

Palliative Care Intake Template FAQ

This FAQ is provided to guide hospitals completing the Palliative Care Intake Template. The information provided is supplemental to the instructions provided directly in the Template with the goal of providing an example of how the form 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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Tab 1. Overview

Once you determine which of the seven Palliative Care CTI criteria your hospital will use, please 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)”.

Care Transformation Initiatives

Intake Template

Thematic Area: Palliative Care



Submitting Hospital Name(s): ABC Hospital

This Intake Template is designed to help hospitals and the HSCRC gather all the desired episode triggers and restrictions for the Palliative Care 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 indicate which criteria your hospital will use to define its CTI population by selecting an “X” for hospital-defined or a “D” for using the HSCRC-default:

<input checked="" type="checkbox"/>	Beneficiary age (default: ages 65+)	Please specify your hospital's definition in the relevant tab below
<input checked="" type="checkbox"/>	Geographic service area (default: no geographic restriction)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	IP events (default: use all lengths of stay and diagnosis/DRG codes)	Warning: you are selecting the HSCRC's default criteria
<input type="checkbox"/>	NPI attribution (default: no NPI restriction)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Episode length (default: 90-day episode window)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>		
<input checked="" type="checkbox"/>		

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 codes, provider identification numbers, zip codes, etc.

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

Overview	CTI Description	Baseline Period & Index Stay	Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	...	⊕	⋮
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Tab 2. CTI Description

The second tab provides space for hospitals to describe their CTI objectives and interventions. In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area.

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Thematic Area: Palliative Care

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve palliative care. 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	Baseline Period & Index Stay	Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use ...	+	:	4
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Tab 3. Baseline Period and Index Stay

Hospitals are then prompted to select one of three options for a baseline period, 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 index hospitalization which is also chosen by selecting from one of the options within the drop down menu (see screenshot below).

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Baseline Period

YOU MUST SELECT A BASELINE PERIOD.

Instructions: Each hospital must select the baseline period in which to be measured against during the performance year. 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 can select the 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 2017. Baseline periods can only be HSCRC fiscal years (365 days), which are from July through June each year. There is no default option for the baseline period, all hospitals must specify their baseline period. Hospitals must also elect whether the index (initial) hospitalization, which the Palliative Care CTI is based, should be included in the episode costs or excluded. If hospitals do not indicate their preference on inclusion or exclusion of the index hospitalization, the HSCRC default is to include the hospitalization.

Baseline Period

Possible Baseline Periods:

- July 2016 - June 2017
- July 2017 - June 2018
- July 2018 - June 2019

Index Hospitalization

Index Hospitalization:

- Include
- Exclude

Tab 4. Beneficiary Age

Hospitals can then elect to target a particular age group of beneficiaries within the fourth tab. In the box below “Age (years)”, hospitals can write any age range in any understandable format. The uses of plus signs, dashes, and greater than/less than signs are all permitted (see screenshot below).

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Criteria 1: Beneficiary Age

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

Instructions: Hospitals can determine the age range their intervention targets to further define their population. In the table provided, hospitals can specify the age in years using any format (e.g. 65+, 70-85, etc.). All values will be interpreted as inclusive. For example, ages 70-85 will include those aged 70 and those aged 85 and 65+ will include those aged 65. The HSCRC will use the age of the beneficiary at the admission of the trigger event. If this section is not completed by a hospital, the HSCRC will default to ages 65+ (all Medicare beneficiaries).

Age (years)	▼
65+	

Overview	CTI Description	Baseline Period & Index Stay	Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use ...	+	:	↓
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Tab 5. Geographic Service Area

Hospitals can provide a list of five-digit zip codes in Tab 5. Please see the screenshot below for an example.

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Criteria 2: 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. Please note a beneficiary must still be admitted to the participating hospital to be included in the CTI and this specification only ensures the beneficiary that is admitted to your hospital also resides within a specified zip code area. If this section is not completed by a hospital, the HSCRC will default to having no geographic restriction.

Zip code
12345
12346
12347
12348
12349
12350
12351
12352
12353
12354
12355
12356

Tab 6. Chronic Conditions

The two tables provided on the six 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, with the default of “Yes” within the trigger column for using the entire list. 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. From there, hospitals indicate if beneficiaries must have 1 or more chronic conditions to be eligible. A drop down menu is provided when you click on the box below Table 2 (see screenshot below). If hospitals do not wish to use this tab, indicate “D” in the Overview tab and leave Table 2 blank.

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Criteria 3: 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):

Chronic Condition	Trigger
Acquired Hypothyroidism	Yes
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

AND

Table 2. Indicates the minimum # of chronic conditions, from those marked "yes" at left, required for inclusion of beneficiary in the CTI:

of Chronic Conditions Required
1
2
3
4
5
6
7
8

Tab 7. Prior Hospitalization or ED Utilization

Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in tab 7. 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.

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Criteria 4: 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 discharge/admission, observation, or ED encounter), then the threshold (e.g. 3 IP visits), and/or the time window for when that threshold was reached (e.g. 3 IP visits 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 discharges/admissions 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 separate 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
Inpatient OR Observation	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:

Inpatient encounter
 Observation
 ED encounter
 Inpatient OR Observation
 Inpatient OR ED encounter
 Observation OR ED encounter
 Inpatient OR Observation OR ED encounter

Possible Time Windows:

30
 60
 90
 120
 150
 180
 365

Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	IP Events	NPI Attribution	Episode Length	+	:	◀
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Tab 8. IP Events

Two criteria are allowed within the IP Events tab. Hospitals can specify a length of stay in an acute hospital by typing a number or range within the box under Table 1. Within Table 2, hospitals select between ICD-10 or APR-DRG code types within the drop down menu of the first column (see screenshot below), type the code in the second column, and enter the relevant SOI or ROM in the third and fourth columns. If using an ICD-10 code, please put “N/A” in the SOI and ROM columns. If using an APR-DRG code and not an SOI or ROM qualifier, you can also put “N/A” in these columns.

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Criteria 5: IP Events

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

Instructions: Two specifications are available within the IP Events criteria. First, hospitals can specify an acute hospital length of stay within Table 1 using any format (e.g. 3+, 1-3 days, etc.). All values will be interpreted as inclusive. For example, 1-3 days will include those with a LOS of 1 and those with a LOS of 3 and 3+ days will include those with a LOS of 3. Within Table 2, hospitals may submit a list of ICD-10 primary diagnosis codes OR APR-DRG codes. If APR-DRG codes are used, hospitals can further specify the SOI AND/OR ROM to define their CTI population. If you wish to choose all DRGs with specific SOIs (or ROM), enter "All" in the "DX or APR-DRG Code" column. Please do not provide ranges of code, but instead provide each code as a separate line in the table. The rows in the table are intended as an "or", for example, the population can be defined by all APR-DRGs with an SOI of 2 OR by all APR-DRGs with an SOI of 3. The table can be expanded and modified if the default rows are not sufficient. Hospitals can designate a length of stay in the first table AND/OR diagnosis codes in the second table. If this section is not completed by a hospital, the HSCRC will default to using all lengths of stay and medical codes.

Table 1. Length of Stay (days)

10

AND/OR

Table 2. Diagnosis Codes

Code Type (ICD-10-CM or APR-DRG)	DX or APR-DRG Code	SOI (optional with DRG only)	ROM (optional with DRG only)
ICD-10-CM	E11.9	N/A	N/A
APR-DRG	754	2	N/A
APR-DRG	754	3	N/A
ICD-10-CM			
APR-DRG			

Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	IP Events	NPI Attribution	Episode Length	⊕	⋮	⏪
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Tab 9. NPI Attribution

Hospitals can provide a list of NPIs in Tab 9 that identify the providers delivering the intervention in the baseline and performance periods. Please see the screenshot below for an example.

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Criteria 6: NPI Attribution

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

Instructions: The HSCRC is allowing hospitals to submit a list of NPIs (10-digit) that beneficiaries received physician services from during the course of their hospitalization stay. The NPI used for the Palliative Care CTI must include a Physician/Hospice and Palliative Care taxonomy from Medicare to be eligible. Furthermore, the hospital must select a base year during which all of the submitted NPIs were practicing at the hospital. The table can be expanded and modified if the default rows are not sufficient. If this section is not completed by a hospital, the HSCRC will default to having no NPI restriction.

NPI List
I234567890
I234567891
I234567892
I234567893
I234567894
I234567895
I234567896
I234567897
I234567898
I234567899
I234567900
I234567901
I234567902
I234567903
I234567904

Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	IP Events	NPI Attribution	Episode Length	+	:	←
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Tab 10. Episode Length

In the final tab, 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.

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Criteria 7: 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 ▾	Possible Episode Lengths:
120 ▾	30
30	60
60	90
90	120
120	150
150	180
180	365
365	

Beneficiary Age	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	IP Events	NPI Attribution	Episode Length	⊕	:	⏪
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