UMMS CTI Submittal: Mobile Integrated Health

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:

Required from Hospital: Background Components	
Overview • 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).	**Overview:** The Mobile Integrated Health Program is a community-based, cost-effective health care solution designed to provide effective and efficient care to patients outside of the hospital. Emergency Medical Service (EMS) personnel, nurses, and community health workers (CHWs) function outside traditional emergency response and transport roles, and instead focus on maintaining individuals' health at their homes while also providing convenient, care access in the community. **UMMS Participating Hospitals:** 1. Capital Region Health 2. Charles Regional Medical Center 3. Shore Regional Health 4. University of Maryland Medical Center
Defined Care Interventions • 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.	**Intervention Pathway:** 1) Patient is identified as high risk of readmission during emergency department visit or via referral by Emergency Medical Services (EMS), primary care, or other community partners 2) Patients referred to MIH team based on above criteria.

	3) MIH Team Care Partners evaluate patient, and arrange follow up as necessary, which includes: o Home visits and assessments o Heath education o Connection to community resources o Connection to primary care or specialty providers **Care Partners:** • Primary care providers and specialists • EMS • Hospitals • Department of Health • Office on Aging • Community Based Partners
Required from Hospital: Analytic Components	
Identifiable Intervention Population • 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,	**1. Capital Region Health**: Medicare FFS beneficiaries with greater than one inpatient or emergency department admission within the past 30 days **2. Charles Regional Medical Center**: Medicare FFS beneficiaries with 6 or more emergency department admissions in a 3 month period **3. Shore Regional Health:** Medicare FFS beneficiaries with 3 emergency department, or observation or inpatient visits within the past 6 months **4. University of Maryland Medical Center:** Medicare FFS beneficiaries with a primary diagnosis of: • Diseases of the respiratory system • Diseases of the circulatory system • Endocrine, nutritional, metabolic and immunity disorders

	• Diseases of the digestive system • Diseases of the genitourinary system • Diseases of the nervous system and sense organs Exclusions include pregnancy.
Episode Trigger • 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,	**1. Capital Region Health: I**npatient or emergency department admission. Episode window is 30 days. **2. Charles Regional Medical Center:** Emergency department admission. Episode window is 90 days **3. Shore Regional Health:** Inpatient admission. Episode window is 12 months. **4. University of Maryland Medical Center**: Hospital admission or ED evaluation. Episode window is 90 days.
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode • 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.	