Total Cost of Care Workgroup Meeting

February 26, 2025

Agenda

- CTI and EQIP

- MPA

  - 2025 Policy

  - 2026 Process

- AIM, New Paradigms & High Value Care Plans

  - Updates and Q&A Session

- Next Steps & Upcoming Meetings

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CTI and EQIP

CTI Changes

- Definite
  - No new pre-pandemic baselines
    - Old CTIs are grandfathered in – any new change is a change, and the original baseline goes away
    - Starting in PY5, new CTIs will be limited to using CY 2022 or 2024, or FY 2023 or 2025 as their baseline periods.
  - Offset Change / Stop Gain
    - Stop loss applied during the offset tiered in a way that mirrors the Traditional MPA Scaled Growth Adjustment. Proposed tiers (currently all hospitals are subject to a 2.5% stop loss):

Hospital Performance vs. Benchmark	Proposed Stop Loss
1st Quintile (-15% to + 1% Relative to Benchmark)	1.250%
2nd Quintile (+1% to +10% Relative to Benchmark)	1.875%
3rd Quintile (+10% to +15% Relative to Benchmark)	2.500%
4th Quintile (+15% to +21% Relative to Benchmark)	3.125%
5th Quintile (+21% to +28% Relative to Benchmark)	3.750%

- Likely
  - MSR Regrouping
  - An option to include death in certain thematic areas

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CTI Background

Coefficient of Variation Across all Care-setting CTIs

CTI Type	Coefficient of Variation
PAC Touch	0.86
Palliative Care	0.86
Care Transitions	0.94
Emergency Care	1.31
HOPD	1.39
Community-Triggered	1.71
Episodic Primary Care	1.77

Group 1

Group 2

Group 3

- Current Groupings:
  - Group 1: Community-Triggered
  - Group 2: PAC Touch, Palliative Care, Care Transitions, Emergency Care, HOPD, Episodic Primary Care

- New Groupings:
  - Group 1: PAC Touch, Palliative Care, Care Transitions
  - Group 2: Emergency Care, HOPD
  - Group 3: Community-Triggered, Episodic Primary Care

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Upcoming Important CTI and EQIP Dates

- CTI
  - Year 2 Results Presentation to Commissioners – February 2025
  - Finalize Program Changes for FY 2026 – March 2025
  - CTI Enrollment
    - Enrollment Webinar: March 19th
    - Open Enrollment: March 31st
    - Enrollment Close Date: May 31st
  - 2027 Program Change Discussion – August 2025

- EQIP
  - EQIP Enrollment (Tentative)
    - Enrollment Webinar: Mid June
    - Open Enrollment: Beginning of July
    - Enrollment Close Date: End of August
  - EQIP Subgroup Meetings
    - March 21st (Program Changes), May 16th, Jul 18th, Sep 19th, Nov 21st

MPA

2025 Policy Update

- Retrospective adjustment was approved and went into place January 2025.

  - January 2025: Change as normally scheduled + payment for NCBP true up

  - February to June 2025: Change as normally scheduled

- Still waiting for formal approval of the 2025 policy.

2026 Workplan Process

- Kick-Off MPA Attribution Review – March 2025 (Likely to be delayed)

- Finalize New Benchmarking Process – April 2025

- Semi-Annual TCOC Update – June 2025

- Frame MPA Attribution Options – July 2025 (Likely to be delayed)

- Draft 2026 MPA Recommendation to Commission – October 2025

- MPA CY 2026 Memo to CMS – December 2025

AIM, New Paradigms & High Value Care Plans

Advancing Innovation in Maryland (AIM)

- The AIM initiative was launched by HSCRC last fall to surface innovative ideas to improve patient care and promote the affordability of healthcare in Maryland in partnership with MDH, the Abell Foundation, and the Horizon Foundation.

- The AIM Contest attracted more than 40 submissions statewide.

- HSCRC announced the 10 winners of the AIM contest, which include a variety of ideas to improve health and healthcare in Maryland:
    1. Improving obstetric care
    2. Supporting patients with diabetes
    3. Reaching isolated patients
    4. Improving coordination of care for patients with opioid use disorder
    5. Coordinating care and advancing prevention in communities
    6. Identifying strokes early
    7. Using paramedics to provide community care
    8. Developing a neighborhood nursing program
    9. Preventing falls among frail elderly
    10. Sharing information to asthma care

- Full information on winning ideas is shared in HSCRC's AIM Press Release.

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New Paradigms in Care Delivery (NPCD) Program

- HSCRC approved $20M for investment in innovative clinical solutions via a Transformation Fund included in the RY 2025 Update Factor.

- Goal: Provide funding to hospitals and other entities to test and implement innovative solutions that prevent the need for traditional hospitalization.

- Eligibility: MD hospitals that have global budgets established under the rate-setting authority of the HSCRC

- Timeline:
  - RFI Announcement: January 2025
  - Q&A Opportunity: February 26 TCOC workgroup meeting
  - RFI Deadline: March 31, 2025
  - Discuss and Refine Proposals: April/May 2025
  - Notify Hospitals: June 2025
  - Provision of Funding: July 2025 (input into rates)

High Value Care Plans (HVCP)

- The FY 2025 Update Factor recommendation included a requirement for hospitals to submit population health management plans as part of efforts to reduce statewide potentially avoidable utilization (PAU).
  - 1st requirement (COMPLETED) – All hospitals submitted Population Health Inventories.
  - 2nd requirement – Hospitals must submit high value care plans that describe new and existing strategies. Plans must be specific to addressing priority areas of focus identified by the VBCI tool or an alternate tool. Hospitals must also include improvement targets and outcomes for the identified area of focus.

- Hospitals that do not submit plans or submit plans that do not meet passing criteria will be subject to a 0.19% clawback in their July rate orders.

- Timeline:
  - Templates Released: January 2025
  - CRISP Session: February 18th Recording (Passcode: 5#*KT?E)
  - Q&A Opportunity: February 26 TCOC workgroup meeting
  - Submission Deadline: March 28, 2025
  - Review and Notify Hospitals: Mid-June 2025
  - Penalties Applied in Rates: July 2025

New Paradigms in Care Delivery and High Value Care Plans Q&A Session

- New Paradigms
  - Is there a specific funding amount required from the hospital or will the amount committed by the hospital be used as part of the scoring rubric to determine winning proposals?
    - HSCRC is not a requiring a particular funding amount from the hospital, but we will consider how much the hospital commits in evaluating submissions.

- High Value Care Plans
  - How to Submit?
    - Submissions Due March 28, 2025
    - Submit Excel templates to hscrc.tcoc@maryland.gov
  - What are the interim reporting requirements?
    - December 2025 and Summer 2026
  - What are the evaluation criteria?
    - 1.) Is the population clinically defined and of a reasonable size?
    - 2.) Is the improvement opportunity clearly stated?
    - 3.) Are the strategies aligned with the population targeted and the outcome measure chosen?
    - 4.) Is the benchmark anchored in relevant data?
    - 5.) Does the benchmark reflect a goal that is achievable based on current performance but not insignificant?
    - 6.) Is the template complete with additional analytics and sources attached with the template?

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Next Steps

TCOC Workplan for Upcoming Months

- Upcoming TCOC Workgroup Dates
  - March 26
  - 2025 Meeting Dates (Tentative) posted on [TCOC Workgroup Webpage](#)

- Upcoming Deadlines
  - High Value Care Plan Submission Deadline: March 28th, 2025
  - New Paradigms RFI Deadline: March 31st, 2025

- Future meetings topics:
  - March
    - Wrap-up benchmarking
    - Kick-off TCOC workgroup plan for 2026
  - April
    - TBD

Thank You
Next Meeting March 26, 8-10 am

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