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To: Hospital CFOs

From: Chris Peterson, Principal Deputy Director

Date: December 12, 2018

Re: RY 2021 Medicare Performance Adjustment, Data Submission Guidance and Documentation Requirements

This memorandum serves to inform hospitals of the data submission guidance and documentation requirements for the Year 2 (Rate Year 2021) Medicare Performance Adjustment (MPA).

Required Actions:

- Hospitals participating in accountable care organizations (ACOs) will be required to submit their certified ACO provider list to the HSCRC for use in the MPA Attribution.
- All hospitals will be required to attest that providers submitted to the HSCRC for the MPA Attribution are accurate and represent a care coordination relationship with attributed Medicare beneficiaries.

Optional Actions:

- All hospitals will have the opportunity to share additional, voluntary provider information for use in the MPA Attribution Algorithm.
- Hospitals can elect to address Medicare Total Cost of Care (TCOC) together and combine MPAs.

Background

The MPA is a scaled adjustment for each hospital based on its performance relative to a Medicare TCOC benchmark. Its purpose is to bring direct accountability to individual hospitals on Medicare TCOC performance. The MPA attribution algorithm links beneficiaries to non-hospital providers and those providers to hospitals.

Data Submission Guidance for the MPA Attribution Algorithm

Based on feedback from the TCOC Work Group, the HSCRC has expanded the number of voluntary provider-to-hospital linkages to better capture existing provider-to-hospital relationships. Voluntary provider-to-hospital linkages now include (1) providers and practices participating in the Maryland Primary Care Program with a hospital-affiliated Care Transformation Organization (CTO), (2) providers

participating with a hospital-affiliated ACO, and (3) providers employed by a hospital entity.

Required Submission Guidance: The HSCRC will require hospitals to submit information for providers participating in a hospital-affiliated ACO. Hospitals should export their list of certified ACO providers from CMS's ACO portal.

Voluntary Submission Guidance: Hospitals have the opportunity to share additional information with the HSCRC for use in the MPA Attribution Algorithm. Hospitals will be allowed to designate MDPCP practices connected to a hospital-affiliated Care Transformation Organization (CTO) to specific hospitals. Similarly, hospitals will be allowed to attribute providers participating in a multi-hospital ACO to specific ACO hospitals. Hospitals will also be able to submit a list of full-time employed providers to be attributed a specific hospital.

Defining Full-Time Provider Employment: The HSCRC is adopting the Maryland Hospital Association's definition of employment. Employed providers are those who receive a W-2 from the hospital or its parent or subsidiary organization for the calendar year preceding the performance period and who worked on a full-time basis with a single hospital/hospital system.

Provider Information Submission Instructions and Timing

Hospitals must submit required and voluntary provider information by January 4, 2019 for inclusion in the Y2 MPA Attribution Algorithm. To facilitate submitting this information, the HSCRC is requesting hospitals use the attached "MPA Year 2 - Data Submission" template. Instructions for the template are found in the first tab of the Excel workbook.

In January, the HSCRC will consolidate and review submitted provider-to-hospital linkage information and run a preliminary MPA attribution. This preliminary attribution information will then be distributed back to hospitals for their review. In February, the HSCRC will hold a review period during which hospitals can raise concerns with the attribution algorithm output. For more details on provider-to-hospital linkage submission timing, please review Table 1 at the end of this memo.

Review Period: Following the initial running of the attribution algorithm for Year 2, hospitals will have the opportunity to raise concerns about the attribution algorithm output. This period is intended to ensure the attribution algorithm is performing as expected, not as an opportunity to revisit the core elements of the algorithm. The review period is intended to serve two purposes: (1) identify and correct mechanical errors (e.g., incorrect data submissions); and (2) address specific cases of unintended and misaligned linkages that do not reflect the intent of the MPA policy.

Care Coordination Relationship Attestation

All hospitals will be required to attest to the accuracy of their submitted provider-linkage lists in their MPA Cover Letter and Attestation Form. The purpose of this Care Coordination Relationship Attestation is to also allow CRISP to share patient-level data with hospitals for the purposes of care management and population health. Hospitals must submit this MPA Cover Letter and Attestation Form by January 4, 2019,

Partnerships to Address TCOC and Combining MPAs

Like last year, multiple hospitals are permitted to come together to address TCOC and combine their MPA assessment. The MPA attribution will still be performed for all hospitals individually. Then, for hospitals being combined for purposes of the MPA, the total cost of care and beneficiaries will be pooled. The combined total cost of care per capita will be used to assess performance. The adjustment calculated on the combined total cost of care per capita will be applied to each hospital in the combination. Hospitals outside of the combination will not be affected.

Hospitals interested in combining their MPAs will be required to submit a memo to the HSCRC signed by all of their respective CFOs by March 29, 2019. This submission will count only for the Y2 (RY 2021) policy. A separate letter will be required for future years.

The hospitals should submit the signed MPA Cover Letter and Attestation Form, completed data submission template, and any additional MPA materials to hscrc.tcoc@maryland.gov.

TABLE 1: MPA DATA SUBMISSION AND REVIEW TIMELINE

Estimated Timing	Action
December 2018	<ul style="list-style-type: none">• <i>Required for ACOs:</i> Hospitals provide HSCRC with ACO Participant List for Performance Year 2019 (also used for Base Year 2018)• <i>Voluntary:</i> Hospitals participating in multi-hospital ACOs designate which ACO providers should be linked with which ACO hospital• <i>Voluntary:</i> Hospitals provide HSCRC with a list of full-time, fully employed providers
January 2019	<ul style="list-style-type: none">• Performance year begins• HSCRC combines hospital lists and identifies potential overlaps• HSCRC runs attribution algorithm for Base Year 2018 and Performance Year 2019, and provides hospitals with preliminary provider-attribution lists
February 2019	<ul style="list-style-type: none">• Official review period for hospitals of 2 weeks following preliminary provider-attribution lists.• HSCRC reruns attribution algorithm for implementation
March 2019	<ul style="list-style-type: none">• <i>Voluntary:</i> Hospitals wanting to be treated as a combination under the MPA submit a joint request to HSCRC.• <i>Voluntary:</i> Hospitals attest to care coordination agreement with referral providers.
April 2019	<ul style="list-style-type: none">• Tentative release of MADE with data from MPA attributed providers and beneficiaries