Community-Based Care Intake Templates FAQ

This FAQ is provided to guide hospitals completing the Community-Based Care Intake Templates, (I) "Community-Based Care, PAC Touch" and (2) "Community-Based Care, Geographic". The information provided is supplemental to the instructions provided directly in the Template with the goal of providing an example of how the Template could be completed. Please be sure to carefully read the instructions within each tab in addition to reviewing the examples provided here.

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Which of the two templates should I complete?

The HSCRC developed two distinct "flavors" to capture the Community-Based Care CTI Thematic Area. Both files are distinct from prior Thematic Areas in that they do not require an inpatient hospitalization event to trigger the CTI.

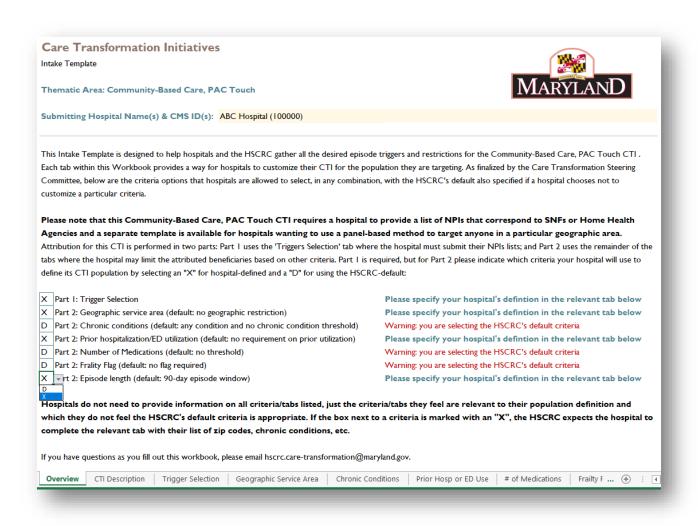
- I. Community-Based Care, PAC Touch (file CTI_004a): This CTI is built around beneficiaries that touch a post-acute care provider (e.g. SNFs and Home Health Agencies). It uses an episodic approach that triggers upon the first post-acute care provider claim and ends upon the hospital-defined episode length.
- 2. **Community-Based Care, Geographic (file CTI_004b):** This CTI is built around hospitals taking accountability for a particular geographic area (e.g. zip codes and street addresses). It uses a panel approach that includes any beneficiary residing within the address on the first month of the period and lasts 365 days.

Hospitals should complete the Intake Template that most accurately reflects how their interventions target a particular population. In addition to the trigger methodologies described above, both Intake Templates allow hospitals to further target their population by using a list of chronic conditions, prior hospital or ED utilization thresholds, number of medication thresholds, and frailty flags. More details are provided on each throughout this FAQ.

Community-Based Care, PAC Touch (CTI_004a)

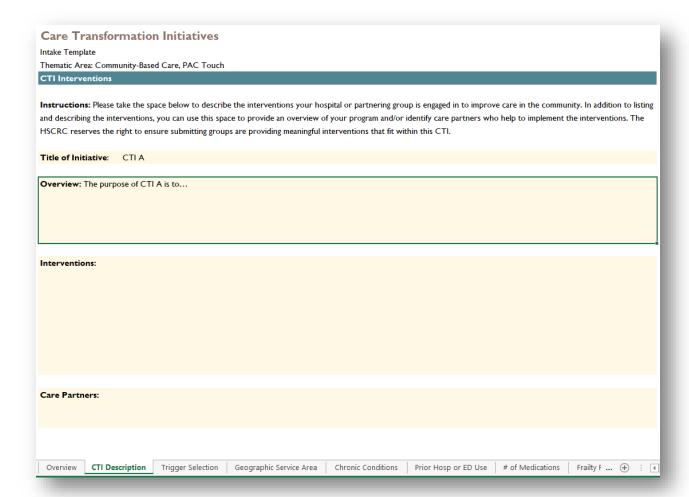
Tab 1. Overview

The Community-Based CTI have a two-part process to construct episodes. Part I specifies the trigger and is required, while Part 2 allows hospitals to further target their intended beneficiaries based on other optional criteria. Hospital should determine which of the six "Part 2" criteria they will use, and indicate these selections on the first tab. The boxes to the left of the criteria contain a drop down menu in which hospitals can select "D" to use the HSCRC's default criteria or "X" to use a hospital-defined criteria (see screenshot below). Hospitals, systems, and regional partnerships should also identify in this tab which hospitals the Template pertains to by filling out the line "Submitting Hospital Name(s) & CMS ID(s)". Please write the hospital name followed by the 6-digit CMS ID in parentheses, as shown below.



Tab 2. CTI Description

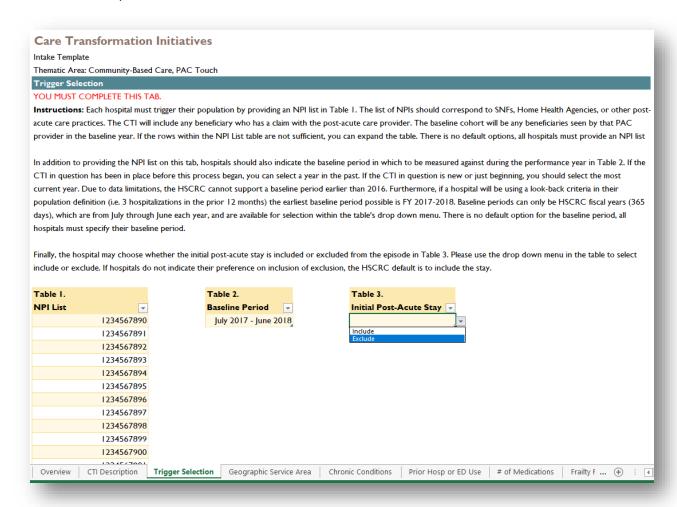
The second tab provides space for hospitals to describe their CTI's objectives and interventions. In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area, of which details can be found in the Care Transformation Steering Committee meeting materials on the HSCRC's website.



Tab 3. Trigger Selection

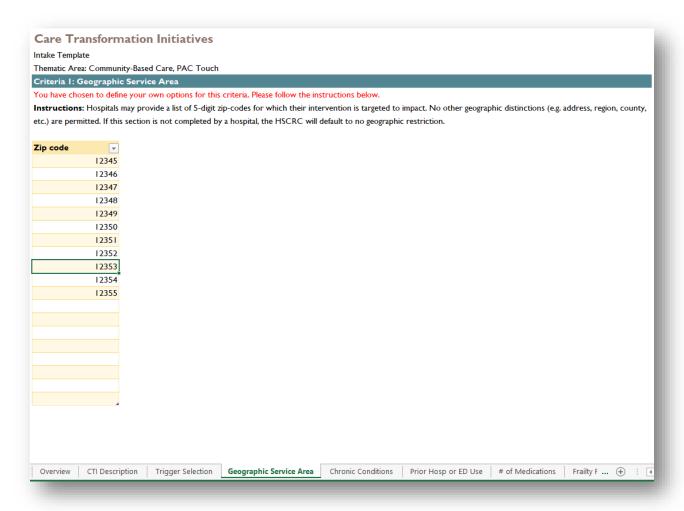
The Community-Based Care, PAC Touch CTI requires hospitals to submit a list of NPIs (Table I) that correspond to a post-acute care practice. Please see the screenshot below for an example.

Hospitals are then prompted to select one of three options for a baseline period (Table 2), which is chosen by clicking on the box under "Baseline Period" and selecting from one of the items in the drop down menu. Similarly, hospitals will then elect whether to include or exclude the initial post-acute stay (Table 3), which is also chosen by selecting from one of the options within the drop down menu (see screenshot below).



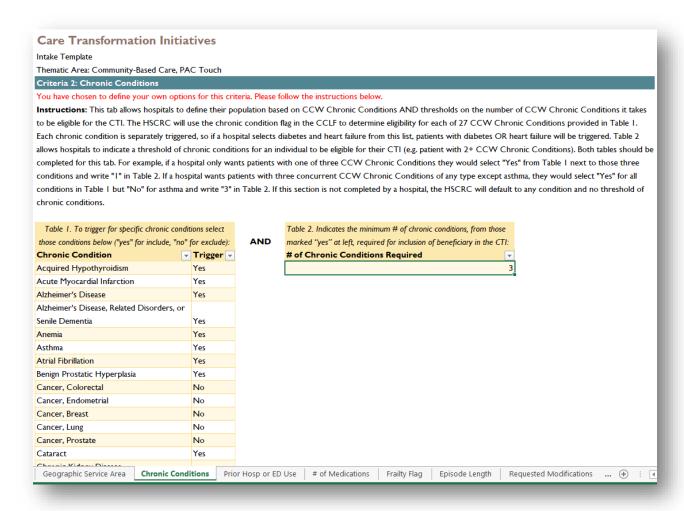
Tab 4. Geographic Service Area

Hospitals can provide a list of five-digit zip codes in Tab 4. Please see the screenshot below for an example.



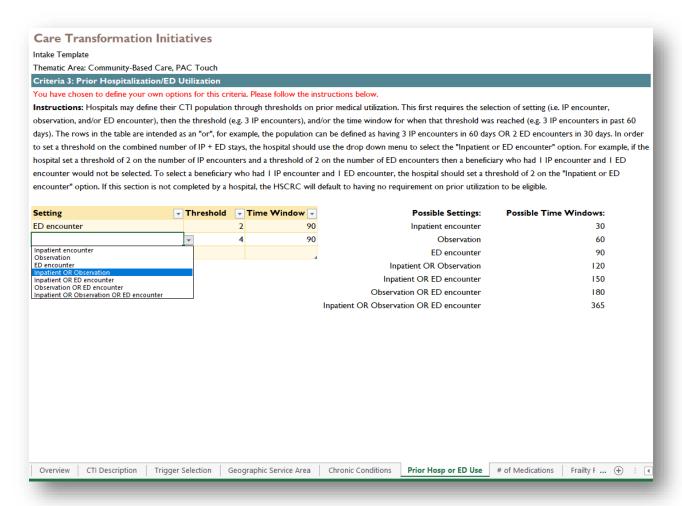
Tab 5. Chronic Conditions

The two tables provided on the fifth tab for chronic conditions should be filled out in tandem. Table I on the left provides a list of 27 chronic conditions that can be used to identify beneficiaries. If only a subset of chronic conditions are of interest (for example all conditions except cancer, see screenshot below) you can select "No" from the drop down menu provided in the cells of the Trigger column for the cancer conditions and "Yes" for all other conditions. From there, hospitals indicate if beneficiaries must have I or more chronic conditions to be eligible. In Table 2, please type in a number to define your threshold (see screenshot below). If hospitals do not wish to use this tab, indicate "D" in the Overview tab and leave Tables I and 2 blank.



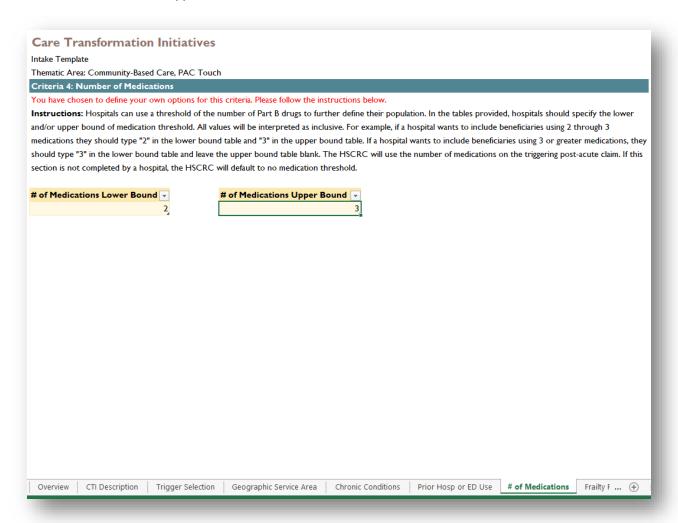
Tab 6. Prior Hospitalization or ED Utilization

Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in Tab 6. Hospitals may select the setting in the first column of the table using the drop down menu (see screenshot below), type a threshold for the number of encounters in the second column, and select a time window using the drop down menu in the third column.



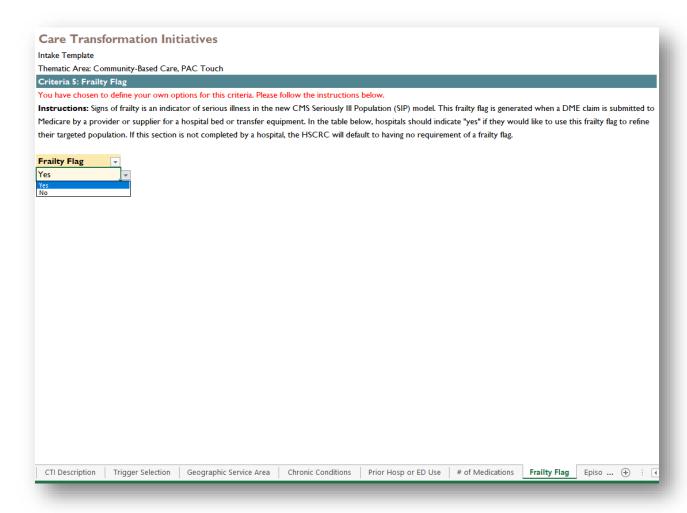
Tab 7. Number of Medications

In Tab 7, we are allowing hospitals to determine a threshold of Part B drugs to identify their CTI beneficiaries. Hospitals should type in their medication thresholds using the lower bound and/or upper bound tables (see screenshot below). If hospitals wish to target beneficiaries with 3 or fewer medications they should type "3" into the upper bound table and leave the lower bound blank, while if hospitals wish to target beneficiaries with 3 or more medications they should type "3" into the lower bound table and leave the upper bound blank.



Tab 8. Frailty Flag

Hospitals can use a flag for frailty (determined by DME claims) in Tab 8 to refine their populations. If this flag is desired, select "Yes" from the drop down menu provided in the table (see the screenshot below).



Tab 9. Episode Length

In Tab 9, hospitals can indicate the length of their episode using the drop down menu provided by clicking in the box below "Episode Length". Please see the screenshot below for an example.

Care Transformation Initiatives

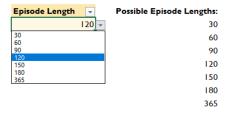
Intake Template

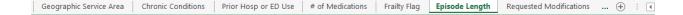
Thematic Area: Community-Based Care, PAC Touch

Criteria 6: Episode Length

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

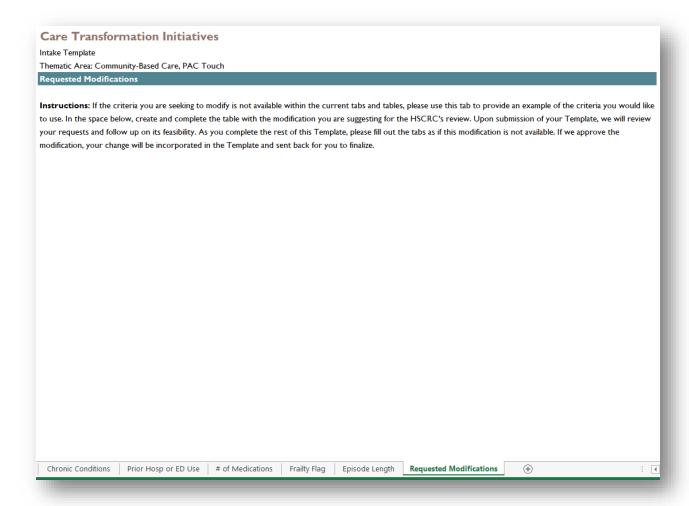
Instructions: Each hospital must select the length of their CTI intervention in which the episode will be measured. To standardize the process, the HSCRC offers hospital the choice of episodes that last 30, 60, 90, 120, 150, 180, or 365 days. The episode window triggers at discharge from the hospital.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





Tab 10. Requested Modifications

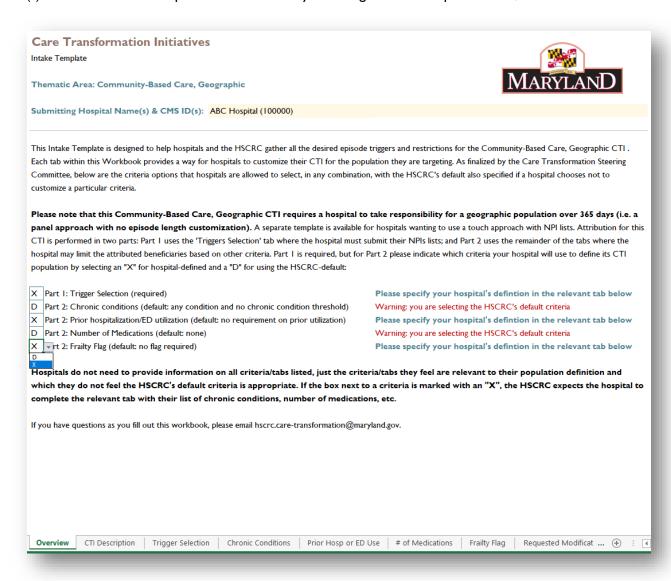
This tab is available across all CTI Thematic Areas for hospitals to suggest a criteria that is not currently available within the Intake Template. The HSCRC is unable to commit to accommodating these requests but will review each upon their submission.



Community-Based Care, Geographic (CTI_004b)

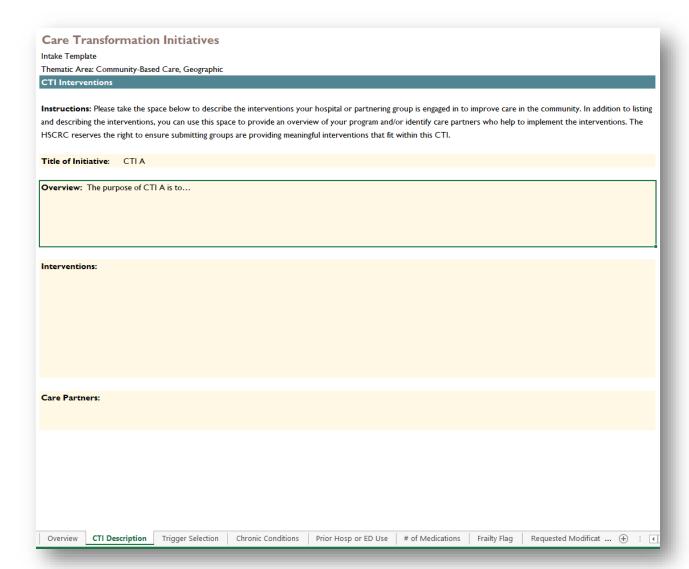
Tab 1. Overview

The Community-Based CTI have a two-part process to construct episodes. Part I specifies the trigger and is required, while Part 2 allows hospitals to further target their intended beneficiaries based on other optional criteria. Hospital should determine which of the four "Part 2" criteria they will use, and indicate these selections on the first tab. The boxes to the left of the criteria contain a drop down menu in which hospitals can select "D" to use the HSCRC's default criteria or "X" to use a hospital-defined criteria (see screenshot below). Hospitals, systems, and regional partnerships should also identify in this tab which hospitals the Template pertains to by filling out the line "Submitting Hospital Name(s) & CMS ID(s)". Please write the hospital name followed by the 6-digit CMS ID in parentheses, as shown below.



Tab 2. CTI Description

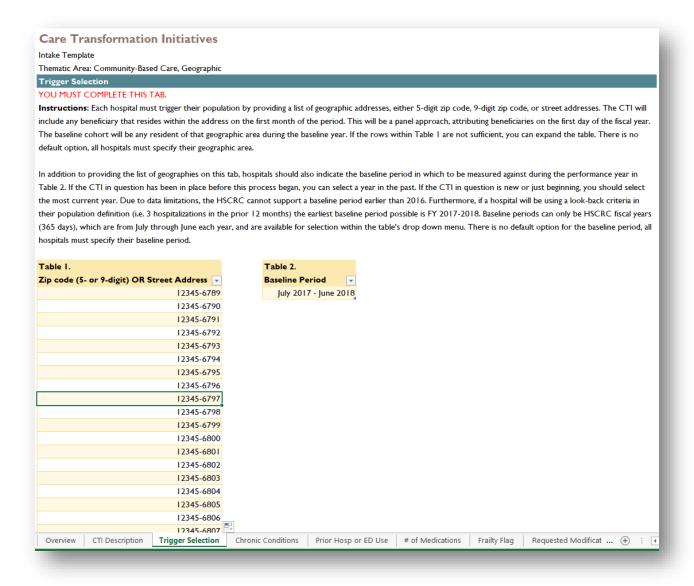
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Tab 3. Trigger Selection

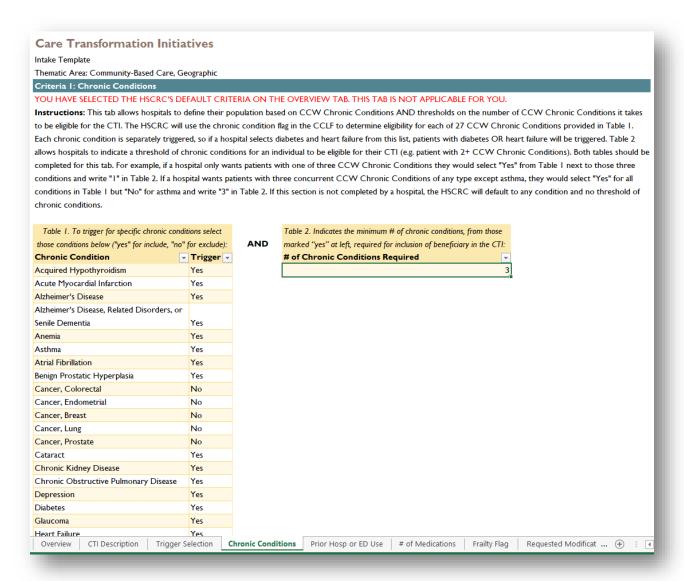
The Community-Based Care, Geographic CTI requires hospitals to submit a list of geographic addresses (Table I) that they wish to take responsibility for. Submissions can take the form of 5-digit or 9-digit zip codes along with street addresses. Please see the screenshot below for an example.

Hospitals are then prompted to select one of three options for a baseline period (Table 2), which is chosen by clicking on the box under "Baseline Period" and selecting from one of the items in the drop down menu.



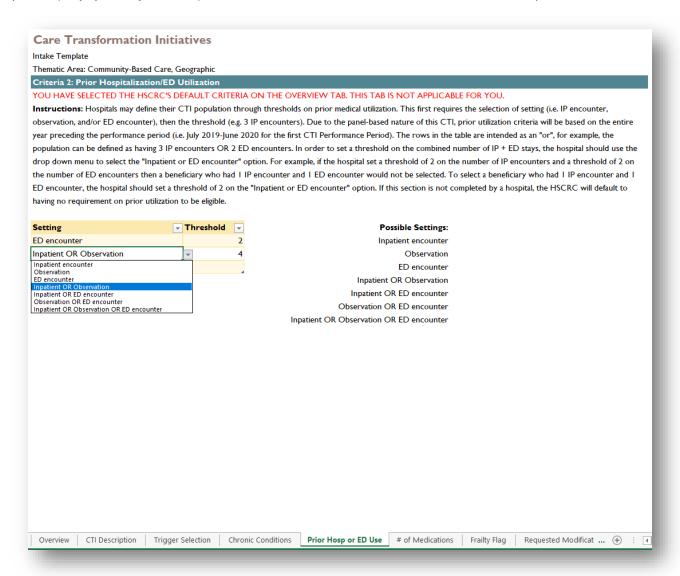
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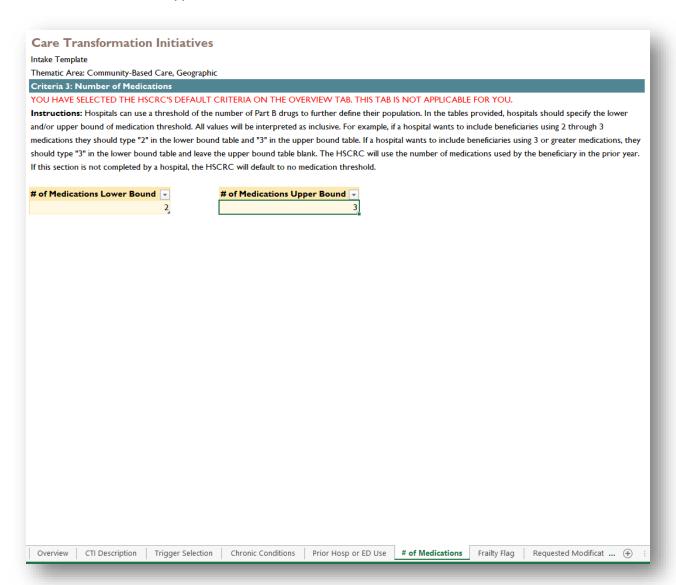
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Prior utilization criteria in the inpatient, ED, and/or observation settings are provided in Tab 5. Hospitals may select the setting in the first column of the table using the drop down menu (see screenshot below) and type a threshold for the number of encounters in the second column. Due to the panel-based nature of this CTI, prior utilization criteria will be based on the entire year preceding the performance period (i.e. July 2019-June 2020), and no other time window selection is available to hospitals.



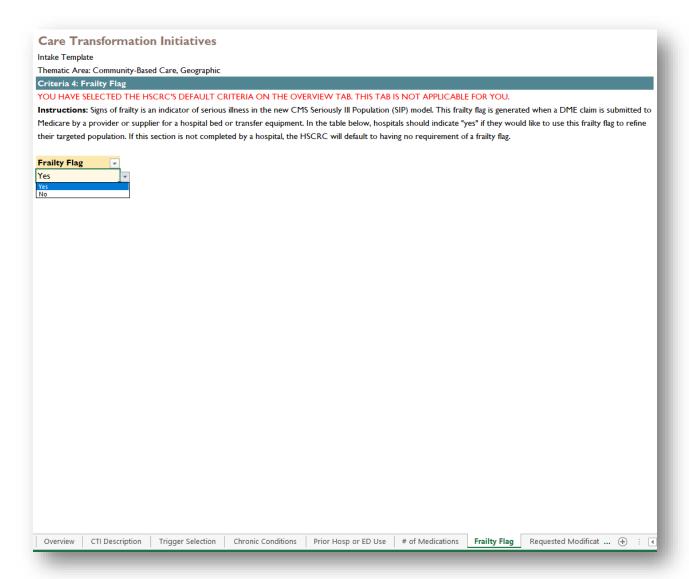
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