



Intake Template Webinar

Primary Care Transformation & Community-Based Care CTIs

March 5th, 2020



Overview of the Intake Templates

- ▶ Four Intake Templates were created to accommodate the third and fourth Thematic Areas approved by the Care Transformation Steering Committee:

Primary Care Transformation CTI:

Intended for hospitals that have programs to improve their primary care services (e.g. clinics established at primary care practices to deploy wrap around services or completion of social, behavioral, and home safety assessments, referrals to community resources)

Community-Based Care CTI:

Intended for hospitals that have established interventions targeting the broader health community (e.g. health coaches assigned to senior living buildings, care coordination for patients transitioning to or from SNFs/ALFs, etc.)

Episodic Primary Care Transformation (file CTI_003a):

Allows the hospital to identify provider initiated episodes based on them providing an Evaluation and Management (E&M) service to beneficiaries

Community-Based Care, PAC Touch (file CTI_004a):

This CTI is built around beneficiaries that touch a post-acute care provider (e.g. SNFs and Home Health Agencies)

Panel-Based Primary Care Transformation (file CTI_003b):

Allows the hospital to trigger a CTI on the first day of the performance period and follow those beneficiaries for the entire performance period (365 days)

Community-Based Care, Geographic (file CTI_004b):

This CTI is built around hospitals taking accountability for a particular geographic area (e.g. zip codes and street addresses)

Timeline for the Intake Templates

- ▶ Completion of these Templates is required to be able to participate in the Primary Care Transformation and Community-Based Care CTIs
 - ▶ Final versions of all four Templates must be submitted by **April 3, 2020**
 - ▶ There will be no opportunity to resubmit Primary Care Transformation and Community-Based Care Intake Templates
 - ▶ HSCRC will reach out to hospitals if they have any questions pertaining to your submission
 - ▶ Please submit your Templates to **hscrc.care-transformation@maryland.gov**
- ▶ As a reminder, through the MPA Framework, all reconciliation payments under a CTI will be made in a net neutral manner across all hospitals regardless of their participation

Final Population Definition: Episodic Primary Care

- ▶ **Hospitals will be required to submit the following details confirming their desired specifications:**
 - ▶ Part 1: The hospital will provide a list of their NPIs and select a list of E&M codes that will be used to trigger the episode (or use HSCRC's defaults)
 - ▶ Part 2: The hospitals will select a set of beneficiary criteria who will be included in their CTI. Options include:
 - ▶ Age
 - ▶ Zip codes
 - ▶ Chronic conditions threshold
 - ▶ Prior utilization qualifications
 - ▶ Look back/look forward
 - ▶ Episode length
- ▶ **Reminder: NPIs must be included in the baseline period and the performance period**

Final Population Definition: Panel-Based Primary Care

- ▶ Hospitals will be required to submit the following details confirming their desired specifications:
 - ▶ Part 1: The hospital will provide a list of their NPIs
 - ▶ HSCRC runs the “MDPCP-Like” attribution using the previous two years worth of data
 - ▶ Hospital will be attributed any beneficiary to whom their NPIs provided a plurality of office-based E&M services
 - ▶ Baseline period is July 2019 – June 2020 and performance period is July 2020 – June 2021
 - ▶ Part 2: The hospitals will select a set of beneficiary criteria who will be included in their CTI. Options include:
 - ▶ Geographic service area
 - ▶ Chronic conditions threshold
 - ▶ Prior utilization qualifications
 - ▶ HCC range
 - ▶ Frailty flag
 - ▶ Reminder: All beneficiaries attributed based on a panel approach will be attributed for the entire performance year.

Final Population Definition: Community-Based Care, PAC Touch

- ▶ Hospitals will be required to submit the following details confirming their desired specifications:
 - ▶ Part 1:
 - ▶ The hospital will provide a list of their NPIs that correspond to SNFs, Home Health Agencies, etc.
 - ▶ The hospital will also select the baseline period and whether to include or exclude the initial post-acute stay in the episode
 - ▶ Part 2: The hospitals will select a set of beneficiary criteria who will be included in their CTI. Options include:
 - ▶ Geographic service area
 - ▶ Chronic conditions threshold
 - ▶ Prior hospitalization/ED utilization
 - ▶ Number of medications
 - ▶ Frailty flag
 - ▶ Episode length
 - ▶ Reminder: NPIs must be included in the baseline period and the performance period, with the baseline cohort being any beneficiaries seen by that PAC provider in the baseline year.

Final Population Definition: Community-Based Care, Geographic

- ▶ Hospitals will be required to submit the following details confirming their desired specifications:
 - ▶ Part 1:
 - ▶ The hospital will provide a list of geographic addresses, either 5-digit zip code, 9-digit zip code, or street addresses
 - ▶ The hospital will also select the baseline period
 - ▶ Part 2: The hospitals will select a set of beneficiary criteria who will be included in their CTI. Options include:
 - ▶ Chronic conditions threshold
 - ▶ Prior hospitalization/ED utilization
 - ▶ Number of medications
 - ▶ Frailty flag
 - ▶ Reminder: All beneficiaries attributed based on a panel approach will be attributed on the first day of the fiscal year for the entire performance year