CRISP

hMetrix

# Episode Care Improvement Program (ECIP) 101

4 April 2019

7160 Columbia Gateway Drive, Suite 100
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org

# Agenda

- Program Overview (25 mins)
- Operationalizing Clinical Episode Selection
  - Episode Evaluation & Baseline Analysis Review (20 minutes)
  - Incentive Payments & Reconciliation (20 minutes)
- Program Timeline & Application Process (5 minutes)
- Questions & Discussion (20 minutes)

CRISP

# Program Overview

# General Policy Decision Framework & Approach

- Program developed collaboratively with input from CRISP, HSCRC, CMS, and MHA Members
- Modeled after BPCI Advanced, modifying where necessary to meet the needs of Maryland's unique situation
- Built upon and leveraged existing programs developed by CMS and the State of Maryland wherever possible and reasonable
- Designed to create as much opportunity and flexibility for participants as possible
- CRISP will monitor program progress, gather participant feedback, and may make adjustments in subsequent program years

# Why Participate?

- Upside-only introduction into episode-based payment systems – the direction the US healthcare system is moving
- Extremely flexible participation options, with 23 clinical episodes & hospital discretion in selecting and engaging with 9 different potential care partner types
- New opportunities, tools and payment mechanisms that support improved care processes, greater care coordination and post-acute care management after the patient leaves an acute care setting
- Serves as a pathway to obtaining Qualifying Alternative Payment Model (APM) Participant (QP) status under an Advanced APM

# Care Partners as Qualified APM Participants

- Physicians that enter into a care partner arrangement with a hospital will become a Qualifying APM Participant (QP) if they meet one of the following threshold tests:
    - The hospital's care partners will become a QP if more than 35 percent of their patients have also been seen by the hospital.

    OR

    - The hospital's care partners will become a QP if more than 50 percent of their Medicare Part B payments were for services provided to patients also seen by the hospital.
- If a physician meets the threshold requirement to become an QP they will receive a bonus payment equal to 5 percent of their Part B revenue. Additionally, QPs will be exempt from reporting to MIPS.

CRISP

# Future ECIP Changes

# Target Price / Reconciliation – Year 2 Onwards

- HSCRC anticipates making a change to the ECIP target prices that will allow participants to keep 100% of savings if costs are below episode historical payments (no 3% CMS discount)
  - Conditional on Commission approving staff policy recommendations
  - Accounts for prospective MPA savings adjustment
  - Will require a certain savings threshold be achieved before receiving first-dollar savings to avoid payments based on random variance (ensure real savings)
- HSCRC will also consider participant episode proposals moving forward on a case-by-case basis

# Incentive Payment Pool

HSCRC will set the incentive payment pool that hospitals may distribute to their care partners equal to the hospitals actual, positive performance in each episode.

- Previously, the HSCRC had created a prospective incentive payment pool based on the total cost of care and readmissions savings statewide and apportioned those savings to individual hospitals.
- As a result, a hospital's actual performance could exceed the incentive payment pool under the previous logic. Going forward, the HSCRC will set the incentive payment pool equal to the hospital's performance in order to ensure that the hospitals can make incentive payment up to the actual amount of savings they create.

# Incentive Payments within Clinical Categories

HSCRC will calculate a separate incentive payment pool based on the hospital's performance in each clinical episode.

- This will allow hospitals to make an incentive payment to their care partners for specific episodes (e.g. CHF) even if their net reconciliation payment is offset by poor performance in another episode (e.g. MJRLE).
- The HSCRC will not change the reconciliation payment to the hospital. Thus the sum of the incentive payment pools for the individual episodes may exceed the reconciliation payment to the hospital. In that case, the hospital must make the incentive payment out of their global budgets.
- The hospital may choose to limit the incentive payment to any individual episode to the reconciliation payment, as under current methodology. This must be stated in the Implementation Protocol.
    - This would limit the incentive payments to care partners in successful episodes, if their success is offset by a negative result in another episode, but ensure that the hospital does not pay any additional money from their global budgets.

CRISP

# ECIP Baseline Analysis & Episode Evaluation

# Purpose

1. Understand baseline period payments and volume
2. Understand target prices and TCOC reduction thresholds
3. Identify areas of opportunity for evaluation and consideration
4. Understand program impact & implications

# ECIP: Specific Elements

- Key differences from HCIP:
  - Broader range of potential Care Partners, including post-acute care providers
  - In addition to implementation protocol, hospitals will complete a supplemental Excel workbook to simplify clinical episode category selection & care redesign intervention submission
- Key differences from BPCI Advanced:
  - Only hospitals can be Episode Initiators
  - ECIP track template identifies broad intervention categories with option for hospitals to propose interventions (BPCI Advanced doesn't specify allowable interventions)
  - Episodes begin upon discharge from anchor stay
  - Use of APR DRGs instead of MS-DRGs
  - Post-acute care focus

# Clinical Episode Categories

## Merged due to APR DRG conversion:

| Clinical Episode under BPCI Advanced | Clinical Episode under ECIP |
|---|---|
| Cervical spinal fusion | Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical) |
| Combined anterior posterior spinal fusion | |
| Spinal fusion (non-Cervical) | |
| Major joint replacement of the lower extremity | Major joint replacement of the lower extremity / Double joint replacement of the lower extremity |
| Double joint replacement of the lower extremity | |
| Lower extremity and humerus procedure except hip, foot, femur | Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity |
| Major joint replacement of upper extremity | |

## Excluded due to low volume:

- Cardiac defibrillator
- Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis

## No outpatient episode categories

## Included otherwise unmodified:

- Acute myocardial infarction (AMI)
- Back and neck except spinal fusion
- Cardiac arrhythmia
- Cardiac valve
- Cellulitis
- Chronic obstructive pulmonary disease (COPD), bronchitis/asthma
- Congestive heart failure (CHF)
- Coronary artery bypass graft surgery (CABG)
- Fractures, femur and hip/pelvis
- Gastrointestinal hemorrhage
- Gastrointestinal obstruction
- Hip and femur procedures except major joint
- Major bowel procedure
- Pacemaker
- Percutaneous coronary intervention (PCI)
- Renal failure
- Sepsis
- Simple pneumonia and respiratory infections
- Stroke
- Urinary tract infection (UTI)

# Episode Construction - Summary

- All inpatient payments (anchor stay + readmissions) excluded
- Same basic episode inclusion / exclusion criteria and method as BPCI Advanced
- Payments standardized prior to target price generation to ensure comparability (same as BPCI Advanced)
- Payment update factor method used also the same as BPCI Advanced
    - Only exception hospital outpatient payments, which use a specific method to address GBR

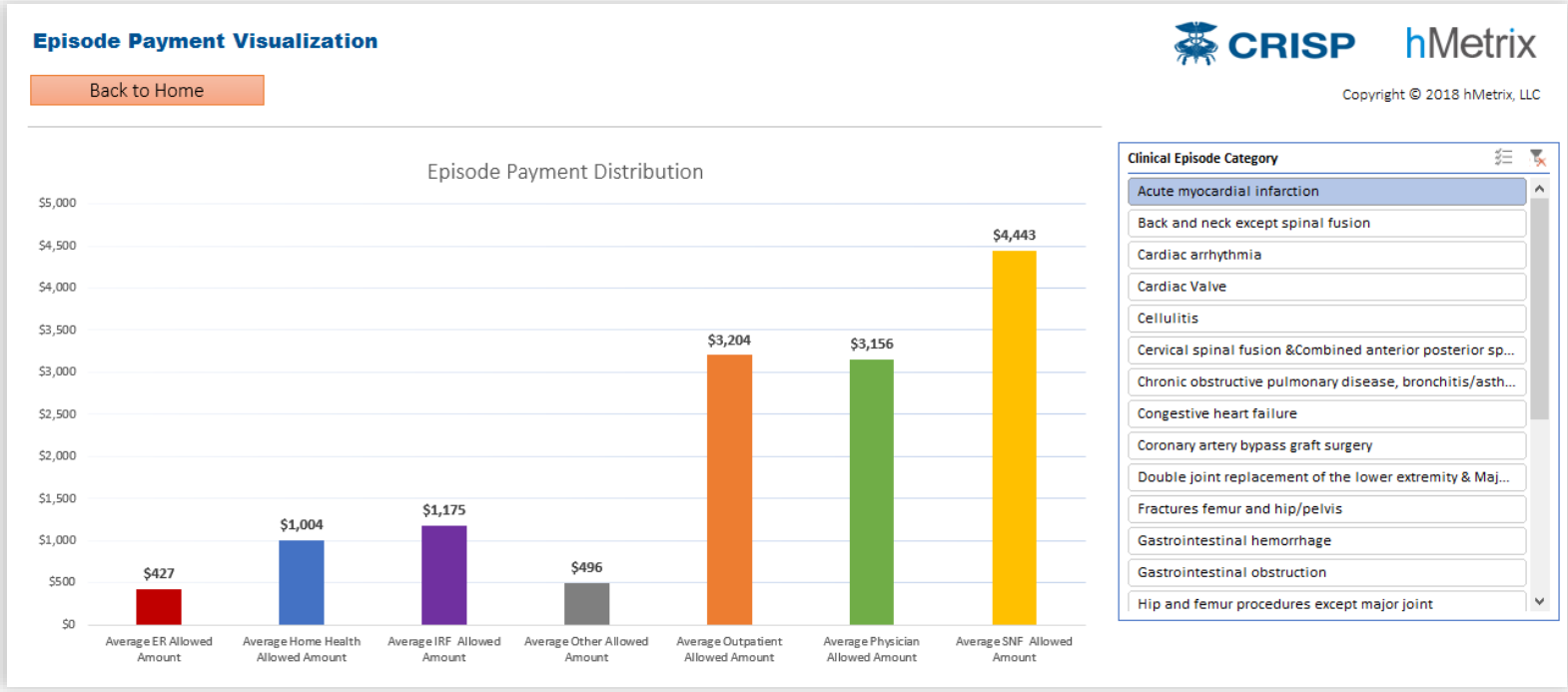
# Target Price Calculation - Summary

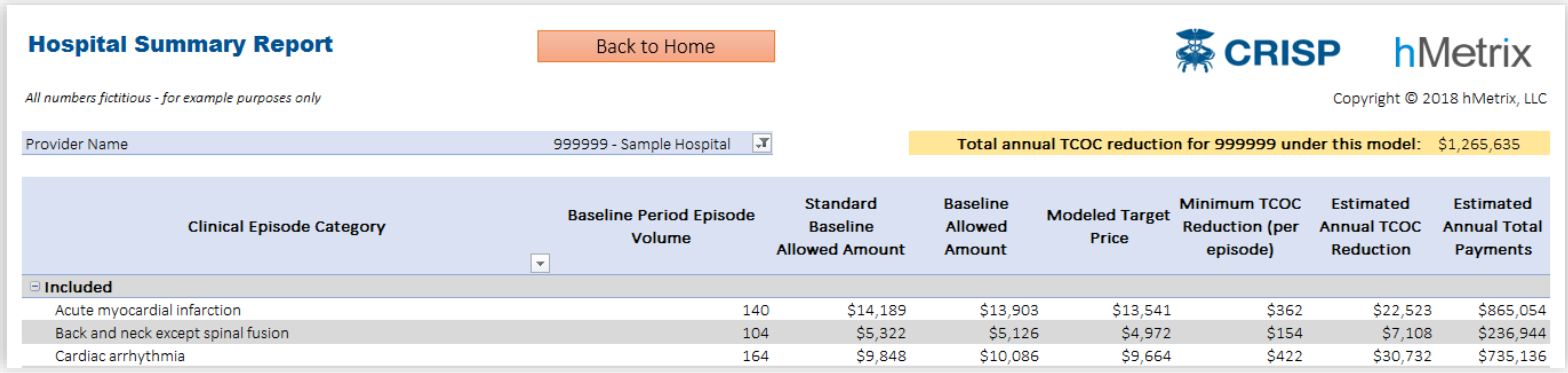
- 'Anchored average blend' approach adapted from CJR program for ECIP
  - Robustness given Maryland episode sample sizes
  - Ease of explanation, reporting, and interpretation
  - Builds on experience with existing federal model
- Target prices:
  - Are hospital- and clinical episode category- specific
  - Are based on Maryland state-level data (anchor factors) and hospital-specific data (all other calculations) during the baseline period 2015 – 2017
  - Will be retrospectively updated to reflect actual, experienced case mix during performance period
- Hospitals must have > 30 episodes during the baseline period to be eligible to participate in a given clinical episode category
- In rare cases where the target price is above projected spend, a hospital will be ineligible to participate in that clinical episode category

# Episode Evaluation Resources & Baseline Analysis

All Maryland hospitals were provided with a baseline analysis workbook containing detailed information on their volume, payments, and preliminary target prices for the modeled clinical episode categories. Updated information is now available in MADE: ECIP VIEW in the CRS Portal.

If you require a copy of your facility's report or any other resources that were made available for episode evaluation during the initial roll-out period, they can be also found via the links on the ECIP Card in the CRS portal.




| Clinical Episode Category | Baseline Period Episode Volume | Standard Baseline Allowed Amount | Baseline Allowed Amount | Modeled Target Price | Minimum TCOC Reduction (per episode) | Estimated Annual TCOC Reduction | Estimated Annual Total Payments |
|---|---|---|---|---|---|---|---|
| Included | | | | | | | |
| Acute myocardial infarction | 140 | $14,189 | $13,903 | $13,541 | $362 | $22,523 | $865,054 |
| Back and neck except spinal fusion | 104 | $5,322 | $5,126 | $4,972 | $154 | $7,108 | $236,944 |
| Cardiac arrhythmia | 164 | $9,848 | $10,086 | $9,664 | $422 | $30,732 | $735,136 |

CRISP

# Incentive Payments & Reconciliation Process

# Purpose

1. Facilitate understanding of reconciliation & incentive payment calculation and distribution process
2. Assist in evaluation and modeling of care partner inclusion & coordination
    1. Which care partners to include?
    2. If / how to approach incentive payment distribution
3. Composite Quality Score (CQS) modeling & evaluation

# Reconciliation

- No downside risk
- 20% program stop-gain
  - Calculated as percent of aggregate target price at episode initiator level
- Two performance periods per year, with corresponding reconciliation true-ups
- Two-stage (initial and final) reconciliation to allow for appeals process and retrospective quality adjustments

# Quality Adjustment

- Maximum 5% positive earned quality adjustment
- Adopts quality measures and calculation approach from BPCI Advanced
  - All measures weighted evenly within clinical episode categories
  - Single composite quality score (CQS) calculated for each participant, weighted by volume in elected clinical episode categories
  - Scored based on performance, which is scaled relative to highest and lowest performing hospitals in the state of Maryland
- Added to retrospective reconciliation payments allowing for collection, analysis, and benchmarking of administrative (claims-based) quality measures during performance period

# ECIP Quality Measures

- All-Cause Hospital Readmission Measure (NQF #1789)
- Advanced Care Plan* (NQF #0326)
- Perioperative Care: Selection of Prophylactic Antibiotic: First or Second Generation Cephalosporin (NQF #0268)
- Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) (NQF #1550)
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft Surgery (NQF #2558)
- Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction (NQF #2881)
- CMS Patient Safety Indicators (NQF #0531)

** Note that this is the adapted measure used in BPCI Advanced*

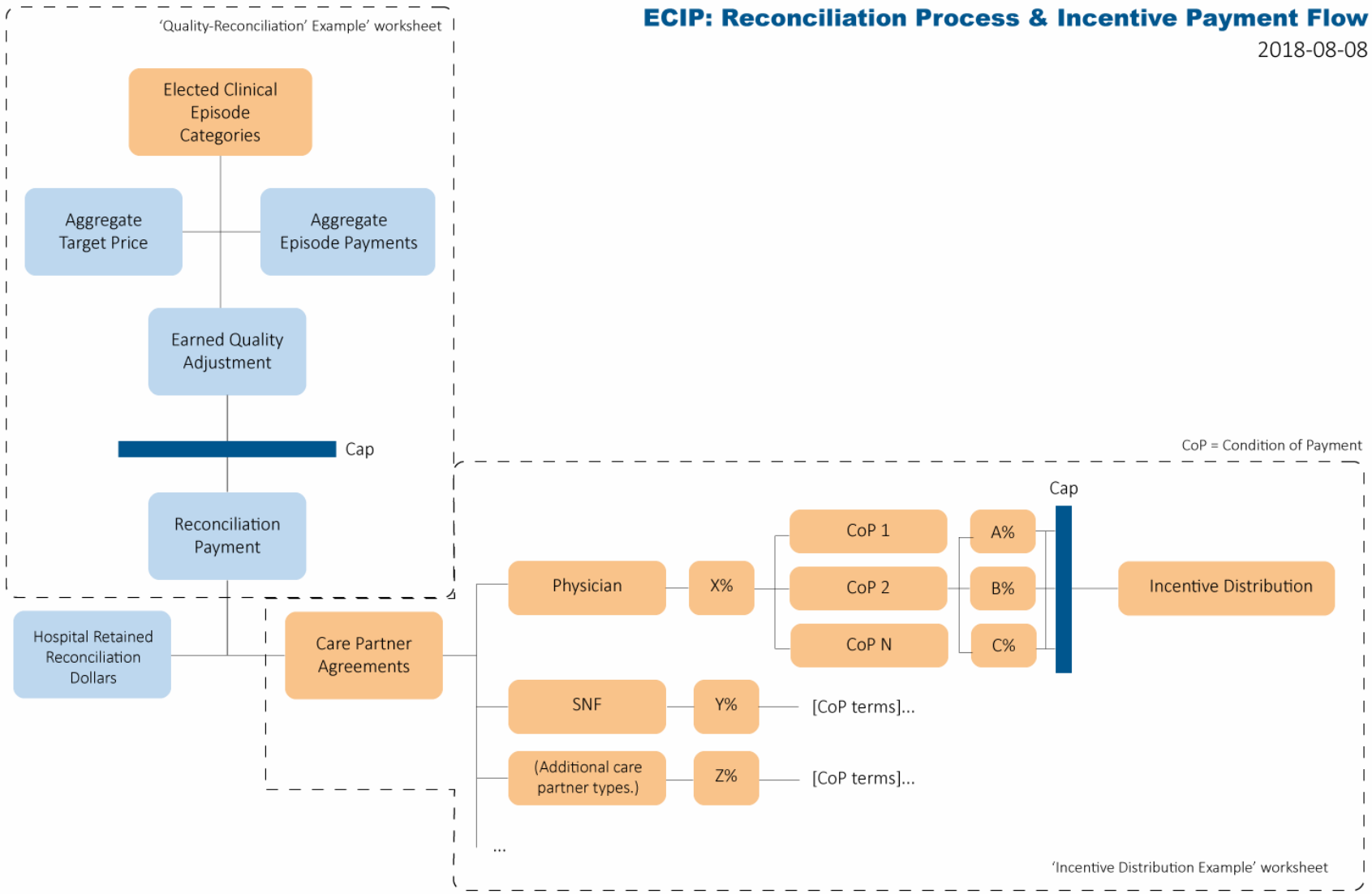
# Care Partner Incentive Payments

- Hospitals may elect to distribute incentive payments to care partners
- Hospital selects proportional distribution of payments between care partners (if any)
- Conditions of payment required for incentive earn-out; hospital sets weights for these as well
- Caps imposed on care partner payments where appropriate

## 9 Care Partner Types

- General or specialist physician
- Clinical nurse specialist / nurse practitioner
- Physician assistant
- Physical therapist
- Skilled nursing facility (SNF)
- Home health agencies (HHA)
- Long term care hospitals
- Hospice
- Inpatient rehabilitation facilities (IRF)

# Payment Flow Summary



# Program Timeline & Application Process



25

# Approach to ECIP Track Template

- Streamlined to match the structure of other Care Redesign Program templates
- Intended to maximize hospital flexibility in designing interventions
- Care Partner incentive payment decisions left to hospitals
- Provides tools and support for making program participation & design decisions

# Implementation Protocol Review Process

- CRISP conducts administrative review of implementation protocols to make sure requirements are met
- Review is intended to be supportive and iterative
- Goal of CRISP review is to raise anything likely to be flagged by CMS, enabling hospitals to address such issues **prior** to HSCRC and CMS submission
- Process has worked well for HCIP and CCIP, with hospitals seeing few questions from CMS by the time protocol goes through federal review

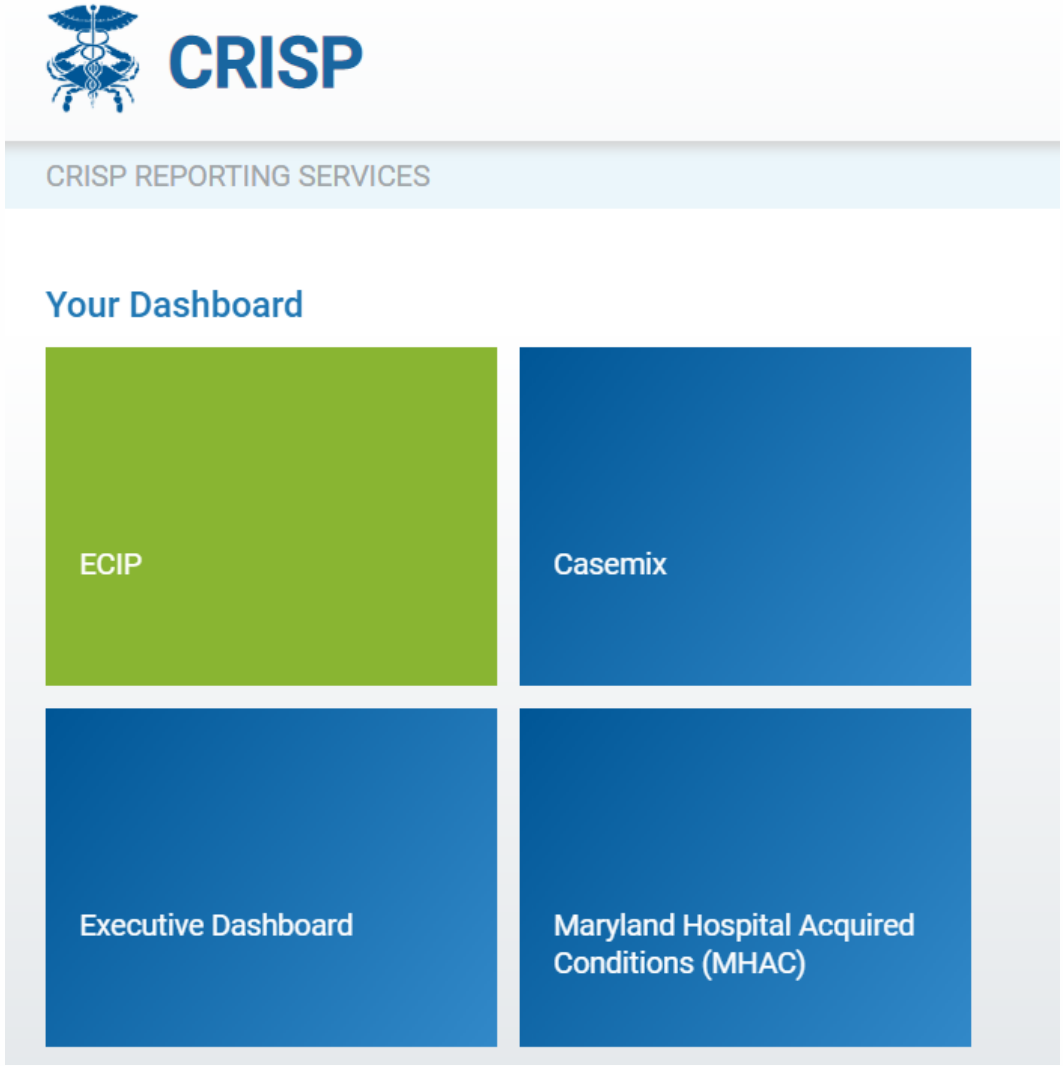
# ECIP Timeline

- **Wednesday, May 1st** - Submit implementation protocol and supplemental Excel workbook to CRISP
- **Friday, June 14th** - 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 1st** - Program starts for new participants

# ECIP Resource Center

All ECIP resources except webinar recordings will be made available for download on the CRISP Reporting Services application under the ECIP Card at

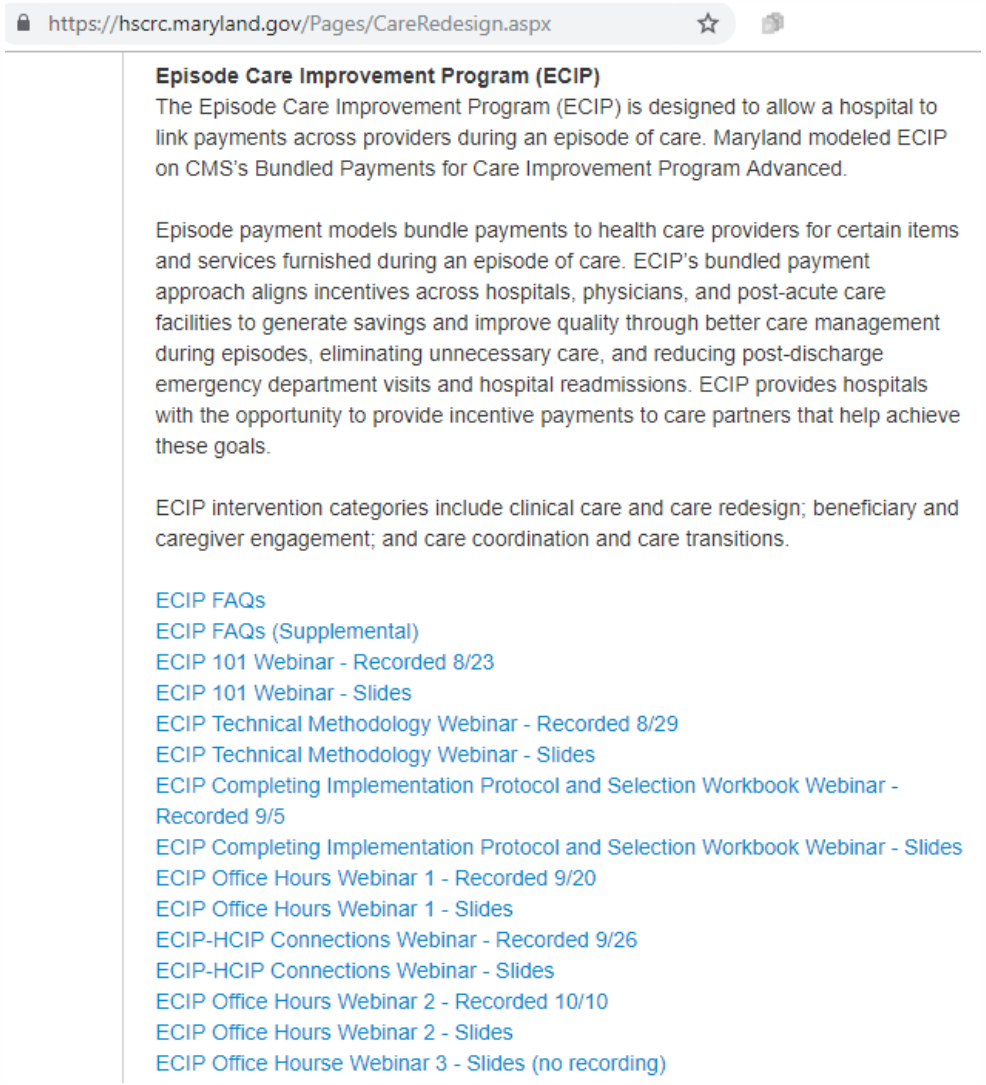
https://reports.crisphealth.org



# ECIP Resource Center

Previous ECIP webinar recordings and materials are available on the HSCRC Care Redesign web page

https://hsrcrc.Maryland.gov/Pages/CareRedesign.aspx


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

**Episode Care Improvement Program (ECIP)**

The Episode Care Improvement Program (ECIP) is designed to allow a hospital to link payments across providers during an episode of care. Maryland modeled ECIP on CMS's Bundled Payments for Care Improvement Program Advanced.

Episode payment models bundle payments to health care providers for certain items and services furnished during an episode of care. ECIP's bundled payment approach aligns incentives across hospitals, physicians, and post-acute care facilities to generate savings and improve quality through better care management during episodes, eliminating unnecessary care, and reducing post-discharge emergency department visits and hospital readmissions. ECIP provides hospitals with the opportunity to provide incentive payments to care partners that help achieve these goals.

ECIP intervention categories include clinical care and care redesign; beneficiary and caregiver engagement; and care coordination and care transitions.

ECIP FAQs
ECIP FAQs (Supplemental)
ECIP 101 Webinar - Recorded 8/23
ECIP 101 Webinar - Slides
ECIP Technical Methodology Webinar - Recorded 8/29
ECIP Technical Methodology Webinar - Slides
ECIP Completing Implementation Protocol and Selection Workbook Webinar - Recorded 9/5
ECIP Completing Implementation Protocol and Selection Workbook Webinar - Slides
ECIP Office Hours Webinar 1 - Recorded 9/20
ECIP Office Hours Webinar 1 - Slides
ECIP-HCIP Connections Webinar - Recorded 9/26
ECIP-HCIP Connections Webinar - Slides
ECIP Office Hours Webinar 2 - Recorded 10/10
ECIP Office Hours Webinar 2 - Slides
ECIP Office Hourse Webinar 3 - Slides (no recording)

# Webinar Recordings

All webinars will be recorded and available for download at

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

Questions can be directed to

Care.Redesign@crisphealth.org

CRISP

# Q & A

*Next up:*

*ECIP IP Template Completion (April 11, 2019)*