Quantifying Care Transformation Efforts under the MPA Efficiency Component Policy

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).

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:

Required from Hospital: Western Maryland Health System Background Components	
Overview • 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).	Western Maryland Health System is focused on strategies that will significantly drive positive impact to improve the quality of care delivered, collaborate with community partners to avoid duplication of resources, reduce avoidable utilization and thus maintain alignment to the goals and objectives defined with the Triple Aim; limiting hospital growth, cap and control hospital revenue with global budgets, and the All-Payer Waiver demonstration. **Strategy: Provide Expanded Services to Patients with the Chronic Diseases of COPD, CHF and DM.** Providing these services in the Center for Clinical Resources addresses the highest utilizers of health care services. Providing care in the outpatient setting reduces the need for ED and readmissions while addressing the Social Determinates of Health.
Defined Care Interventions • 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.	**For patient Implement with these Chronic Diseases we will have the following interventions:** Intervention: NP/RN/CDE/Dietitian/Social Worker and Community Health Worker which aim to provide high touch care to increase patient engagement, assess for social determinants of health needs, and connect patients with appropriate community-based resources where the patients are. Embedded Case Management services within in specialty care (Cardiology and Pulmonology) as well as Primary Care Partners such as Associated Charities and AHEC-West as well as HRDC providing resources needed for SDOH plus education and transportation
Required from Hospital: Analytic Components	
Identifiable Intervention Population	**Strategy: The Center for Clinical Resources.** The CCR will provide the resources to target high utilizing patients with the

<table>
<tr><td>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,</td><td>wrap around services needed to achieve effective community-based management, medical intervention and teach education and self-management techniques and principles.

The types of patients considered “high utilizers” are identified as having 3 or more inpatient or observation visits prior to interacting with the CCR with the following primary diagnosis codes:
COPD
CHF
Diabetes
*Version 35 ICD-10 codes for inclusion can be provided.</td></tr>
<tr><td>Episode Trigger
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,</td><td>Strategy 2: The CCR
CRISP panel of engaged patients can be uploaded, maintained, and reported by hospital member as part of routine upload</td></tr>
<tr><td colspan="2">For HSCRC Analysis and Consideration:</td></tr>
<tr><td colspan="2">TCOC Impact and Duration of Episode
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.</td></tr>
<tr><td colspan="2">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 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.</td></tr>
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