

Primary Care Transformation Intake Templates FAQ

This FAQ is provided to guide hospitals completing the Primary Care Transformation Intake Templates, (1) “Episodic Primary Care Transformation” and (2) “Panel-Based Primary Care Transformation”. 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 Primary Care Transformation 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. **Episodic Primary Care Transformation (file CTI_003a):** Allows the hospital to identify provider initiated episodes based on them providing an Evaluation and Management (E&M) service to beneficiaries. Beneficiaries will be attributed to the hospital on the day that they receive one of the listed services from the NPIs selected by the hospitals. The hospital will be accountable for the costs that occur during a fixed episode window following the initiating claim.
2. **Panel-Based Primary Care Transformation (file CTI_003b):** Allows a hospital to trigger a CTI on the first day of the performance period and follow those beneficiaries for the entire performance period (365 days). Hospital will provide a list of their NPIs and the HSCRC will run an “MDPCP-like” attribution on those providers. The hospital will be attributed any beneficiary to whom their NPIs provided a plurality of office-based E&M services.

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 age, zip codes, a list of chronic conditions, prior hospital or ED utilization thresholds, HCC ranges, and frailty flags. More details are provided on each throughout this FAQ.

Episodic Primary Care Transformation (CTI_003a)

Tab 1. Overview

The Primary Care Transformation 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: Episodic Primary Care Transformation



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 Episodic Primary Care Transformation 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 Episodic Primary Care Transformation CTI requires a hospital to develop their population using E&M codes and a separate template is available for hospitals wanting to use a panel-based method to target their primary care interventions. Attribution for this CTI is performed in two parts: Part 1 uses the 'Triggers and NPI List' tab where the hospital must select their E&M triggers and 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:

<input checked="" type="checkbox"/>	Part 1: Primary Care Service Triggers and NPI List (required)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Part 2: Beneficiary age (default: ages 65+)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Part 2: Geographic service area (default: no geographic restriction)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Part 2: Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Part 2: Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Part 2: Look back/look forward (default: none)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Part 2: 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 zip codes, age ranges, chronic conditions, etc.

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

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: Episodic Primary Care Transformation

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve primary 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** | Triggers and NPI List | Baseline Period | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp ...

Tab 3. Triggers and NPI List

The Episodic Primary Care Transformation CTI requires hospitals to submit a list of E&M services to act as the trigger (Table 1) and a list of NPIs (Table 2) who will perform the service. Please see the screenshot below for an example. Alternatively, hospitals can leave Table 1 blank if they wish to use the HSCRC's seven categories of E&M codes defined in the instructions as their triggers.

Care Transformation Initiatives
 Intake Template
 Thematic Area: Episodic Primary Care Transformation

Triggers and NPI List
YOU MUST INDICATE THE TRIGGERING SERVICE AND PROVIDE AN NPI LIST.

Instructions: Each hospital must trigger their population by specifying a list of E&M codes that will act as the trigger AND providing an NPI list (10-digit) who will trigger the service. Hospitals have the ability to define their own E&M triggers (please list each code individually without ranges), or they can use the HSCRC's default E&M code list, informed by federal primary care programs, by leaving Table 1 below blank:

1. Prolonged E&M (99354-99355)
2. Transitional Care Management Services (99495-99496)
3. Home Care E&M (99324-99328, 99334-99337, 99339-99345, 99347-99350)
4. Advance Care Planning (99497- 99498)
5. Welcome to Medicare (G0402)
6. Annual Wellness Visits (G0438, G0439)
7. Chronic Care Management Services (99487, 99489-99491)

If the rows within the trigger codes or NPI tables are not sufficient, you can expand the tables. All hospitals must provide an NPI list in Table 2, while leaving Table 1's triggering services blank will indicate the hospital's preference for the HSCRC's default E&M triggers.

Table 1. E&M Triggering Service	AND	Table 2. NPI List
12345		1234567890
12346		1234567891
12347		1234567892
12348		1234567893
12349		1234567894
12350		1234567895
12351		1234567896
12352		1234567897
12353		1234567898
12354		1234567899
		1234567900
		1234567901
		1234567902
		1234567903

Overview | CTI Description | **Triggers and NPI List** | Baseline Period | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp ...

Tab 4. Baseline Period

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.

Care Transformation Initiatives

Intake Template
Thematic Area: Episodic Primary Care Transformation

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 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. There is no default option for the baseline period, all hospitals must specify their baseline period.

Baseline Period	Possible Baseline Periods:
July 2017 - June 2018	July 2016 - June 2017
July 2016 - June 2017	July 2017 - June 2018
July 2017 - June 2018	July 2018 - June 2019
July 2018 - June 2019	

Overview | CTI Description | Triggers and NPI List | **Baseline Period** | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp. ...

Tab 5. Beneficiary Age

Hospitals can then elect to target a particular age group of beneficiaries within the fifth 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).

Care Transformation Initiatives

Intake Template

Thematic Area: Episodic Primary Care Transformation

Criteria 1: Beneficiary Age

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

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

Age (years)

Overview | CTI Description | Triggers and NPI List | Baseline Period | **Beneficiary Age** | Geographic Service Area | Chronic Conditions | Prior Hosp ...

Tab 7. Chronic Conditions

The two tables provided on the seventh 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: Episodic Primary Care Transformation

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
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

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
3

Tab 8. Prior Hospitalization or ED Utilization

Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in Tab 8. 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: Episodic Primary Care Transformation

Criteria 4: Prior Hospitalization/ED Utilization

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

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
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:	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

Tab 9. Look back or forward

In Tab 9, we are allowing hospitals to include and exclude beneficiaries based on touches with a provider or setting of care in the period before and/or after the triggering event. Hospitals can use just the look back or look forward criteria, or they can use both. Six settings are available in the look back criteria and four are available in the look forward criteria. Hospitals should select the setting in the first column of the relevant table using the drop down menu (see screenshot below), then specify whether to include or exclude that setting in the second column. For the look back setting, hospitals should also indicate the time window for their selections, while for the look forward setting we will use the duration of the episode.

Care Transformation Initiatives

Intake Template

Thematic Area: Episodic Primary Care Transformation

Criteria 5: Look Back/Look Forward

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

Instructions: The HSCRC is allowing two additional criteria by looking before and after the aforementioned episode window. The "look back" is an E&M touch by provider type pre-admission, which uses HSCRC-defined HCPCS codes to identify what type of provider touched the patient and hospital-defined look back windows. Hospitals can also elect to have "no primary care" within this criteria by using "Exclude" as the action, rather than "Include". Under the "look forward" criteria, hospitals can stipulate the first setting of care post discharge using HSCRC-defined categories. The rows in both tables are intended as an "or", for example, the look back can exclude patients with primary care in 90 days OR include patients with SNF claims in 60 days. If this section is not completed by a hospital, the HSCRC will default to having no look forward/look back specifications.

Look Back		
E&M Touch Pre-Admission	Action	Window
Primary Care	Exclude	30
Psychiatric Care Facilities	Exclude	30
Primary Care		
Home Health Agencies		
Skilled Nursing Facilities		
Assisted Living, Long Term Care		
Acute Care		
Psychiatric Care Facilities		

Possible Look Back Settings:	Look Back Windows:
Primary Care	30
Home Health Agencies	60
Skilled Nursing Facilities	90
Assisted Living, Long Term Care	120
Acute Care	150
Psychiatric Care Facilities	180
	365

Look Forward	
First Setting of Care Post Discharge	Action
Community (i.e. physician consult)	Include

Possible Look Forward Settings:	Action:
Inpatient Post Acute Care (i.e. LTC, IRF)	Include
Skilled Nursing Facility	Exclude
Home Health Agency	
Community (i.e. physician consult)	

Tab 10. Episode Length

In Tab 10, 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: Episodic Primary Care Transformation

Criteria 6: Episode Length

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

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

Possible Episode Lengths:

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 | Look back or forward | **Episode Length** | Requested Modifi ...

Tab 11. 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: Episodic Primary Care Transformation

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.

Geographic Service Area

Chronic Conditions

Prior Hosp or ED Use

Look back or forward

Episode Length

Requested Modifications



Panel-Based Primary Care Transformation (CTI_003b)

Tab 1. Overview

The Primary Care Transformation CTI have a two-part process to construct episodes. Part 1 specifies the NPI list 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 five “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: Panel-Based Primary Care Transformation

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 Panel-Based Primary Care Transformation 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 Panel-Based Primary Care Transformation CTI requires a hospital to take responsibility for a population over 365 days with a July 2019-June 2020 baseline period (i.e. no baseline period or episode length customization). A separate template is available for hospitals wanting to use an episodic approach with E&M codes. Attribution for this CTI is performed in two parts: Part 1 uses the 'NPI List' tab where the hospital must select their NPIs; 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:

<input checked="" type="checkbox"/>	Part 1: NPI List (required)	Please specify your hospital's definition in the relevant tab below
<input checked="" type="checkbox"/>	Part 2: Geographic service area (default: no geographic restriction)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Part 2: Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Part 2: Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's definition in the relevant tab below
<input checked="" type="checkbox"/>	Part 2: HCC Range (default: no specified HCC score needed)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Part 2: Frailty Flag (default: no flag required)	Warning: you are selecting the HSCRC's default criteria

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, HCC ranges, etc.

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

Overview | CTI Description | NPI List | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | HCC Range | Frailty Flag | Request ...

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: Panel-Based Primary Care Transformation

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve primary 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

NPI List

Geographic Service Area

Chronic Conditions

Prior Hosp or ED Use

HCC Range

Frailty Flag

Reques ...



Tab 3. NPI List

The Panel-Based Primary Care CTI requires hospitals to submit a list of NPIs (10-digit). Please see the screenshot below for an example. Due to the nature of the MDPCP-like algorithm used to attribute beneficiaries to the hospitals' NPIs, the baseline period is restricted to July 2019 – June 2020, with no other options afforded to hospitals.

Care Transformation Initiatives

Intake Template

Thematic Area: Panel-Based Primary Care Transformation

NPI List

YOU MUST PROVIDE AN NPI LIST.

Instructions: Each hospital must trigger their population by providing an NPI list (10-digit). The HSCRC will use that list to run an "MDPCP-like" algorithm over the previous two years worth of data. The hospital will be attributed any beneficiary to whom their NPIs provided a plurality of office-based E&M services during the baseline period (July 2019-June 2020) and performance period (July 2020-June 2021) will be included in the CTI. Further details on this methodology are available in the February 2020 CT-SC slide deck on the HSCRC website.

If the rows within the NPI List table are not sufficient, you can expand the table. There is no default option for the NPI lists, all hospitals must specify their NPIs.

NPI List
1234567890
1234567891
1234567892
1234567893
1234567894
1234567895
1234567896
1234567897
1234567898
1234567899
1234567900
1234567901
1234567902
1234567903
1234567904
1234567905
1234567906
1234567907
1234567908
1234567909
1234567910
1234567911
1234567912
1234567913
1234567914

Overview | CTI Description | **NPI List** | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | HCC Range | Frailty Flag | Reques ...

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: Panel-Based Primary Care Transformation

Criteria 1: Geographic Service Area

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

Instructions: Hospitals may provide a list of 5-digit zip-codes for which their intervention is targeted to impact. Please note that unlike the first rounds of CTIs, the Panel-Based Primary Care Transformation CTI does not require a touch with the submitting hospital. This in effect broadens the target population, potentially beyond the hospitals intended service area, and could make this parameter of particular use. 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


Overview | CTI Description | NPI List | **Geographic Service Area** | Chronic Conditions | Prior Hosp or ED Use | HCC Range | Frailty Flag | Reques ...  : 

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: Panel-Based Primary Care Transformation

Criteria 2: 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):		AND	Table 2. From those marked "yes" in Table 1, indicates the minimum # of chronic conditions required for inclusion of beneficiary in the CTI:	
Chronic Condition	Trigger		# of Chronic Conditions Required	
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			
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			

of Chronic Conditions Required
3

Overview	CTI Description	NPI List	Geographic Service Area	Chronic Conditions	Prior Hosp or ED Use	HCC Range	Frailty Flag	Reques ...
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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) 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.

Care Transformation Initiatives

Intake Template

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Criteria 3: Prior Hospitalization/ED Utilization

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

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). 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 for the first CTI Performance Period). The rows in the table are intended as an "or", for example, the population can be defined as having 3 IP encounters OR 2 ED encounters. 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
ED encounter	2
Inpatient OR Observation	4
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

Tab 7. HCC Range

In Tab 7 we are allowing hospitals to determine a threshold of HCC risk scores to identify their CTI beneficiaries. Hospitals should type in their HCC risk score threshold using the lower bound and/or upper bound tables (see screenshot below). If hospitals wish to target beneficiaries with an HCC risk score of 3 or less they should type "3" into the upper bound table and leave the lower bound blank, while if hospitals wish to target beneficiaries with an HCC risk score of 3 or more they should type "3" into the lower bound table and leave the upper bound blank.

Care Transformation Initiatives

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Criteria 4: HCC Range

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

Instructions: Hospitals can use the CMS Hierarchical Condition Categories (HCC) risk score to further define their population, as consistent with the indicator of serious illness in the new CMS Seriously Ill Population (SIP) model. In the tables provided, hospitals should specify the lower and/or upper bound of the HCC risk score. All values will be interpreted as inclusive. For example, if a hospital wants to include beneficiaries with an HCC risk score of 2 through 3 they should type "2" in the lower bound table and "3" in the upper bound table. If a hospital wants to include beneficiaries with an HCC risk score of 3 or greater, they should type "3" in the lower bound table and leave the upper bound table blank. The HSCRC will use the beneficiary HCC risk score from the most recent data available as of July 1. If this section is not completed by a hospital, the HSCRC will default to no HCC risk score restriction.

HCC Risk Score Lower Bound <input type="text" value="2"/>	HCC Risk Score Upper Bound <input type="text" value="3"/>
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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).

Care Transformation Initiatives

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Criteria 5: 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 | NPI List | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | HCC Range | **Frailty Flag** | Reques ... ⊕ : ◀

Tab 9. 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: Panel-Based Primary Care Transformation

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.