

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.

Diabetes Boot Camp

Required from Hospital: Background Components	
Submitting Hospital	MedStar
Overview <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). 	Technology-enabled diabetes care management in a regional, mixed payer healthcare system for adults with uncontrolled type 2 diabetes.
Defined Care Interventions <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. 	Interventions <ul style="list-style-type: none"> PCP referral to boot camp Boot Camp: site visits with near, real-time BG monitoring (telcare from Biotelemetry, Inc.) and “Diabetes to Go” with virtual clinic visits over the telephone or text Diabetes medication management Discharge to primary care Care partners: Not stipulated
Required from Hospital: Analytic Components	
Identifiable Intervention Population <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, 	Adults with uncontrolled type 2 diabetes (high risk patients)
Episode Trigger <ul style="list-style-type: none"> A “trigger” event, or combination of factors, to 	Type 2 diabetes A1C greater than or equal to 9%

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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,	
For HSCRC Analysis and Consideration:	
<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 with uncontrolled type 2 diabetes in 2018 and the PBPM cost for all beneficiaries with uncontrolled type 2 diabetes 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.	