



**CRISP**

**hMetrix**

# ECIP Midyear Office Hours

18 April 2019

7160 Columbia Gateway Drive, Suite. 230  
Columbia, MD 21046  
877.952.7477 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[www.crisphealth.org](http://www.crisphealth.org)



## Webinar Recordings

All webinars are recorded and available for download at:

<https://hscrc.maryland.gov/Pages/CareRedesign.aspx>

Webinar slides, documentation and hospital-specific materials are available for download via the CRS Portal ECIP Card.



# Agenda

---

- PRMC: ECIP Evaluation Process and Discussion
- Upcoming Deadlines & Announcements
- Q & A



# ECIP | PRMC

---

## 1. Care Redesign

- HCIP  ECIP

## 2. Approval by PRMC Executive Team

## 3. Data analytics - Utilized CRISP ECIP Data to make thoughtful decisions

### Decision Making:

- ✓ Immediately eliminated “excluded” episodes and negative \$ TCOC
- ✓ TCOC Reduction Threshold per Episode
- ✓ First PAC setting
- ✓ Episode Volume
- ✓ Leveraging and Coordinating with ongoing initiatives

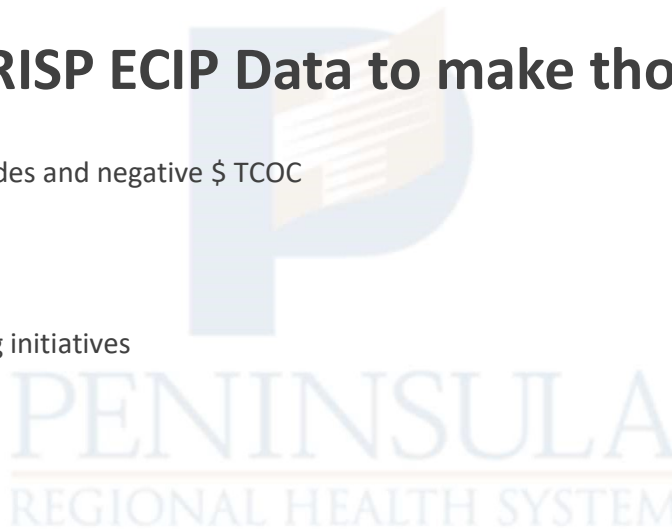
### Decision Made:

- ✓ “Infectious Disease Bundles”
- ✓ PQI episodes

## 4. Dr. Trumble reached out to Post-Acute care partners... and “vetted”

- ✓ SNF and Home Health
  - Greatest impact
- ✓ Local Primary Care Providers
  - Meetings

## 5. Waiting for next steps...





# Upcoming ECIP Deadlines

- **Wednesday, May 1<sup>st</sup>** - Submit implementation protocol and supplemental Excel workbook to CRISP
- **Friday, June 14<sup>th</sup>** - Submit certified care partner lists to CRISP for Q3 2019
  - Individual providers: Excel file with first name, last name, and individual NPI
  - Facility providers: Excel file with the following information at the individual facility (not corporate) level:
    - Facility legal entity name
    - Facility D/B/A name
    - Individual facility TIN
    - CMS Certification Number (CCN)
    - Individual facility address
- **Monday, July 1<sup>st</sup>** - Program starts for new participants



## FAQ Update

---

The ECIP Frequently Asked Questions document has been updated and supplemented as additional questions are submitted to CRISP. Updates can be found under the 'Program Materials' link within the ECIP card on the CRS Portal, and will be available early next week (4/22).



Questions?



## ECIP Participation

---

Q: Can hospitalists participate as care partners in ECIP? Does it matter if they are employed by the participating hospital?

A: Yes, hospitalists can participate as care partners subject to the same vetting & enrollment requirements as any other physician specialty, and regardless of employment by the hospital.





## ECIP Participation

---

Q: A midyear hospital enrollees' participation period is a 6-month period, correct? We then reapply for a full year for January 2020?

A: Yes, hospitals that begin ECIP in July 2019, will have a six month program period for 2019, at the end of which they will reapply for participation in ECIP for 2020. Application materials and updates for the 2020 program year will be available in the fall, and all ECIP POCs will receive a notification when they are available.



## ECIP Participation

---

Q: If we're not paying incentives, the CoP column in the Supplemental Workbook automatically marks as N/A. Is completion of the tracking and measurement column still required in this situation?

A: Yes, hospitals must still indicate tracking and measurement processes for care redesign interventions, even if no incentive payment distributions are being made. Only the Condition of Payment may be excluded in this case.



# Reconciliation

---

Q: If a hospital performs well in the first biannual reconciliation period but poorly in the second, are these considered 'together' in a single program year for the purposes of the MPA adjustment? In other words, would any reconciliation payment be 'recouped' based on the second reconciliation period?

A: No. Each reconciliation period is evaluated independently, and ECIP currently carries no downside risk. So, poor performance in a subsequent reconciliation period will not negatively impact positive earlier performance.



# ECIP Data, Definitions, & Implementation

---

Q: Are ambulatory surgery center (ASC) orthopedic procedures in or out of the ECIP bundles?

A: Procedures conducted in an ASC (orthopedic or otherwise) will not trigger an episode, which occurs only after discharge from an index inpatient stay. But payments for ASC orthopedic procedures that occur during an episode that is initiated at the hospital will be included in episode calculations.



# ECIP Data, Definitions, & Implementation

---

Q: What is the difference between total episode payments (capped) and total episode payments (uncapped)?

A: Payment outliers are capped under ECIP so participants aren't unduly penalized by catastrophic cases. The uncapped total episode payments are the real, total payments associated with those episodes. The capped episode payments exclude all payments above the outlier threshold, and is the value that is evaluated against the target price.



# ECIP Data, Definitions, & Implementation

---

Q: When will we see data related to a given performance year?

A: CRISP is currently allowing for a 3-month runout on claims to ensure the episodes are largely complete when the data is presented; adding this to the 90-day global period for the episodes, the July CCLF update will be the first containing data on episodes for a given calendar year.



# Incentive Payments

Q: How will hospitals be paid any positive earned incentive payments for savings beyond meeting ECIP target prices? Where do these funds originate?

A: If a hospital earns a positive ECIP payment by achieving savings beyond its target prices, that payment will be made in the form of an MPA efficiency adjustment on the basis of a particular calendar year over the course of the rate year that follows.

This adjustment is handled by CMS in the form of a flat percentage adjustment to the federal government's Medicare payments to those hospitals. Specifically, this adjustment for ECIP is a permissible efficiency adjustment under the Medicare Performance Adjustment (MPA). It is separate and distinct from the MPA's adjustment based on an attributed population.

CMS can only make this adjustment once a year. Thus, the ECIP payment to qualifying hospitals for performance in CY19 would be spread through RY21. This adjustment would NOT affect hospitals' charges as set per HSCRC policy. The adjustment is administered by CMS as a back-end payment adjustment.



# Incentive Payments

Q: What is the ECIP Incentive Payment Pool and how is it calculated?

A: The ECIP incentive payment pool for is a cap set by HSCRC on the amount participating hospitals can pay out to Care Partners. It is not an actual fund or source of payment as such, nor does it cap the amount a hospital itself can receive. For 2019, the ECIP incentive payment pool calculation is based on reductions in potentially avoidable utilization - specifically, the reduction in 30-day readmissions statewide for Medicare FFS beneficiaries from CY16 to CY17.

The HSCRC is currently working to amend the participation agreement so that beginning in 2020, the Incentive Payment Pool will be equal to the positive savings achieved across each episode category, such that the amount that can be paid out to care partners is equal to the realized savings. More will be announced on this topic as change are finalized and the application period for 2020 approaches.





# Incentive Payments

---

Q: Is there a minimum required number of Conditions of Payment for Care Partners receiving incentive payments?

A: Care Partners must be held to a minimum of one Condition of Payment. The number of Conditions of Payment beyond this is set at the hospital's discretion based on their planned care redesign interventions and relationship with the care partner.



## Additional Discussion