

UMMS CTI Submittal: Community Health Workers

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).

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:

<b>Required from Hospital: Background Components</b>	
<p>Overview</p> <ul style="list-style-type: none"> <li>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).</li> </ul>	<p><b>Overview:</b> Community Health Workers (CHWs) promote health needs within the community in which the individual resides. CHWs serve as a liaison between communities and health care agencies to connect identified high risk patients to community resources as appropriate.</p> <p><b>UMMS Participating Hospitals:</b></p> <ol style="list-style-type: none"> <li>Baltimore Washington Medical Center</li> <li>Charles Regional Medical Center</li> <li>St. Joseph’s Medical Center</li> </ol>
<p>Defined Care Interventions</p> <ul style="list-style-type: none"> <li>Briefly describe a standardized intervention pathway to address unmet clinical or social needs.</li> <li>Identify care partners at the hospital, or in the community, who will implement the intervention.</li> </ul>	<p><b>Intervention Pathway:</b></p> <ol style="list-style-type: none"> <li>High risk patient identified in the hospital through care transition rounds and predictive risk scoring based on utilization</li> <li>Patient engagement occurs before discharge to understand patient needs.</li> <li>Multidisciplinary Care Team, including the CHW develops a care implementation plan to address the issues and needs identified with and by the patient</li> <li>After discharge, CHW works to implement care plan by meeting with patients and</li> </ol>

	<p>community members in the community in which the patient resides to connect patients to culturally appropriate care and address unmet social needs.</p> <p><b>Care Partners:</b></p> <ol style="list-style-type: none"> <li>1) Hospital Multidisciplinary Care Team</li> <li>2) Department of Aging</li> <li>3) Community Care Partners for social needs</li> </ol>
<b>Required from Hospital: Analytic Components</b>	
<p>Identifiable Intervention Population</p> <ul style="list-style-type: none"> <li>• Medicare FFS beneficiaries only, until further payer data available</li> <li>• 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,</li> </ul>	<p><b>1) Baltimore Washington Medical Center:</b> Medicare FFS beneficiaries with primary diagnosis of Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Sepsis and greater than three inpatient or emergency department visits in the past 12 months.</p> <p><b>2) Charles Regional Medical Center:</b> Medicare FFS beneficiaries with primary diagnosis of CHF, COPD, Diabetes, End Stage Renal Disease, or Sickle Cell Disease and greater than one inpatient visit in the past 30 days or greater than 3 inpatient stays within the past 6 months.</p> <p><b>3) St. Joseph’s Medical Center:</b> Medicare FFS beneficiaries with no primary care physician and at least 1 inpatient visit in last 30 days</p>
<p>Episode Trigger</p> <ul style="list-style-type: none"> <li>• A “trigger” event, or combination of factors, to identify when a beneficiary is enrolled in the intervention</li> <li>• Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point,</li> </ul>	<p><b>1) Baltimore Washington Medical Center:</b> Inpatient or emergency department admission. Episode duration is 60 days.</p> <p><b>2) Charles Regional Medical Center:</b> Inpatient admission. Episode window is 30 days.</p> <p><b>3) St Joseph’s Medical Center:</b> Inpatient admission. Episode window is 90 days.</p>
<b>For HSCRC Analysis and Consideration:</b>	
TCOC Impact and Duration of Episode	

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- 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.

### Reconciliation Payments

- 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.
- The reconciliation payments will be included when the State calculates the TCOC run rate and the required savings for the TCOC Model. The costs may be offset through the MPA-EC in order to ensure any reconciliation payments will remain cost neutral and reward hospitals that meaningfully engage in care transformation efforts.