

Implementation Plan/Dashboard for Critical Action

Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Maryland Hospital Acquired Conditions (MHAC)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Leader	Allan Pack, Alyson Schuster and Dianne Feeney													
Project Manager	Andrea Zumbrum													
Administrative Support														
Staff Analysis and Development														
Initial Redesign*														
Accumulate available inventory of complication measures and classify domains.														
Model staff options for measurement selection, scoring (to include better of attainment or improvement and attainment only, and scaling)														
On-Going Development														
Evaluate current program Updates to strengthen program and address measurement gaps for upcoming policy														
Assessment of service line specific approach and electronic quality measures														
Stakeholder Input and Refinement														
Present to clinical subgroup inventory of PPC's and other candidate measures														
Clinical subgroup recommendations for PPC's and other candidate measures as well as modifications to scoring and scaling														
Performance Measure Workgroup recommendations for PPC's and other candidate measures as well as modifications to scoring and scaling														
Ongoing refinement of MHAC program with Performance Measurement Workgroup														
Commission Input and Implementation														
Policy Update														
Update on progress in selecting new complication measures as well as any modifications to scoring and scaling														
Update on potential changes for upcoming RY														
Commission Approval of MHAC Policy														

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			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
RY2020 Policy			Feb											
RY2021 Policy – to reflect newly constituted MHAC program with new complication measures that reflect national importance, clinical significance, greatest opportunity for improvement, and potential modifications to scoring and scaling														
RY2022 Policy														
RY2023 Policy														

* Redesign of MHAC program may have implications for the safety domain in QBR.

Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Readmission Reduction Incentive Program (RRIP)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Leader	Allan Pack, Alyson Schuster and Dianne Feeney													
Project Manager	Andrea Zumbrum													
Administrative Support														
Staff Analysis and Development														
Work to develop revised target for RY 2021 Medicare improvement and all-payer conversion														
Acquire data and develop out-of-state readmissions methodology														
Acquire and develop non-Medicare benchmarks														
Assess attainment with appropriate risk adjustment														
Consider revisions to readmission measure, including observation, psych hospitals, and length of readmission time														
Evaluate per capita readmissions and admissions to potentially reconstitute Readmissions Program														
Stakeholder Input and Refinement														
Present proposal for revised target for RY 2021 Medicare improvement and all-payer conversion to Performance Measurement Workgroup														
Discuss with Performance Measurement Workgroup CY 2019 work plan to revise RRIP program measures and methodology														
Model potential modifications to redesigned Readmissions program														
Commission Input and Implementation														

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Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Readmission Reduction Incentive Program (RRIP)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Policy Update														
Update on analysis of revised risk adjustment for attainment as well as analyses on revising the readmission measure														
Analysis on adequacy of non-Medicare and Medicare benchmarks														
Out-of-state readmissions calculation to no longer use Medicare as a proxy, especially if we move to attainment only														
Commission Approval of RRIP Policy														
RY2020 Policy			Mar											
RY2021 Policy – to reflect new Medicare improvement target														
RY2022 Policy – to potentially reflect attainment only, non-Medicare benchmarks, new definitions of readmissions, and out of state readmissions methodology														
RY2023 Policy - to potentially reflect attainment only, non-Medicare benchmarks, new definitions of readmissions, out of state readmissions methodology and per capita readmissions/admissions														

Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Quality Based Reimbursement (QBR)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Leader	Allan Pack, Alyson Schuster and Dianne Feeney													
Project Manager	Andrea Zumbrum													
Administrative Support														
Staff Analysis and Development														
Work with contractors to develop risk adjustment for ED wait time measures, such as occupancy.														
Stakeholder Input and Refinement														
Present to Performance Measurement Workgroup potential risk adjustment for ED wait time measures, such as occupancy														
Present to Performance Measurement Workgroup any additional modifications for upcoming rate year														

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Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Quality Based Reimbursement (QBR)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Commission Input and Implementation														
Policy Update														
Present to Commissioners analysis on risk adjustment for ED measures														
Update Commission on any additional QBR changes for upcoming rate year														
Commission Approval of QBR Policy														
RY2020 Policy		Dec												
RY2020 Policy – potentially revise to account for risk adjustment														
RY2021 Policy														
RY2022 Policy														
RY2023 Policy														

Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Potentially Avoidable Utilization (PAU)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Leader	Allan Pack, Alyson Schuster and Dianne Feeney													
Project Manager	Laura Mandel													
Administrative Support														
Staff Analysis and Development														
Work to develop revised hospital protection policy for RY 2019 (currently hospitals that in the top quartile for Medicaid as a percentage of charges are protected)														
Examine expanding the definitions of Potentially Avoidable Utilization (existing measures not included in current program: extending readmission window, adding additional preventable quality indicators)														
Work to develop new definitions of Potentially Avoidable Utilization (PAU), including: gathering/developing new PAU measures to address under representation of outpatient and surgical PAU and reviewing potentially unnecessary utilization measures (e.g. excess imaging)														

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Develop policies for Enhanced APM: Quality Programs "Aggressive and Progressive" – Potentially Avoidable Utilization (PAU)	Staff	'17	2018				2019				2020			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Begin producing reports with Potentially Avoidable Utilization measures under consideration														
Stakeholder Input and Refinement														
Present proposal for revised hospital protection policy for RY 2019														
Discuss with the Performance Measurement Workgroup existing Potentially Avoidable Utilization measure refinements (denominators, etc.) for RY2019 and RY2020														
Discuss with Performance Measurement Workgroup work plan, priorities and modeling for expanded and new Potentially Avoidable Utilization definitions														
Allow for hospital and industry input into PAU refinement/individual definitions														
Commission Input and Implementation														
Policy Update														
Updates on existing PAU measure changes and new measure work plan for RY2021														
Present potential new measures for Potentially Avoidable Utilization program for RY2021														
Commission Approval of PAU Policy														
RY2019 Policy- measure and percent at risk														
RY2020 Policy – measure and percent at risk														
RY2021 Policy - measure and percent at risk (to potentially include new Potentially Avoidable Utilization measures)														