



CTI Frequently Asked Questions (FAQs) for 2025

This document answers common questions about the Care Transformation Initiative (CTI) Program, organized by topic for easy reference.

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General Program Questions

1. What is a CTI?

A Care Transformation Initiative (CTI) is a hospital-designed strategy to improve patient care and reduce Medicare costs for a defined group of patients.

2. Is participation in CTI mandatory?

No, CTI participation is voluntary. However, all Maryland hospitals contribute to the program's statewide offset regardless of whether they submit a CTI.

3. How is CTI different from the Global Budget?

The Global Budget controls hospital revenue; CTI focuses on lowering patient-specific Medicare costs across settings, including outpatient and post-acute care.

4. How is CTI different from EQIP?

CTI is hospital-led and includes inpatient and outpatient services. EQIP is practitioner-led and independent of hospital/physician relationship



Attribution and Episodes

5. How are patients assigned to a CTI?

Patients are attributed using Medicare claims data based on criteria submitted in your CTI definition (e.g., ZIP code, DRG codes, provider NPIs).

6. What does "episodes initiated" mean?

It refers to the actual number of episodes that begin based on the CTI's criteria. These are real, data-driven episodes—not projections.

7. What is the difference between episode-based and panel-based attribution?

Episode-based attribution is triggered by an event (like a discharge). Panel-based attribution is based on ongoing characteristics (like ZIP code or provider panel) and lasts a full year.

8. Can one patient be in more than one CTI?

Yes, but the CTI hierarchy determines which CTI takes priority if overlaps occur.

9. Do I need to document interventions in the medical record for CTI attribution?

No. CTI attribution and performance are based solely on Medicare claims data—not internal EHR documentation.



Savings and Payments

10. What is the Minimum Savings Rate (MSR)?

It's the required threshold of cost savings you must exceed to be eligible for payment. MSR is set higher for smaller volume CTIs and lower for larger ones. Once a CTI exceeds the MSR threshold, all savings – starting from the first dollar - are included in the reconciliation payment calculation

11. What is cumulative savings vs. cumulative surplus?

- Cumulative savings = total dollar amount below the target price.
- Cumulative surplus = only the portion of savings that exceeds the MSR and qualifies for payment.

12. Why didn't we get paid even though we saved money?

If your cumulative savings did not exceed the MSR, it doesn't convert to a payable surplus.

13. What is the statewide offset?

It's a shared contribution from all Maryland hospitals to ensure the CTI program remains budget neutral.

14. Does a low-performing hospital pay for a high-performing one?

Not directly. Each hospital's reconciliation payment is based on its own CTI performance. However, all hospitals contribute to the statewide offset, which is the funding mechanism that makes the CTI program budget neutral.

If hospitals across the state generate a large amount of total savings, then the total offset increases, and each hospital's contribution (based on their Medicare revenue) may also increase—even if they don't participate or perform well. So, while hospitals aren't paying each other directly, statewide success can affect every hospital's bottom line through the offset.

15. What is a reconciliation payment?

It's the amount incorporated into a hospital's MPA adjustment after cumulative surplus, MSR threshold, and statewide savings offset.



Data and Performance Monitoring

16. Where can I view our CTI data?

Through the Care Transformation Profiler (CTP), available via CRISP.

17. How often is CTP data updated?

Monthly.

18. What should I look at in CTP?

Focus on episodes initiated, target vs. actual costs, cumulative savings, surplus, and MSR thresholds.

19. Can I export CTI data?

Yes. You can export CTI reports in either PDF or Excel form from CTP to support internal discussions and performance improvement planning.



Participation and Planning

20. Can we participate in more than one CTI?

Yes. Hospitals can submit multiple CTIs as long as each is distinct and meets HSCRC requirements.

21. Can I revise our CTI mid-year?

No. Outside the application period and once your CTI is approved definitions are locked.

22. Can I revise disenroll in a CTI mid-year?

No. Disenrollment must occur during the application period.

23. What happens if we don't participate in CTI?

All hospitals pay into the statewide offset. Non-participating hospitals but forfeit the opportunity to earn a positive adjustment in their MPA.

24. What is the deadline for submitting a CTI?

CTI definitions are due by June 13, 2025, for participation in Performance Year 5, Fiscal Year 2026.