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Committee Steering Committee Meeting

July 16, 2020

Agenda

1. Initial CTI are Active
2. Requested Modifications will be added
3. Call for new “Thematic Areas”

Care Transformation Initiatives are now live!

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Statewide CTI Data

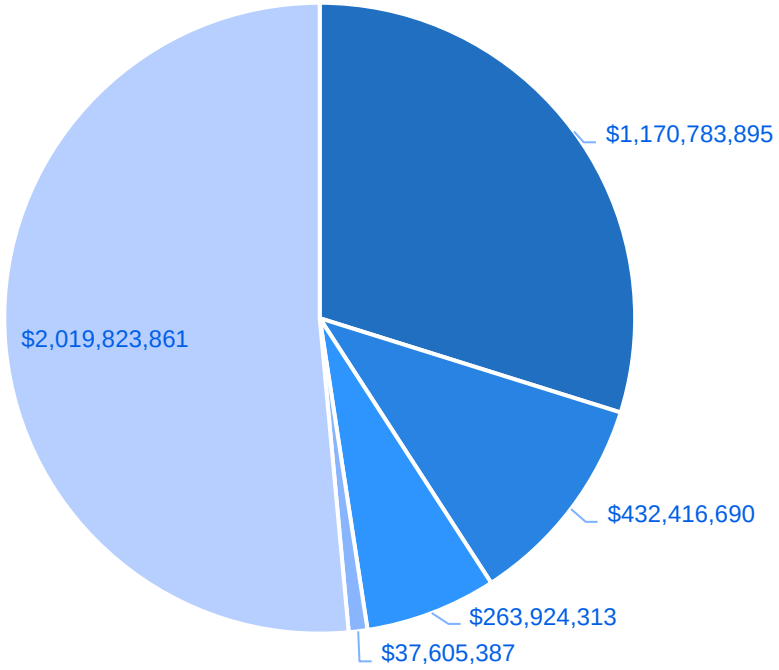
The program is active as of July 1, 2021. There are 107* different Care Transformation Initiatives now active.

- These CTI covered $3.9 billion dollars and 244 thousand Medicare beneficiaries in the baseline period.
- As part of the State Integrated Health Improvement Strategy (SIHIS), they State committed to cover 12.5% of total cost of care in a CTI or other value-based payment arrangement.
- Staff expect that we will meet this commitment, although volume dissipation due to COVID may result in some turbulence.

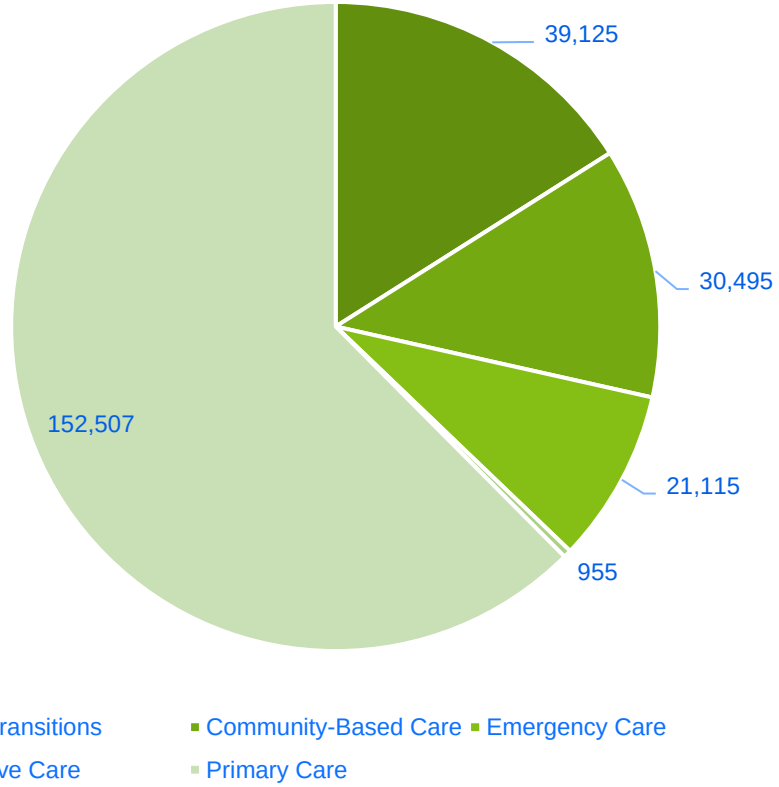
* Staff are still working on 4 CTI, including PRMCs, Holy Cross, and Union of Cecil. These will be available in the CTP as soon as possible.

Distribution of CTI TCOC and Beneficiaries

Total Cost of Care



Number of Attributed Beneficiaries



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Hospital can review all CTI Data through CRISP

Completion Flag
(All)

State Summary

Convening Entity	Thematic Area	CTI Name	Baseline				Performance			
			Episodes Initiated	Total Payments	Preliminary Target Price	Preliminary Aggregate Target Price	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	$19,771,330	$9,048	$19,616,276	589	$4,905,437	$9,048	$5,329,330
		01-066:Improved Management of Chronic Pain	88	$3,154,357	$35,848	$3,154,599	16	$644,002	$35,848	$573,563
Adventist White Oak Hospital	Care Transitions	01-015:60-day Post-Acute TCOC Population Discharged to Home	1,214	$11,939,571	$9,673	$11,743,104	607	$4,876,296	$9,673	$5,871,552
		01-066:Improved Management of Chronic Pain	37	$1,327,741	$35,885	$1,327,741	22	$677,677	$35,885	$789,467
Ascension Saint Agnes Hospital	Care Transitions	01-055:SAH Transitional Care Management	422	$11,290,644	$26,729	$11,279,553	42	$1,052,246	$26,729	$1,122,610
		01-073:Palliative Care Program	467	$21,081,251	$44,500	$20,781,571	122	$4,088,944	$44,500	$5,429,019
	Primary Care	03b-013:Transitions of Care	8,106	$106,141,068	$13,412	$108,721,513	7,035	$32,221,780	$13,412	$94,356,754
Atlantic General Hospital	Care Transitions	01-054:Palliative Care Transformation Initiative	230	$7,672,064	$35,456	$8,154,860	60	$1,932,057	$35,456	$2,127,355
	Primary Care	03b-007:Panel-Based Primary Care CTI	1,683	$22,734,698	$14,197	$23,893,993	1,505	$6,703,827	$14,197	$21,366,881

Hospitals can track the statewide savings in ‘real time.’

This will allow hospitals to predict the amount of statewide ‘offset’ they will be responsible for.

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Initial Data Performance Period Data

Reminder: There is a brief lag in the data that we receive from CMS. Since we do not have data on episodes that triggered in July, we will continue to display data from the ‘measurement period’ of Jan – July.

- E.g. claims for July 2021 do not appear until the August update.
- The CTP shows preliminary data through July. This is the measurement only period.
- In September, the CTP will be updated to show data only from the first performance period (e.g. post July 2021).

Initial Data Performance Period Data

(All)

Participant Hospital

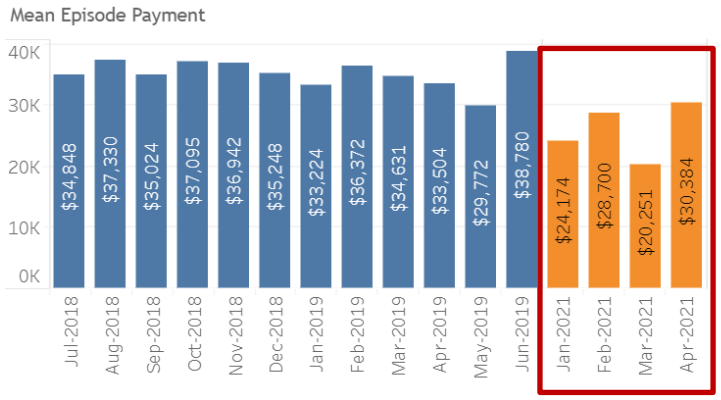
Greater Baltimore Medical Center

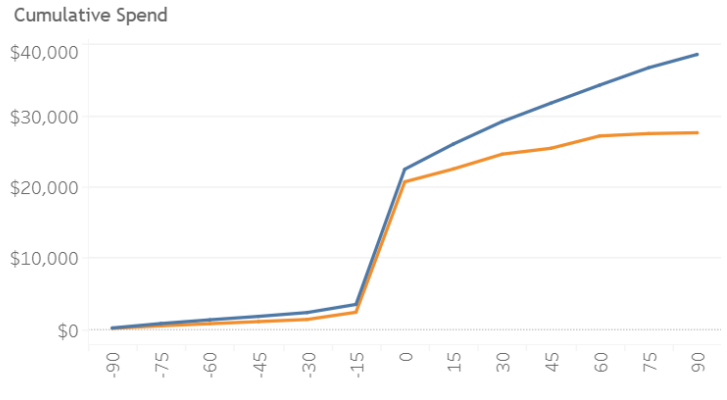
Beneficiary Summary

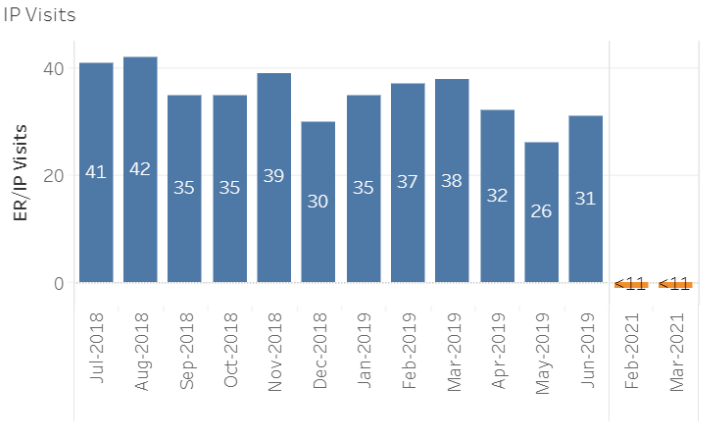
	Baseline	Performance
Beneficiaries	897	29
Beneficiary Episodes	1,005	29
Total Payments	$35,327,925	$731,843
PMPE	$35,152	$25,236

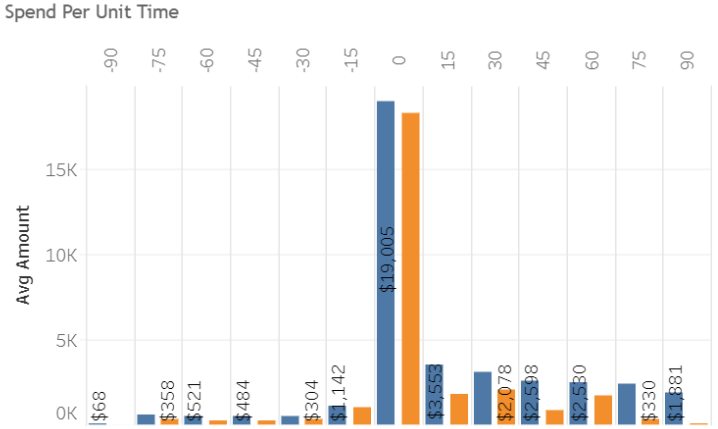
	Baseline	Performance
ER Visits	293	<11
IP Visits	421	<11

Baseline
Performance









Performance data reported in the CTP is for the Jan – July Period. This is the 'measurement only' period since no data is currently available for July.

Beginning in the September, the CTP will be updated to show only data from the first performance period (e.g. data post July 2021).

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Episode Completion

The CTP will display data as ‘real time’ as it is available to the HSCRC. This means that data is available to participants prior to the completion of an episode.

- E.g. An episode that is 180 days long will be included in the CTP as soon as data is available, even though that is prior to the end of the episode window.
- The ‘real time’ view is intended to provide data to the hospitals as quickly as possible. But hospitals should be cautious about interpreting episodes that have not been completed

Episode Completion Flag

The episode completion flag will limit the CTP view to only episodes that have completed.

Completion Flag
(All)

Participant Hospital
Greater Baltimore Medical Center

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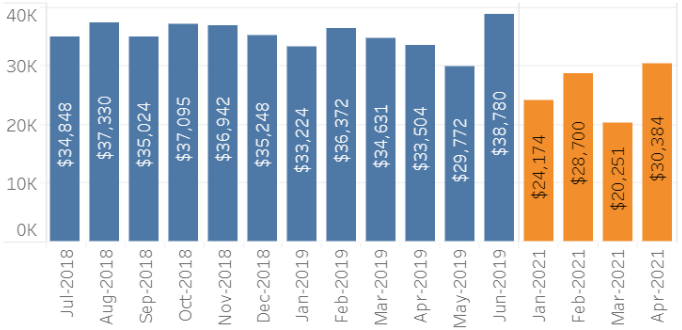
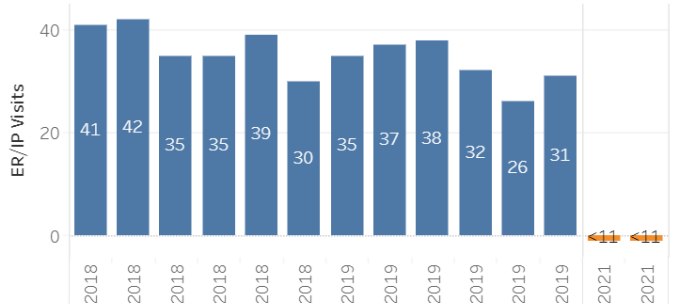
Baseline
Performance

Mean Episode Payment



IP Visits



Completion Flag
Yes

Participant Hospital
Greater Baltimore Medical Center

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	Baseline
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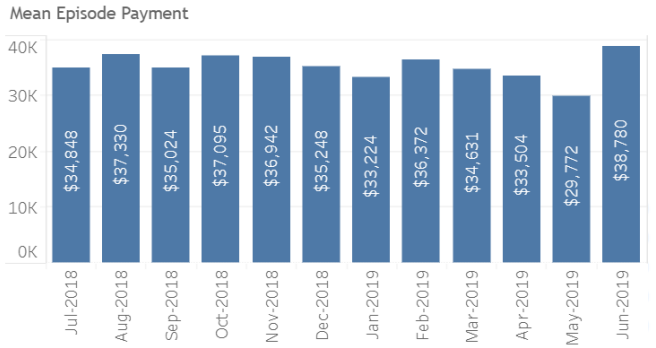
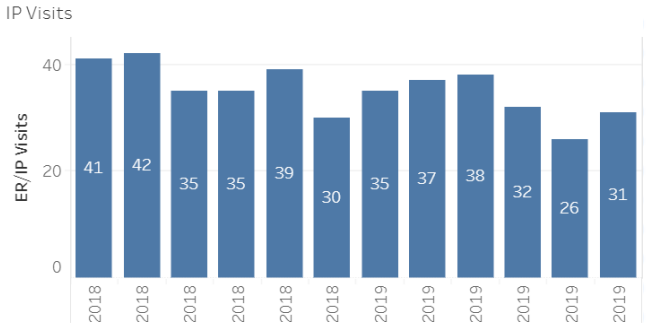
Baseline

Mean Episode Payment



IP Visits



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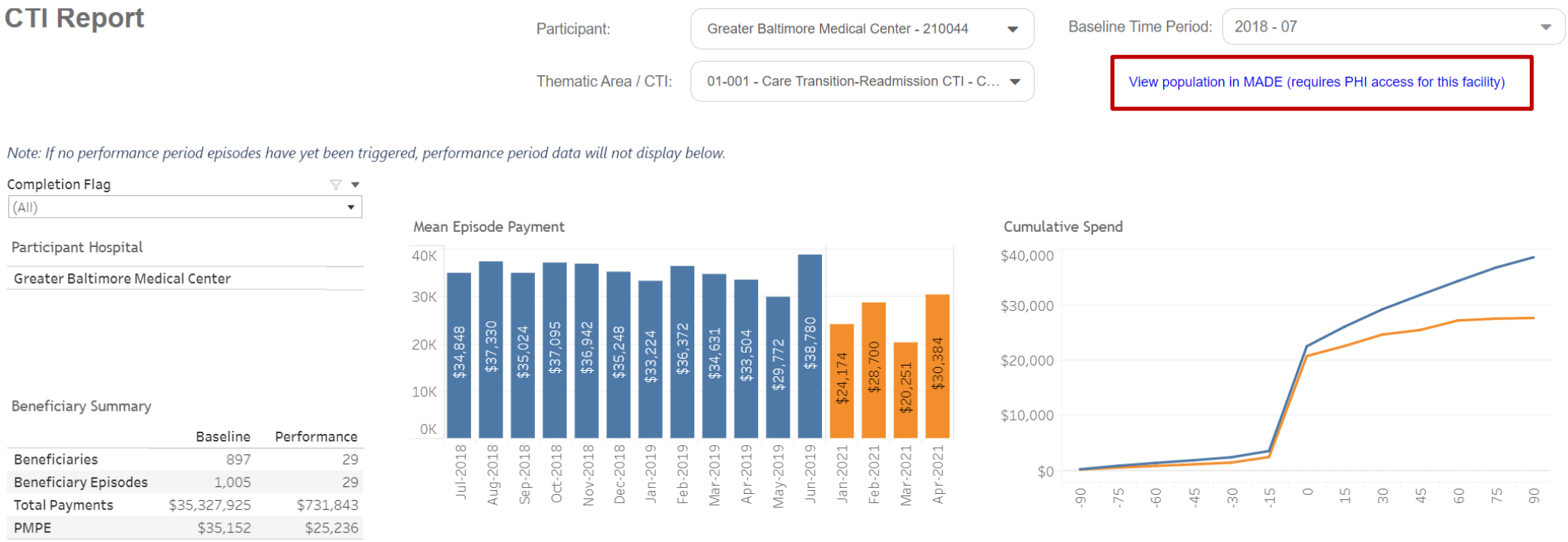
Additional Information through MADE

The CTP links to CRISP's MADE tool. This allows participants to see detailed PHI information on their CTI beneficiaries.

- CTI panels are available in MADE.
- Please reach out to HSCRC or CRISP for a tutorial of the MADE tool.



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Requested Modifications

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Requested Modifications of CTI

- Several hospitals submitted requested modifications to existing CTI Thematic Areas. Hospitals may still participate in those modified CTI.
  - Requested modifications will be retroactive.
  - E.g. If the modification is submitted in August, July episodes that met those criteria will be included in the hospital's performance period.
  - The requested modifications will be made available to all other hospitals as a default option for the next performance period.
- Staff will reach out directly to those hospitals and allow new submissions for those CTI.

Proposals for New Thematic Areas

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New CTI Proposals

- Hospitals may propose additional CTI thematic areas. These will be developed and made available for future performance years.
  - If hospitals are interested proposing new CTI, they should email the HSCRC staff at hscrc.care-transformation@maryland.gov.
- Hospitals should describe the attribution methodology for assigning beneficiaries to the hospitals.
  - The attribution trigger must still include information that is included in the claims data.
  - However, HSCRC is willing to explore relaxing the requirement that there be a claims based baseline period. This would allow attribution based on new claims types (Diabetes prevention program) or NPI based attribution with a new NPI.
  - Methodology will be discussed with this Care Transformation Steering Committee.

Thank you for your participation!

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