

Quantifying Care Transformation Efforts under the MPA Efficiency Component Policy

Draft: 4/30/19

The HSCRC is developing a process to quantify hospital care transformation efforts around the State to make incentive payments to hospitals through the Medicare Performance Adjustment (MPA). Currently, hospitals may receive incentive payments for the Episode Care Improvement Program (ECIP), which focuses on reducing post-acute care costs for 23 clinical episodes. The HSCRC will add incentive payments for hospital efforts, outside of ECIP, that reduce the Medicare Total Cost of Care (TCOC) growth rate.

There are four fields which are required for hospital submission and an additional two which HSCRC staff will use in their review and approval of these care transformation efforts:

GMBC: Patient-Centered Medical Homes

Required from Hospital: Background Components	
<p>Overview</p> <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). 	<p>GBMC HealthCare converted existing primary care practices in 2012 to level 3 NCQA certified advanced primary care offices. This conversion further emphasizes care coordination, patient experience and improved quality of care to impact utilization and TCOC.</p>
<p>Defined Care Interventions</p> <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. 	<p>Implemented level 3 NCQA standards to all primary care practices, including:</p> <ul style="list-style-type: none"> Extended hours of operation to evenings and weekends Addition of nurse care managers and care coordinators Patient lists were submitted to CRISP Implemented contact to all patients who had a hospital visit the preceding day by 10AM Created disease state registries Care improvement initiatives for patient experience and clinical outcomes for patients with chronic illness
Required from Hospital: Analytic Components	
<p>Identifiable Intervention Population</p> <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"> All Medicare FFS beneficiaries with a clinic visit in the preceding 18 months
<p>Episode Trigger</p>	<ul style="list-style-type: none"> Clinic visit at GBMC CPT Codes for E&M Office Visits (99201-99215)

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<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:	
<p>TCOC Impact and Duration of Episode</p> <ul style="list-style-type: none">• From the information above, HSCRC will estimate the TCOC savings related to the intervention by calculating the difference in costs for the intervention population before and after the intervention went into effect.	
<p>Reconciliation Payments</p> <ul style="list-style-type: none">• HSCRC staff will calculate the reconciliation payment that will be made to the hospital for the savings that they produce as part of a care transformation effort.• 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 care transformation efforts.	