All-Payer Model Amendment
Webinar Series – Webinar 1

Amendment Overview and Implementation Timeline

October 21, 2016

HSCRC
Health Services Cost Review Commission

Welcome and Introduction

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CMMI Perspective

Willem Daniel, CMMI

Purposes of the Care Redesign Program

We think the Care Redesign Programs serve three purposes:

- The Care Redesign Programs give the State flexibility to align incentives between hospitals and other providers.
- The Care Redesign Programs are intended to give the hospitals the tools that they need to succeed under the All-Payer Model by aligning financial incentives between providers.
- The Care Redesign Programs create a platform on which to build towards the next version of the Maryland All-Payer Model.

Care Redesign Amendment

Nicole Stalling (MHA), Jo Surpin (AMS), Deb Gracey (HMA)

Webinar Objectives

- Review with Hospitals
  - Care Redesign Amendment
  - High-level Overview of Care Redesign Programs
  - Timeline for the Inauguration of the Amendment
  - Upcoming Webinars

Maryland's Transformation Strategy

- Delivery system moves towards higher levels of patient-centered prevention and care management
- Care redesign programs and population health approaches are implemented to create cooperation and alignment across the continuum of providers
  - Improve quality
  - Reduce potentially avoidable utilization
    - 1% reduction = $18m
- Build on Investments and Successes
  - GBR
  - Amendment
    - Complex and Chronic Improvement Program
    - Hospital Care Improvement Program
  - CRISP
- Ensure the ongoing sustainability of the All-Payer Model
  - CMMI Support of All-Payer Model and Progression
  - Progression Plan
    - Plan for furthering accountability of TCOC
    - Primary Care Home Program and Dual Eligible ACO

Care Redesign Amendment

- Provides Immediate and Powerful Tools to Hospitals
  - Comprehensive Medicare data
  - Waivers that allow for shared resources and incentives
- Provides framework for Maryland to create Care Redesign Programs with supporting payment mechanisms, that align all types of providers across the delivery system
- Provides flexibility to add/delete/modify programs annually
- Allows Maryland to meet its own unique needs and to adjust in response to external changes, such as those introduced by MACRA, CPC+ or other new models

First Two Care Redesign Programs (2017)

Hospital Care Improvement Program (HCIP)

Who?

- Hospitals and physicians practicing at hospitals

What?

- Improve quality and efficiency of inpatient medical and surgical services
- Facilitate effective transitions of care
- Enhance effective delivery of care during acute care events even beyond hospital walls
- Manage inpatient resources efficiently
- Reduce avoidable utilization with a byproduct of reduced cost per acute care event

Tools/Resources

- Comprehensive Medicare data for hospitals
- Financial incentives for hospital-based physicians

Complex and Chronic Care Improvement Program (CCIP)

Who?

- Hospitals and community providers and practitioners
- High and Rising Risk Patients

What?

- Strengthen ongoing care supports for complex and chronic patient
- Reduce avoidable hospital utilization
- Enhance care management through tools such as effective risk stratification, health risk assessments, and patient-driven care plans

Tools/Resources

- Comprehensive Medicare data
- Provider access to hospital-funded care management resources and technology
- Provider access to Medicare Chronic Care Management (CCM) fee
- Financial incentives to community providers and practitioners

Complex and Chronic Care Improvement (CCIP) Overview

- Hospitals and community providers and practitioners work together on behalf of the patients
  - Hospitals build care coordination functions
  - Hospitals identify high and rising-risk patients who need care management the most
  - Hospitals contract with community providers and set up communication between providers and care managers
  - Patients designate their "Patient Designated Provider"
  - Providers set up formal relationship between patient and PDP
  - Providers and care managers assess patients, create care plans, manage multiple medications, and provide ongoing coordinated care that helps patients to stay healthy and when needed, use services at the right place and time

CCIP Overview (continued)

- Care manager helps with care plan entry and update in electronic record, maintenance of care plan, appointments, navigation of multiple providers, transitions between levels of care, and connections to social services
- Providers make informed care decisions at point of service, in conjunction with patient
- Hospital care management function supports requirements of Chronic Care Management Fee (CCM) :
  - CEHRT electronic health record technology that can be accessed by community practitioners
  - 24/7 telephonic care management availability to patients in program
- Care managers/providers deliver monthly telephonic care management
- Providers bill for CCM, if they choose
- Hospital pays financial incentives to PDPs (beginning in 2018), if they choose to, based on activities known to reduce PAUs

2017 Inaugural Year - CCIP

- The hospital may launch the program in a staged manner
  - Installing needed technology
  - Recruiting Patient Designated Providers (PDPs) and care management staff, if additional staff are needed, into the program throughout the year
- PDP incentives will not be offered in 2017
- Reduced reporting requirements

HCIP Aligns Hospital-Based Physicians with Hospital GBRs

- Allows hospitals to incentivize hospital-based physicians to reduce readmissions and other potentially avoidable utilization and improve care by performing care redesign activities
  - Discharge planning aimed at reducing readmission
  - Performing clinical care according to evidence-based practices
  - Participating in patient safety programs such as self-reporting errors
  - Completing activities to promote patient experience and population health improvement
  - Improved use of resources such as ICU beds and certain supplies or medications
- Intended to improve the delivery of healthcare services during the inpatient stay by focusing on efficient use of resources
- Drives improvement in priority areas and creates important linkage to other hospital efforts (e.g. ACOs, clinical integration, population health) to provide care more efficiently and effectively

PY1- 2017 for HCIP

- Hospitals may launch program in a staged manner
  - Ability to pilot program at service line level and expand
  - Optional incentive payments can begin in 2018 for performance July-December 2017
- Detailed reports and/or incentive payments occur semi-annually
  - Physician level dashboard
  - Reports provided including resource utilization changes by physician, service line, cost center and APR DRG

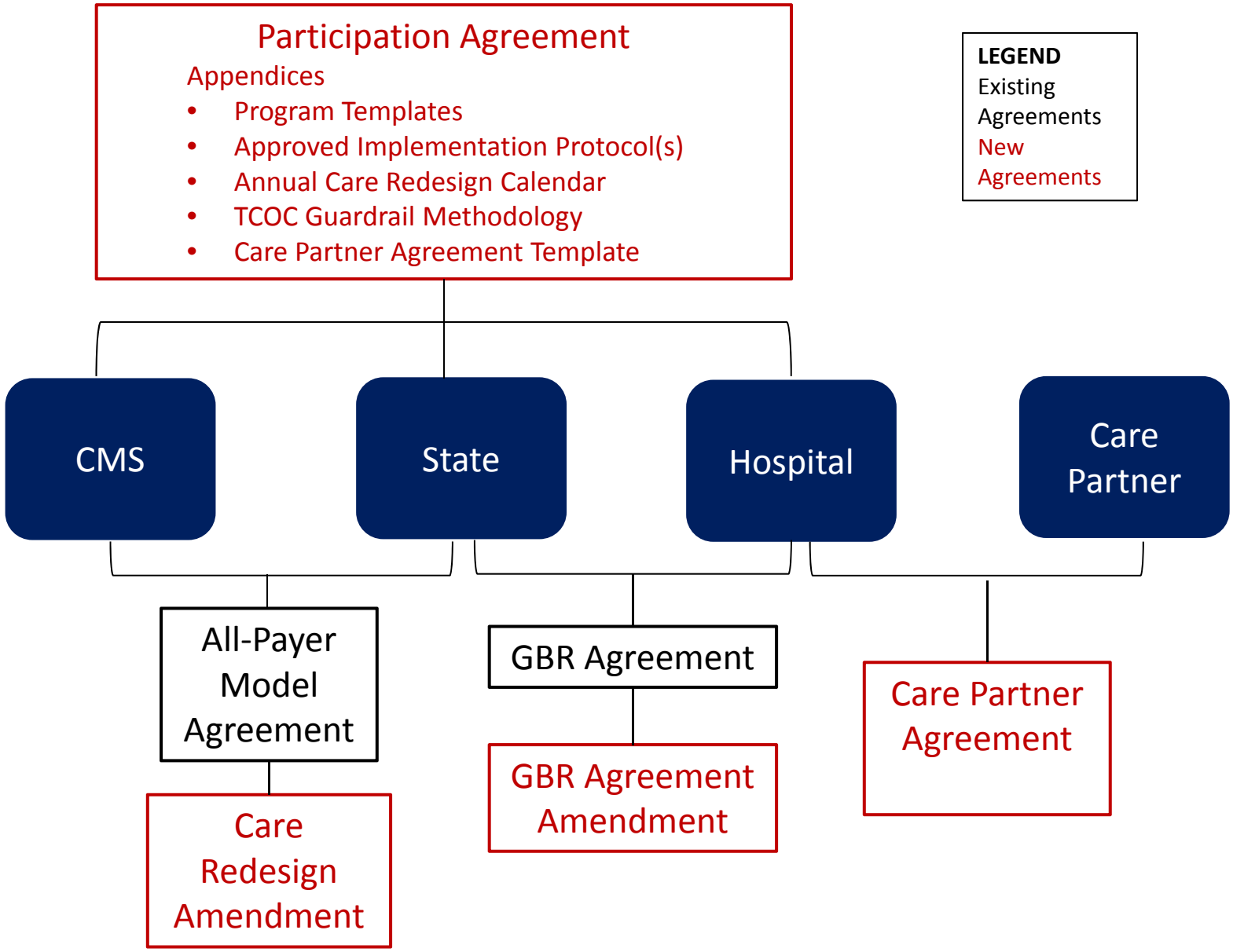
Benefits to Maryland

- Patients
  - Improved quality of care – in the hospital and in the community
  - Person-centered care
  - Enhanced coordination of care across the health care delivery system
  - Reduced avoidable hospitalizations
  - Improved patient engagement
- Hospitals
  - Medicare Data and Waivers
  - Closer relationships with providers needed for ongoing success
  - Leverage points for ACOs and other current models
  - Greater reductions of PAUs
  - Increased quality scores
- Providers and Practitioners
  - Operational and Financial Support for Care Management
  - Access to CEHRT
  - Access to comprehensive data to support care decisions
  - Participation in programs intended to align with MACRA requirements (MIPS and APM)

Amendment Inauguration Timeline

When	What
November 18, 2016	Hospital submits Letter of Intent
November, 2016	State publishes "Program Templates" for each Care Redesign Program
November 2016	Provider vetting process begins
December 2016 through March 1, 2017	Hospitals submit an "Implementation Protocol" for each Program
January – February 2017	Participation Agreements are signed
By April 2017	State approves Implementation Protocols
By May 2017	Hospitals complete provider contracting process
By May 2017	Hospital GBR Amendments executed

Overview of Agreement Structure



Upcoming Webinars

- Webinar 2: 9:00am EST, Tuesday, October 25
  - Care Partner Approval Process
- Webinar 3: 9:00am EST, Wednesday, November 2
  - Complex and Chronic Care Program
- Webinar 4: 9:00am EST, Friday, November 18
  - Hospital Care Improvement Program
- Webinar 5: 9:00am EST, Wednesday, November 30
  - Comprehensive Medicare Data Process and Use
- Webinar 6: 9:00am EST, Wednesday, December 7
  - Care Redesign Program Monitoring
- Webinar 7: 9:00am EST, Friday, January 13
  - Care Partner Agreements

Letter of Intent

- Letters of intent to participate in one or both Care Redesign Programs are due November 18.
  - LOIs are non-binding
  - Hospitals are required to provide a data contact who will help facilitate the process for receipt of comprehensive Medicare data from CMS
  - An LOI template is posted on the HSCRC website: http://www.hscrc.maryland.gov/care-redesign.cfm
  - Letters should be submitted to hscrc.care-redesign@maryland.gov

Questions?

For all information regarding the Care Redesign Programs please visit: http://www.hscrc.maryland.gov/care-redesign.cfm

Please send any questions to: hscrc.care-redesign@maryland.gov