

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).

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	
<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>FMH implemented the CARE Clinic/Care Transitions program to address high utilizers. The program connects high utilizers with “high touch” care management services in the community, including the CARE Clinic, which is a multidisciplinary clinic setting providing medical management for complex clinical needs, along with ancillary and supportive services provided by care managers, pharmacists, dietitians, behavioral health specialist, community health workers and a network of community partners.</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>Patients are referred to the CARE Clinic or the Care Transitions team where the appropriate intervention is determined, which could include: a scheduled visit with a Clinic team member, a home visit, an appointment with a PCP which is then accompanied by a member of the team, referrals to community partners including; Potomac Case Management (intensive behavioral health case management), home health agencies, to include home tele-monitoring, transportation services, in home personal assistance, prescription assistance programs, housing, food banks, etc.</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, 	<p>The program targets individuals with 3 or more hospitalizations or 6 or more ED visits within the previous year.</p>
<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 	<p>An episode begins after a patient with 3 or more hospitalizations or 6 or more ED visits and receives a service from one of Fredrick’s primary care physician as identified by an NPI.</p>

Quantifying Care Transformation Efforts under the MPA Efficiency Component Policy

<ul style="list-style-type: none"> • Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point, 	
<p>For HSCRC Analysis and Consideration:</p>	
<p>TCOC Impact and Duration of Episode</p> <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. E.g. HSCRC will calculate the PBPM cost for all beneficiaries who had 3 or more hospitalizations or 6 or more ED visits and were seen by a Fredrick primary care physician in 2018 and the PBPM cost for all beneficiaries who had 3 or more hospitalizations or 6 or more ED visits and were seen by a Fredrick primary care physician in 2019. The TCOC will be equal to the difference in PBPM costs times the number of beneficiaries. 	
<p>Reconciliation Payments</p> <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. 	