



Palliative Care CTI: Intake Template Webinar

January 9th, 2020



Overview and Timeline for the Intake Template

- ▶ This Intake Template accompanies the Palliative Care CTI, the second Thematic Area to be approved by the Care Transformation Steering Committee
 - ▶ Subsequent CTIs approved by the CT-SC will have their own Intake Templates and due dates
 - ▶ This CTI is intended for hospitals that have deployed interventions to manage and better direct care of chronic pain patients (e.g. advanced care planning, goals of care discussion, and coordination with home health, hospice, and SNFs)
- ▶ Completion of this Template is required to be able to participate in the Palliative Care CTI
 - ▶ Hospitals have a preliminary deadline of February 7, 2020
 - ▶ Hospitals will then be invited to submit a final Palliative Care CTI by May 8, 2020
 - ▶ Please submit your Template 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 for Palliative Care

- ▶ The Palliative Care CTI will be triggered by an Inpatient Admission at the hospital
 - ▶ HSCRC staff expect the Palliative Care CTI to encompass 9 of the initial CTI proposals
 - ▶ Hospitals will then be allowed to submit a population definition that includes **any combination** of the following criteria:

	Age	Geographic Service Area	Number of Chronic Conditions	Prior Hospitalization / ED utilization	IP Events	NPI Attribution	Episode Length
<i>Criteria Options</i>	Hospitals determine the age range their intervention targets	Hospitals may provide a list of 5-digit zip-codes	<ul style="list-style-type: none"> • Indicate a number of chronic conditions, AND/OR • Hospital may provide a list of chronic conditions 	<ul style="list-style-type: none"> • Prior hospitalization OR ED utilization threshold, AND/OR • Time window for how recent that utilization was 	Hospitals may submit: <ul style="list-style-type: none"> • A list of ICD-10 primary dx codes OR • A list of APR-DRG / SOIs OR • Preferred ROM OR • Length of stay qualifications 	Hospitals may provide a list of NPIs. Beneficiaries will be included if they receive a physician service from that provider during the course of their hospitalization stay.	Hospitals may submit an episode length of: 30, 60, 90, 120, 150, 180, or 365 days
<i>Default if Criteria is not Specified</i>	All Medicare beneficiaries (65+)	Use no geographic restriction	Any condition and no threshold of chronic conditions	No requirement on prior utilization	Use all diagnosis and DRG codes	Use no NPI restriction	90 day episode window



Appendix:
Intake Template Examples



Tab 1. Overview (required)

Care Transformation Initiatives

Intake Template

Thematic Area: Palliative Care

Submitting Hospital Name(s): ABC Hospital

This Intake Template is designed to help hospitals and the HSCRC gather all the desired episode triggers and restrictions for the Palliative Care CTI. Each tab within this Workbook provides a way for hospitals to customize their CTI for the population they are targeting. As finalized by the Care Transformation Steering Committee, below are the criteria options that hospitals are allowed to select, in any combination, with the HSCRC's default also specified if a hospital chooses not to customize a particular criteria. Please indicate which criteria your hospital will use to define its CTI population by selecting an "X" for hospital-defined or a "D" for using the HSCRC-default:

<input checked="" type="checkbox"/>	Beneficiary age (default: ages 65+)	Please specify your hospital's definition in the relevant tab below
<input checked="" type="checkbox"/>	Geographic service area (default: no geographic restriction)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	Chronic conditions (default: any condition and no chronic condition threshold)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Prior hospitalization/ED utilization (default: no requirement on prior utilization)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>	IP events (default: use all lengths of stay and diagnosis/DRG codes)	Warning: you are selecting the HSCRC's default criteria
<input type="checkbox"/>	NPI attribution (default: no NPI restriction)	Warning: you are selecting the HSCRC's default criteria
<input checked="" type="checkbox"/>	Episode length (default: 90-day episode window)	Please specify your hospital's definition in the relevant tab below
<input type="checkbox"/>		
<input checked="" type="checkbox"/>		

Hospitals do not need to provide information on all criteria/tabs listed, just the criteria/tabs they feel are relevant to their population definition and which they do not feel the HSCRC's default criteria is appropriate. If the box next to a criteria is marked with an "X", the HSCRC expects the hospital to complete the relevant tab with their list of codes, provider identification numbers, zip codes, etc.

If you have questions as you fill out this workbook, please email hscrc.care-transformation@maryland.gov.

Overview | CTI Description | Baseline Period & Index Stay | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use ...

- ▶ Indicate which of the seven criteria you will use on the first tab by selecting “D” for default or “X” for hospital-defined within the drop down menus
- ▶ Identify in this tab which hospitals the Template pertains to by filling out the line “Submitting Hospital Name(s)”

Tab 2. CTI Description (required)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

CTI Interventions

Instructions: Please take the space below to describe the interventions your hospital or partnering group is engaged in to improve palliative care. In addition to listing and describing the interventions, you can use this space to provide an overview of your program and/or identify care partners who help to implement the interventions. The HSCRC reserves the right to ensure submitting groups are providing meaningful interventions that fit within this CTI.

Title of Initiative: CTI A

Overview: The purpose of CTI A is to...

Interventions:

Care Partners:

Overview | **CTI Description** | Baseline Period & Index Stay | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use ... + | < |

- ▶ In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area

Tab 3. Baseline Period and Index Stay (required)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Baseline Period

YOU MUST SELECT A BASELINE PERIOD.

Instructions: Each hospital must select the baseline period in which to be measured against during the performance year. If the CTI in question has been in place before this process began, you can select a year in the past. If the CTI in question is new or just beginning, you can select the current year. Due to data limitations, the HSCRC cannot support a baseline period earlier than 2016. Furthermore, if a hospital will be using a look-back criteria in their population definition (i.e. 3 hospitalizations in the prior 12 months) the earliest baseline period possible is 2017. Baseline periods can only be HSCRC fiscal years (365 days), which are from July through June each year. There is no default option for the baseline period, all hospitals must specify their baseline period. Hospitals must also elect whether the index (initial) hospitalization, which the Palliative Care CTI is based, should be included in the episode costs or excluded. If hospitals do not indicate their preference on inclusion or exclusion of the index hospitalization, the HSCRC default is to include the hospitalization.

Baseline Period

Possible Baseline Periods:

- July 2016 - June 2017
- July 2017 - June 2018
- July 2018 - June 2019

Index Hospitalization

Index Hospitalization:

- Include
- Exclude

Overview | CTI Description | **Baseline Period & Index Stay** | Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use ...

- ▶ Select one of three options for a baseline period in the drop down menu
- ▶ Elect whether to include or exclude the index hospitalization by selecting from one of the options within the drop down menu

Tab 4. Beneficiary Age (optional)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Criteria 1: Beneficiary Age

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals can determine the age range their intervention targets to further define their population. In the table provided, hospitals can specify the age in years using any format (e.g. 65+, 70-85, etc.). All values will be interpreted as inclusive. For example, ages 70-85 will include those aged 70 and those aged 85 and 65+ will include those aged 65. The HSCRC will use the age of the beneficiary at the admission of the trigger event. If this section is not completed by a hospital, the HSCRC will default to ages 65+ (all Medicare beneficiaries).

Age (years)

Overview | CTI Description | Baseline Period & Index Stay | **Beneficiary Age** | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use ... + | : |

- ▶ Elect to target a particular age group of beneficiaries
- ▶ In the box write any age range in any understandable format. The uses of plus signs, dashes, and greater than/less than signs are all permitted.

Tab 5. Geographic Service Area (optional)

Care Transformation Initiatives

Intake Template

Thematic Area: Palliative Care

Criteria 2: Geographic Service Area

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals may provide a list of 5-digit zip-codes for which their intervention is targeted to impact. No other geographic distinctions (e.g. address, region, county, etc.) are permitted. Please note a beneficiary must still be admitted to the participating hospital to be included in the CTI and this specification only ensures the beneficiary that is admitted to your hospital also resides within a specified zip code area. If this section is not completed by a hospital, the HSCRC will default to having no geographic restriction.

Zip code

12345
12346
12347
12348
12349
12350
12351
12352
12353
12354
12355
12356

Overview | CTI Description | Baseline Period & Index Stay | Beneficiary Age | **Geographic Service Area** | Chronic Conditions | Prior Hosp or ED Use ... + : <

- ▶ Hospitals can provide a list of five-digit zip codes to limit their CTI population by geographic area

Tab 6. Chronic Conditions (optional)

Care Transformation Initiatives
 Intake Template
 Thematic Area: Palliative Care
Criteria 3: Chronic Conditions

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: This tab allows hospitals to define their population based on CCW Chronic Conditions AND thresholds on the number of CCW Chronic Conditions it takes to be eligible for the CTI. The HSCRC will use the chronic condition flag in the CCLF to determine eligibility for each of 27 CCW Chronic Conditions provided in Table 1. Each chronic condition is separately triggered, so if a hospital selects diabetes and heart failure from this list, patients with diabetes OR heart failure will be triggered. Table 2 allows hospitals to indicate a threshold of chronic conditions for an individual to be eligible for their CTI (e.g. patient with 2+ CCW Chronic Conditions). Both tables should be completed for this tab. For example, if a hospital only wants patients with one of three CCW Chronic Conditions they would select "Yes" from Table 1 next to those three conditions and write "1" in Table 2. If a hospital wants patients with three concurrent CCW Chronic Conditions of any type except asthma, they would select "Yes" for all conditions in Table 1 but "No" for asthma and write "3" in Table 2. If this section is not completed by a hospital, the HSCRC will default to any condition and no threshold of chronic conditions.

Table 1. To trigger for specific chronic conditions select those conditions below ("yes" for include, "no" for exclude):

Chronic Condition	Trigger
Acquired Hypothyroidism	Yes
Acute Myocardial Infarction	Yes
Alzheimer's Disease	Yes
Alzheimer's Disease, Related Disorders, or Senile Dementia	Yes
Anemia	Yes
Asthma	Yes
Atrial Fibrillation	Yes
Benign Prostatic Hyperplasia	Yes
Cancer, Colorectal	No
Cancer, Endometrial	No
Cancer, Breast	No

AND

Table 2. Indicates the minimum # of chronic conditions, from those marked "yes" at left, required for inclusion of beneficiary in the CTI:

of Chronic Conditions Required
1
2
3
4
5
6
7
8

Overview | CTI Description | Baseline Period & Index Stay | Beneficiary Age | Geographic Service Area | **Chronic Conditions** | Prior Hosp or ED Use ...

- ▶ Table 1 provides a list of 27 chronic conditions that can be used to identify beneficiaries by using the entire list or only a subset
- ▶ In table 2, indicate if beneficiaries must have 1 or more chronic conditions to be eligible
- ▶ The two tables provided should be filled out in tandem

Tab 7. Prior Hospitalization or ED Utilization (optional)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Criteria 4: Prior Hospitalization/ED Utilization

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Hospitals may define their CTI population through thresholds on prior medical utilization. This first requires the selection of setting (i.e. IP discharge/admission, observation, or ED encounter), then the threshold (e.g. 3 IP visits), and/or the time window for when that threshold was reached (e.g. 3 IP visits in past 60 days). The rows in the table are intended as an "or", for example, the population can be defined as having 3 IP discharges/admissions in 60 days OR 2 ED encounters in 30 days. In order to set a threshold on the combined number of IP + ED stays, the hospital should use the drop down menu to select the "Inpatient or ED encounter" option. For example, if the hospital set a threshold of 2 on the number of IP encounters and a separate threshold of 2 on the number of ED encounters then a beneficiary who had 1 IP encounter and 1 ED encounter would not be selected. To select a beneficiary who had 1 IP encounter and 1 ED encounter, the hospital should set a threshold of 2 on the "Inpatient or ED encounter" option. If this section is not completed by a hospital, the HSCRC will default to having no requirement on prior utilization to be eligible.

Setting	Threshold	Time Window
ED encounter	2	90
Inpatient OR Observation	4	90

Possible Settings:

- Inpatient encounter
- Observation
- ED encounter
- Inpatient OR Observation
- Inpatient OR ED encounter
- Observation OR ED encounter
- Inpatient OR Observation OR ED encounter

Possible Time Windows:

- 30
- 60
- 90
- 120
- 150
- 180
- 365

Beneficiary Age | Geographic Service Area | Chronic Conditions | **Prior Hosp or ED Use** | IP Events | NPI Attribution | Episode Length

- ▶ Select the setting in the first column of the table using the drop down menu
- ▶ Type a threshold for the number of encounters in the second column
- ▶ Select a time window using the drop down menu in the third column



Tab 8. Inpatient Events (optional)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Criteria 5: IP Events

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: Two specifications are available within the IP Events criteria. First, hospitals can specify an acute hospital length of stay within Table 1 using any format (e.g. 3+, 1-3 days, etc.). All values will be interpreted as inclusive. For example, 1-3 days will include those with a LOS of 1 and those with a LOS of 3 and 3+ days will include those with a LOS of 3. Within Table 2, hospitals may submit a list of ICD-10 primary diagnosis codes OR APR-DRG codes. If APR-DRG codes are used, hospitals can further specify the SOI AND/OR ROM to define their CTI population. If you wish to choose all DRGs with specific SOIs (or ROM), enter "All" in the "DX or APR-DRG Code" column. Please do not provide ranges of code, but instead provide each code as a separate line in the table. The rows in the table are intended as an "or", for example, the population can be defined by all APR-DRGs with an SOI of 2 OR by all APR-DRGs with an SOI of 3. The table can be expanded and modified if the default rows are not sufficient. Hospitals can designate a length of stay in the first table AND/OR diagnosis codes in the second table. If this section is not completed by a hospital, the HSCRC will default to using all lengths of stay and medical codes.

Table 1. Length of Stay (days)

10

AND/OR

Table 2. Diagnosis Codes

Code Type (ICD-10-CM or APR-DRG)	DX or APR-DRG Code	SOI (optional with DRG only)	ROM (optional with DRG only)
ICD-10-CM	E11.9		N/A
APR-DRG	754		2
APR-DRG	754		3
ICD-10-CM			
APR-DRG			

Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | **IP Events** | NPI Attribution | Episode Length

- ▶ Table 1: Specify a length of stay in an acute hospital by typing a number or range
- ▶ Table 2: Select between ICD-10 or APR-DRG code types within the first column, type the code in the second column, and enter the relevant SOI or ROM in the third and fourth columns

Tab 9. NPI Attribution (optional)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Criteria 6: NPI Attribution

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: The HSCRC is allowing hospitals to submit a list of NPIs (10-digit) that beneficiaries received physician services from during the course of their hospitalization stay. The NPI used for the Palliative Care CTI must include a Physician/Hospice and Palliative Care taxonomy from Medicare to be eligible. Furthermore, the hospital must select a base year during which all of the submitted NPIs were practicing at the hospital. The table can be expanded and modified if the default rows are not sufficient. If this section is not completed by a hospital, the HSCRC will default to having no NPI restriction.

NPI List
1234567890
1234567891
1234567892
1234567893
1234567894
1234567895
1234567896
1234567897
1234567898
1234567899
1234567900
1234567901
1234567902
1234567903
1234567904

Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | IP Events | **NPI Attribution** | Episode Length | + | : | < |

- ▶ Provide a list of NPIs that identify the providers delivering the intervention in the baseline and performance periods

Tab 10. Episode Length (required)

Care Transformation Initiatives

Intake Template
Thematic Area: Palliative Care

Criteria 7: Episode Length

You have chosen to define your own options for this criteria. Please follow the instructions below.

Instructions: Each hospital must select the length of their CTI intervention in which the episode will be measured. To standardize the process, the HSCRC offers hospital the choice of episodes that last 30, 60, 90, 120, 150, 180, or 365 days. The episode window triggers at discharge from the hospital. If this section is not completed by a hospital, the HSCRC will default to having 90-day episodes.

Episode Length	Possible Episode Lengths:
120	30
	60
	90
	120
	150
	180
	365

Beneficiary Age | Geographic Service Area | Chronic Conditions | Prior Hosp or ED Use | IP Events | NPI Attribution | **Episode Length** (+) : <

- ▶ Indicate the length of the episode using the drop down menu provided by clicking in the box below “Episode Length”