

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:

<b>Required from Hospital: Background Components</b>	
<b>Submitting Hospital</b>	Doctors
<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>	<ul style="list-style-type: none"> <li>Doctors Community Hospital will offer an incentive for Oncologist and Hospice Providers to discuss Hospice and/or Palliative Care Options to high utilizer patients. This could ultimately reduce unnecessary readmissions and PAUs.</li> </ul>
<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>	<ul style="list-style-type: none"> <li>Upon discharge, DCH will notify the participating physicians of the patients who received a consult during the admissions.</li> <li>As a back-up, a report will be pulled from prior month's discharges and the list of patients will be provided to the participating Oncologists, who will discuss Hospice and/or Palliative Care Options. The Hospice of choice will work with the patient to help the patient understand the services available.</li> <li>Discharged High utilizer patients in our Primary Service Area for the past month will be identified and the list given to the Oncologists and Hospice Providers as an additional feature to see if they can work with these patients, too.</li> </ul>
<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> </ul>	<ul style="list-style-type: none"> <li>Discharged DCH patients who are at a high risk for readmission Medicare FFS beneficiaries only, until further payer data available.</li> </ul>

<ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>• Identified Population <ol style="list-style-type: none"> <li>1. Age 65 and older</li> <li>2. High risk with 2 or more Admissions, ED visits, or Obs visits during past 90 days.</li> <li>3. Identified in Medicare claims for inpatient Oncology services</li> <li>4. Duration is 120 days.</li> </ol> </li> </ul>
<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>	<ul style="list-style-type: none"> <li>• DCH Hospitalists will read nurses’ assessments and requests Palliative or Hospice consult for an Oncology patient at DCH.</li> <li>• Trigger is identified in Medicare physician Part B claims for inpatient consult services.</li> <li>• List of Palliative Physicians are:  <b>Hospice of the Chesapeake Providers</b>  Jennifer Clark MD: NPI 1770707598  Genevieve Lightfoot-Taylor CRNP: NPI 1346559218  Jennifer Bowen CRNP: NPI 1760870299  Julia Brandenburg CRNP: NPI 1053718726   <b>Private Providers</b>  Ivan Zama MD: NPI 1912177288  Irene Zama CRNP: NPI 1275007296</li> <li>• DCH will notify CRISP of Hospice or Palliative requested consult. A panel for DCH will be updated and kept for conversations with the Palliative/Hospice Physicians.</li> </ul>
<p><b>For HSCRC Analysis and Consideration:</b></p>	
<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 intervention by calculating the difference in costs for the intervention population before and after the intervention went into effect.</li> </ul>	<ul style="list-style-type: none"> <li>• Difference in DCH Medicare claims from 90 days before triggered admissions to 120 days after admissions.</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 care transformation effort.</li> </ul>	<ul style="list-style-type: none"> <li>• HSCRC staff will calculate the savings and shared savings.</li> </ul>