Care Transformation Profiler User Guide

version 2.0

March 14, 2022

hMetrix

Table of Contents

1 Introduction and Overview

The Care Transformation Profiler, or CTP, is a web application used for managing participation in the Maryland Care Transformation Initiatives (CTI) program and viewing program reports.

1.1 Accessing the CTP

The CTP can be accessed at directly https://ctp.crisphealth.org using your CRISP Reporting Services (CRS) credentials, or via the Medicare Population card on the CRS Landing Page (for users familiar the general CRS application interface). If you are unable to access the CTP, please contact your organizational CRISP POC or CRISP Support at support@crisphealth.org to request access. There are two levels of access to the CTP, described below.

1.1.1 CTI Viewers

Any representative of an organization participating in the CTI program may request Viewer access to gain access to non-PHI, aggregate program reports. These reports are described in detail in Section 3 below.

1.1.2 CTI Submitters

Hospital participants may also designate individuals as CTI Submitters who have additional access to submit CTI definitions on behalf of their organization. These Submitters have access to an additional Participation Management interface, described in Section 4 below.

2   CTP Landing Page

After logging into the CTP, you will arrive at the CTP Landing Page, shown in the screenshot below. This is the starting point for all CTI management and reporting workflows. Note that the exact navigation buttons you see may differ from the screenshot, depending on the exact role you have in the application.

© hMetrix

2.1   Navigation

Across the top of the CTP application is the navigation bar. This contains links to the primary functional areas of the application, and the links displayed will depend on the role granted by CRS. If you do not have access to the functionality you believe you should, reach out to CRISP support as described in Section 1.1 above. You may log out of the system at any time using the 'Logout' button in the upper right-hand corner of the screen.

All users will see at least three buttons in the top navigation bar – CTI Definitions, State Summary, and CTI Report. These contain viewable definitions for all currently active and past Care Transformation Initiatives, current results for the program as a whole, and more detailed data on specific CTIs, respectively. Each of these is described in greater detail in the appropriate section below.

If you are a designated CTI Submitter on behalf of your organization, you will also see a 'Participation Management' option in the top navigation bar. Clicking on this will bring you to the Participation Center, where you can view, edit, and submit your organization's CTIs during the annual enrollment period. See the 'Participation Management' section below for more information and instructions on the functionality available in this module.

2.2   CTI Definition Summaries

By default, the CTP Landing Page opens to the CTI Definitions page, which provides summaries of all current and past CTI definitions.

At the right-hand side of the CTI Definitions screen, you will see a Program Summary that contains the total number of CTIs and CTI cohorts, both those currently active and across the history of the program.

In the center of the page, you will find two tables that provide access to all submitted and approved CTI definitions. The top table, **Active CTIs**, displays all currently active CTIs. The second table, **Inactive CTIs**, displays CTI definitions from previously approved CTIs which are no longer active. Both of these tables contain the same data elements and functionality, as described below:

Column	Description
Thematic Area	The general category into which the listed CTI falls. The HSCRC developed 'Thematic Areas' as a way of grouping common default assumptions and parameters to design, implement, and analyze the wide range of CTIs proposed by participants more easily. The currently available Thematic Areas are Care Transitions, Palliative Care, Primary Care – Episodes, Primary Care – Panels, Community Care – PAC Touch, Community Care – Geographic, and ED (or Emergency) Care
CTI Name	Name of the CTI in question
Convening Entity	The hospital(s) participating in the listed CTI
Start Date	Starting date for the baseline period of the listed CTI (against which performance is compared)
End Date	Ending date for the baseline period of the listed CTI (against which performance is compared)
Actions	Functions that allow users to view the CTI definition in different formats: • **View** – View the definition of the CTI in the CTP application. • **Download** – Downloads the technical specification files for a given CTI for use in cohort development. These are primarily CSV files intended for import into SAS. • **Summary** – Download a participant-friendly PDF summary of the CTI definition. Recommended for most use cases. • **Revise (only available to administrators)** – Revert the CTI definition to Draft status for further editing • **Deactivate (only available to administrators)** – Deactivate the CTI from the current performance period.

3 CTI Reporting

The Care Transformation Profiler application provides aggregate reporting on all current and past Care Transformation Initiatives, allowing participants and potential participants to compare their population and payments in total for a selected performance period against a designated baseline.

Data in the CTP is updated monthly as the MDAPM CCLF data feed – upon which the CTI program is evaluated – is updated. This typically occurs around the third week of each month. Note that data is reported as soon as it is available (based on participant requests for shorter data turnaround times) and will change as additional claims are processed and run-out for each episode completes. Performance data early on during a performance period should be treated as very preliminary, as we know that payment totals and episode volume will change considerably as more data becomes available.

At the top right of each reporting page are options to export a PDF or Excel document containing the data from the current view. Next to these is a 'Reset Report' button, which will return the report to its original state, clearing any filters or sorting that you applied during your session.

3.1 State Summary

Clicking on the 'State Summary' button in the navigation bar brings up the CTI Statewide Report. This currently consists of a two tables. The top table, the CTI Performance Summary, displays CTIs by thematic area, CTI name, and participant name. Only active CTI participants are shown in this view. At the top of the page are drop-downs allowing you to select specific thematic areas, CTIs, participants, and performance periods. Use these to filter the tables below if you only wish to see the results for a subset of participants or CTIs.

Underneath these selectors, you will also see a 'Completion Flag' option. If this is set to Yes, the application will only show data for completed episodes – that is, episodes for which all claims have been processed for the episode global period along with three months of claims run-out. If this flag is set to All, it will include data on all episodes

State Summary report interface — CTI Performance Summary table:

Convening Entity	Thematic Area	CTI Name	Baseline — Episodes Initiated	Total Payments	Preliminary Target Price	Preliminary Aggregate Target Price	Performance — Episodes Initiated	Total Payments	Preliminary Target Price	Preliminary Aggregate Target Price
Adventist Shady Grove Hospital	Care Transitions	01-015:60-day Post-Acute TCOC Population Discharged to Home	2,168	$19,972,621	$9,055	$19,631,351	1,019	$10,167,303	$9,055	$9,227,097
		01-066:Improved Management of Chronic Pain	88	$3,497,261	$37,232	$3,276,444	37	$1,274,870	$37,232	$1,377,596
Adventist White Oak Hospital	Care Transitions	01-015:60-day Post-Acute TCOC Population Discharged to Home	1,214	$12,163,055	$9,768	$11,858,540	760	$5,457,138	$9,768	$7,423,798
		01-066:Improved Management of Chronic Pain	37	$1,339,275	$36,197	$1,339,275	20	$711,487	$36,197	$723,932
Ascension Saint Agnes Hospital	Care Transitions	01-055:SAH Transitional Care Management	116	$3,515,975	$30,350	$3,520,646	17	$417,224	$30,350	$515,957
		01-073:Palliative Care Program	467	$21,423,210	$44,978	$21,004,700	149	$5,546,698	$44,978	$6,701,714

regardless of completion status. Be aware that this will most likely under-report payments associated with those episodes for which the HSCRC does not yet have complete data.

For each CTI, the same data will be shown for both the selected baseline period and the performance period. The total number of episodes initiated, total episode payments, preliminary target price per episode, and preliminary aggregate target price are all displayed for each. If insufficient data is available for the performance period (for example, early on), some data elements in the Performance Period section may be blank as a result. If no performance data is yet available for the selected performance period, only baseline data will display, and the performance period columns in the table will be hidden.

Note that until a final target price is calculated for a CTI, the preliminary target price will be the same for the baseline and performance period. Target prices are updated at reconciliation once sufficient performance period case mix experience is available to determine the final target price, as described in the CTI Policy Guide.

Below this you will find a second table titled 'Statewide Savings Estimates.' This table contains one row per hospital, in addition to rows for each joint CTI participant, and displays the allocation of the statewide savings estimate compared to that entity's total savings.

CRISP Care Transformation Profiler Nate Hedberg Logout

CTI Definitions | CTI Creation | Participation Management | State Summary | CTI Report

State Summary Participant: All   Performance Time Period: Jul 2021 - Jun 2022
Thematic Area / CTI: All

Statewide Savings Estimates

| | | Preliminary Reconciliation Estimates | | | |
Provider	Provider Name	MPA $'s	% of Market (MPA $'s)	Statewide Savings Offset Estimate	Preliminary Difference (Agg Target - Payments)
210001	Meritus Medical Center	$109,716,414	2.42%	($29,985,814)	$51,416,300
210002	University Of Maryland Medical Center	$376,463,922	8.29%	($102,888,681)	$4,838,167
210003	UM-Capital Region Medical Center	$81,215,037	1.79%	($22,196,305)	$7,349,786
210004	Holy Cross Hospital	$62,140,018	1.37%	($16,983,047)	
210005	Frederick Health Hospital Inc	$107,991,420	2.38%	($29,514,368)	$59,178,662
210006	UM-Harford Memorial Hospital	$31,264,444	0.69%	($8,544,663)	($310,104)
210008	Mercy Medical Center	$122,841,660	2.71%	($33,572,982)	$389,591
210009	Johns Hopkins Hospital	$428,569,962	9.44%	($117,129,413)	($18,705,692)
210011	Ascension Saint Agnes Hospital	$116,117,647	2.56%	($31,735,289)	$51,267,357

As described in detail in the CTI Policy Guide, the total positive savings from all CTIs statewide during a performance period is allocated across all hospitals on the basis of their proportion of the statewide total of MPA attributed payment dollars. The MPA dollars used for performance period evaluation and percent of the statewide total for that period are shown in the first two numeric columns of this table. The resulting statewide savings offset is shown in the third numeric column. Finally, the savings attributed to that specific participant is shown in the last column. To estimate the net program results for a facility, simply add the offset (a negative value) to the savings for a given hospital. Participants in joint CTIs are given discretion as to how any shared savings is distributed between those participants, even though the savings offset is calculated at the hospital level. As a results, the rows for joint CTI participants will not contain any values for the MPA dollars, % of market MPA, or statewide savings offset estimate, and hospitals only participating in joint CTIs will not have a preliminary shared savings estimate value in the row for that facility.

Note that this table does not attempt to estimate the minimum savings rate for each participant, given the variance in CTI participation and total episode volume year over year, and so likely over-estimates both the total real savings and offset, as any amounts below the minimum savings rate for a given CTI will not be included in the final calculations.

3.2 CTI Report

To view additional information about a specific CTI, click on the 'CTI Report' link in the navigation bar. This will bring you to a dedicated report that contains a wealth of additional information on specific CTIs. As with the statewide reporting, all data is shown in aggregate in this report, and all small cell sizes are masked, as the CTP is a non-PHI application.

At the top of the page are drop-downs allowing you to select specific thematic areas, CTIs, participants, and performance periods. The CTI Report will only ever display data for a single CTI, so these options are designed to help you navigate between CTIs of interest as easily as possible. To get started, we would typically recommend selecting the desired Participant from the corresponding drop-down, ensuring you have the select performance period selected, and then selecting the specific CTI of interest.

Underneath these selectors, you will also see a 'Completion Flag' option. If this is set to Yes, the application will only show data for completed episodes – that is, episodes for which all claims have been processed for the episode global period along with three months of claims run-out. If this flag is set to All, it will include data on all episodes regardless of completion status. Be aware that this will most likely under-report payments associated with those episodes for which the HSCRC does not yet have complete data.
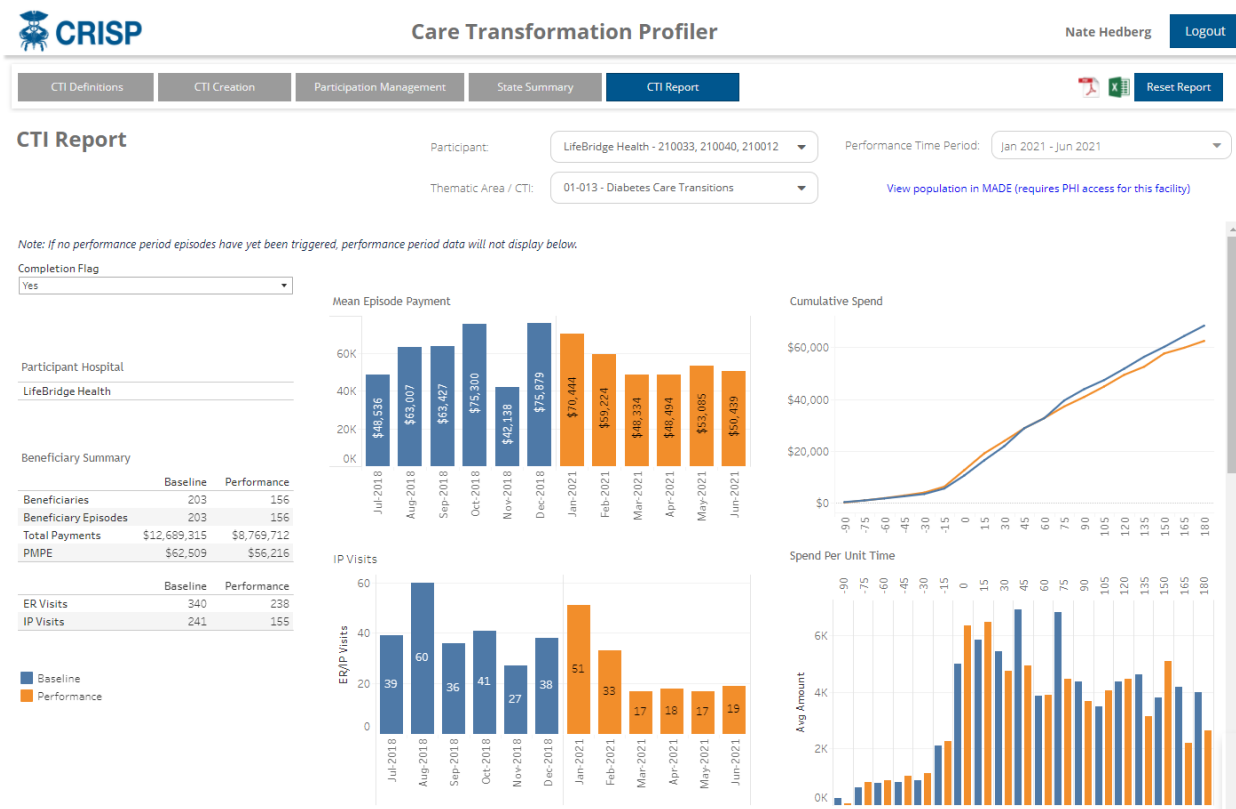
On the left-hand side of the screen, you will find a table that summarize the total number of beneficiaries, episodes, payments and payment per episode (PMPE) for both the baseline and performance period. This is a good starting point for understanding the relative size of the CTI and how it is performing.

Underneath this is a second table that highlights the number of ER visits and IP admissions incurred during episodes associated with this CTI. Note that clicking on either row in this table will filter the chart to the right, showing the distribution of those visits / admissions over the course of the baseline and performance period.

Moving to the right, we have four different time series charts. In all of these, the baseline is represented in blue, and the performance period in orange.

The upper left chart shows the average episode payment by month for episodes triggered during that month.

The bottom left chart, as previously explained, shows the number of ED visits or IP admissions for each month during the baseline and performance period, depending on whether ED visits or IP admissions are currently selected in the table to the left.

The upper right chart shows the average total payments incurred by day of the episode, starting 90 days before the episode through the last day of the episode. Note that payments incurred prior to the triggering event are not included in the actual episode total – these are only shown for informational purposes to help identify utilization spikes before a triggering event for CTIs where this may be useful. As is such, the total amount shown in this chart is not expected to match the average episode payment total shown elsewhere.

The bottom right chart shows the average amount incurred during each day, week, or month of the episode (scale depends on episode length) and corresponds to the incremental increase for that period in the chart immediately above it.

The bottom half of the CTI Report contains a detailed comparison of the baseline and performance period cohort for the selected CTI. This includes breakouts by care type, beneficiary age, beneficiary race, and beneficiary county of residence.

3.2.1   PHI – MADE Connection

Because its results are made available to all potential participants for statewide evaluation, the CTP application does not contain any individually identifiable data, and all small cells are masked. However, an individual participant may be interested in viewing more granular information about beneficiaries who trigger episodes under a CTI they are participating in. To facilitate this type of analysis. CRISP has created a link between the CTP and MADE application.

To view PHI-level data, click the 'To view PHI data, view this CTI in MADE' link. The MADE application will open in a new tab with the appropriate CTI. If a CTI has multiple participants, you will be asked to select which participant's PHI you would like to view. You must have PHI permissions for the selected facility in order to view the requested PHI in MADE.

For full details on MADE, see the MADE user guide available in the Help section of that application.
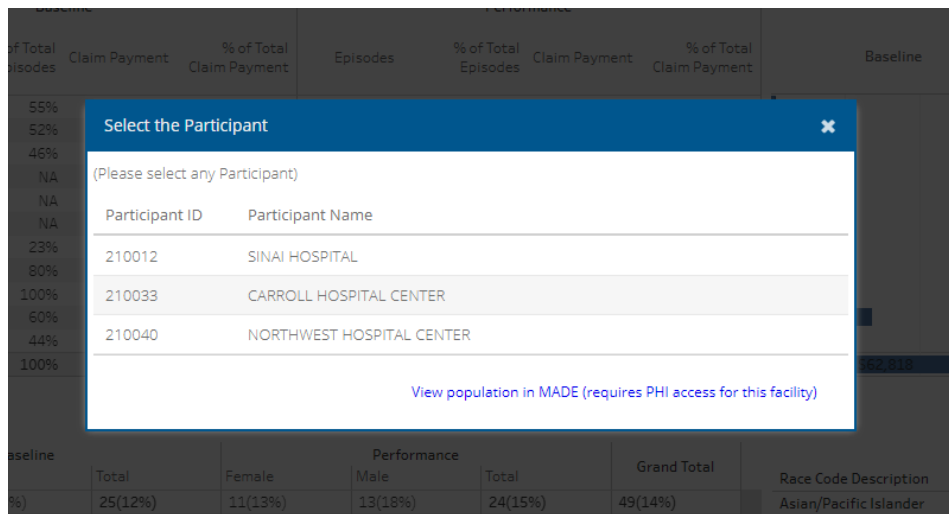
3.2.2   Roster Creation

Beneficiary rosters for CTI cohorts are created automatically when the CTI is approved and made available in the MADE application to users with the appropriate access privileges. You will only be shown rosters of beneficiaries with whom you have an existing treatment relationship and the appropriate privileges to view patient-level data.

4 Participation Management

4.1 Participant Landing Page

The participant landing page contains links to all of the functionality needed to create, edit, review, and submit CTI definitions for each new performance period.

As described in the CTI Policy Guide, enrollment in the CTI program occurs on an annual basis, with enrollment for the upcoming fiscal year performance period taking place between March and May of each year. Participants only need to act if they wish to submit a new CTI definition or withdrawn an old CTI definition; by default, if no action is taken, existing CTI definitions will carry over from one performance period to the next. Each performance period runs from July 1st to June 30th, inclusive of all episodes completing during the fiscal year.

Underneath the top navigation bar is a panel with information on the current enrollment period and, on the left-hand side, a selector that allows you to select and view data for past performance periods.

On the left-hand side of the participation management interface, you will find a panel with links to program resources, including the official HSCRC CTI Program page, this user guide, the CTI Policy Guide, and a link to CRISP support.

The center of the screen contains buttons for managing your CTI participation, with the most important links being found under the 'Enrollment Actions' header on the right-hand side of the page. Here, you can create new CTI submissions, edit existing active CTI submissions, and view and manage all of your current period submissions. Each of these workflows will be described in detail below.

The left-hand side of this pane also contains links back to the main CTI definitions page, where you can view all participants' CTI definitions, and (after enrollment closes for the period) a link where you can view the status of your current CTIs for the selected performance period.

4.2   Create a New CTI Submission

To start a new CTI submission, simply click the orange 'Create New CTI Submission' button under Enrollment actions. This will open a brand new CTI definition workflow where you can select the desired CTI Thematic Area and submit all of the required parameters to define your CTI. This workflow is described in detail in section 4.4 below.

4.3   Editing an Existing CTI Submission

To edit an existing CTI submission that you started in a previous session, simply use the drop-down selector on the right-hand side of the page to select the CTI submission you would like to modify. Then, click the blue 'Edit Active CTI Submission' button immediately above. This will bring you to the first page in the CTI definition workflow, and you can pick up where you left off.

4.4   CTI Definition Workflow

When you create a new CTI submission, you will be presented with a screen similar to the one shown below. At the top of this page is a dropdown where you can select the Thematic Area you would like to create a submission for. Each Thematic Area is tailored to different types of CTIs, has different default assumptions, and different options available. The first page of the workflow will update to display information about the currently selected Thematic Area in the two panes across the top of the page; review it carefully before beginning. Once you begin a CTI definition, it is not possible to convert it to another Thematic Area.

Enrollment Actions

Create New CTI Submission

Edit Active CTI Submission

01-104 : Care Transitions Test
01-105 : Test CTI
01-107 : Demo CTI
01-108 : My Demo CTI
01-111 : My Care Transitions CTI
02-101 : Palliative Test
03a-101 : Validation CTI 3
03b-103 : Primary Panel Test
04a-101 : Validation CTI 2

4.4.1   Naming Your CTI

After selecting the Thematic Area, you will need to name your CTI in the 'CTI Name' field. Please provide a concise, unique name to describe your CTI. This name will be used in all CTI reporting and in any correspondence with the HSCRC and CRISP regarding your CTI. After entering the CTI name, hit the 'Save' button at the bottom of the page. This will generate a CTI ID, which you can see in the non-editable field immediately to the right of the CTI Name field. This CTI ID uniquely identifies your CTI in our system, and you should always include it in any correspondence with CRISP or the HSCRC regarding your CTI to ensure we are able to answer any questions accurately and efficiently or address any issues you may have.

4.4.2   Trigger Criteria

Each Thematic Area has different trigger criteria and may have options available to further trigger how episodes in your CTI are triggered. In the pane immediately below where you entered the CTI Name, these options will be displayed. For example, in the screenshot above, the Care Transitions thematic area has been selected, so the user is provided with the option to include or exclude the index event (hospitalization) from the episode itself using the drop-down in this section. The trigger event itself for this type of CTI – discharge from an inpatient hospital – cannot be edited but is displayed for informational purposes. The trigger criteria and options for all currently available Thematic Areas are provided in the CTI Policy Guide, which is linked from the Participation Management landing page under 'Program Resources.'

4.4.3   CTI Definition Options

Finally, on the right-hand side of the page you will see a pane that contains all of the available parameters for the selected thematic area, each accompanied by a drop-down. This drop-down allows you to indicate whether you would like to customize that particular parameter or use the HSCRC default. The HSCRC default is shown immediately to the left of the drop-down, and typically this default is 'no restriction' based on that parameter.

If you opt to use a default, you will not be presented with the page for customizing that parameter and skip right over it for convenience. If you do opt to customize a particular parameter, you will be presented with an interface to do so in the workflow that follows. You may change your mind and return to this screen to change which parameters are custom or default at any point during the enrollment period.

Once you are satisfied with your selections, click Save at the bottom of the screen, and then hit Next to move on to the next page in the workflow. If you have made changes that you do not wish to preserve, you can hit 'Cancel & Discard Changes.' You may also return to the landing page by pressing the 'Home' button if you wish to return to continue on your CTI definition at a later point in time. If you click Home or Next and have unsaved changes on the page, you will be prompted to save or discard those changes before continuing.

Note that due to the wide range of options available in the CTI program, not all parameters are described in detail below. This guide provides a general overview of the common functions you will see in all modules, and those listed will follow one or more of the patterns described in the sections that follow. Each individual workflow page also contains instructions on entering data for that specific parameter. However, if you have any questions on modules not detailed here, feel free to reach out to care.redesign@crisphealth.org for support.

4.4.4   Basic CTI Information

The next page in every CTI workflow will prompt you to provide some basic information regarding your CTI, including the desired baseline start date, the participants, and a written description of the care transformation interventions used to effect the desired change under the CTI.

First, select the desired start date for your baseline period. Most CTIs will allow you to select from fiscal years 2017, 2018, or 2019 (that is, July 2016 – June 2017, July 2017 – June 2018, or July 2018 – June 2019), depending on when you began your CTI interventions and what period is most appropriate to compare your performance to. All panel-based CTIs must use calendar year 2019 as the base period. As described in the CTI Policy Guide, the HSCRC is still evaluating how it will handle 2020, 2021, and 2022 data due to the Covid pandemic. Notice that when you select your baseline period start date, the baseline period end date field will update automatically to reflect the correct end date.

Next, you will be asked to indicate the participants in this CTI. For most CTIs, you will simply be using the drop-down list to select your facility. If you are coordinating a joint CTI with multiple participants, you should select all participants who have agreed to participate in the joint CTI. Note that the HSCRC is only requesting one CTI submission per CTI definition, however, so please coordinate with your CTI partners to ensure they are aware you are submitting a CTI definition on their behalf, and that only one such definition is submitted for all participants.

Finally, the HSCRC asks that you provide a concise but thorough description of your CTI, including details on the interventions and providers involved in your care transformation initiative. This written description does not affect your CTI definition at all – we only use the parameters submitted via the application process to construct your CTI – but it does help the state with qualitative evaluation of state care transformation efforts and makes more transparent your efforts to other participants who may want to emulate a successful model.

Once you have completed this page, you may continue on to the next page in the workflow. The first time working through a CTI definition, we highly recommend using the 'Back' and 'Next' buttons in the upper right of the screen to navigate through the workflow. This will ensure that all pages are reviewed and addressed, and no parameters are accidentally omitted. At any point in time, you can use the 'Save and Continue Later' button to exit the workflow, preserving your work for a later point in time.

After working through your definition the first time in this way, you can use the links in the left-hand navigation bar to jump to specific pages in the workflow to make targeted edits more efficiently as you refine your definition.

4.4.5   Parameter Uploads

Any CTI parameters that require the submission of a potentially large number of data elements – including lists of ZIP codes, NPIs, DRGs, and procedure or diagnosis codes – will present an interface for easily uploading and editing those data elements en masse.

To upload a new list of codes, select the rightmost option, 'Upload New List (Overwrite Existing).' You can also use this option to complete replace a previous list of codes that were submitted. After you click on an option, additional fields will appear in the space below. Each data element has a unique Excel upload template that can be

downloaded using the grey 'Download Submission Template' button. Download the template, copy or enter the desired codes into the table in the template, and then simply drag the file to the upload panel on the screen or use the 'Choose File(s)' button to navigate to and select the completed template.

If any errors occur during upload – for example, if unexpected data is found in the completed template – an error message will display, asking you to check and correct any errors, then try uploading again. If the upload succeeds, you will receive a confirmation message indicating so, allowing you to continue on to review.

If you would like to add to an existing list without replacing the current values, use the middle button, 'Upload New List (Append to Existing).' The upload functionality is the same as the Overwrite option, however using this approach will preserve any previously submitted data and simply add the new submission to the extant list.

Finally, if you would like to manually enter your codes (for example, if you only wish to submit one or two), or if you would like to make individual edits after uploading a list, use the 'Manually Add / Edit' button on the right-hand side of the screen. This will display any currently entered data in an editable grid. To add a new data element, use the 'Add New' button in the upper-right hand corner of the table. To delete a row, simply click the trash can icon on the far right of that row.

After you are satisfied with your submission, use the Next button to continue on to the next page in the workflow.

4.4.6   Entering Chronic Conditions

Some data elements will have special entry interfaces to ensure easy and accurate entry of the required parameters. The first of these you will likely encounter – if you are using them – is the Chronic Conditions definition interface, shown below. Here, you may restrict your CTI population based on beneficiary chronic condition flags, using the Chronic Conditions Warehouse definitions. Immediately under the instructions on this page, select whether you want to include or exclude beneficiaries based on the selected conditions, and then set a threshold, or minimum number of chronic conditions a single beneficiary must have to trigger the criteria. Then, simply check the box next to all of the chronic conditions on which your definition is to be based and hit Save.

For example, if you would like to include all beneficiaries who have at least two of hyperlipidemia, hypertension, ischemic heart disease, or atrial fibrillation, select 'Include' with a threshold of 2, and then check the boxes next to those four conditions.

Once you are done, hit Save, and then use Next to continue on to the next page in the workflow.

4.4.7 Entering Prior Utilization

The Prior Utilization criterion available for some Thematic Areas similarly has a specialized interface for providing definitions. Prior utilization criteria allow you to specify services or clinical events which beneficiaries must have undergone prior to the CTI trigger event based on which a given beneficiary will be included or excluded from the CTI.

Prior utilization criteria are broken down into two types, hospitalization / ED use and other, and each of the categories below is described in the CTI Policy Guide.

To set a prior utilization requirement, select the appropriate event type, and a lookback window through which to look for the event. For example, to look for all inpatient admissions in the year prior to the triggering event, select 'IP – Admit' for the Wetting and 365 days for the Window. For prior hospitalizations or ED use, you may also set a minimum threshold. So, continuing on our previous example, if you only wanted to include beneficiaries who had 3 or more hospitalizations in the prior year, you would additionally add a Threshold value of 1 to that row. All lookback windows are measured in full calendar days starting with the day prior to the trigger event, and all threshold values are inclusive of the specified number (e.g., '3 or more').

Once you are satisfied with your criteria, you may continue on to the next page in the workflow.

4.4.8   Entering Look Forward Criteria

Certain CTIs with a clearly defined event-based trigger will allow you to narrow the episode definition based on the setting of care a beneficiary experienced immediately following the event – this next setting of care is referred to as a 'Look Forward' period, and can be set using the corresponding interface, as shown below. You may opt to include or exclude any inpatient post-acute care, skilled nursing care, home health care, and any community-based care. This latter would include those beneficiaries who were discharged home with no follow-up or only received care on an outpatient basis following the trigger event. The exact definitions of each are provided in the CTI Policy Guide.

4.4.9   Selecting Episode Length

All non-panel based CTIs have a fixed length, or global period, during which expenses are captured. By default, all CTIs will use a 90-day global period unless the participant specifies otherwise. You may select an episode length of 30, 60, 90, 120, or 180 days using the drop-down on this page in the workflow, as shown below.

4.4.10 Model Estimate

The second to last step in the CTI definition creation process allows you to estimate the number of episodes your definition will trigger during your selected baseline period.

Once you are satisfied with your definition, navigate to the 'Model Estimate' page in the workflow, and you may optionally hit the 'Generate Episode Estimate' button to model your CTI. The HSCRC highly recommends making use of this feature, particularly for brand-new CTI definitions. Depending on the complexity of the definition and number of CTI requests the application is receiving, this may take anywhere from a few minutes to a few hours, so you may log out at this point and return later to review your results. All model estimate results are stored in the application and available for review at any point in time, until the definition is revised, and a new estimate is generated.

Note that as of March 8, 2022, this feature is still being finalized. We anticipate it will be available for use no later than March 18, 2022.

The model estimator will provide you with the total estimated number of episodes triggered for your baseline period under the submitted definition, as well as the total payments (TCOC) associated with those episodes. Per the CTI Policy Manual, the minimum savings rate (MSR) for each participant is set based on the total number of episodes triggered under all of that participant's CTIs. A reference table is provided on this page so that you can easily compare the model results to the corresponding minimum savings rate. For example, if a hospital is only planning on submitting a single Care Transitions CTI and the model estimator provides and episode volume of 900, that participant's MSR will most likely be 3.5%, per the screenshot above.

'Community Trigger CTIs' include all panel-based CTIs, and 'Setting-Specific CTIs' includes all CTIs that make use of triggered episodes. These two types of CTIs have different MSR values due to the difference in expected variance

(spread) of the TCOC involved in CTIs of those type, with setting-specific CTIs typically having a narrower range of expected spend.

Refer the CTI Policy Manual for more details on the minimum savings rate policy and how it is calculated.

4.4.11 Review & Finalize

The last step in the CTI definition creation process is to review your submission for accuracy and then let the HSCRC know that it is ready for review and approval. The last screen in the workflow prompts you to do this, with additional instructions for follow-up and addressing any questions you may have. Once you are satisfied that your CTI submission is complete, simply hit the orange 'Submit' button on this screen. This notifies HSCRC staff that your CTI definition is ready for review. Note that does not prevent you from making further edits to your definition; it only notifies HSCRC staff to begin the review definition.

You may continue revising your CTI until the enrollment period closes. However, we do ask that if you do make edits after hitting 'Submit' you come back and re-submit the CTI to let HSCRC staff know that changes have been made to the definition.

If the HSCRC has any questions or concerns with your submission, they will reach out to you via email to address them. All CTIs will be reviewed and approved no later than one month after the closure of the enrollment period, typically in late May or early June of each year, so that participants know as early as possible the final CTI definitions they will be participating in the upcoming performance period starting on July 1.

4.5   Managing CTI Submissions

Clicking the 'View My CTI Submissions' will bring you to an interface that displays all of your CTI submissions for the currently selected period, shown below. If a past enrollment period is selected, you will only be able to view the submissions. Click the eye icon in the 'Actions' column to open a submission in view-only mode.

If the current enrollment period is selected and open, you will additionally be able to withdraw unwanted CTI submissions or reactivate currently withdrawn submissions.

As stated earlier, the CTI enrollment period for a given performance period is open for a fixed amount of time, typically 2 months from the beginning of March to the beginning of May. During the enrollment period, you may freely edit and withdraw or reactivate CTIs as you see fit. Any CTI submissions that have a status of 'Withdrawn' on the end date of the enrollment period will be archived, and not reviewed by the HSCRC for the upcoming performance period.

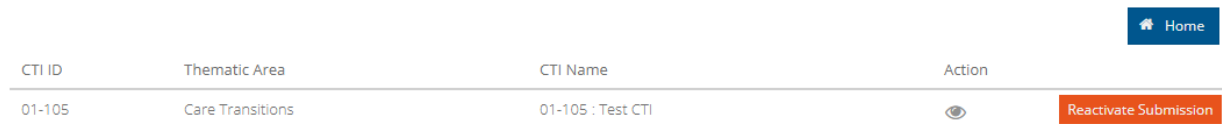### 4.5.1   Withdrawing a CTI Submission

To withdraw an active submission, simply hit the blue 'Withdraw Submission' button at the far right side of the table in the row corresponding to the CTI you would like to withdraw. You will be prompted to confirm you wish to withdraw the submission, as shown at right. Click 'Yes' to confirm withdrawal, or 'No' to cancel the action.
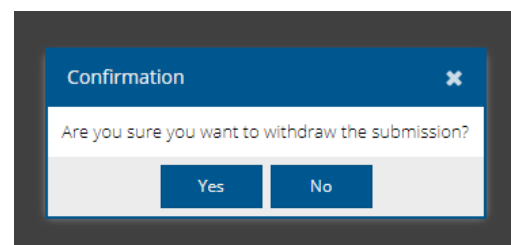
4.5.2 Reactivating a CTI Submission

If you later change your mind while the enrollment period is still open and would like to reactivate the withdrawn submission, simply return to the same page. You will see that the blue 'Withdraw Submission' for that CTI has been replaced by an orange 'Reactivate' button, as shown in the image below. Simply click Reactivate, and your submission is now active again.

Current Period CTI Submissions

CTI ID	Thematic Area	CTI Name	Action	
01-105	Care Transitions	01-105 : Test CTI	👁	Reactivate Submission

Again, you may freely set the Withdrawn or Activated status as you wish during the enrollment period; this value is only considered when the enrollment period closes and is used to indicate to the HSCRC which submissions you wish to finalize for the upcoming performance period.