

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.

The MDPCP Transitions-Of-Care Program at MedStar Health

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). 	<ul style="list-style-type: none"> Transitions-of-Care program for Medicare beneficiaries who are discharged from the acute hospital or emergency dept. who have a provider participating in MDPCP program. Goal is to smooth handoff of patient back to the primary care setting in order to improve care quality and reduce the risk of adverse events leading to further utilization of acute services
<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"> Beneficiaries receive contact within 2 business days by Primary Care embedded care manager Contact includes med rec, risk assessment, near-term PCP appointment and care management of identified discharge needs including medication, transportation, safety, social service, specialty care <p>Care partners: all MedStar Health hospital entities; MedStar Care Transformation Organization; CRISP</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"> Medicare patients attributed to MedStar Health primary care providers (NPI list to be provided) under the Maryland Primary Care Program Benchmark year CY2017
<p>Episode Trigger</p> <ul style="list-style-type: none"> A “trigger” event, or combination of factors, to 	<ul style="list-style-type: none"> Discharge from any acute care hospital or emergency department that reports ADT info to CRISP data exchange

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<p>identify when a beneficiary is enrolled in the intervention</p> <ul style="list-style-type: none"> • Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point, 	<ul style="list-style-type: none"> • Duration of episode 30 days post-discharge
<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, we propose the HSCRC will estimate the TCOC savings related to the intervention by calculating the difference in costs for the intervention population compared with an appropriate comparator population of discharges, within 30 days trigger event <ul style="list-style-type: none"> ○ E.g. HSCRC will calculate the PBPM cost for all Medstar “MDPCP” MPA attribution patients who are discharged from acute hospital or ED, compared with all Medstar MPA-attributed patients from other methods (ACO, hospital owned, referral, geographic methods) who are discharged from acute hospital or ED in the same time period of 30 days post-trigger. ○ TCOC savings is then the difference between PMPM of intervention (MDPCP) discharge group and comparator (non-MDPCP) discharge group in the same time period (CY 2020) 	
<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 generated by the MedStar initiative among patients attributed to that hospital via MDPCP-like MPA attribution • 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. 	