Organization: Howard County General Hospital	**Submitter:** Elizabeth Edsall Kromm, PhD, ekromm@jhmi.edu

This form allows hospitals to propose a Care Transformation Initiatives (CTI) to the HSCRC. There are four fields which are required for hospital submission and an additional two which HSCRC staff will fill out. Please submit the form hscrc.care-transformation@maryland.gov.

Required from Hospital: Background Components	
Title of Initiative	Transitional care management for high or rising risk patients
Overview • 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.	A multi-disciplinary team of a registered nurse, licensed-clinical social worker and a community health worker provides community-based coordinated care management to high-risk patients for up to 90 days after hospitalization to improve patient health conditions and reduce readmissions. The team conducts frequent home visits to ensure the patient has a smooth transition from hospital to home, is connected to appropriate community resources, knows how to manage their illness, and links patient to primary care.
Defined Care Interventions • 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.	Pathway: Patients are engaged while at the hospital. A nurse identifies, screens, engages and enrolls eligible patients. An inpatient community health worker goes to the bedside to enroll patients and scheduled a home visit that occurs 1-2 days after discharge to begin the intervention. Care partners: Inpatient care teams including physicians, nurses, and case managers to coordinate services post discharge. Primary care physicians. Community programs that address social determinates of health.
Required from Hospital: Analytic Components	
Identifiable Intervention Population • 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.	See table at the end that defines several possible options.
Episode Trigger • A "trigger" event, or combination of factors, to identify when a beneficiary is enrolled in the intervention • Must be identifiable in Medicare claims; cannot be triggered with an EHR or clinical data point	• Second encounter/discharge at same hospital + 10 days from hospital D/C time • Exclude patients who are deceased • Intervention window: 180 days
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode • From the information above, HSCRC will estimate the TCOC savings related to the initiatives by calculating the difference in costs for the intervention population before and after the initiative went into effect.	
Reconciliation Payments	

- HSCRC staff will calculate the reconciliation payment that will be made to the hospital for the savings that they produce as part of a CTI.
- 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 CTIs.

NEW Identifiable Intervention Population

Options	General	Hospital utilization	Discharge status	Zips	Primary Care Practice
#1	Medicare FFS beneficiaries 18+ years old	2+ hospital encounters at HCGH in 365 days (IP, ED, OBS)	Discharged home or to home care	Howard County resident	Defined relationship with HCGH
#2			Discharged home or to home care	Resident of 20723, 20794, 21042, 21043, 21044, 21045, 21046, 21075	Defined relationship with HCGH
#3			Discharged home or to home care	Howard County resident	No relationship with HCGH
#4			Discharged home or to home care	Resident of 20723, 20794, 21042, 21043, 21044, 21045, 21046, 21075	No relationship with HCGH
#5			Any discharges	Howard County resident	Defined relationship with HCGH
#6			Any discharges	Resident of 20723, 20794, 21042, 21043, 21044, 21045, 21046, 21075	Defined relationship with HCGH