

Palliative Care CTI: Intake Template Webinar

January 9th, 2020

Overview and Timeline for the Intake Template

- This Intake Template accompanies the Palliative Care CTI, the second 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 to manage and better direct care of chronic pain patients (e.g. advanced care planning, goals of care discussion, and coordination with home health, hospice, and SNFs)
- Completion of this Template is required to be able to participate in the Palliative Care CTI
 - ▶ Hospitals have a preliminary deadline of February 7, 2020
 - ▶ Hospitals will then be invited to submit a final Palliative Care CTI by May 8, 2020
 - ▶ Please submit your Template to hscrc.care-transformation@maryland.gov
- 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

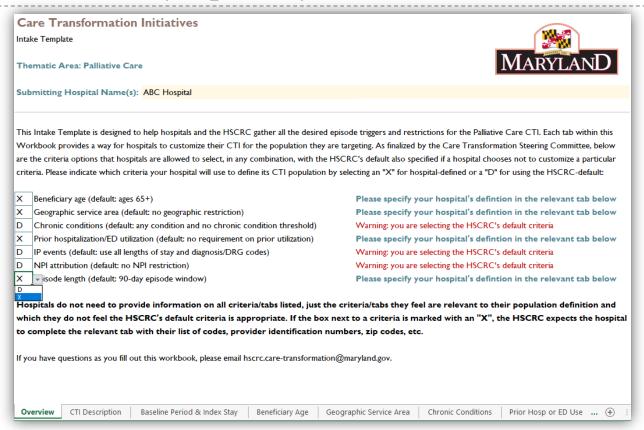
Final Population Definition for Palliative Care

- ▶ The Palliative Care CTI will be triggered by an Inpatient Admission at the hospital
 - ▶ HSCRC staff expect the Palliative Care CTI to encompass 9 of the initial CTI proposals
 - ▶ Hospitals will then be allowed to submit a population definition that includes **any combination** of the following criteria:

	Age	Geographic Service Area	Number of Chronic Conditions	Prior Hospitalizati on / ED utilization	IP Events	NPI Attribution	Episode Length
Criteria Options	Hospitals determine the age range their intervention targets	Hospitals may provide a list of 5-digit zipcodes	 Indicate a number of chronic conditions, AND/OR Hospital may provide a list of chronic conditions 	 Prior hospitalizatio n OR ED utilization threshold, AND/OR Time window for how recent that utilization was 	Hospitals may submit: • A list of ICD-10 primary dx codes OR • A list of APR-DRG / SOIs OR • Preferred ROM OR • Length of stay qualifications	Hospitals may provide a list of NPIs. Beneficiaries will be included if they receive a physician service from that provider during the course of their hospitalization stay.	Hospitals may submit an episode length of: 30, 60, 90, 120, 150, 180, or 365 days
Default if Criteria is not Specified	All Medicare beneficiaries (65+)	Use no geographic restriction	Any condition and no threshold of chronic conditions	No requirement on prior utilization	Use all diagnosis and DRG codes	Use no NPI restriction	90 day episode window

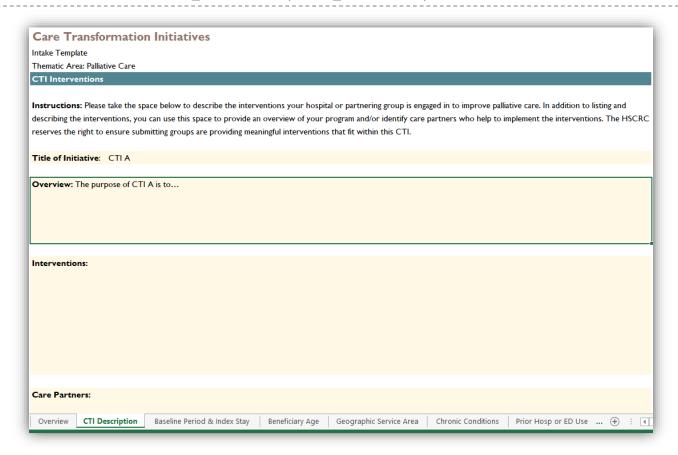
Appendix: Intake Template Examples

Tab 1. Overview (required)



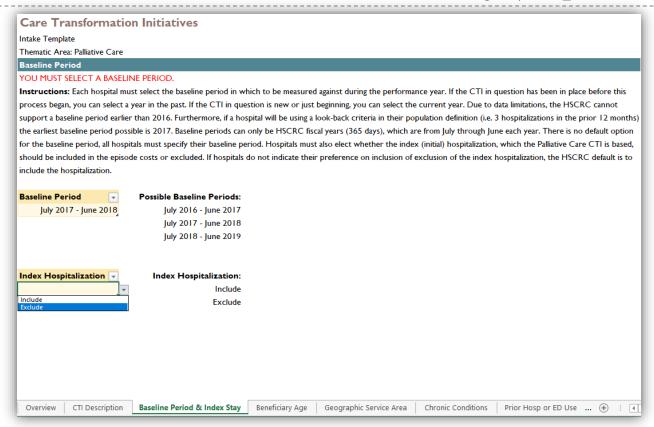
- Indicate which of the seven criteria you will use on the first tab by selecting "D" for default or "X" for hospital-defined within the drop down menus
- Identify in this tab which hospitals the Template pertains to by filling out the line "Submitting Hospital Name(s)"

Tab 2. CTI Description (required)



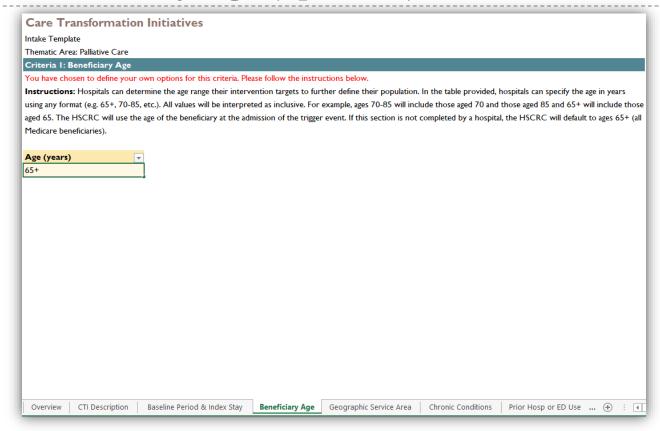
In this tab hospitals should justify how their CTI matches the general goals and principles of the Thematic Area

Tab 3. Baseline Period and Index Stay (required)



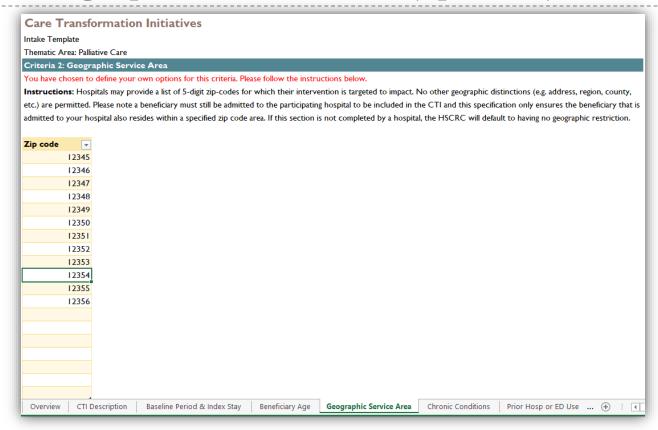
- Select one of three options for a baseline period in the drop down menu
- Elect whether to include or exclude the index hospitalization by selecting from one of the options within the drop down menu

Tab 4. Beneficiary Age (optional)



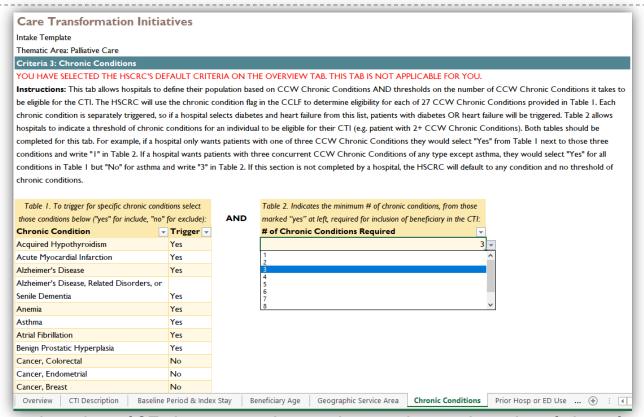
- Elect to target a particular age group of beneficiaries
- In the box write any age range in any understandable format. The uses of plus signs, dashes, and greater than/less than signs are all permitted.

Tab 5. Geographic Service Area (optional)



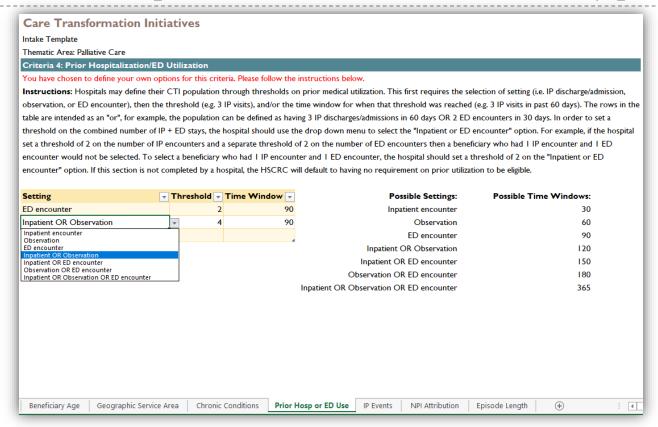
 Hospitals can provide a list of five-digit zip codes to limit their CTI population by geographic area

Tab 6. Chronic Conditions (optional)



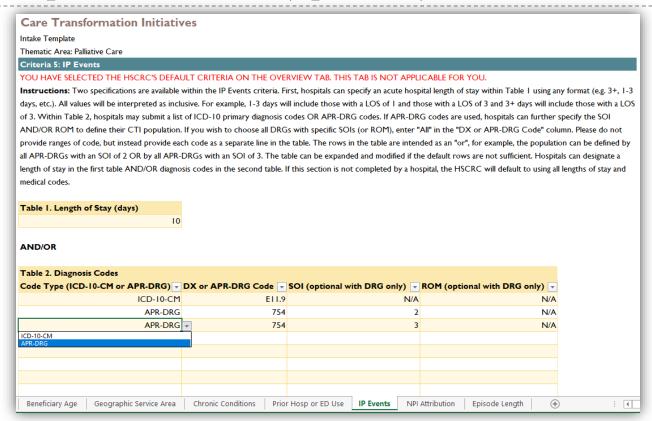
- ▶ Table I provides a list of 27 chronic conditions that can be used to identify beneficiaries by using the entire list or only a subset
- In table 2, indicate if beneficiaries must have I or more chronic conditions to be eligible
- ▶ The two tables provided should be filled out in tandem

Tab 7. Prior Hospitalization or ED Utilization (optional)



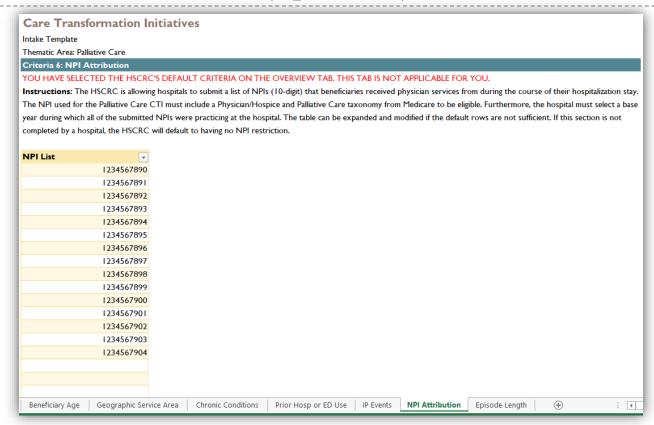
- Select the setting in the first column of the table using the drop down menu
- ▶ Type a threshold for the number of encounters in the second column
- Select a time window using the drop down menu in the third column

Tab 8. Inpatient Events (optional)



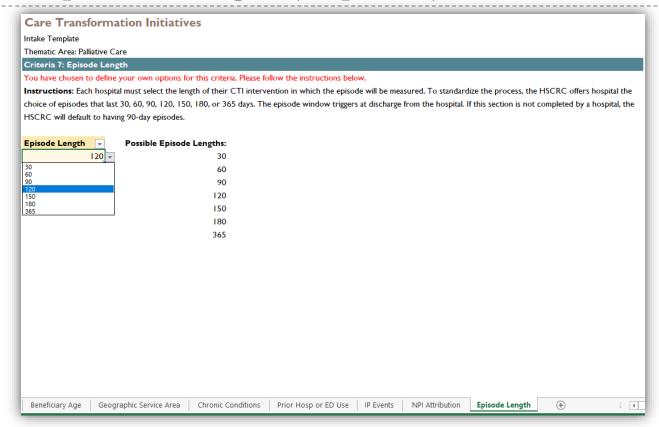
- ▶ Table I: Specify a length of stay in an acute hospital by typing a number or range
- ▶ Table 2: Select between ICD-IO or APR-DRG code types within the first column, type the code in the second column, and enter the relevant SOI or ROM in the third and fourth columns

Tab 9. NPI Attribution (optional)



 Provide a list of NPIs that identify the providers delivering the intervention in the baseline and performance periods

Tab 10. Episode Length (required)



Indicate the length of the episode using the drop down menu provided by clicking in the box below "Episode Length"