Community-Based Care Intake Templates FAQ

This FAQ is provided to guide hospitals completing the Community-Based Care Intake Templates, (1) "Community-Based Care, PAC Touch" and (2) "Community-Based Care, Geographic". The information provided is supplemental to the instructions provided directly in the Template with the goal of providing an example of how the Template could be completed. Please be sure to carefully read the instructions within each tab in addition to reviewing the examples provided here.

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Which of the two templates should I complete?

The HSCRC developed two distinct "flavors" to capture the Community-Based Care CTI Thematic Area. Both files are distinct from prior Thematic Areas in that they do not require an inpatient hospitalization event to trigger the CTI.

1. **Community-Based Care, PAC Touch (file CTI_004a):** This CTI is built around beneficiaries that touch a post-acute care provider (e.g. SNFs and Home Health Agencies). It uses an episodic approach that triggers upon the first post-acute care provider claim and ends upon the hospital-defined episode length.
2. **Community-Based Care, Geographic (file CTI_004b):** This CTI is built around hospitals taking accountability for a particular geographic area (e.g. zip codes and street addresses). It uses a panel approach that includes any beneficiary residing within the address on the first month of the period and lasts 365 days.

Hospitals should complete the Intake Template that most accurately reflects how their interventions target a particular population. In addition to the trigger methodologies described above, both Intake Templates allow hospitals to further target their population by using a list of chronic conditions, prior hospital or ED utilization thresholds, number of medication thresholds, and frailty flags. More details are provided on each throughout this FAQ.

Community-Based Care, PAC Touch (CTI_004a)

Tab 1. Overview

The Community-Based CTI have a two-part process to construct episodes. Part 1 specifies the trigger and is required, while Part 2 allows hospitals to further target their intended beneficiaries based on other optional criteria. Hospital should determine which of the six "Part 2" criteria they will use, and indicate these selections on the first tab. The boxes to the left of the criteria contain a drop down menu in which hospitals can select "D" to use the HSCRC's default criteria or "X" to use a hospital-defined criteria (see screenshot below). Hospitals, systems, and regional partnerships should also identify in this tab which hospitals the Template pertains to by filling out the line "Submitting Hospital Name(s) & CMS ID(s)". Please write the hospital name followed by the 6-digit CMS ID in parentheses, as shown below.

Care Transformation Initiatives
Intake Template

Thematic Area: Community-Based Care, PAC Touch

Submitting Hospital Name(s) & CMS ID(s): ABC Hospital (100000)

This Intake Template is designed to help hospitals and the HSCRC gather all the desired episode triggers and restrictions for the Community-Based Care, PAC Touch CTI. Each tab within this Workbook provides a way for hospitals to customize their CTI for the population they are targeting. As finalized by the Care Transformation Steering Committee, below are the criteria options that hospitals are allowed to select, in any combination, with the HSCRC's default also specified if a hospital chooses not to customize a particular criteria.

Please note that this Community-Based Care, PAC Touch CTI requires a hospital to provide a list of NPIs that correspond to SNFs or Home Health Agencies and a separate template is available for hospitals wanting to use a panel-based method to target anyone in a particular geographic area. Attribution for this CTI is performed in two parts: Part 1 uses the 'Triggers Selection' tab where the hospital must submit their NPIs lists; and Part 2 uses the remainder of the tabs where the hospital may limit the attributed beneficiaries based on other criteria. Part 1 is required, but for Part 2 please indicate which criteria your hospital will use to define its CTI population by selecting an "X" for hospital-defined and a "D" for using the HSCRC-default:

X	Part 1: Trigger Selection	Please specify your hospital's defintion in the relevant tab below
X	Part 2: Geographic service area (default: no geographic restriction)	Please specify your hospital's defintion in the relevant tab below
D	Part 2: Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
X	Part 2: Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's defintion in the relevant tab below
D	Part 2: Number of Medications (default: no threshold)	Warning: you are selecting the HSCRC's default criteria
D	Part 2: Frality Flag (default: no flag required)	Warning: you are selecting the HSCRC's default criteria
X	rt 2: Episode length (default: 90-day episode window)	Please specify your hospital's defintion in the relevant tab below
D		
X		

Hospitals do not need to provide information on all criteria/tabs listed, just the criteria/tabs they feel are relevant to their population definition and which they do not feel the HSCRC's default criteria is appropriate. If the box next to a criteria is marked with an "X", the HSCRC expects the hospital to complete the relevant tab with their list of zip codes, chronic conditions, etc.

If you have questions as you fill out this workbook, please email hscrc.care-transformation@maryland.gov.

Overview | CTI Description | Trigger Selection | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty F ...

Tab 2. CTI Description

The second tab provides space for hospitals to describe their CTI's objectives and interventions. In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area, of which details can be found in the Care Transformation Steering Committee meeting materials on the HSCRC's website.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve care in the community. In addition to listing and describing the interventions, you can use this space to provide an overview of your program and/or identify care partners who help to implement the interventions. The HSCRC reserves the right to ensure submitting groups are providing meaningful interventions that fit within this CTI.

Title of Initiative: CTI A

Overview: The purpose of CTI A is to…

Interventions:

Care Partners:

| Overview | CTI Description | Trigger Selection | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty F ... |

Tab 3. Trigger Selection

The Community-Based Care, PAC Touch CTI requires hospitals to submit a list of NPIs (Table 1) that correspond to a post-acute care practice. Please see the screenshot below for an example.

Hospitals are then prompted to select one of three options for a baseline period (Table 2), which is chosen by clicking on the box under "Baseline Period" and selecting from one of the items in the drop down menu. Similarly, hospitals will then elect whether to include or exclude the initial post-acute stay (Table 3), which is also chosen by selecting from one of the options within the drop down menu (see screenshot below).

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Trigger Selection

YOU MUST COMPLETE THIS TAB.

Instructions: Each hospital must trigger their population by providing an NPI list in Table 1. The list of NPIs should correspond to SNFs, Home Health Agencies, or other post-acute care practices. The CTI will include any beneficiary who has a claim with the post-acute care provider. The baseline cohort will be any beneficiaries seen by that PAC provider in the baseline year. If the rows within the NPI List table are not sufficient, you can expand the table. There is no default options, all hospitals must provide an NPI list

In addition to providing the NPI list on this tab, hospitals should also indicate the baseline period in which to be measured against during the performance year in Table 2. If the CTI in question has been in place before this process began, you can select a year in the past. If the CTI in question is new or just beginning, you should select the most current year. Due to data limitations, the HSCRC cannot support a baseline period earlier than 2016. Furthermore, if a hospital will be using a look-back criteria in their population definition (i.e. 3 hospitalizations in the prior 12 months) the earliest baseline period possible is FY 2017-2018. Baseline periods can only be HSCRC fiscal years (365 days), which are from July through June each year, and are available for selection within the table's drop down menu. There is no default option for the baseline period, all hospitals must specify their baseline period.

Finally, the hospital may choose whether the initial post-acute stay is included or excluded from the episode in Table 3. Please use the drop down menu in the table to select include or exclude. If hospitals do not indicate their preference on inclusion of exclusion, the HSCRC default is to include the stay.

Table 1. NPI List	Table 2. Baseline Period	Table 3. Initial Post-Acute Stay
1234567890	July 2017 - June 2018	
1234567891		Include
1234567892		Exclude
1234567893		
1234567894		
1234567895		
1234567896		
1234567897		
1234567898		
1234567899		
1234567900		

Overview | CTI Description | **Trigger Selection** | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty F ...

Tab 4. Geographic Service Area

Hospitals can provide a list of five-digit zip codes in Tab 4. Please see the screenshot below for an example.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Criteria 1: Geographic Service Area

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals may provide a list of 5-digit zip-codes for which their intervention is targeted to impact. No other geographic distinctions (e.g. address, region, county, etc.) are permitted. If this section is not completed by a hospital, the HSCRC will default to no geographic restriction.

Zip code ▾
12345
12346
12347
12348
12349
12350
12351
12352
12353
12354
12355

| Overview | CTI Description | Trigger Selection | **Geographic Service Area** | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty F ... ⊕ ⋮ ◄ |

Tab 5. Chronic Conditions

The two tables provided on the fifth tab for chronic conditions should be filled out in tandem. Table 1 on the left provides a list of 27 chronic conditions that can be used to identify beneficiaries. If only a subset of chronic conditions are of interest (for example all conditions except cancer, see screenshot below) you can select "No" from the drop down menu provided in the cells of the Trigger column for the cancer conditions and "Yes" for all other conditions. From there, hospitals indicate if beneficiaries must have 1 or more chronic conditions to be eligible. In Table 2, please type in a number to define your threshold (see screenshot below). If hospitals do not wish to use this tab, indicate "D" in the Overview tab and leave Tables 1 and 2 blank.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Criteria 2: Chronic Conditions

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: This tab allows hospitals to define their population based on CCW Chronic Conditions AND thresholds on the number of CCW Chronic Conditions it takes to be eligible for the CTI. The HSCRC will use the chronic condition flag in the CCLF to determine eligibility for each of 27 CCW Chronic Conditions provided in Table 1. Each chronic condition is separately triggered, so if a hospital selects diabetes and heart failure from this list, patients with diabetes OR heart failure will be triggered. Table 2 allows hospitals to indicate a threshold of chronic conditions for an individual to be eligible for their CTI (e.g. patient with 2+ CCW Chronic Conditions). Both tables should be completed for this tab. For example, if a hospital only wants patients with one of three CCW Chronic Conditions they would select "Yes" from Table 1 next to those three conditions and write "1" in Table 2. If a hospital wants patients with three concurrent CCW Chronic Conditions of any type except asthma, they would select "Yes" for all conditions in Table 1 but "No" for asthma and write "3" in Table 2. If this section is not completed by a hospital, the HSCRC will default to any condition and no threshold of chronic conditions.

Table 1. To trigger for specific chronic conditions select those conditions below ("yes" for include, "no" for exclude):		AND	Table 2. Indicates the minimum # of chronic conditions, from those marked "yes" at left, required for inclusion of beneficiary in the CTI:
Chronic Condition	**Trigger**		**# of Chronic Conditions Required**
Acquired Hypothyroidism	Yes		3
Acute Myocardial Infarction	Yes		
Alzheimer's Disease	Yes		
Alzheimer's Disease, Related Disorders, or Senile Dementia	Yes		
Anemia	Yes		
Asthma	Yes		
Atrial Fibrillation	Yes		
Benign Prostatic Hyperplasia	Yes		
Cancer, Colorectal	No		
Cancer, Endometrial	No		
Cancer, Breast	No		
Cancer, Lung	No		
Cancer, Prostate	No		
Cataract	Yes		

Geographic Service Area | **Chronic Conditions** | Prior Hosp or ED Use | # of Medications | Frailty Flag | Episode Length | Requested Modifications

Tab 6. Prior Hospitalization or ED Utilization

Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in Tab 6. Hospitals may select the setting in the first column of the table using the drop down menu (see screenshot below), type a threshold for the number of encounters in the second column, and select a time window using the drop down menu in the third column.

Care Transformation Initiatives

Intake Template
Thematic Area: Community-Based Care, PAC Touch

Criteria 3: Prior Hospitalization/ED Utilization

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals may define their CTI population through thresholds on prior medical utilization. This first requires the selection of setting (i.e. IP encounter, observation, and/or ED encounter), then the threshold (e.g. 3 IP encounters), and/or the time window for when that threshold was reached (e.g. 3 IP encounters in past 60 days). The rows in the table are intended as an "or", for example, the population can be defined as having 3 IP encounters in 60 days OR 2 ED encounters in 30 days. In order to set a threshold on the combined number of IP + ED stays, the hospital should use the drop down menu to select the "Inpatient or ED encounter" option. For example, if the hospital set a threshold of 2 on the number of IP encounters and a threshold of 2 on the number of ED encounters then a beneficiary who had 1 IP encounter and 1 ED encounter would not be selected. To select a beneficiary who had 1 IP encounter and 1 ED encounter, the hospital should set a threshold of 2 on the "Inpatient or ED encounter" option. If this section is not completed by a hospital, the HSCRC will default to having no requirement on prior utilization to be eligible.

Setting	Threshold	Time Window
ED encounter	2	90
	4	90
Inpatient encounter		
Observation		
ED encounter		
Inpatient OR Observation		
Inpatient OR ED encounter		
Observation OR ED encounter		
Inpatient OR Observation OR ED encounter		

Possible Settings:	Possible Time Windows:
Inpatient encounter	30
Observation	60
ED encounter	90
Inpatient OR Observation	120
Inpatient OR ED encounter	150
Observation OR ED encounter	180
Inpatient OR Observation OR ED encounter	365

Overview | CTI Description | Trigger Selection | Geographic Service Area | Chronic Conditions | **Prior Hosp or ED Use** | # of Medications | Frailty F ...

Tab 7. Number of Medications

In Tab 7, we are allowing hospitals to determine a threshold of Part B drugs to identify their CTI beneficiaries. Hospitals should type in their medication thresholds using the lower bound and/or upper bound tables (see screenshot below). If hospitals wish to target beneficiaries with 3 or fewer medications they should type "3" into the upper bound table and leave the lower bound blank, while if hospitals wish to target beneficiaries with 3 or more medications they should type "3" into the lower bound table and leave the upper bound blank.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Criteria 4: Number of Medications

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals can use a threshold of the number of Part B drugs to further define their population. In the tables provided, hospitals should specify the lower and/or upper bound of medication threshold. All values will be interpreted as inclusive. For example, if a hospital wants to include beneficiaries using 2 through 3 medications they should type "2" in the lower bound table and "3" in the upper bound table. If a hospital wants to include beneficiaries using 3 or greater medications, they should type "3" in the lower bound table and leave the upper bound table blank. The HSCRC will use the number of medications on the triggering post-acute claim. If this section is not completed by a hospital, the HSCRC will default to no medication threshold.

# of Medications Lower Bound ▾	# of Medications Upper Bound ▾
2	3

| Overview | CTI Description | Trigger Selection | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | **# of Medications** | Frailty F ... ⊕ |

Tab 8. Frailty Flag

Hospitals can use a flag for frailty (determined by DME claims) in Tab 8 to refine their populations. If this flag is desired, select "Yes" from the drop down menu provided in the table (see the screenshot below).

Tab 9. Episode Length

In Tab 9, hospitals can indicate the length of their episode using the drop down menu provided by clicking in the box below "Episode Length". Please see the screenshot below for an example.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Criteria 6: Episode Length

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Each hospital must select the length of their CTI intervention in which the episode will be measured. To standardize the process, the HSCRC offers hospital the choice of episodes that last 30, 60, 90, 120, 150, 180, or 365 days. The episode window triggers at discharge from the hospital. If this section is not completed by a hospital, the HSCRC will default to having 90-day episodes.

Episode Length	▾
120	▾
30	
60	
90	
120	
150	
180	
365	

Possible Episode Lengths:

30

60

90

120

150

180

365

| Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | **Episode Length** | Requested Modifications | ... ⊕ ⋮ ◂ |

Tab 10. Requested Modifications

This tab is available across all CTI Thematic Areas for hospitals to suggest a criteria that is not currently available within the Intake Template. The HSCRC is unable to commit to accommodating these requests but will review each upon their submission.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, PAC Touch

Requested Modifications

Instructions: If the criteria you are seeking to modify is not available within the current tabs and tables, please use this tab to provide an example of the criteria you would like to use. In the space below, create and complete the table with the modification you are suggesting for the HSCRC's review. Upon submission of your Template, we will review your requests and follow up on its feasibility. As you complete the rest of this Template, please fill out the tabs as if this modification is not available. If we approve the modification, your change will be incorporated in the Template and sent back for you to finalize.

| Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | Episode Length | **Requested Modifications** | ⊕ |

Community-Based Care, Geographic (CTI_004b)
Tab 1. Overview

The Community-Based CTI have a two-part process to construct episodes. Part 1 specifies the trigger and is required, while Part 2 allows hospitals to further target their intended beneficiaries based on other optional criteria. Hospital should determine which of the four "Part 2" criteria they will use, and indicate these selections on the first tab. The boxes to the left of the criteria contain a drop down menu in which hospitals can select "D" to use the HSCRC's default criteria or "X" to use a hospital-defined criteria (see screenshot below). Hospitals, systems, and regional partnerships should also identify in this tab which hospitals the Template pertains to by filling out the line "Submitting Hospital Name(s) & CMS ID(s)". Please write the hospital name followed by the 6-digit CMS ID in parentheses, as shown below.

Care Transformation Initiatives
Intake Template

Thematic Area: Community-Based Care, Geographic

Submitting Hospital Name(s) & CMS ID(s): ABC Hospital (100000)

This Intake Template is designed to help hospitals and the HSCRC gather all the desired episode triggers and restrictions for the Community-Based Care, Geographic CTI. Each tab within this Workbook provides a way for hospitals to customize their CTI for the population they are targeting. As finalized by the Care Transformation Steering Committee, below are the criteria options that hospitals are allowed to select, in any combination, with the HSCRC's default also specified if a hospital chooses not to customize a particular criteria.

Please note that this Community-Based Care, Geographic CTI requires a hospital to take responsibility for a geographic population over 365 days (i.e. a panel approach with no episode length customization). A separate template is available for hospitals wanting to use a touch approach with NPI lists. Attribution for this CTI is performed in two parts: Part 1 uses the 'Triggers Selection' tab where the hospital must submit their NPIs lists; and Part 2 uses the remainder of the tabs where the hospital may limit the attributed beneficiaries based on other criteria. Part 1 is required, but for Part 2 please indicate which criteria your hospital will use to define its CTI population by selecting an "X" for hospital-defined and a "D" for using the HSCRC-default:

X	Part 1: Trigger Selection (required)	Please specify your hospital's defintion in the relevant tab below
D	Part 2: Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
X	Part 2: Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's defintion in the relevant tab below
D	Part 2: Number of Medications (default: none)	Warning: you are selecting the HSCRC's default criteria
X	Part 2: Frailty Flag (default: no flag required)	Please specify your hospital's defintion in the relevant tab below
D		
X		

Hospitals do not need to provide information on all criteria/tabs listed, just the criteria/tabs they feel are relevant to their population definition and which they do not feel the HSCRC's default criteria is appropriate. If the box next to a criteria is marked with an "X", the HSCRC expects the hospital to complete the relevant tab with their list of chronic conditions, number of medications, etc.

If you have questions as you fill out this workbook, please email hscrc.care-transformation@maryland.gov.

Overview | CTI Description | Trigger Selection | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | Requested Modificat ...

Tab 2. CTI Description

The second tab provides space for hospitals to describe their CTI's objectives and interventions. In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area, of which details can be found in the Care Transformation Steering Committee meeting materials on the HSCRC's website.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, Geographic

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve care in the community. In addition to listing and describing the interventions, you can use this space to provide an overview of your program and/or identify care partners who help to implement the interventions. The HSCRC reserves the right to ensure submitting groups are providing meaningful interventions that fit within this CTI.

Title of Initiative: CTI A

Overview: The purpose of CTI A is to…

Interventions:

Care Partners:

| Overview | CTI Description | Trigger Selection | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | Requested Modificat ... |

Tab 3. Trigger Selection

The Community-Based Care, Geographic CTI requires hospitals to submit a list of geographic addresses (Table 1) that they wish to take responsibility for. Submissions can take the form of 5-digit or 9-digit zip codes along with street addresses. Please see the screenshot below for an example.

Hospitals are then prompted to select one of three options for a baseline period (Table 2), which is chosen by clicking on the box under "Baseline Period" and selecting from one of the items in the drop down menu.

Care Transformation Initiatives

Intake Template
Thematic Area: Community-Based Care, Geographic

Trigger Selection

YOU MUST COMPLETE THIS TAB.

Instructions: Each hospital must trigger their population by providing a list of geographic addresses, either 5-digit zip code, 9-digit zip code, or street addresses. The CTI will include any beneficiary that resides within the address on the first month of the period. This will be a panel approach, attributing beneficiaries on the first day of the fiscal year. The baseline cohort will be any resident of that geographic area during the baseline year. If the rows within Table 1 are not sufficient, you can expand the table. There is no default option, all hospitals must specify their geographic area.

In addition to providing the list of geographies on this tab, hospitals should also indicate the baseline period in which to be measured against during the performance year in Table 2. If the CTI in question has been in place before this process began, you can select a year in the past. If the CTI in question is new or just beginning, you should select the most current year. Due to data limitations, the HSCRC cannot support a baseline period earlier than 2016. Furthermore, if a hospital will be using a look-back criteria in their population definition (i.e. 3 hospitalizations in the prior 12 months) the earliest baseline period possible is FY 2017-2018. Baseline periods can only be HSCRC fiscal years (365 days), which are from July through June each year, and are available for selection within the table's drop down menu. There is no default option for the baseline period, all hospitals must specify their baseline period.

Table 1.		Table 2.	
Zip code (5- or 9-digit) OR Street Address	▼	**Baseline Period**	▼
12345-6789		July 2017 - June 2018	
12345-6790			
12345-6791			
12345-6792			
12345-6793			
12345-6794			
12345-6795			
12345-6796			
12345-6797			
12345-6798			
12345-6799			
12345-6800			
12345-6801			
12345-6802			
12345-6803			
12345-6804			
12345-6805			
12345-6806			
12345-6807			

Overview | CTI Description | **Trigger Selection** | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | Requested Modificat ...

Tab 4. Chronic Conditions

The two tables provided on the fourth tab for chronic conditions should be filled out in tandem. Table 1 on the left provides a list of 27 chronic conditions that can be used to identify beneficiaries. If only a subset of chronic conditions are of interest (for example all conditions except cancer, see screenshot below) you can select "No" from the drop down menu provided in the cells of the Trigger column for the cancer conditions and "Yes" for all other conditions. From there, hospitals indicate if beneficiaries must have 1 or more chronic conditions to be eligible. In Table 2, please type in a number to define your threshold (see screenshot below). If hospitals do not wish to use this tab, indicate "D" in the Overview tab and leave Tables 1 and 2 blank.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, Geographic

Criteria 1: Chronic Conditions

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: This tab allows hospitals to define their population based on CCW Chronic Conditions AND thresholds on the number of CCW Chronic Conditions it takes to be eligible for the CTI. The HSCRC will use the chronic condition flag in the CCLF to determine eligibility for each of 27 CCW Chronic Conditions provided in Table 1. Each chronic condition is separately triggered, so if a hospital selects diabetes and heart failure from this list, patients with diabetes OR heart failure will be triggered. Table 2 allows hospitals to indicate a threshold of chronic conditions for an individual to be eligible for their CTI (e.g. patient with 2+ CCW Chronic Conditions). Both tables should be completed for this tab. For example, if a hospital only wants patients with one of three CCW Chronic Conditions they would select "Yes" from Table 1 next to those three conditions and write "1" in Table 2. If a hospital wants patients with three concurrent CCW Chronic Conditions of any type except asthma, they would select "Yes" for all conditions in Table 1 but "No" for asthma and write "3" in Table 2. If this section is not completed by a hospital, the HSCRC will default to any condition and no threshold of chronic conditions.

Table 1. To trigger for specific chronic conditions select those conditions below ("yes" for include, "no" for exclude):			Table 2. Indicates the minimum # of chronic conditions, from those marked "yes" at left, required for inclusion of beneficiary in the CTI:
Chronic Condition	**Trigger**	AND	**# of Chronic Conditions Required**
Acquired Hypothyroidism	Yes		3
Acute Myocardial Infarction	Yes		
Alzheimer's Disease	Yes		
Alzheimer's Disease, Related Disorders, or Senile Dementia	Yes		
Anemia	Yes		
Asthma	Yes		
Atrial Fibrillation	Yes		
Benign Prostatic Hyperplasia	Yes		
Cancer, Colorectal	No		
Cancer, Endometrial	No		
Cancer, Breast	No		
Cancer, Lung	No		
Cancer, Prostate	No		
Cataract	Yes		
Chronic Kidney Disease	Yes		
Chronic Obstructive Pulmonary Disease	Yes		
Depression	Yes		
Diabetes	Yes		
Glaucoma	Yes		
Heart Failure	Yes		

Overview | CTI Description | Trigger Selection | **Chronic Conditions** | Prior Hosp or ED Use | # of Medications | Frailty Flag | Requested Modificat …

Tab 5. Prior Hospitalization or ED Utilization

Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in Tab 5. Hospitals may select the setting in the first column of the table using the drop down menu (see screenshot below) and type a threshold for the number of encounters in the second column. Due to the panel-based nature of this CTI, prior utilization criteria will be based on the entire year preceding the performance period (i.e. July 2019-June 2020), and no other time window selection is available to hospitals.

Tab 6. Number of Medications

In Tab 6, we are allowing hospitals to determine a threshold of Part B drugs to identify their CTI beneficiaries. Hospitals should type in their medication thresholds using the lower bound and/or upper bound tables (see screenshot below). If hospitals wish to target beneficiaries with 3 or fewer medications they should type "3" into the upper bound table and leave the lower bound blank, while if hospitals wish to target beneficiaries with 3 or more medications they should type "3" into the lower bound table and leave the upper bound blank.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, Geographic

Criteria 3: Number of Medications

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: Hospitals can use a threshold of the number of Part B drugs to further define their population. In the tables provided, hospitals should specify the lower and/or upper bound of medication threshold. All values will be interpreted as inclusive. For example, if a hospital wants to include beneficiaries using 2 through 3 medications they should type "2" in the lower bound table and "3" in the upper bound table. If a hospital wants to include beneficiaries using 3 or greater medications, they should type "3" in the lower bound table and leave the upper bound table blank. The HSCRC will use the number of medications used by the beneficiary in the prior year. If this section is not completed by a hospital, the HSCRC will default to no medication threshold.

# of Medications Lower Bound ▾	# of Medications Upper Bound ▾
2	3

| Overview | CTI Description | Trigger Selection | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | Requested Modificat ... ⊕ |

Tab 7. Frailty Flag

Hospitals can use a flag for frailty (determined by DME claims) in Tab 7 to refine their populations. If this flag is desired, select "Yes" from the drop down menu provided in the table (see the screenshot below).

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, Geographic

Criteria 4: Frailty Flag

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: Signs of frailty is an indicator of serious illness in the new CMS Seriously Ill Population (SIP) model. This frailty flag is generated when a DME claim is submitted to Medicare by a provider or supplier for a hospital bed or transfer equipment. In the table below, hospitals should indicate "yes" if they would like to use this frailty flag to refine their targeted population. If this section is not completed by a hospital, the HSCRC will default to having no requirement of a frailty flag.

Frailty Flag
Yes
Yes
No

Overview | CTI Description | Trigger Selection | Chronic Conditions | Prior Hosp or ED Use | # of Medications | **Frailty Flag** | Requested Modificat ...

Tab 8. Requested Modifications

This tab is available across all CTI Thematic Areas for hospitals to suggest a criteria that is not currently available within the Intake Template. The HSCRC is unable to commit to accommodating these requests but will review each upon their submission.

Care Transformation Initiatives

Intake Template

Thematic Area: Community-Based Care, Geographic

Requested Modifications

Instructions: If the criteria you are seeking to modify is not available within the current tabs and tables, please use this tab to provide an example of the criteria you would like to use. In the space below, create and complete the table with the modification you are suggesting for the HSCRC's review. Upon submission of your Template, we will review your requests and follow up on its feasibility. As you complete the rest of this Template, please fill out the tabs as if this modification is not available. If we approve the modification, your change will be incorporated in the Template and sent back for you to finalize.

| CTI Description | Trigger Selection | Chronic Conditions | Prior Hosp or ED Use | # of Medications | Frailty Flag | **Requested Modifications** | ⊕ |