CTI Definition Starter Template & Readiness Checklist (2025)

This tool is designed to help hospitals build strong CTI definitions and confirm readiness for successful program participation.

CTI Definition Starter Template

Use this form to structure your Care Transformation Initiative (CTI):

1. CTI Name:

Clear, concise name that reflects the CTI focus (e.g., "30-Day Post-Discharge CTI for CHF Patients").

2. CTI Type:

- **Episode-Based CTI** – Starts with a qualifying event like a hospital discharge, ED visit, or procedure. Measures cost and quality over a defined episode window (e.g., 30, 60, or 90 days).
- **Panel-Based CTI** – Assigns patients based on a characteristic (like ZIP code or provider panel) at the start of the year. Measures total cost of care over a continuous 365-day period.

Tip: Episode-Based CTIs are best when targeting specific care transitions. Panel-Based CTIs are best when managing long-term community health.

3. Thematic Area:

Select one: Care Transitions, Primary Care, Emergency Care, Community-Based Care, Palliative Care, HOPD

4. Target Population:

- Demographics (age, ZIP code, Medicare FFS)
- Clinical indicators (e.g., DRG codes, chronic conditions)
- Provider assignment (NPIs or provider groups)

5. Attribution Criteria:

Specify how beneficiaries will be attributed to this CTI based on claims data. Attribution rules depend on the CTI type:

For **episode-based CTIs**, describe the event that triggers attribution (e.g., hospital discharge with specific DRGs, ED visit tied to NPI).

For **panel-based CTIs**, define the provider NPIs or ZIP codes that determine patient assignment. These rules tell the HSCRC how to match Medicare beneficiaries to your CTI using existing claims data.

6. Episode Window / Duration:

30, 60, 90, 120, 150 or 180 days for episode-based CTIs

365 days for panel-based CTIs

7. Baseline Period for Target Price:

Select from the approved baseline options:

- **Panel-based CTIs: CY 2022 or CY 2023**
- **Episode-based CTIs: FY 2022 or FY 2023**

Tip: Choose the baseline year that aligns best with your patient volume and care model..

8. Planned Interventions:

Intervention	Description	Responsible Team	Timing
Example: Post-Discharge Call	Follow-up within 72 hours of discharge	RN Care Manager	Days 1–3

9. Intended Outcomes:

Specify expected improvements (e.g., reduce readmissions, lower ED revisits, increase primary care follow-up).

10. Risk Adjustment Considerations:

Address expected differences in patient complexity (e.g., HCC scores, DRG-SOI severity).

11. Internal CTI Lead / Point of Contact:

Designate a responsible person to oversee CTI execution and data review.

CTI Readiness Checklist

Before submitting your CTI, ensure you have completed the following:

- [x] Reviewed **CTI program overview** materials and guidance documents
- [x] Accessed and analyzed your Care Transformation Profiler (CTP) data
- [x] Selected a CTI thematic area and finalized attribution strategy
- [x] Defined patient population
- [x] Confirmed baseline year for target price development
- [x] Developed and documented planned interventions
- [x] Reviewed MSR thresholds relevant to your CTI volume
- [x] Designated an internal CTI project lead
- [x] Aligned with hospital leadership and clinical teams
- [x] Scheduled time for internal review and final sign-off
- [x] Prepared to submit CTI definition by May 30, 2025