

Quantifying Care Transformation Initiatives (CTI)

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This form allows hospitals to propose a Care Transformation Initiatives (CTI) to the HSCRC. There are four fields which are required for hospital submission and an additional two which HSCRC staff will fill out. Please submit the form [hscrc.care-transformation@maryland.gov](mailto:hscrc.care-transformation@maryland.gov).

<b>Required from Hospital: Background Components</b>	
Title of Initiative	
<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>SWIFT is an outreach project to engage patients who have recurrent use of EMS with transport to ED for Non-life threatening medical reasons in an effort to reduce utilization of the ED for lower acuity conditions, which could be appropriately addressed at a lower level of care.</p>
<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>Paramedic and Nurse Practitioner visit to provide an assessment of medical condition, environment, and social determinants affecting patient's stability that may include medication affordability, transportation, environment, mental health and drug screening. Patients are followed for 6 months.</p>
<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>Medicare FFS beneficiary with 3 or more EMS calls within zip codes 21801 or 21804 with transport to the ED in the previous 6 months for non-life threatening medical issues. Medicare is billed for transport.</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>A triggering event will be the 5<sup>th</sup> EMS call with billed transport to Medicare for a non-life threatening condition within a 6-month timeframe.</p>
<b>For HSCRC Analysis and Consideration:</b>	
<p>TCOC Impact and Duration of Episode</p> <ul style="list-style-type: none"> <li>From the information above, HSCRC will estimate the TCOC savings related to the initiatives by calculating the difference in costs for the intervention population before and after the initiative went into effect.</li> </ul>	
<p>Reconciliation Payments</p> <ul style="list-style-type: none"> <li>HSCRC staff will calculate the reconciliation payment that will be made to the hospital for the savings that they produce as part of a CTI.</li> <li>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 CTIs.</li> </ul>	