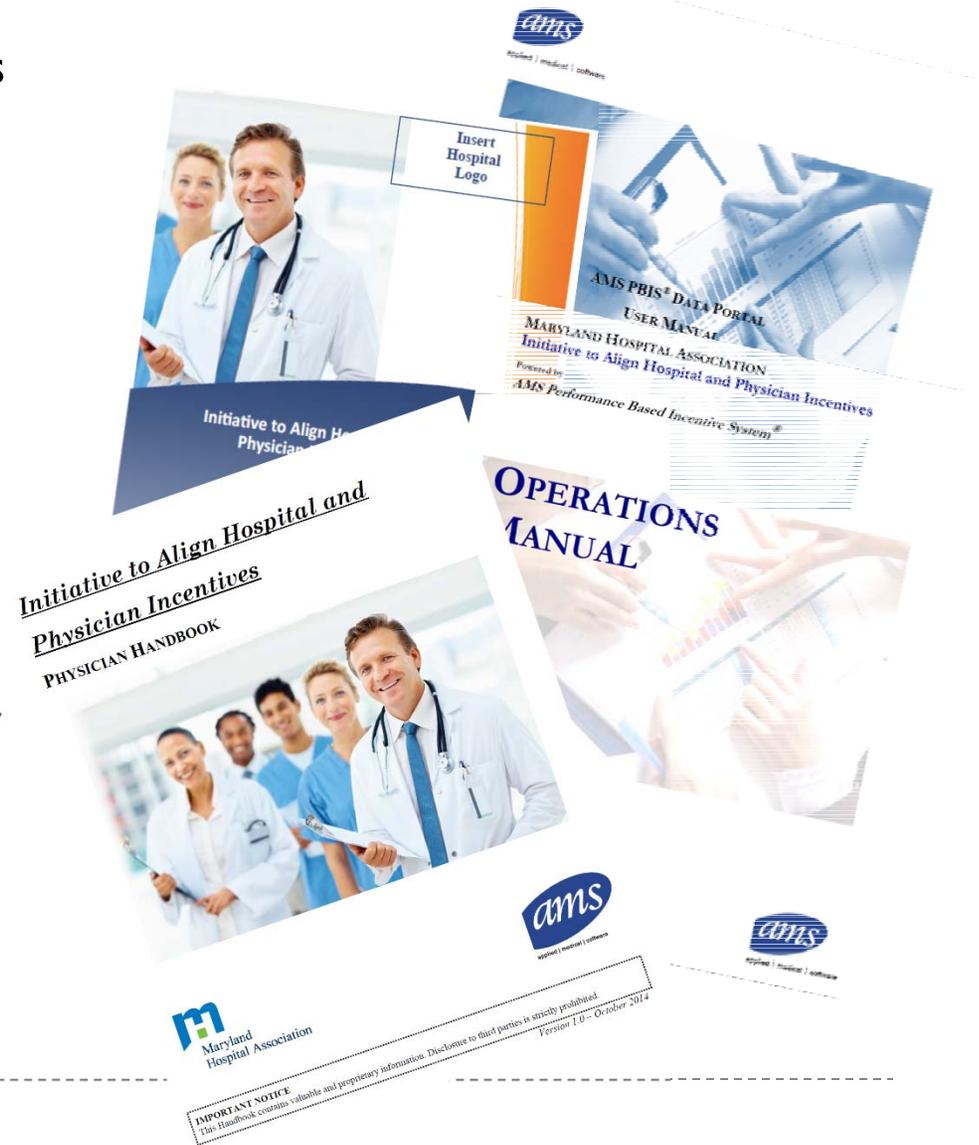
See Section B in the HCIP Program Template for a description of the Care Redesign Interventions expected under the Hospital Care Improvement program.

Please indicate the Care Redesign Interventions you intend to implement as part of the Hospital Care Improvement Program.

Category of Allowable Activity	Hospital Interventions	Will Include	Will use physician-specific performance as a condition of payment
	Medication reconciliation forms completed per protocol <i>if yes, please explain</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Home management plans in care document are completed and reviewed with the patient and care givers before discharge <i>if yes, please explain: After Hospital Discharge Plans (Discharge Instructions) contain required elements to enable patient self-care management (Discharge Diagnosis, Who to Call, Current Medications and reason for taking, etc.).</i>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination	Patients with a high risk of readmission are identified, per protocols, and subsequently connected with transitions of care services All adult patients are screened for complex discharge planning using tools such as the Early Screen for Discharge Planning (ESDP), or LACE, as well as inter-disciplinary rounds <i>The populations identified for intervention include those with a diagnosis of CHF, MI, pneumonia, COPD and those on the palliative care service. These patients should have appropriate resources in place to prevent the need for readmission. LOS and readmissions will be monitored on these populations.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Other evidence-based, reliable and valid intervention? if yes, please explain: Patients screened as high risk are aligned with post acute services to include transition guides, post</i>	<input type="checkbox"/>	<input type="checkbox"/>

MHA / AMS Operational Support

- ▶ Support for Program Coordinators
 - ▶ Training on implementation
 - ▶ Development of resources
 - ▶ Physician Handbook and Operations Manual
 - ▶ Ongoing support
- ▶ Assistance with implementation
 - ▶ Attendance at hospital steering committee and other physician meetings to champion the Program
- Learning collaborative



PY1- 2017 for HCIP

- ▶ **Hospitals may launch program in a staged manner**
 - ▶ Ability to pilot program at service line level and expand
 - ▶ Optional incentive payments can begin in 2018
 - ▶ Detailed reports and/or incentive payments occur semi-annually
 - ▶ Physician level dashboard
 - ▶ Reports provided including resource utilization changes by physician, service line, cost center and APR DRG



Simulation Results Sample Reports



Report 1

Inpatient Summary by Severity Level

Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
 Statistics Based On Best Practice DRGs/Physicians; July 2014 through June 2015; All Payor Claims



0000 General Hospital

Case Type All Inlier Claims									
Severity Level	Discharges (Eligible)	Average LOS	Average BP LOS	AverageLOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
All Claims	18,560	4.2	2.4	1.8	\$133,999,555	\$105,850,135	\$28,149,424	\$39,623,077	\$19,811,538
Case Type Medical									
Severity Level	Discharges (Eligible)	Average LOS	Average BP LOS	AverageLOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
1 - Minor	1,848	2.3	1.3	1.1	\$6,650,981	\$5,302,893	\$1,348,088	\$1,926,555	\$963,278
2 - Moderate	4,908	3.3	1.8	1.5	\$24,473,025	\$17,937,629	\$6,535,397	\$7,978,792	\$3,989,396
3 - Major	4,313	5.5	2.8	2.7	\$33,687,845	\$21,557,070	\$12,130,776	\$13,637,498	\$6,818,749
4 - Extreme	527	13.2	7.1	6.1	\$10,783,379	\$6,219,909	\$4,563,471	\$5,012,919	\$2,506,460
All Medical Claims	11,596	4.4	2.3	2.1	\$75,595,230	\$51,017,500	\$24,577,732	\$28,555,765	\$14,277,882
Case Type Surgical									
Severity Level	Discharges (Eligible)	Average LOS	Average BP LOS	AverageLOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
1 - Minor	2,328	2.0	1.6	0.4	\$13,488,541	\$14,341,363	\$-852,824	\$1,403,617	\$701,808
2 - Moderate	3,372	2.9	1.9	1.0	\$23,556,215	\$23,484,509	\$71,709	\$3,350,859	\$1,675,430
3 - Major	1,054	6.8	3.8	3.0	\$13,217,267	\$11,211,554	\$2,005,713	\$3,410,620	\$1,705,310
4 - Extreme	210	21.4	11.0	10.4	\$8,142,303	\$5,795,210	\$2,347,093	\$2,902,216	\$1,451,108
All Surgical Claims	6,964	3.8	2.4	1.4	\$58,404,326	\$54,832,635	\$3,571,692	\$11,067,312	\$5,533,656

AMS: Maryland (s2015d 10% Var) - Program: erpt1 09AUG2016 01:23

Note: Best Practice Variance is the difference between Actual Resource Utilization and BPN Resource Utilization.

Note: Opportunity is the difference between Actual Resource Utilization and BPN Resource Utilization where the difference is positive.

Physician Incentive Reports

Incentive Simulation Report
Performance Based Incentives
Total Incentive by Physician (Ranked High to Low difference in Incentives)
July 2014 through June 2015; All Payor Claims
Provider: 0000 - General Hospital

Responsible Physician	RP First Name	RP Last Name	Total Eligible Discharges	Average LOS	Average BP LOS	Average Simulated LOS	Average LOS Opportunity	Actual Resource Utilization	BP Resource Utilization	Resource Utilization Reduction Opportunities (No Change)	Maximum Improvement Incentive	Maximum Performance Incentive	Maximum Total Incentive	Actual Physician Incentive (at BP)	Actual Physician Incentive (No Change)	Difference in Incentive
10735343			656	4.0	2.0	1.8	2.1	\$3,995,021.23	\$2,600,981.97	\$1,587,740.64	\$94,758.43	\$48,409.12	\$143,167.55	\$143,167.55	\$18,842.28	\$124,325.27
16797488			569	4.1	1.9	1.8	2.3	\$3,420,699.34	\$2,233,550.81	\$1,342,139.78	\$85,017.90	\$41,963.45	\$126,981.35	\$126,981.35	\$17,661.69	\$109,319.66
17808922			454	4.9	2.2	2.1	2.8	\$2,972,824.25	\$1,948,467.87	\$1,150,689.36	\$84,490.05	\$37,623.69	\$122,013.74	\$122,013.74	\$14,958.66	\$107,055.08
14879795			469	4.5	2.0	1.9	2.6	\$3,058,447.65	\$1,870,150.10	\$1,291,000.38	\$80,756.03	\$35,245.42	\$116,001.45	\$116,001.45	\$12,454.03	\$103,547.42
11947524			392	4.4	2.1	2.0	2.3	\$2,395,306.22	\$1,663,571.05	\$859,352.07	\$61,058.76	\$31,659.22	\$92,717.98	\$92,717.98	\$13,420.53	\$79,297.45
11149260			310	5.1	2.2	2.2	2.9	\$2,372,788.36	\$1,402,880.07	\$1,063,675.70	\$54,869.20	\$27,962.64	\$82,831.84	\$82,831.84	\$9,429.13	\$73,402.71
15180636			357	4.3	1.9	1.8	2.4	\$2,280,662.65	\$1,398,403.26	\$970,588.04	\$56,236.94	\$25,553.41	\$81,790.35	\$81,790.35	\$8,698.60	\$73,091.75
15583493			378	4.1	1.9	1.8	2.2	\$2,339,565.72	\$1,489,988.72	\$945,614.37	\$52,799.65	\$27,579.74	\$80,379.39	\$80,379.39	\$10,482.86	\$69,896.53
11240467			299	4.9	2.2	2.1	2.8	\$2,089,462.42	\$1,298,393.72	\$880,278.11	\$52,420.72	\$26,257.32	\$78,678.04	\$78,678.04	\$9,481.72	\$69,196.32
14879884			318	4.4	2.2	2.0	2.4	\$2,059,700.55	\$1,394,923.72	\$802,590.14	\$48,842.41	\$28,161.93	\$77,004.34	\$77,004.34	\$13,243.74	\$63,760.60
13060482			263	5.1	2.3	2.2	3.0	\$1,941,784.90	\$1,183,211.63	\$822,517.41	\$47,879.37	\$24,292.45	\$72,171.82	\$72,171.82	\$9,056.92	\$63,114.90
12151634			303	4.3	2.2	2.1	2.2	\$1,927,276.07	\$1,302,981.37	\$717,313.93	\$45,069.83	\$25,194.37	\$70,264.20	\$70,264.20	\$10,245.63	\$60,018.57
19222652			59	4.2	2.3	2.2	2.0	\$538,099.43	\$397,581.68	\$159,995.43	\$5,379.01	\$5,257.43	\$10,636.44	\$10,636.54	\$1,887.26	\$8,749.28
15987682			220	3.2	2.2	2.0	1.2	\$1,661,122.80	\$1,581,553.64	\$253,711.50	\$4,435.14	\$9,683.39	\$14,118.53	\$14,118.53	\$5,824.39	\$8,294.14
15181591			47	5.6	3.1	2.9	2.6	\$427,810.20	\$379,244.53	\$95,069.62	\$5,917.80	\$6,531.59	\$12,449.39	\$12,449.42	\$4,161.15	\$8,288.27
19321168			76	4.3	2.7	2.5	1.8	\$643,486.53	\$627,077.49	\$130,482.99	\$4,862.34	\$12,034.72	\$16,897.06	\$16,897.13	\$8,644.04	\$8,253.09
11646220			60	3.1	1.9	1.8	1.3	\$543,020.35	\$411,637.24	\$157,868.96	\$4,899.15	\$6,067.29	\$10,966.44	\$10,966.44	\$2,798.64	\$8,167.80
14170818			68	3.1	2.0	1.8	1.3	\$652,445.42	\$549,357.57	\$136,653.75	\$4,686.43	\$7,188.13	\$11,874.56	\$11,874.60	\$3,933.35	\$7,941.25
10735753			22	7.3	3.4	3.1	4.2	\$318,934.22	\$167,750.25	\$162,381.74	\$5,085.84	\$3,437.69	\$8,523.54	\$8,523.57	\$1,038.81	\$7,484.76
14170187			26	5.4	2.2	2.2	3.3	\$190,860.86	\$108,900.45	\$86,285.53	\$5,911.88	\$1,959.50	\$7,871.38	\$7,871.38	\$561.70	\$7,309.68
13260826			66	3.1	2.2	1.9	1.2	\$530,394.42	\$492,032.97	\$112,067.29	\$4,191.08	\$8,524.92	\$12,716.00	\$12,716.02	\$5,994.88	\$6,721.14
14877549			85	5.4	4.1	3.6	1.8	\$872,732.05	\$863,118.51	\$179,279.74	\$3,318.71	\$11,213.48	\$14,532.19	\$14,532.20	\$7,867.32	\$6,664.88
13968777			19	7.5	3.3	3.1	4.4	\$248,866.44	\$168,213.35	\$100,181.63	\$4,750.62	\$3,218.68	\$7,969.30	\$7,969.32	\$1,475.39	\$6,493.93
10735982			19	3.5	2.7	2.5	1.1	\$287,959.23	\$184,392.35	\$121,964.56	\$4,760.48	\$2,380.24	\$7,140.72	\$7,140.74	\$729.98	\$6,410.76
19129558			23	6.3	2.7	2.7	3.6	\$204,796.45	\$104,290.80	\$103,673.80	\$4,405.94	\$2,396.98	\$6,802.92	\$6,802.92	\$464.37	\$6,338.55
			18,560					\$133,999,555	\$105,850,135	\$39,623,078	\$2,029,396	\$1,597,622	\$3,627,018	\$3,627,022	\$806,682	\$2,820,340

AMS: Maryland (s205d 0% Var) - Program: diff_simtr2 1A UG2016 08:33
75th Percentile of Spread for Surgical Improvement and Uncapped Medical Improvement Incentives

Multiple columns and rows are hidden to show detail; actual reports will show all columns and rows.

Physician Incentive Summary (No Change Simulation)
Performance Based Incentives
Total Incentive by Physician (Ranked High to Low by Number of Discharges)
July 2014 through June 2015; All Payor Claims



Provider Number:		0000												
Provider Name:		General Hospital												
Responsible Physician	Total Eligible Discharges	Average LOS	Actual Resource Utilization	Average BP LOS	BP Resource Utilization	Average LOS Opport	Resource Utilization Reduction Opport	Maximum Improvement Incentive	Maximum Performance Incentive	Improve-ment Incentive	Perform-ance Incentive	Total Physician Incentive	Unearned Incentive	
17605237	64	2.9	\$559,593	1.8	\$416,299	1.2	\$161,522	\$0	\$6,363	\$0	\$2,504	\$2,503.82	\$3,859.55	
11646220	60	3.1	\$543,020	1.9	\$411,637	1.3	\$157,869	\$0	\$6,067	\$0	\$2,799	\$2,798.64	\$3,268.65	
19222652	59	4.2	\$538,099	2.3	\$397,582	2.0	\$159,995	\$0	\$5,257	\$0	\$1,887	\$1,887.26	\$3,370.17	
13069657	58	2.5	\$347,534	1.6	\$401,345	1.0	\$45,921	\$0	\$3,491	\$0	\$2,201	\$2,201.26	\$1,289.61	
17503341	55	1.5	\$171,468	1.1	\$166,533	0.5	\$37,843	\$0	\$2,243	\$0	\$1,436	\$1,436.42	\$806.95	
10937105	54	4.3	\$408,539	2.2	\$348,815	2.2	\$81,091	\$0	\$4,569	\$0	\$2,242	\$2,241.62	\$2,327.86	
11545146	54	4.6	\$420,890	2.5	\$373,432	2.1	\$82,890	\$0	\$5,457	\$0	\$3,333	\$3,332.70	\$2,124.70	
17301516	54	2.0	\$193,084	1.2	\$161,960	0.9	\$51,381	\$0	\$2,233	\$0	\$1,150	\$1,149.64	\$1,083.46	
16694537	52	3.4	\$429,930	3.1	\$432,833	0.7	\$55,914	\$0	\$6,015	\$0	\$4,480	\$4,479.99	\$1,534.63	
13868013	49	8.7	\$721,787	5.0	\$582,341	4.0	\$196,997	\$0	\$9,961	\$0	\$5,770	\$5,769.71	\$4,190.87	
13765576	48	3.1	\$220,610	1.8	\$175,877	1.4	\$59,736	\$0	\$3,156	\$0	\$1,515	\$1,515.45	\$1,640.53	
15181591	47	5.6	\$427,810	3.1	\$379,245	2.6	\$95,070	\$0	\$6,532	\$0	\$4,161	\$4,161.15	\$2,370.44	
13162628	46	4.4	\$323,402	1.9	\$177,445	2.6	\$150,832	\$0	\$3,263	\$0	\$842	\$841.87	\$2,421.41	
17008804	46	2.2	\$263,420	1.3	\$299,373	1.0	\$18,629	\$0	\$3,033	\$0	\$2,694	\$2,694.21	\$338.95	
12059265	45	10.5	\$676,276	4.2	\$437,787	6.6	\$278,676	\$0	\$8,866	\$0	\$3,224	\$3,223.88	\$5,642.24	
16290087	45	9.7	\$585,047	7.9	\$394,428	2.4	\$213,881	\$0	\$9,069	\$0	\$3,182	\$3,182.43	\$5,886.10	
17503692	44	2.0	\$166,098	1.3	\$137,000	0.8	\$43,267	\$0	\$1,887	\$0	\$1,078	\$1,078.10	\$808.91	
15482623	43	4.6	\$346,511	3.2	\$355,024	1.6	\$43,074	\$0	\$5,062	\$0	\$3,554	\$3,553.51	\$1,508.06	
14472220	42	1.0	\$191,516	1.0	\$175,471	0.0	\$24,733	\$0	\$1,828	\$0	\$982	\$982.17	\$845.59	
17201661	42	2.8	\$286,045	1.7	\$302,711	1.2	\$39,318	\$0	\$2,442	\$0	\$1,783	\$1,783.50	\$658.28	
19624473	41	2.7	\$257,084	1.9	\$312,196	1.0	\$30,189	\$0	\$2,587	\$0	\$1,998	\$1,997.62	\$589.57	
13867076	40	4.5	\$406,704	2.5	\$340,215	2.1	\$93,992	\$0	\$4,179	\$0	\$2,655	\$2,654.93	\$1,523.59	
15584448	40	1.8	\$135,180	1.2	\$123,780	0.7	\$29,287	\$0	\$1,637	\$0	\$1,045	\$1,045.26	\$592.08	

AMS: Maryland (s2015d 10% Var) - Program: physum5b 10AUG2016 01:51

75th Percentile of Spread for Surgical Improvement and Uncapped Medical Improvement Incentives

Page 4 of 20

**Physician Incentive Report (No Change Simulation)
Performance Based Incentives
July 2014 through June 2015; All Payor Claims**



Provider Number	0000		Provider Name		General Hospital							
Responsible Physician	19222652		Specialty									
Physician's First Name			Physician's Last Name									
Medical Improvement Incentive (LOI)					\$0							
LOI Breakdown by Severity of Illness	1:	\$0	2:	\$0	3:	\$0	4:	\$0				
Surgical Improvement Incentive					\$0.00							
Performance Incentive					\$1,887.26							
Total Physician Incentive					\$1,887.26							
Total Unearned Incentive					\$3,370.17							
Maximum Performance Incentive					\$5,257.43							
Maximum Improvement Incentive					\$0.00							
Total Eligible Discharges	59 out of 61		Discharges									
Patient	APR / SOI	Case Type	Actual LOS	Simulated LOS	Actual Resource Utilization	Simulated Resource Utilization	BP LOS	BP Resource Utilization	LOS Opport	Resource Utilization Reduction Opport	Max Perf Inc	Actual Perf Inc
FY20150005	2633	Surgical	3	3	\$5,643.38	\$5,643.38	3	\$8,024.59	0	\$0	\$102.30	\$102.30
FY20150092	2272	Surgical	5	5	\$11,586.92	\$11,586.92	2	\$6,549.46	3	\$5,037	\$122.30	\$0.30
FY20150101	2632	Surgical	4	4	\$7,306.15	\$7,306.15	2	\$5,989.87	2	\$1,316	\$62.80	\$9.26
FY20150119	2031	Medical	1	1	\$1,298.32	\$1,298.32	1	\$3,153.17	0	\$0	\$33.33	\$33.33
FY20150168	2633	Surgical	4	4	\$6,681.32	\$6,681.32	3	\$8,024.59	1	\$0	\$102.30	\$102.30
FY20150204	2203	Surgical	11	11	\$20,028.62	\$20,028.62	6	\$13,811.22	5	\$6,217	\$330.83	\$61.47
FY20150235	2212	Surgical	3	3	\$7,445.50	\$7,445.50	4	\$9,407.57	0	\$0	\$109.86	\$109.86
FY20150238	2213	Surgical	22	22	\$41,333.92	\$41,333.92	6	\$13,517.34	16	\$27,817	\$227.49	\$0.00
FY20150256	2212	Surgical	7	7	\$12,958.41	\$12,958.41	4	\$9,407.57	3	\$3,551	\$109.86	\$4.03
FY20150285	2632	Surgical	1	1	\$4,114.55	\$4,114.55	2	\$5,989.87	0	\$0	\$62.80	\$62.80
FY20150293	4033	Surgical	3	3	\$9,235.44	\$9,235.44	2	\$5,569.00	1	\$3,666	\$81.48	\$0.03
FY20150295	7212	Medical	2	2	\$4,029.52	\$4,029.52	2	\$3,758.43	0	\$271	\$77.96	\$58.63
FY20150304	4473	Surgical	9	9	\$14,437.65	\$14,437.65	3	\$9,294.08	6	\$5,144	\$212.15	\$6.92
FY20150341	4031	Surgical	2	2	\$5,418.63	\$5,418.63	1	\$5,029.50	1	\$389	\$34.14	\$16.57
FY20150351	2232	Surgical	3	3	\$10,301.32	\$10,301.32	3	\$7,261.82	0	\$3,040	\$110.62	\$4.52
FY20150355	2631	Surgical	3	3	\$8,945.34	\$8,945.34	1	\$4,946.82	2	\$3,999	\$44.85	\$0.00
FY20150356	2621	Surgical	5	5	\$10,063.54	\$10,063.54	3	\$7,236.57	3	\$2,827	\$38.44	\$0.00

AMS: Maryland (s2015d 10% Var) - Program: physexp5b 10AUG2016 01:54
75th Percentile of Spread for Surgical Improvement and Uncapped Medical Improvement Incentives

Physician Dashboard (No Change Simulation)
 Current - July 2014 through June 2015; All Payor Claims
 Provider: 0000 - General Hospital



Responsible Physician		19222652		Specialty				
Physician's First Name				Physician's Last Name				
QUICK STATISTICS	Cost	Average LOS		INCENTIVE	Performance	Improvement	Total	
	Prior Current	Prior Current		Prior Current	Prior Current	Prior Current	Prior Current	
Your Information	\$538,099	4.2	Maximum Incentive	\$5,257	\$0	\$5,257		
Best Practice Norm (BPN)	\$397,582	2.3	Your Incentive	\$1,887	\$0	\$1,887		
Variance	\$140,518	1.9	Unearned Incentive	\$3,370	\$0	\$3,370		
Discharges by Complexity Level (SOI)	Current	SOI 1: 20	SOI 2: 29	SOI 3: 9	SOI 4: 1	Total: 59	Deaths: 1 (1.64%)	Readmission 7 Day: 30 Day:
	Prior	SOI 1:	SOI 2:	SOI 3:	SOI 4:	Total:	Readmission 7 Day: 30 Day:	

Cost and Incentives

Discharges – SOI, Readmissions



Summary Charts

Cost Center Summary	Your Cost		BPN		Variance	
	Prior	Current	Prior	Current	Prior	Current
Top1 Operating Room Cost		\$248,627		\$8,023		\$240,604
Top2 Adult-Peds Room Board Cost		\$219,175		\$334,535		-\$115,361
Top3 Laboratory Cost		\$18,342		\$565		\$17,777
Top4 Intensive Care Units Cost		\$10,369		\$27,713		-\$17,344
Top5 Emergency Room Cost		\$9,063		\$4,948		\$4,115
Top6 Dialysis Cost		\$8,422		\$4,672		\$3,750
Top7 Radiology Cost		\$6,884		\$5,844		\$1,040
Top8 Cardiac Catheterization Cost		\$3,759		\$803		\$2,956
Top9 Cat Scan Cost		\$3,695		\$515		\$3,180
Top10 Ambulatory Surgery Center Cost		\$2,922		\$3,412		-\$490

Cost Center Detail

AMS: Maryland (s2015d 10% Var) - Program: dashbrd6 12AUG2016 04:11

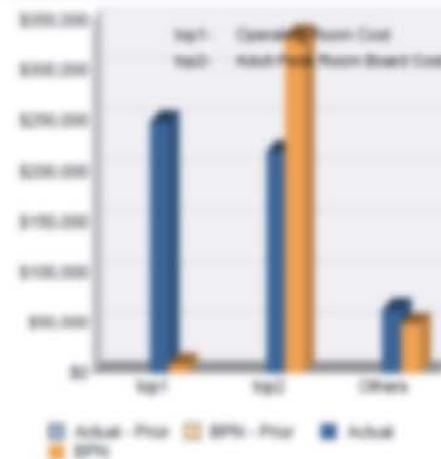
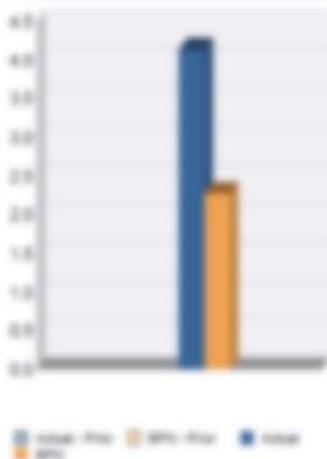
Physician Dashboard (No Change Simulation)

Current - July 2014 through June 2015; All Payor Claims

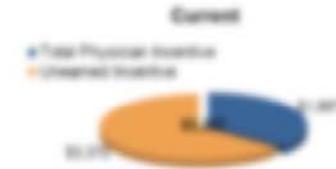
Provider: 0000 - General Hospital



Responsible Physician Physician's First Name	19222652										Specialty Physician's Last Name	
QUICK STATISTICS	Cost		Average LOS		INCENTIVE		Performance		Improvement		Total	
	Prior	Current	Prior	Current			Prior	Current	Prior	Current	Prior	Current
Your Information		\$538,099		4.2	Maximum Incentive			\$5,257		\$0		\$5,257
Best Practice Norm (BPN)		\$397,582		2.3	Your Incentive			\$1,887		\$0		\$1,887
Variance		\$140,518		1.9	Unearned Incentive			\$3,370		\$0		\$3,370
Discharges by Complexity Level (SOI)	Current	SOI 1: 20	SOI 2: 29	SOI 3: 9	SOI 4: 1	Total: 59	Deaths: 1 (1.6%)	Readmission 7 Day:	30 Day:			
	Prior	SOI 1:	SOI 2:	SOI 3:	SOI 4:	Total:	Deaths:	Readmission 7 Day:	30 Day:			



No Prior Period Utilization

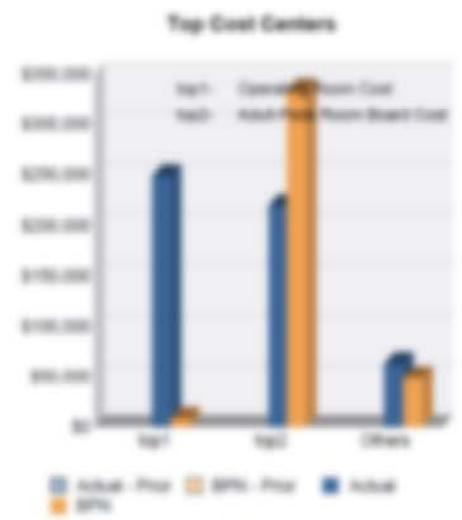


Cost Center Summary	Year Cost		BPN		Variance	
	Prior	Current	Prior	Current	Prior	Current
Type: Operating Room Cost		\$249,627		\$6,122		\$243,505
Type: Adult Paeds Room Board Cost		\$216,176		\$204,328		\$11,848
Type: Laboratory Cost		\$16,342		\$685		\$15,657
Type: Intensive Care Unit Cost		\$12,866		\$27,712		\$14,846
Type: Emergency Room Cost		\$6,863		\$6,348		\$515
Type: Diabetic Cost		\$6,422		\$6,472		\$50
Type: Radiology Cost		\$6,364		\$6,364		\$0
Type: Cardiac Catheterization Cost		\$2,756		\$685		\$2,071
Type: Card Scan Cost		\$2,685		\$215		\$2,470
Type: Ambulatory Surgery Center Cost		\$2,622		\$2,412		\$210

Physician Dashboard (No Change Simulation)
 Current - July 2018 through June 2019, All Payer Claims
 Provider: 000 - General Hospital



Physician's Prior Name	2018				2019				Physician's Last Name	Performance				Improvement		Total	
	Cost		Average LOS		BPN		Performance			Improvement		Total		Prior		Current	
	Prior	Current	Prior	Current	Prior	Current	Prior	Current		Prior	Current	Prior	Current	Prior	Current	Prior	Current
Your Information	\$136,200		4.2		Maximum Incentive		\$1,207		\$0		\$1,207		\$0		\$1,207		
Best Practice Name (BPN)	\$107,362		2.3		Year Incentive		\$1,207		\$0		\$1,207		\$0		\$1,207		
Variance	\$142,310		1.9		Unearned Incentive		\$2,370		\$0		\$2,370		\$0		\$2,370		



Cost Center Summary

Top	Cost Center	Your Cost		BPN		Variance	
		Prior	Current	Prior	Current	Prior	Current
Top1	Operating Room Cost		\$248,627		\$8,023		\$240,604
Top2	Adult-Peds Room Board Cost		\$219,175		\$334,535		\$-115,361
Top3	Laboratory Cost		\$18,342		\$565		\$17,777
Top4	Intensive Care Units Cost		\$10,369		\$27,713		\$-17,344
Top5	Emergency Room Cost		\$9,063		\$4,948		\$4,115
Top6	Dialysis Cost		\$8,422		\$4,672		\$3,750
Top7	Radiology Cost		\$6,884		\$5,844		\$1,040
Top8	Cardiac Catheterization Cost		\$3,759		\$803		\$2,956
Top9	Cat Scan Cost		\$3,695		\$515		\$3,180
Top10	Ambulatory Surgery Center Cost		\$2,922		\$3,412		\$-490

Savings Opportunities by Service Line



Report 2

Inpatient Summary by Service Line

Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
 Statistics Based On Best Practice DRGs/Physicians; July 2014 through June 2015; All Payor Claims



0000 General Hospital

Service Line	Discharges (Eligible)	Average LOS	Average BP LOS	Average LOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
All Inlier Claims	18,560	4.2	2.4	1.8	\$133,999,555	\$105,850,135	\$28,149,424	\$39,623,077	\$19,811,538
296 Pulmonary	1,766	4.6	2.3	2.3	\$12,033,656	\$7,957,410	\$4,076,246	\$4,627,672	\$2,313,836
125 Gastroenterology	2,017	3.7	1.8	1.8	\$10,988,659	\$7,473,152	\$3,515,507	\$4,087,385	\$2,043,692
165 Infectious Disease	1,003	5.3	2.7	2.7	\$7,747,975	\$4,471,374	\$3,276,601	\$3,542,234	\$1,771,117
132 General Surgery	2,107	5.5	3.1	2.4	\$21,734,458	\$18,474,658	\$3,259,802	\$5,473,284	\$2,736,642
050 Cardiology	1,377	3.9	2.0	1.9	\$7,727,448	\$5,332,777	\$2,394,671	\$2,855,221	\$1,427,611
250 Nephrology	944	4.4	2.1	2.3	\$5,896,662	\$3,603,174	\$2,293,487	\$2,488,447	\$1,244,224
245 Neonatology	575	10.8	8.9	1.9	\$8,367,534	\$6,167,350	\$2,200,183	\$2,650,031	\$1,325,015
255 Neurology	991	4.1	2.0	2.2	\$6,333,951	\$4,695,686	\$1,638,266	\$2,145,215	\$1,072,608
267 Oncology	314	4.8	2.6	2.1	\$2,286,908	\$1,494,887	\$792,020	\$1,009,794	\$504,897
129 General Medicine	402	3.5	1.5	2.0	\$2,189,807	\$1,407,349	\$782,458	\$895,560	\$447,780
058 Invasive Cardiology	343	3.5	2.0	1.5	\$2,968,731	\$2,300,043	\$668,687	\$815,372	\$407,686
090 Endocrinology	305	3.9	1.7	2.2	\$1,738,490	\$1,090,636	\$647,854	\$722,111	\$361,055
330 Rheumatology	190	4.1	1.4	2.7	\$1,122,268	\$716,766	\$405,502	\$442,000	\$221,000
276 Orthopedics	301	3.7	1.8	1.9	\$1,606,942	\$1,216,230	\$390,713	\$470,631	\$235,315
145 Hematology	254	3.5	1.8	1.6	\$1,330,043	\$1,007,335	\$322,708	\$413,859	\$206,930
095 Diabetes	149	3.5	1.3	2.2	\$818,831	\$506,008	\$312,824	\$329,172	\$164,586
280 Other Obstetrics	314	2.2	1.1	1.1	\$1,119,375	\$881,417	\$237,958	\$345,995	\$172,998
045 Myocardial Infarction	113	4.0	1.7	2.3	\$788,078	\$568,401	\$219,677	\$269,263	\$134,631
252 Neurological Surgery	259	4.0	1.8	2.1	\$2,279,121	\$2,075,811	\$203,310	\$515,585	\$257,792
070 Dermatology	120	3.8	1.3	2.5	\$612,455	\$416,642	\$195,813	\$230,256	\$115,128
283 Otolaryngology	155	2.7	1.0	1.7	\$656,277	\$493,478	\$162,799	\$205,450	\$102,725
170 HIV	14	10.9	3.0	7.9	\$222,791	\$98,208	\$124,583	\$131,938	\$65,969
390 Urology	86	2.8	1.1	1.7	\$395,354	\$282,170	\$113,183	\$135,681	\$67,841
057 EP/Chronic Rhythm Mgmt	56	4.2	2.3	1.9	\$526,943	\$446,385	\$80,558	\$124,946	\$62,473
133 Thoracic Surgery	213	5.3	3.3	2.1	\$2,289,452	\$2,238,628	\$50,825	\$389,105	\$194,552
269 Cardiothoracic Surgery	24	8.6	4.6	4.0	\$365,224	\$321,248	\$43,975	\$88,085	\$44,043
056 Vascular Surgery	180	4.2	2.9	1.4	\$1,710,478	\$1,666,884	\$43,594	\$383,583	\$191,791
085 ENT Surgery	57	2.0	1.3	0.7	\$377,977	\$415,058	\$-37,081	\$48,754	\$24,377
274 Orthopedic Surgery	3,269	2.9	2.1	0.8	\$23,811,434	\$23,871,384	\$-59,949	\$3,244,969	\$1,622,485
387 Urological Surgery	258	3.1	1.9	1.2	\$1,786,451	\$1,888,802	\$-102,350	\$317,388	\$158,694
135 Gynecological Surg	404	1.8	1.6	0.3	\$2,165,784	\$2,270,783	\$-105,000	\$224,090	\$112,045

AMS: Maryland (s2015d 10% Var) - Program: erpt2 09AUG2016 01:25

Note: Best Practice Variance is the difference between Actual Resource Utilization and BPN Resource Utilization.

Note: Opportunity is the difference between Actual Resource Utilization and BPN Resource Utilization where the difference is positive.

Report 4

Inpatient Summary by Service Line and APR DRG

Top 10 Resource Utilization Reduction Opportunities APR DRGs in each Service Line
 Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
 Statistics Based On Best Practice DRGs/Physicians; July 2014 through June 2015; All Payor Claims



0000 General Hospital

APR DRG: Severity	Discharges (Eligible)	Average LOS	Average BP LOS	Average LOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
Service Line : 129 General Medicine									
All Inlier claims	402	3.5	1.5	2.0	\$2,189,807	\$1,407,349	\$782,458	\$895,560	\$447,780
861 Major Signs, symptoms & other factors influencing health status	47	4.4	2.0	2.4	\$305,941	\$176,529	\$129,411	\$140,307	\$70,153
812 Major Poisoning of medicinal agents	33	4.3	2.0	2.3	\$230,754	\$120,819	\$109,935	\$115,596	\$57,798
197 Major Peripheral & other vascular disorders	45	4.2	2.0	2.2	\$273,462	\$176,292	\$97,170	\$110,050	\$55,025
812 Moderate Poisoning of medicinal agents	28	3.0	1.0	2.0	\$137,832	\$76,877	\$60,955	\$64,238	\$32,119
813 Moderate Other complications of treatment	36	2.9	1.0	1.9	\$167,142	\$112,130	\$55,012	\$59,721	\$29,861
861 Moderate Signs, symptoms & other factors influencing health status	64	2.6	1.0	1.6	\$265,408	\$216,340	\$49,067	\$75,911	\$37,955
813 Major Other complications of treatment	13	5.5	2.0	3.5	\$97,655	\$57,514	\$40,142	\$43,377	\$21,689
816 Extreme Toxic effects of non-medicinal substances	1	18.0	3.0	15.0	\$38,507	\$5,744	\$32,762	\$32,762	\$16,381
197 Moderate Peripheral & other vascular disorders	27	2.7	2.0	0.7	\$115,761	\$88,217	\$27,544	\$39,351	\$19,675
Service Line : 132 General Surgery									
All Inlier claims	2,107	5.5	3.1	2.4	\$21,734,458	\$18,474,658	\$3,259,802	\$5,473,284	\$2,736,642
710 Extreme Infectious & parasitic diseases including HIV w O.R. procedure	30	25.4	9.0	16.4	\$1,236,567	\$569,717	\$666,850	\$678,723	\$339,362
005 Extreme Tracheostomy w MV 96+ hours w/o extensive procedure	16	39.1	21.0	18.1	\$1,302,564	\$870,127	\$432,437	\$452,187	\$226,093
220 Extreme Major stomach, esophageal & duodenal procedures	13	24.2	10.0	14.2	\$570,113	\$306,996	\$263,116	\$282,992	\$141,496
220 Major Major stomach, esophageal & duodenal procedures	27	12.6	6.0	6.6	\$546,762	\$372,903	\$173,859	\$207,353	\$103,676
004 Extreme Tracheostomy w MV 96+ hours w extensive procedure or ECMO	15	43.4	25.0	18.4	\$1,419,107	\$1,265,849	\$153,258	\$314,133	\$157,066
221 Major Major small & large bowel procedures	101	9.7	6.0	3.7	\$1,506,884	\$1,365,251	\$141,633	\$292,863	\$146,431
005 Major Tracheostomy w MV 96+ hours w/o extensive procedure	7	26.6	14.0	12.6	\$400,178	\$261,206	\$138,972	\$162,006	\$81,003
260 Extreme Major pancreas, liver & shunt procedures	7	28.1	12.0	16.1	\$343,534	\$235,474	\$108,061	\$123,190	\$61,595
227 Moderate Hernia procedures except inguinal, femoral & umbilical	52	4.3	2.0	2.3	\$446,006	\$340,572	\$105,434	\$131,543	\$65,771

AMS: Maryland (s2015d 10% Var) - Program: erpt4 09AUG2016 01:29

Note: Best Practice Variance is the difference between Actual Resource Utilization and BPN Resource Utilization.

Note: Opportunity is the difference between Actual Resource Utilization and BPN Resource Utilization where the difference is positive.

Report 6

Inpatient Summary by Service Line by Physician ID

Providers With Greatest Resource Utilization Reduction Opportunities

Selection Criteria Based On Physicians with Resource Utilization Above 140% or \$100,000 of BP Resource Utilization for the Service Line

Service Lines with > 2.5% of Variance for Provider or over \$100,000 in Variance

Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns

July 2014 through June 2015; All Payor Claims



0000 General Hospital

Physician ID	Discharges (Eligible)	Average LOS	Average BP LOS	Average LOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opport	Marginal Resource Utilization Reduction Opport [50%]
				Service Line:	129 General Medicine				
All Physicians	402	3.5	1.5	2.0	\$2,189,807	\$1,407,349	\$782,458	\$895,560	\$447,780
10735343	29	4.2	1.5	2.8	\$189,905	\$96,199	\$93,705	\$99,463	\$49,731
14879795	19	4.2	1.6	2.6	\$127,064	\$65,353	\$61,711	\$62,966	\$31,483
15180636	16	3.9	1.6	2.3	\$100,771	\$56,654	\$44,118	\$47,056	\$23,528
17808922	12	5.9	1.7	4.3	\$89,308	\$45,731	\$43,577	\$43,577	\$21,788
14979800	11	5.2	1.8	3.4	\$84,493	\$45,068	\$39,425	\$41,969	\$20,985
12354437	13	4.7	1.5	3.2	\$80,249	\$44,841	\$35,408	\$37,822	\$18,911
16797488	17	3.1	1.5	1.5	\$90,857	\$57,668	\$33,188	\$36,821	\$18,410
11149260	11	4.2	1.5	2.6	\$66,261	\$37,441	\$28,820	\$31,965	\$15,982
16595575	14	3.4	1.5	1.9	\$77,462	\$49,581	\$27,900	\$32,336	\$16,168
14879884	11	3.5	1.5	1.9	\$59,348	\$37,745	\$21,604	\$24,970	\$12,485
19223138	13	3.4	1.8	1.6	\$69,795	\$48,606	\$21,189	\$26,820	\$13,410
15684234	10	3.8	1.5	2.3	\$51,711	\$34,176	\$17,535	\$20,609	\$10,305
				Service Line:	132 General Surgery				
All Physicians	2,107	5.5	3.1	2.4	\$21,734,458	\$18,474,658	\$3,259,802	\$5,473,284	\$2,736,642
16098749	98	8.8	4.6	4.2	\$1,520,838	\$1,212,899	\$307,939	\$409,924	\$204,962
16695227	21	16.0	7.2	8.8	\$688,965	\$432,977	\$255,989	\$293,258	\$146,629
14979369	89	4.6	2.9	1.7	\$876,629	\$699,579	\$177,051	\$233,987	\$116,994
12059265	14	15.5	4.7	10.8	\$301,418	\$148,457	\$152,961	\$155,691	\$77,846
13564914	18	15.1	8.1	7.1	\$550,504	\$412,265	\$138,239	\$165,556	\$82,778
13868013	45	9.2	5.3	3.8	\$701,142	\$566,510	\$134,632	\$188,840	\$94,420
19222652	54	4.2	2.3	1.8	\$503,442	\$371,569	\$131,874	\$147,997	\$73,998
10735513	104	6.6	3.5	3.1	\$1,040,780	\$913,731	\$127,049	\$225,457	\$112,729
10533089	62	5.9	3.2	2.7	\$622,721	\$517,539	\$105,182	\$142,910	\$71,455
10735982	19	3.5	2.7	0.8	\$287,959	\$184,392	\$103,567	\$121,965	\$60,982
19028978	11	9.1	3.5	5.5	\$137,606	\$97,859	\$39,747	\$52,658	\$26,329

AMS: Maryland (s2015d 10% Var) - Program: erpt6 09AUG2016 01:34

Note: Best Practice Variance is the difference between Actual Resource Utilization and BPN Resource Utilization.

Note: Opportunity is the difference between Actual Resource Utilization and BPN Resource Utilization where the difference is positive.

Pinpointing Savings at the Opportunity Level

Cost Center Summary
July 2014 through June 2015; All Payor Claims



0000 General Hospital

Cost Center	Actual Total Resource Utilization	Best Practice Resource Utilization	Best Practice Variance
Adult-Peds Room Board Cost	\$66,096,981	\$76,934,207	\$-10,837,226
Operating Room Cost	\$22,310,589	\$1,135,250	\$21,175,339
Laboratory Cost	\$7,914,354	\$227,876	\$7,686,478
Neonatal Care Cost	\$6,772,339	\$5,178,797	\$1,593,542
Emergency Room Cost	\$5,981,290	\$3,345,684	\$2,635,606
Intensive Care Units Cost	\$5,533,552	\$9,522,015	\$-3,988,464
Radiology Cost	\$3,366,057	\$2,593,420	\$772,637
Respiratory Therapy Cost	\$3,139,739	\$145,702	\$2,994,037
Cardiac Catheterization Cost	\$2,751,309	\$384,864	\$2,366,446
Physical Therapy Cost	\$2,717,629	\$489,026	\$2,228,603
Cat Scan Cost	\$1,051,288	\$267,942	\$783,346
Dialysis Cost	\$1,031,998	\$920,287	\$111,711
Electrocardiology Cost	\$998,094	\$195,025	\$803,070
Occupational Therapy Cost	\$724,457	\$243,539	\$480,917
Magnetic Resonance Technology Cost	\$719,017	\$381,211	\$337,806
Speech And Hearing Cost	\$627,586	\$70,997	\$556,589
Radiology - Isotope Cost	\$481,193	\$133,579	\$347,613
Electroencephalography Cost	\$464,965	\$51,042	\$413,923
Radiology - Therapeutic Cost	\$353,028	\$6,332	\$346,696
Delivery Room/Labor Room Cost	\$330,604	\$144,119	\$186,485
Nursery Cost	\$278,549	\$650,781	\$-372,232
Ambulatory Surgery Center Cost	\$188,688	\$390,400	\$-201,712
Clinic Services Resource Utilization	\$166,249	\$94,998	\$71,251
Anesthesiology Cost	\$0	\$118,586	\$-118,586
Burn Care Unit Cost	\$0	\$29,997	\$-29,997
Blood Cost	\$0	\$24,762	\$-24,762
Coronary Care Units Cost	\$0	\$572,635	\$-572,635
Intermediate Care Resource Utilization	\$0	\$212	\$-212
Oncology Resource Utilization	\$0	\$471,225	\$-471,225
Organ Acquisition Cost	\$0	\$7,566	\$-7,566
Other Cost	\$0	\$59,586	\$-59,586
Psychiatric/Psychological Treatment Cost	\$0	\$15	\$-15
Rehabilitation Resource Utilization	\$0	\$11,190	\$-11,190
Shock Trauma Resource Utilization	\$0	\$1,047,269	\$-1,047,269



Report 11a

Inpatient Cost Center Detail (Average Resource Utilization) by Physician - All Providers
 Service Lines with > 2.5% of Variance for Provider or over \$100,000 in Variance
 Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
 Statistics Based On All Physicians for Best Practice DRGs; July 2014 through June 2015; All Payor Claims



0000 General Hospital

Responsible Physician 19222652

132 General Surgery

403 Moderate Procedures for obesity

Type	Admits	Avg LOS	Total	ANS	ASC	A_P	BCU	BLD	CAT	CCA	CCU	CLN	DEL	DIA	EEG	EKG	EMR
Actual	11	2.4	\$7,095	\$0	\$0	\$2,172	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9	\$0
Best Practice	449	1.0	\$4,779	\$7	\$14	\$4,535	\$0	\$0	\$0	\$1	\$0	\$1	\$0	\$1	\$0	\$1	\$0
Variance		1.4	\$2,316	\$-7	\$-14	\$-2,363	\$0	\$0	\$0	\$-1	\$0	\$-1	\$0	\$-1	\$0	\$8	\$0
	ICC	ICU	LAB	MRT	NCU	NUR	OCC	ONC	ORG	ORR	OTH	PHT	PSY	RAD	RAI	RAT	RHB
Actual	\$0	\$0	\$200	\$0	\$0	\$0	\$0	\$0	\$0	\$4,602	\$0	\$0	\$0	\$95	\$0	\$0	\$0
Best Practice	\$0	\$50	\$6	\$0	\$0	\$0	\$4	\$0	\$0	\$102	\$0	\$1	\$0	\$53	\$0	\$0	\$0
Variance	\$0	\$-50	\$194	\$0	\$0	\$0	\$-4	\$0	\$0	\$4,500	\$0	\$-1	\$0	\$42	\$0	\$0	\$0
	RSP	SPH	TRM														
Actual	\$16	\$0	\$0														
Best Practice	\$4	\$0	\$0														
Variance	\$12	\$0	\$0														

AMS: Maryland (s2015d 10% Var) - Program: erpt11 09AUG2016 02:41

Note: ANS - Anesthesiology; ASC - Ambulatory Surgery Center; A_P - Adult-Peds Room Board; BCU - Burn Care Unit; BLD - Blood; CAT - Cat Scan; CCA - Cardiac Catheterization; CCU - Coronary Care Units; CLN - Clinic Services; DEL - Delivery Room/Labor Room; DIA - Dialysis; EEG - Electroencephalography; EKG - Electrocardiology; EMR - Emergency Room; ICC - Intermediate Care; ICU - Intensive Care Units; LAB - Laboratory; MRT - Magnetic Resonance Technology; NCU - Neonatal Care; NUR - Nursery; OCC - Occupational Therapy; ONC - Oncology; ORG - Organ Acquisition; ORR - Operating Room; OTH - Other; PHT - Physical Therapy; PSY - Psychiatric/Psychological Treatment; RAD - Radiology; RAI - Radiology - Isotope; RAT - Radiology - Therapeutic; RHB - Rehabilitation; RSP - Respiratory Therapy; SPH - Speech And Hearing; TRM - Shock Trauma

General Information



Letter of Intent

- ▶ Letters of intent to participate in one or both Care Redesign Programs are due **November 18**.
 - ❑ LOIs are non-binding
 - ❑ Hospitals are required to provide a data contact who will help facilitate the process for receipt of comprehensive Medicare data from CMS
 - ❑ An LOI template is posted on the HSCRC website:
<http://www.hscrc.maryland.gov/care-redesign.cfm>
 - ❑ Letters should be submitted to hscrc.care-redesign@maryland.gov

Upcoming Webinars

- ▶ **Webinar 5: 9:00am EST, Wednesday, November 30**
 - ▶ Comprehensive Medicare Data Process and Use
- ▶ **Webinar 6: 9:00am EST, Wednesday, December 7**
 - ▶ Care Redesign Program Monitoring
- ▶ **Webinar 7: 9:00am EST, Friday, January 13**
 - ▶ Care Partner Agreements

Questions?

For all information regarding the Care Redesign Programs please visit: <http://www.hscrc.maryland.gov/care-redesign.cfm>

Please send any questions to: hscrc.care-redesign@maryland.gov



Appendix 1



Care Redesign Interventions

Category of Allowable Activity	Hospital Interventions
Care Coordination	<ul style="list-style-type: none"> • Medication reconciliation forms completed per protocol • After Hospital Discharge Plans are completed and reviewed with the patient and caregivers before discharge • Patients with a high risk of readmission are identified, per protocols, and subsequently connected with transitions of care services • Other evidence-based, reliable and valid intervention
Discharge Planning	<ul style="list-style-type: none"> • Follow-up appointments for high-risk patients are scheduled before hospital discharge • Beside delivery of discharge medications (for new or high risk medications) • Other evidence-based, reliable and valid intervention
Clinical Care	<ul style="list-style-type: none"> • Core compliance activities are completed, including documenting core measures, using evidence-based order sets, and documenting the rationale behind diversions. • Heart failure activities are completed, such as giving heart failure patients ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) and documenting evaluation of LV systolic function. • Surgical improvement activities are completed, including compliance with requirements for surgery registry and compliance with pre-surgery safety checklists, including surgical markings. • Other evidence-based, reliable and valid intervention

Care Redesign Interventions (Continued)

Category of Allowable Activity	Hospital Interventions
Patient Safety	<ul style="list-style-type: none"> • Medication error prevention and general harm prevention activities are completed, including self-reporting adverse events to appropriate departments in a timely manner, using appropriate risk assessment tools to identify patients at-risk for falling, and implementing appropriate interventions for the at-risk patients. • Infection and sepsis prevention activities are completed, including adhering to sepsis treatment protocols and checklists and complying with universal infection prevention protocols, including hand hygiene. • Other evidence-based, reliable and valid intervention
Patient and Caregiver Experience	<ul style="list-style-type: none"> • Advanced directives obtained per protocol • Maryland MOLST compliance documented per protocol • Interdisciplinary palliative care consults and interventions completed per protocol • Comprehensive, individualized patient/family education (considering health literacy, preferred method of education,) use of Teach Back) • Other evidence-based, reliable and valid intervention

Care Redesign Interventions (Continued)

Category of Allowable Activity	Hospital Interventions
Population Health	<ul style="list-style-type: none">• High blood pressure counseling and treatment are completed.• Obesity counseling and treatment are completed.• Vaccination status is addressed and needed vaccinations are administered to patients.• Other evidence-based, reliable and valid intervention
Efficiency and Cost Reduction	<ul style="list-style-type: none">• Procedures and patient flow activities are completed in a timely manner, including writing discharge orders by the hospital goal time (e.g. noon), and reducing median time from Emergency Department arrival to departure or admission to a bed.



Appendix 2



Financial and Technical Issues

▶ Base Period

- ▶ Use most recent year available as the “base period” depending on approvals (e.g. FY 2016)
- ▶ Includes observation cases greater than 24 hours

▶ Cost Adjustments

- ▶ Use hospital specific cost adjustments, IME, DSH, Labor Market, Markup, etc., uniformly applied across all rate centers
- ▶ Price and utilization changes will vary by hospital to achieve GBR target compliance. Price changes will not accurately reflect cost changes.
- ▶ Initially limit “savings” measures to utilization only (unit volume)
- ▶ Calculate unit volume change multiplied by rate order rate (base rate)
- ▶ Use base rate for a 2-3 year period to maintain incentive

Financial and Technical Issues (Continued)

- ▶ **MSS / CDS savings are difficult to capture under GBR**
 - ▶ Exclude MSS / CDS from best practice calculation (improvement only)
 - ▶ Develop improvement measure using hospital data
- ▶ **Cost Reduction**
 - ▶ Volume variability assumptions
 - ▶ Apply a 50 percent factor to opportunity identified savings (at least for non MSS / CDS)
 - ▶ Hospitals should monitor “real” cost reductions



Appendix 3



Sample Physician Incentive Calculation

An illustrative example for APR DRG 165 – Coronary Bypass with Cardiac Cath or Percutaneous Cardiac Procedure (SOI Level 3):

	Prior Year Actual Cost	Current Year Actual Cost	Best Practice Norm @ Hospital Mix (25th Percentile)	Variable Cost Factor	Potential Savings
1) Total Hospital Pool - All eligible discharges/participating physicians	N/A	\$ 80,000,000	\$ 60,000,000	50.00%	\$ 10,000,000
	Prior Year Actual Cost	Current Year Actual Cost	Best Practice Norm @ Hospital Mix (25th Percentile)	75th Percentile	Maximum Incentive
2) Specific Physician/APRSOI Financial Pool					
APR DRG 165 / SOI 3 - Average performance	\$ 29,031	\$ 25,054	\$ 21,077	\$ 40,962	\$ 1,000 Improvement 500 Performance (Attainment) \$ 1,500 Total

Improvement Incentive

Cost Improvement	\$ 3,977
Interquartile range	19,885
Cost Improvement	20.0%
Improvement Incentive (max pool)	1,000
Improvement incentive	\$ 200

Total Incentive \$ 600

Performance Incentive

75th Percentile - Actual performance	\$ 15,908
Interquartile range	19,885
Performance percentage	80.0%
Performance Incentive (max pool)	500
Performance Incentive	\$ 400

3) Activities required to earn incentive

Total financial incentive available	\$ 600		
Scores		Activity 1: Complication (MHAC) rate below x %	Weight: 25% Complete? Y
Activity 1	150	Activity 2: Readmission rate below x%	25% N
Activity 1	-	Activity 3: Timely Chart Completion	10% Y
Activity 1	60	Activity 4: Care coordination plan followed	40% Y
Activity 1	240	Total	100%

Final incentive payment \$ 450

This example of a surgical incentive is for illustration purposes only. Actual computations utilize a non-linear distribution formula to assure the relationship to the Best Practice Norm is both fair and proportionate. This example also assumes Year One: Improvement Incentive = 2/3; Performance Incentive = 1/3.