

Totally Linking Care, MD (TLC-MD) CTI Submission
Quantifying Care Transformation Efforts under the MPA Efficiency Component Policy Draft:
4/30/19

The HSCRC is developing a process to quantify hospital care transformation efforts around the State to make incentive payments to hospitals through the Medicare Performance Adjustment (MPA). Currently, hospitals may receive incentive payments for the Episode Care Improvement Program (ECIP), which focuses on reducing post-acute care costs for 23 clinical episodes. **The HSCRC will add incentive payments for hospital efforts, outside of ECIP, that reduce the Medicare Total Cost of Care (TCOC) growth rate.**

There are four fields which are required for hospital submission and an additional two which HSCRC staff will use in their review and approval of these care transformation efforts:

Required from Hospital: Background Components	
<p>Overview</p> <ul style="list-style-type: none"> • Description of current or upcoming program/initiative which hospitals may be implementing to impact patient outcomes, population health and total cost of care performance under Global Budget Revenues (GBR). 	<ul style="list-style-type: none"> • Care Coordination to include RNs and CHW for readmitted inpatients with 2+ Chronic Conditions (any disease lasting 3 months or more)
<p>Defined Care Interventions</p> <ul style="list-style-type: none"> • Briefly describe a standardized intervention pathway to address unmet clinical or social needs. • Identify care partners at the hospital, or in the community, who will implement the intervention. 	<ul style="list-style-type: none"> • All patients meeting our criteria are assigned a care coordinator (RN) to be the “quarterback” for all interactions with the patient. This includes coordinating/adding additional programs (outlined here) as well as implementing the discharge plan and helping to schedule follow-up appointments with PCP/specialists. • This program connects the patient with a formally trained community health worker from their community who understands their challenges, lives in their neighborhood and can relate to their needs/issues and barriers. CHWs work very closely with the assigned care manager (RN) to report findings, additional needs and reasons for continued use of the healthcare system for services best provided outside the hospital environment.

Required from Hospital: Analytic Components	
<p>Identifiable Intervention Population</p> <ul style="list-style-type: none"> • Medicare FFS beneficiaries only, until further payer data available • Must be identifiable in Medicare claims based on clinical condition, patient history and/or other criteria; cannot be identified with an EHR or clinical data point, 	<ul style="list-style-type: none"> • Discharged participating hospital patients who are at a high risk for readmission. • Identified Population (2 or more of the following: <ol style="list-style-type: none"> 1. Medicare FFS 2. Age 65 and older 3. 2 or more Admissions during past 30 days, with second admission (the re-admission is the trigger). 4. Identified the readmission of a Medicare FFS patient 5. Duration is 1 year, whether or not the patient accepts our care coordination program.
<p>Episode Trigger</p> <ul style="list-style-type: none"> • A “trigger” event, or combination of factors, to identify when a beneficiary is enrolled in the intervention • Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point, 	<ul style="list-style-type: none"> • TLC participating hospitals will assess the patients using the same case management survey at all hospitals. • Trigger is a Medicare readmit discharge with 2+ chronic conditions List of Participating Hospitals: Doctors Community Hospital, UM Capital Region Health (Laurel and Prince George’s Hospital Centers), MedStar Southern Maryland Hospital, MedStar St. Mary’s Hospital, and Ft. Washington Hospital • TLC will also have a panel at CRISP on the care coordination patients.
For HSCRC Analysis and Consideration:	
<p>TCOC Impact and Duration of Episode</p> <ul style="list-style-type: none"> • From the information above, HSCRC will estimate the TCOC savings related to the intervention by calculating the difference in costs for the intervention population before and after the intervention went into effect. 	<ul style="list-style-type: none"> • Difference in TLC Member hospital Medicare claims from 6 months before triggered re-admissions to 0 days after trigger.
<p>Reconciliation Payments</p> <ul style="list-style-type: none"> • HSCRC staff will calculate the reconciliation payment that will be made to the hospital for the savings that they produce as part of a care transformation effort. 	<ul style="list-style-type: none"> • HSCRC staff will calculate the savings and shared savings.