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Dear Colleagues:

I am writing to thank you for your continued efforts to transform healthcare in Maryland and to discuss hospitals' ongoing opportunities to participate in care redesign efforts. The Care Redesign Amendment, approved earlier this year by CMS, aims to provide hospitals and providers with the tools and flexibility necessary to achieve the goals of the All-Payer Model: improvements in quality of care, population health, and cost savings across the care spectrum.

This year, two Care Redesign tracks were designed to encourage hospital and provider alignment: the Hospital Care Improvement Program (HCIP) and the Complex and Chronic Care Improvement Program (CCIP). HCIP aims to facilitate care improvement and efficiency within hospitals, while CCIP focuses on improving care for high-risk and rising needs patients through increased care coordination among hospitals and community physicians. In the first performance period, ten hospitals are participating in HCIP and six hospitals are participating in CCIP. We are encouraged by the robust participation for the first performance period and hope additional hospitals will choose to participate in the second performance period, beginning January 2018.

CMS is working on revisions to the Care Redesign Participation Agreement (PA) based on input from hospitals and HSCRC, so that a new PA can be available well before the beginning of the second performance period for HCIP and CCIP.

Non-binding letters of intent to participate in the second performance period for HCIP and CCIP will be due on **Friday, September 8**, and care partner vetting lists will be due on **Friday, September 15**. We intend to have all final draft documents to participate in the second performance period for HCIP and CCIP available by mid-September to allow for a mid-October submission date. We are eager to see a substantial growth in participation in these programs and hope your hospital will take part.

We are also in the process of developing a third Care Redesign track to support patients' care transitions from hospitals back into the community. This track will encourage greater collaboration between hospitals and primary care providers in delivering better coordinated and, as appropriate, more intensive post-discharge care management, in order to reduce avoidable utilization, improve quality of care, and increase patient satisfaction. We look forward to

working with hospitals and clinicians over the next several months to develop this track so it can be operational by next summer, at the same time as the Maryland Primary Care Program (MDPCP).

As we continue to refine these programs, we greatly value and rely on your input as hospital leaders and healthcare providers. Improving care coordination, quality of care, and cost savings in the healthcare delivery system can only be achieved through the joint cooperation of hospitals and providers. Your ongoing commitment to these transformation efforts is invaluable, and we thank you for your partnership. More details on participation will be forthcoming from HSCRC staff and CRISP, our Care Redesign Administrator, as we draw closer to the second performance period.

Please feel free to contact staff with any questions you may have about Care Redesign initiatives. Additionally, more information on Care Redesign can be found on the HSCRC website at <http://hscrc.maryland.gov/Pages/CareRedesign.aspx>.

Best regards,



Donna Kinzer
Executive Director



Chris Peterson
Principal Deputy Director