

Quantifying Care Transformation Efforts under the MPA Efficiency Component Policy

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.

Integration of Assisted Living Facilities (ALF) into Continuum of Care

Required from Hospital: Background Components	
Submitting Hospital	Bayview Medical Center
<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). 	<p>This program seeks to improve care quality and care coordination for patients transitioning to ALF. Hospitals would retain savings from this program to defer resource costs. The objectives of the program are to (1) streamline available services, (2) engage providers, and (3) reduce TCOC.</p>
<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. 	<p>Interventions:</p> <ul style="list-style-type: none"> “Value-based care”: collect patient/family experience data and utilization data for ALF; provide this “quality profile” to hospitals and SNF Use quality data in offering patient options Care coordination: coordinate transitions from hospital/SNF to ALF (i.e. facilitate move to ALF) <p>Care partners: SNF; ALF; Silver Stay (data collection)</p>
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"> JHBMC and HCGH patients being discharged from hospital or SNF post hospital
<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 	<ul style="list-style-type: none"> Episode begins at discharge prior to ALF care and for 90 days regardless of diagnosis

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<ul style="list-style-type: none">• Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point	
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode <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.	
Reconciliation Payments <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.• 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.	