CRISP

hMetrix

ECIP Office Hours I

20 September 2018

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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

- Timeline & Deadlines Reminder
- FAQ Update
- Q & A + Open Discussion

Implementation Timeline & Upcoming Deadlines

- **September 24th** – Deadline for hospital submission of care partner lists for federal vetting
- **October 1st** – CRISP submits compiled care partner lists to CMS
- **October 31st** - Hospital submits implementation protocol and supplemental workbook to CRISP for review
- **November 30th** - HSCRC submits implementation protocols to CMS
- **Early December** - Hospital submits signed Participation Agreement for CY2019
- **December 14th** - Hospital submits certified care partners for Q1 2019
- **December 30th** - CMS accepts or rejects implementation protocols
- **January 1st** – ECIP launches

FAQ Update

The ECIP Frequently Asked Questions document is being updated weekly 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.

Questions?

ECIP Participation

Q: Why should my hospital participate in ECIP?

A: ECIP allows participating hospitals to partner with PAC providers and other Care Partners to deliver improved, more efficient care through arrangements with hospital-determined, performance-based conditions of payment for their Care Partners. Hospitals participating in ECIP have a large degree of freedom to determine how they will participate, as documented in the hospital's implementation protocol. Hospitals can select one or more of the 23 clinical episodes, and have the ability to conditionally share a portion of its incentive payments across Care Partners to incentivize performance. This upside-only model will help hospitals continue preparations for the transition to value-based, episodic payment models with limited initial risk.

Care Partners

Q: Where do we submit our care partners for vetting?

A: All Care Partner lists for federal vetting should be submitted to care.redesign@crisphealth.org

Care Partners

Q: We have previously submitted individual practitioners as Care Partners for other HCIP and/or CCIP. What are the required pieces of information when submitting facility-level Care Partners for vetting for ECIP?

A: Vetting lists for facility Care Partners must contain the following 5 items at the individual facility (not corporate) level:

1. Legal entity name
2. “Doing business as” (DBA) name
3. Physical Address for the individual facility
4. NPI/CCN (CMS Certification Number)
5. TIN (Tax Identification Number) for the individual facility

Program Materials

Q: What is the difference between the ‘Preliminary baseline target price’ and the ‘Modeled reconciliation period target price’ on the Target Price Utility worksheet of the Baseline Analysis Workbook?

A: The preliminary baseline target price is the ‘official’ target price being used for program development. It is based on a hospital’s actual, historic case mix.

The modeled reconciliation period target price is calculated using the user-provided inputs on this worksheet, allowing hospitals to see the impact of changing case mix distribution on the resultant target price. This helps hospitals anticipate how the retrospective case mix adjustment may affect their target prices and plan accordingly.

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 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. The ECIP incentive payment pool calculation is based on reductions in potentially avoidable utilization - for CY2019, the reduction in 30-day readmissions statewide for Medicare FFS beneficiaries from CY16 to CY17.

The HSCRC has preliminarily apportioned the savings to individual hospitals based on their share of statewide Medicare hospital revenue but has not yet finalized this calculation. The final incentive pool is expected to be released in the coming month.

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

Next up:

ECIP-HCIP Connection (September 26)

ECIP Office Hours II (October 10)