Quantifying Care Transformation Initiatives (CTI)
Version: 7/10/19

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	Nexus Montgomery Skilled Nursing Facility (SNF) Alliance
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 (GBR).	The Nexus Montgomery SNF Alliance brings together 37 Skilled Nursing Facilities from Montgomery County and Prince George's County who receive the majority of SNF referrals from the Nexus Hospitals. Collaborative efforts focus on decreasing rehospitalization from SNF and improving transitions of care between hospital, SNF and home.
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.	The Nexus Montgomery SNF Alliance utilizes a common quality scorecard to identify best practices and areas of opportunity among the SNFs, facilitates sharing of common problems and solutions, and provides education and consulting services to improve quality of care and reduce rehospitalizations directly from SNFs and from home after a SNF discharge. Alliance members meet on a monthly basis to jointly discuss shared challenges, review data and identify opportunities for system-level improvements The SNF Alliance includes members from the six Nexus hospitals' Transitions and Care Management teams and clinical and administrative leadership from participating SNFs. The Alliance is managed by The Primary Care Coalition (PCC), the Nexus Montgomery management entity.
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	The intervention population is all Medicare beneficiaries with an inpatient claim from one of the six Nexus Montgomery hospitals in all medical DRGs with SOI 3/4, followed by a subsequent claim from a participating SNF within 1-2 days of hospital

	discharge. Participating SNF TINs are available upon request. Baseline Period is FY18. Measurement period is 90 days from episode trigger.
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	The trigger event is a beneficiary's admission to the participating SNF after qualifying inpatient stay.
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.	