



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.

CENTERS FOR MEDICARE & MEDICAID SERVICES

Community-Based Care Transitions Program

Health Services Advisory Group
of California, Inc.

HSAG of California—The Medicare Quality Improvement Organization (QIO) for California

- The Centers for Medicare & Medicaid Services (CMS) issues 53 QIO contracts (one for each state, D.C., Puerto Rico, and the U.S. Virgin Islands)
 - Health Services Holdings, Inc. (HSH)—HSAG of California’s parent company—holds QIO contracts in Arizona, California, and Florida
- Three-year QIO contracts are called Scopes of Work (SoWs)—currently in the 10SoW
 - August 2011 through July 2014

The Hospital Readmission Problem

- 20% of Medicare fee-for-service patients are readmitted within 30 days.
- 90% of those readmissions are unplanned.
- The cost to Medicare for unplanned readmissions in 2004 was \$17.4 billion.



Requirements of Safe and Effective Transitions

- Patient and caregiver involvement
- Person-centered care plans shared across settings
- Medication reconciliation
- Sending provider maintains responsibility for the patient's care until the receiving clinician/location confirms the transfer and assumes responsibility

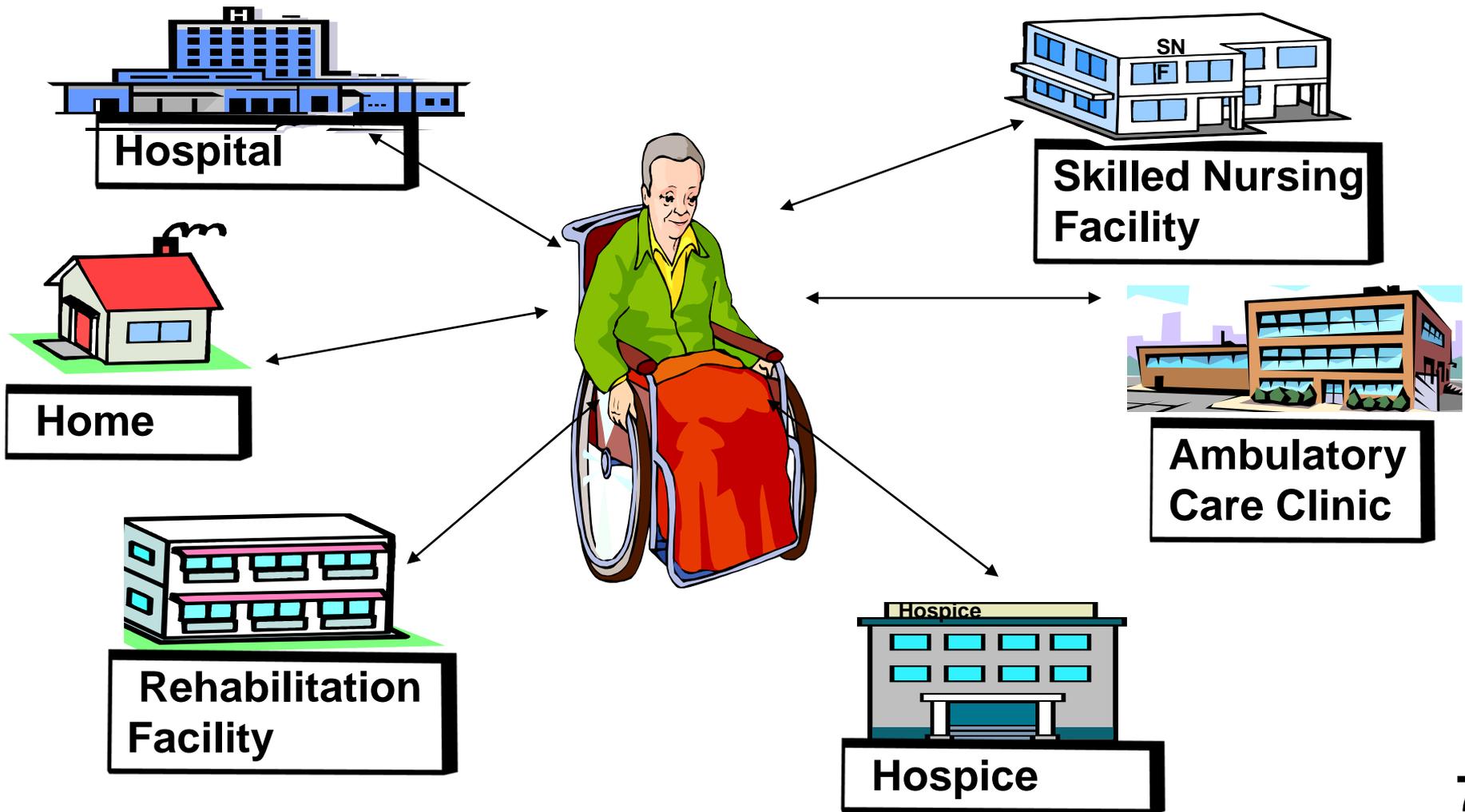
Community-Based Care Transitions Program (CCTP)

- Section 3026 of the Affordable Care Act
- Test models for improving care transitions for high-risk Medicare beneficiaries from the inpatient hospital setting to other care settings
- \$500 million available—applications are being accepted on a rolling basis

Eligible Grant Applicants

- Hospitals with high readmission rates in partnership with an eligible community-based organization (CBO).
- CBOs that provide care transition services, in partnership with multiple hospitals (may not have high readmission rates).
- Aging and Independence Services (AIS) is a preferred CBO applicant

Getting Started: Convene Relevant Partners

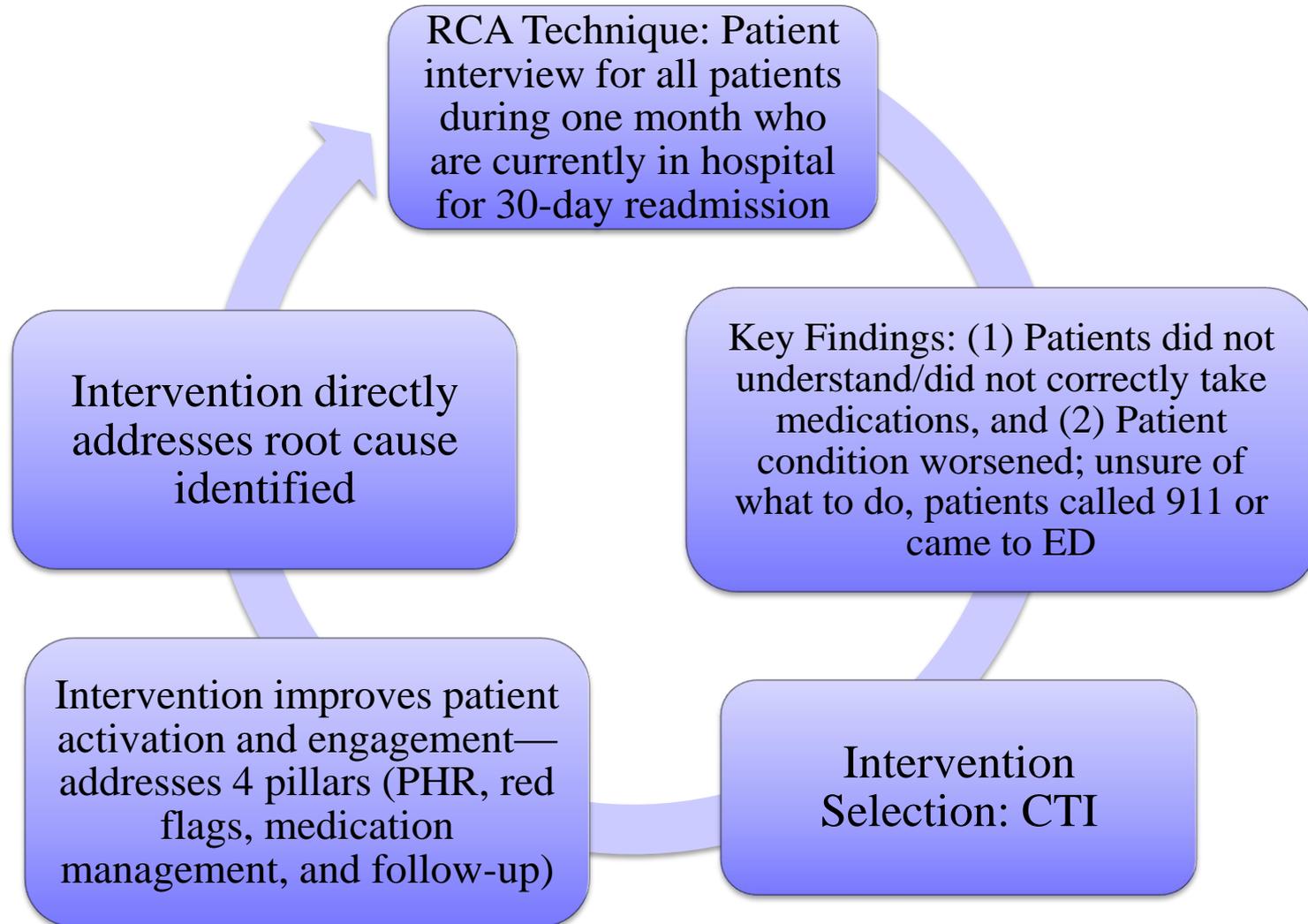


Conduct a Root Cause Analysis

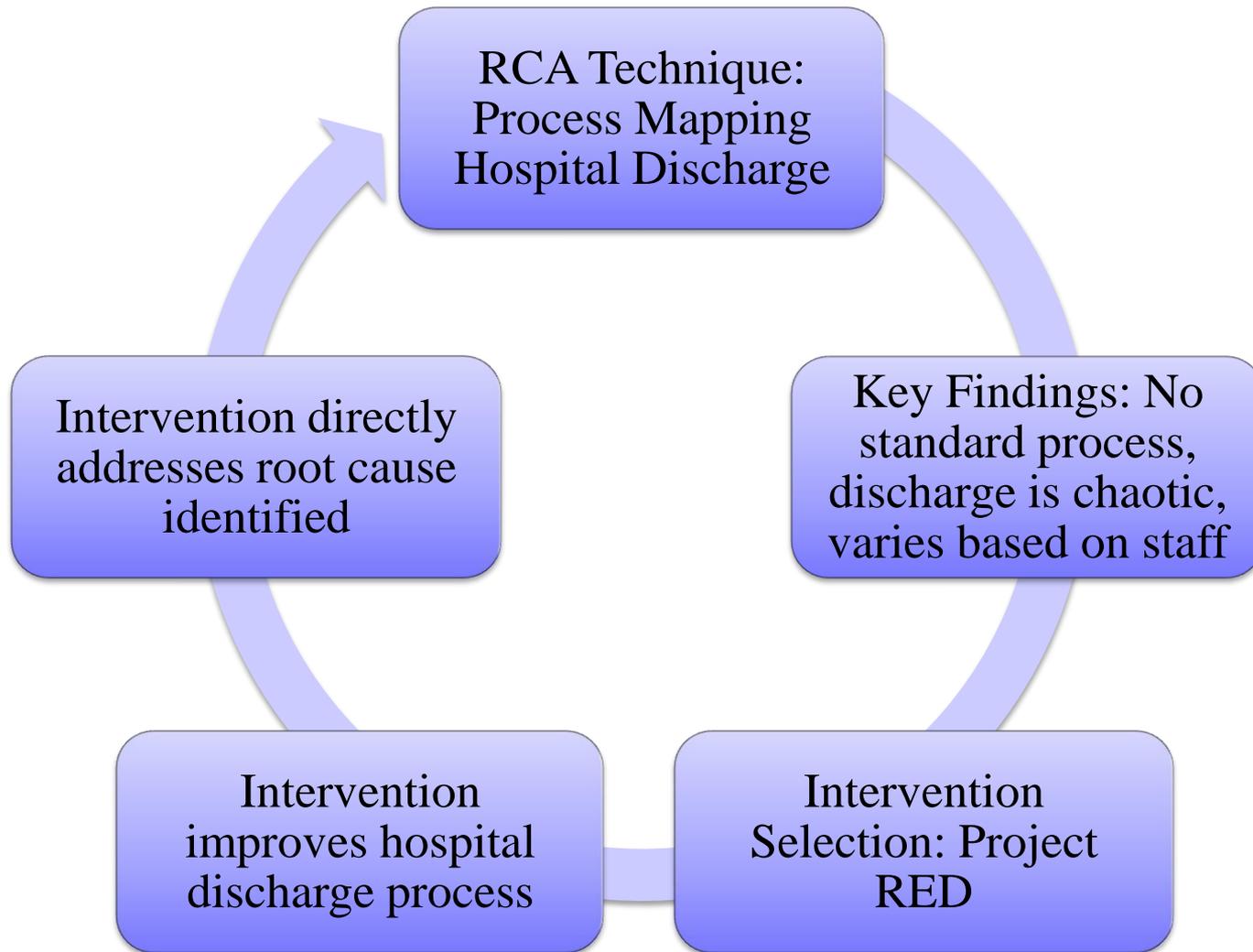
- Identify the “root” cause of readmissions in your local hospitals.
- The results of the root cause analysis will be used to guide intervention selection.



Using RCA to Drive Intervention Selection—CTI



Using RCA to Drive Intervention Selection—Project RED



Payment Methodology

- Applicants must document measureable savings to the Medicare program
- CBOs will be paid a per eligible discharge rate.
- The rate is determined by:
 - Proposed intervention(s).
 - Anticipated patient volume.
- Applicants will not be compensated for services already required through the discharge planning process

Health Service Advisory Group's Project Goals

- Form effective care-transition coalitions.
- Analyze community and hospital readmission rates using 2010 ISAT data.
- Assist communities in obtaining funding through Section 3026 of the Affordable Care Act.

Contact Information

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We convene providers, practitioners, and patients to build and share knowledge, spread best practices, and achieve rapid, wide-scale improvements in patient care, increases in population health, and decreases in health care costs for all Americans.

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