maryland
health services
cost review commission

Care Transformation Steering Committee

December 17, 2021

Overview

1. CTI Savings Estimate and MPA Offset
2. Process for new CTI Submissions
3. Care Redesign Program

CTI Savings Estimate and MPA Offset

CTP Update

CRISP has released an update to the Care Transformation Profiler to show the expected MPA offset for each hospital. As a reminder:

- The total offset is equal to the sum all positive savings in each CTI, after the minimum savings threshold is applied.
- Each hospital pays a portion of total offset based on their share of aggregate Medicare hospital revenue.
- We use the hospital dollars (e.g. hospital expenditures) provided by the hospital to Maryland Medicare beneficiaries.
- Hospitals can see their hospital dollars and the share of the offset that they will be responsible for in the CTP.

CRISP

Care Transformation Profiler

Willem Daniel Logout

CTI Management | CTI Creation | State Summary | CTI Report

Reset Report

State Summary

Participant: All

Performance Time Period: Jan 2021 - Jun 2021

Thematic Area / CTI: All

Statewide Savings Estimates

Provider	Provider Name	MPA $'s	% of Market (MPA $'s)	Statewide Savings Offset Estimate	Preliminary Difference (Agg Target - Savings)
		Preliminary Reconciliation Estimates			
210001	Meritus Medical Center	$109,716,414	3.60%	$297,791	($109,975)
210002	University Of Maryland Medical Center	$376,463,922	12.36%	$1,021,795	($707,740)
210003	UM-Capital Region Medical Center	$81,215,037	2.67%	$220,433	($4,679,679)
210005	Frederick Health Hospital Inc	$107,991,420	3.55%	$293,109	($3,733,948)
210006	UM-Harford Memorial Hospital	$31,264,444	1.03%	$84,858	($1,394,125)
210008	Mercy Medical Center	$122,841,660	4.03%	$333,416	$56,510
210009	Johns Hopkins Hospital	$428,569,962	14.07%	$1,163,221	($12,817,227)
210011	Ascension Saint Agnes Hospital	$116,117,647	3.81%	$315,165	($289,202)
210016	Adventist White Oak Hospital	$94,927,059	3.12%	$257,650	($94,818)
210017	Garrett County Memorial Hospital	$14,897,097	0.49%	$40,434	($130,324)
210019	TidalHealth Peninsula Regional Inc	$141,815,833	4.66%	$384,915	($212,691)
210022	Suburban Hospital	$93,060,736	3.06%	$252,585	($1,981,676)
210027	UPMC Western Maryland	$110,382,351	3.62%	$299,599	($9,658,052)

Estimates of Savings and MPA Offset

The CTP will also show hospitals an estimate of their savings and the statewide offset.

- The initial savings will be very high.
- DO NOT PANIC!
- Episodes are compared to their target price, even when they are incomplete.
- Hospitals should look at the completed episodes only for an estimate of their expected savings / expected offset.

Completion Flag: (All)

Provider	Provider Name	Preliminary Reconciliation Estimates: MPA $'s	% of Market (MPA $'s)	Statewide Savings Offset Estimate	Preliminary Difference (Agg Target - Savings)
Grand Total		$3,045,837,205	100.00%	$1,330,223,506	$1,264,461,877

Completion Flag: Yes

Provider	Provider Name	Preliminary Reconciliation Estimates: MPA $'s	% of Market (MPA $'s)	Statewide Savings Offset Estimate	Preliminary Difference (Agg Target - Savings)
Grand Total		$3,045,837,205	100.00%	$7,720,693	($62,238,460)

Estimating CTI Savings and Offset (Cont.)

The number of complete episodes is still relatively small. As a reminder:

- Episodes are complete 90 days after the end of an episode window.
- A 30-day episode will complete 120 days after it is triggered.
- A 90-day episode will complete 180 days after it is triggered.
- Panel-based CTI will complete 455 days after it is triggered.

There are two implications:

- Longer period episodes are less complete:
  - We have complete data on 30-day episodes. Episodes triggered in June extend 30 days into July + 90 days of runout finishes in October.
  - We have complete data on 90-day episodes initiated in March. These episodes extend 90 days in July + 90 days of runout finishes in October.
- Longer period episodes have higher dollar values, which means that the number of dollars is undercounted more than the number of episodes.

Estimating CTI Savings and Offset (Cont.)

In aggregate, we currently have about 10% of the completed episodes in for the first six-month period.

- Partly, this is due to an error in the reporting. The CTP currently compares the 6-month performance period (January to July) to the 12-month baseline period. This will be corrected during the next data update.
- This means that about 20% of the episodes are completed and that number should increase substantially in January view the panel-based CTI are finalized.

Finally, the savings presented here are an upper bound on the MPA Offset.

- The Minimum Savings Rate has not yet been applied.
- Staff could not produce a dynamic estimate what the minimum savings rate will be. Therefore, the CTP will display results without the MSR.
- The MSR can only decrease the total amounts paid (and thus the offset) and so the hospital can get a reasonable upper bound estimate of the offset.

CTI Savings and Offset for Regional Partnerships

Under the CTI program, hospitals are allowed to enter the program as a regional partnership.

- They can distribute the savings to whichever hospital they designate.
- These payments are included in the statewide offset. But only hospitals are assessed the offset.
- In other words, regional partnerships can distribute the savings back to whichever hospital they designate.
- But the individual hospitals still pay the offset.
- Hospitals should be aware of this offset when determining the allocations to individual hospitals.

Example of Regional Partnership Distributions

Provider	Provider Name	Preliminary Reconciliation Estimates: MPA $'s	% of Market (MPA $'s)	Statewide Savings Offset Estimate	Preliminary Difference (Agg Target - Savings)
210057	Adventist Shady Grove Hospital	$112,150,140	3.68%	$67,805,013	($1,237,832)
210058	UM-Rehabilitation and Orthopaedic Institute	$25,799,026	0.85%	$15,597,870	($154,775)
210061	Atlantic General Hospital	$29,670,841	0.97%	$17,938,736	$25,135,079
210063	UM-St. Joseph Medical Center	$127,150,164	4.17%	$76,873,898	$113,909,135
210004, 210016, 210018, 210022, 210057, 210065	Nexus Montgomery				($4,061,978)
210004, 210065	Holy Cross Health				$47,881,676
210006, 210049	University of Maryland Medical System (UMMS) - 210006, 210049				($169,934)
210009, 210029, 210048, 210022	Johns Hopkins Health System				$249,789,346
210010, 210030, 210037	UM Shore Health				$4,965,503
210023, 210051	Luminis Health				$216,456,037
210024, 210028, 210062, 210018, 210034, 210056, 210015	MedStar Health				$350,218,160
210033, 210040, 210012	LifeBridge Health				$9,956,069
Grand Total		$3,045,837,205	100.00%	$1,841,495,231	$1,822,568,545

Next Steps

During the February Care Transformation Steering Committee, we will analyze the results of the first pseudo-performance period (January 2021 – July 2021). This will include:

- Complete data on all the CTIs.
- An estimate of the savings for individual CTI and each hospital.
- The expected offset for each hospital.
- An ‘autopsy’ of individual target prices. This will show:
  - How CTI baseline results are turned into target prices.
  - How the performance data is compared to the target price.

CTI Submissions for July 2022 Start Date

Timeline for new CTI

HSCRC will open the application period for new / revised CTI starting in February of 2022.

- Hospitals may add or modify existing CTI at that time.
- Hospitals are not required to submit new CTI. They may continue existing CTI without changing the definitions.
- The application period will be open until May 1st of 2022.

There were no new submissions for CTI Thematic Area. Therefore, only the existing thematic areas will be available for hospitals.

Application Process

Staff have been working to improve the application process for new CTI.

- All applications will be made through a CRISP portal.
  - This will eliminate the excel spreadsheets.
  - Hopefully, this will eliminate any confusion and the back and forth with HSCRC.
- Hospitals will be able to use the CRISP portal to calculate the number of beneficiaries that are in the baseline prior to submission.
  - They will eliminate the problem of hospitals submitting CTI with zero or a small number of beneficiaries prior to finalizing their CTI definition.
  - Hospitals will also be able to assess their (expected MSR) prior to the submitting their final MSR.

CTP Demonstration

Care Redesign Program

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Evaluation of the Care Redesign Program

CMMI has asked the State to report on the effectiveness of the Care Redesign Program (CRP) to support hospitals Care Redesign Program.

- The purpose of the CRP is to provide fraud and abuse waivers, like those provided to ACOs.
- The waivers allow hospitals to pay incentive payments / provide resources that would be prohibited under the Stark and Anti-Kickback Statute.
- Relatively few hospitals have used the waivers to make incentive payments to physicians and/or other provider types.

Survey on Waiver Use

Staff will be conducting a survey of hospitals to assess what hospitals incentive payments / resources are provided under the program. Hospitals should indicate:

- What incentive payments and / resources are provided under the program?
- Why the fraud and abuse waivers are necessary to provide those resources to those partners?
- For example: Do hospitals pay the salaries of care managers in physician's offices? Or are care management staff employed by the hospital and serve all patients regardless of CRP participation?

Next Steps on CRP

Over the next several months, Staff will work with stakeholders to address the following questions:

- What is the value of the Fraud and Abuse waivers to hospitals?
- Should the State support CRP programs that do not pay incentives or provide significant resources to non-hospital partners?
- How should overlap for CRP programs by managed with respect to CTI and EQIP?

Staff would like to come to a consensus on next steps for CRP by April, in order to have sufficient time to prepare Track Implementation Protocols, which are due to CMMI in July.

Next Steps

February Care Transformation Meeting

The next Care Transformation Steering Committee meeting will be held in February of 2022. This meeting will discuss:

- In depth analysis of January – June 2021 data for existing CTI
- Responses to the CRP survey data
- Next step in the application process for CTI

Please send analytical questions to the HSCRC. We will include these address these questions in the next CT Steering Committee Meeting.