Care Transitions Intake Template Webinar

December 5th, 2019

Overview and Timeline for the Intake Template

- This Intake Template accompanies the Care Transitions CTI, the first 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 focusing on transitional care management (e.g. home assessments, hospital screenings, discharge coordination, and telehealth transition services)
- Completion of this Template is required to be able to participate in the Care Transitions CTI
  - Hospitals have a preliminary deadline of January 10, 2020
  - Hospitals will then be invited to submit a final Care Transition CTI by May 8th, 2020
- Please submit your Template to hscrc.care-transformation@maryland.gov if you wish to participate or if you have questions
- 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 Definitions for Care Transitions

▶ **The Care Transitions CTI will be triggered by an Inpatient Admission at the hospital**

   ▸ HSCRC staff expect the Care Transitions CTI to encompass 20 of the initial CTI proposals

   ▸ ED initiated episodes will be handled separately

▶ **Hospitals will then be allowed to submit a population definition that includes any combination of the following criteria:**

	Geographic Service Area	Number of Chronic Conditions	Prior Hospitalization / ED utilization	Diagnosis / DRG	Episode Length	Look back/ Look forward
Criteria Options	Hospitals may provide a list of 5-digit zip-codes	• Indicate a number of chronic conditions, AND/OR • Hospital may provide a list of chronic conditions	• Prior hospitalization OR ED utilization threshold, AND/OR • Time window for how recent that utilization was	Hospitals may submit a list of: • ICD -10 primary diagnosis codes OR • APR-DRG / SOIs	Hospitals may submit an episode length of: 30, 60, 90, 120, 150, 180, or 365 days	• E&M touch by provider type pre-admission • First setting of care post discharge (MADE logic)
Default if Criteria is not Specified	Use no geographic restriction	Any condition and no threshold of chronic conditions	No requirement on prior utilization	Use all diagnosis and DRG codes	90 day episode window	No look back or look forward