

Quantifying Care Transformation Initiatives (CTI)

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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	Primary Care for High Needs Medicare Beneficiaries (MESH Program)
Overview <ul style="list-style-type: none"> 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). 	Medicare beneficiaries with multiple complex conditions complicated by psychosocial challenges are frequently high utilizers of expensive hospital services. The JHBMC General Medicine Clinic has established a primary care practice to deliver medical and wrap around supportive services from a MD, NP, Nurse case manager, social worker, CHW, Pharmacist, Pastoral Care, and Health Behavioral Specialist (and psychiatrist if needed)
Defined Care Interventions <ul style="list-style-type: none"> 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. 	Patients in the General Medicine Clinic with 3 or more hospital encounters (inpatient, observation, ED) are enrolled in the MESH practice. Members of the primary treatment team complete comprehensive assessments, develop plans of care, make office visits and house calls, and conduct weekly interdisciplinary care planning rounds. The plan of care is patient centered and focuses on addressing any problem that might result in overutilization of hospital services
Required from Hospital: Analytic Components	
Identifiable Intervention Population <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Medicare FFS 3+ hospital encounters in the past year NPI of the MD or NP providers in MESH 120 days of care after the first MESH visit
Episode Trigger <ul style="list-style-type: none"> 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 	
For HSCRC Analysis and Consideration:	
TCOC Impact and Duration of Episode <ul style="list-style-type: none"> 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.