EQIP Subgroup

May Meeting

05/24/2024

Agenda

- Practice Transformation Grant

- PY4 Episode Grouper

  - PACES Follow-Up
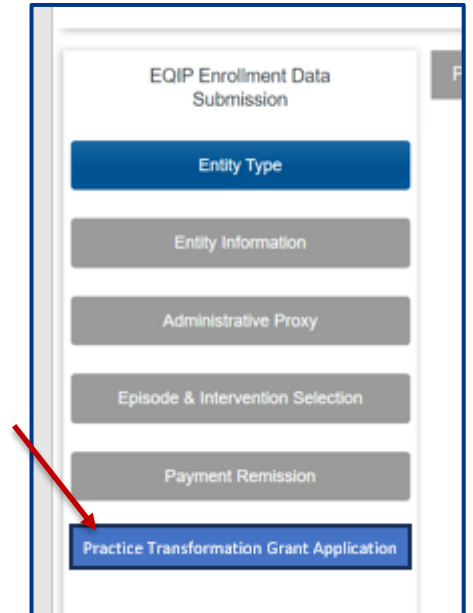
- Quality Rebasing

Practice Transformation Grant

PTG Program Eligibility UPDATE

- **Program Eligibility**
  - EQIP Entities committed to the upcoming performance year
  - PY1-3 Entities that did have not realized savings
    - PY1 or PY2 with at least 1 year of dissavings
    - New PY3 Practices*

- **Application Process**
  - Will be completed in the EQIP Entity Portal (EEP)
  - Application period will mirror enrollment period, starting July and closing in August

- **Application Evaluation Process**
  - Practices will submit their application via the EQIP Entity Portal (EEP)
  - Application Evaluation
    - Application will be reviewed during the initial evaluation
  - Practice Assessment
    - Review process of practice, workflows and specific needs

EQIP Enrollment Data Submission

Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Practice Transformation Grant Application

* PY3 Performance data will not be available at the time of application

Proposed Timeline

July-August 2024
- Application

Early September 2024
- Evaluation

Sept-October 2024
- Practice Assessment

November 2024
- Grant Awarded

January 2025
- Grant Begins

Program Options Menu

- Data Analysis

  - Data extraction and analysis to provide actionable items to improve quality

- EHR Optimization

  - EHR data analytics and reporting

  - Standardized Templates

  - Software Updates/Upgrades/Security

  - Interoperability Enhancements

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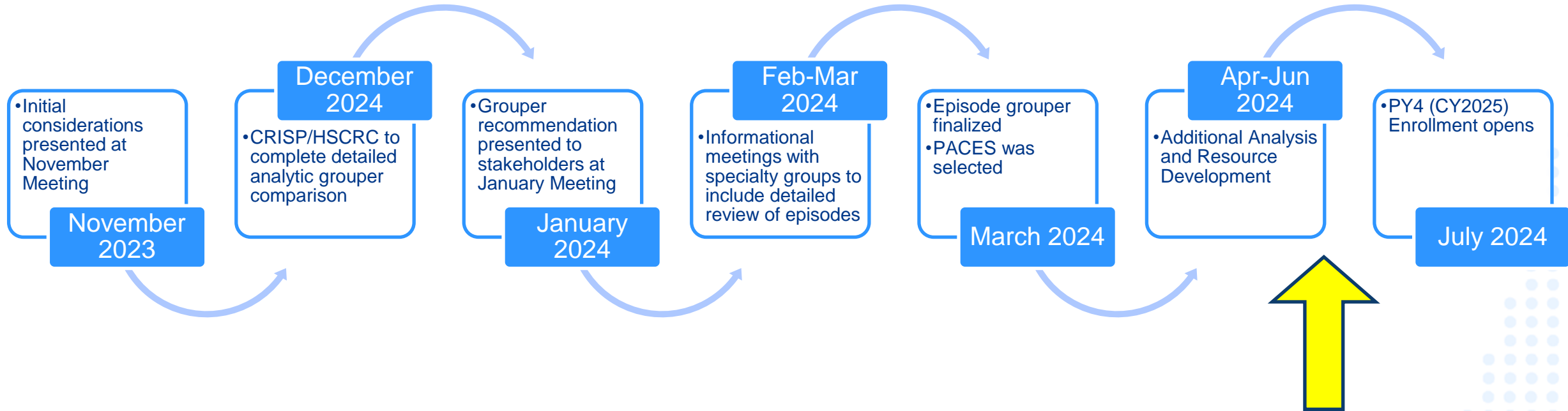**health services**
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Program Options Menu

- HCC Performance Improvement

  - Chart audits to ensure you are receiving accurate reimbursements; improved KPIs; improved quality metrics and clinical documentation

- Care Management

  - Care Manager/Care Coordinator

- Practice Transformation/Performance Improvement

  - Engaged and Committed Leadership

  - Efficiency of Operations

  - Quality Improvement Strategy

  - Team-based relationships

PY4 Episode Grouper

Episode Grouper Decision Timeline

November 2023
- Initial considerations presented at November Meeting

December 2024
- CRISP/HSCRC to complete detailed analytic grouper comparison

January 2024
- Grouper recommendation presented to stakeholders at January Meeting

Feb-Mar 2024
- Informational meetings with specialty groups to include detailed review of episodes

March 2024
- Episode grouper finalized
- PACES was selected

Apr-Jun 2024
- Additional Analysis and Resource Development

July 2024
- PY4 (CY2025) Enrollment opens

Recorded meetings and playbooks can be found: https://www.crisphealth.org/learning-system/eqip/paces/

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PACES Episode Selection and Finalization

- Custom PACES Episodes:
  - Episodes lengths: Colonoscopy, Upper GI Endoscopy

- New PACES Episodes:
  - Rheumatoid Arthritis
  - Rotator Cuff
  - Behavioral health Episodes
    - Recurrent Depression
    - Chronic Anxiety Disorder

Enrollment Policy under PACES

- While similar in many ways, the PACES and PROMETHEUS episode groupers do have material differences, the most significant of which is the additional granularity of PACES episodes

- The HSCRC wants to ease the transition of existing participants and has made some modifications to the enrollment process to achieve this.

- The PY4 EQIP enrollment policy offers the closest approximation to the existing Prometheus bundles to address episodes (typically acute) that have significantly different alignment under PACES.

Enrollment Group Participation

- PACES episodes will be mapped to Enrollment Groups, closely representing the PROMETHEUS episode(s) from previous years.

- Participants will elect to enroll in Enrollment Groups, and they will be automatically (non-optionally) enrolled in all the mapped episode PACES episodes (parent and child episodes)

- If an Entity wants to participate directly in a treatment episode (child episode) that can also be captured under one of the desired PACES condition episode categories (parent episodes), an additional enrollment choice must be made. Either:
  - Enroll in the condition (parent) episode category under which the treatment (child) episode will be captured and included with all other condition episodes of that type

    OR
  - Enroll in the treatment episode directly
    - Direct enrollment in the treatment episode will include all episodes of that type, regardless of their parent episode association

- This is to avoid double-counting such interventions in both categories. An example is given on the next slide.

Example Enrollment Presentation (for illustrative purposes only):

Enrollment Group	Enroll-ment Vol.	Target Price	PACES Episode Category (Parent)	Included Treatment Episodes (Child)	Contributing Volume	Average Cost
Colonoscopy	474	$1,365	Colonoscopy		354	$1,200
			Colonoscopy with EGD Endoscopy		76	$2,400
			Sigmoidoscopy		44	$900
AMI	178	$48,233	AMI	None	16	$5,600
				PCI	56	$12,100
				CABG	24	$45,000
				Cardiac Catheterization	62	$23,100
				Open heart valve surgery	9	$89,000
			AMI w/ ACS	AMI w/ ACS	11	$50,000
PCI-TRMT*	80	$10,000		PCI	80	$10,000
Knee Arthroscopy	89	$12,000	Knee Arthroscopy		89	$12,000

Enrollment Option 1:
    Enrollment Groups: Colonoscopy, AMI
    Enrollment Volume = 652

Enrollment Option 2:
    Enrollment Groups: Colonoscopy, PCI-TRMT*
    Enrollment Volume = 554

*** Entity cannot enroll in both AMI and PCI-TRMT* enrollment groups**

HSCRC Next Steps

- Make available individual PACES episode [playbooks](#) for review

- Publish recommended enrollment transition guides

- Publish updated data release schedule to reflect monthly performance data updates, starting March 2025 for PY4

- Meet with practices, as requested, for further discussion of specific clinical domains

Quality Metrics - Rebasing

Composite Quality Score Adjustment

- After the Shared Savings Rates are determined for each EQIP Entity, the resulting savings paid to the EQIP Entities is subject to the Composite Quality Score (CQS) adjustment.

- Quality adjustment is required as a part of EQIP's Advanced APM status.

- For each attributed episode, regardless of clinical episode category, the HSCRC assesses whether three measures were performed, by any physician, within 364 days preceding the end of the episode.

- The CQS determines the amount of the %5 "earn-back" adjustment for quality performance.

- If the program year performance for the EQIP Entity is below the 20th percentile benchmark threshold of a single quality measure, the EQIP Entity will receive zero points for that measure and will be on probation for the program year. Two consecutive program years on probation results in automatic exclusion from EQIP.

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Quality Metrics

Measure Name	Description
Advance Care Plan (NQF #326)	Percentage of patients, 65 years and older, who have an advance care plan (ACP) or surrogate decision maker documented in the medical record. **Or** Documentation in the medical record that an ACP was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an ACP.
Documentation of Current Medications in the Medical Record (NQF #419)	Percentage of visits for patients 18 years and older for which a clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)	Percentage of patients, 18 years and older, with a documented BMI during the encounter or during the previous 12 months. **And** When the BMI is outside of normal parameters, a follow-up plan was documented during the encounter or during the 12 months preceding the encounter.

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Re-basing Quality Performance Threshold

- To ensure, EQIP incentivizes providers to improve quality of care while improving efficiency, HSCRC has updated quality performance thresholds.

- New thresholds will be effective starting PY4 (CY2025) using CY2022 data
  - Non-billable tracking codes have been removed (1123F-1124F, 1159F). Analysis was completed to show performance difference was marginal when tracking codes were removed.

- As to be expected, benchmarks using updated data within the performance periods of the model are higher than they were when set using 2019 data.

- For Advanced Care Planning and BMI, the 20th percentile has doubled from the previous benchmark.

- For Medication, the 20th percentile has increased by about 1.5 times.

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Advanced Care Performance Rate

Quality Performance Rate (PR)	Performance Year Points Assigned	Quality Probation	PY1-3 Threshold (CY2019)	PY4 Threshold (CY2022)
PR < 20th Percentile	0	**YES**	PR < 7.63%	*PR<16.67%*
20th Percentile ≤ PR < 35th Percentile	0	NO	7.63% ≤ PR < 11.58%	*16.67% ≤ PR < 20.92%*
35th Percentile ≤ PR < 40th Percentile	1	NO	11.58%≤ PR < 12.50%	*20.92% ≤ PR < 25.18%*
40th Percentile ≤ PR < 45th Percentile	2	NO	12.50 ≤ PR <13.76%	*25.18% ≤ PR < 29.44%*
45th Percentile ≤ PR < 50th Percentile	3	NO	13.76% ≤ PR < 15.00%	*29.44% ≤ PR < 33.69%*
50th Percentile ≤ PR < 55th Percentile	4	NO	15.00% ≤ PR < 16.67%	*33.69% ≤ PR < 37.95%*
55th Percentile ≤ PR < 60th Percentile	5	NO	16.67% ≤ PR < 18.18%	*37.95% ≤ PR < 42.21%*
60th Percentile ≤ PR < 65th Percentile	6	NO	18.18% ≤ PR < 20.37%	*42.21% ≤ PR < 46.46%*
65th Percentile ≤ PR < 70th Percentile	7	NO	20.37% ≤ PR < 23.08%	*46.46% ≤ PR < 50.72%*
70th Percentile ≤ PR < 75th Percentile	8	NO	23.08% ≤ PR < 26.19%	*50.72% ≤ PR < 54.97%*
75th Percentile ≤ PR < 80th Percentile	9	NO	26.19% ≤ PR < 28.87%	*54.97% ≤ PR < 59.23%*
80th Percentile ≤ PR	10	NO	28.87% ≤ PR	*65.09% ≤ PR*

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Medication Performance Rate

Quality Performance Rate (PR)	Performance Year Points Assigned	Quality Probation	PY1-3 Threshold (CY2019)	PY4 Threshold (CY2022)
PR < 20th Percentile	0	YES	PR < 17.39%	PR<26.29%
20th Percentile ≤ PR < 35th Percentile	0	NO	17.39% ≤ PR < 23.08%	26.29% ≤ PR < 30.3%
35th Percentile ≤ PR < 40th Percentile	1	NO	23.08%≤ PR < 24.71%	30.3% ≤ PR < 34.3%
40th Percentile ≤ PR < 45th Percentile	2	NO	24.71% ≤ PR <26.64%	34.3% ≤ PR < 38.31%
45th Percentile ≤ PR < 50th Percentile	3	NO	26.64% ≤ PR < 28.36%	38.31% ≤ PR < 42.31%
50th Percentile ≤ PR < 55th Percentile	4	NO	28.36% ≤ PR < 29.90%	42.31% ≤ PR < 46.32%
55th Percentile ≤ PR < 60th Percentile	5	NO	29.90% ≤ PR < 31.82%	46.32% ≤ PR < 50.33%
60th Percentile ≤ PR < 65th Percentile	6	NO	31.82% ≤ PR < 34.22%	50.33% ≤ PR < 54.33%
65th Percentile ≤ PR < 70th Percentile	7	NO	34.22% ≤ PR < 36.36%	54.33% ≤ PR < 58.34%
70th Percentile ≤ PR < 75th Percentile	8	NO	36.36% ≤ PR < 39.09%	58.34% ≤ PR < 62.34%
75th Percentile ≤ PR < 80th Percentile	9	NO	39.09% ≤ PR < 42.17%	62.34% ≤ PR < 66.35%
80th Percentile ≤ PR	10	NO	42.17% ≤ PR	66.67% ≤ PR

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Body Mass Index Performance Rate

Quality Performance Rate (PR)	Performance Year Points Assigned	Quality Probation	PY1-3 Threshold (CY2019)	PY4 Threshold (CY2022)
PR < 20th Percentile	0	YES	PR<4.35%	PR<9.79%
20th Percentile ≤ PR < 35th Percentile	0	NO	4.35% ≤ PR < 7.69%	9.79% ≤ PR < 12.81%
35th Percentile ≤ PR < 40th Percentile	1	NO	7.69%≤ PR < 8.54%	12.81% ≤ PR < 15.83%
40th Percentile ≤ PR < 45th Percentile	2	NO	8.54% ≤ PR <9.38%	15.83% ≤ PR < 18.85%
45th Percentile ≤ PR < 50th Percentile	3	NO	9.38% ≤ PR < 10.53%	18.85% ≤ PR < 21.87%
50th Percentile ≤ PR < 55th Percentile	4	NO	10.53% ≤ PR < 11.76%	21.87% ≤ PR < 24.89%
55th Percentile ≤ PR < 60th Percentile	5	NO	11.76% ≤ PR < 13.07%	24.89% ≤ PR < 27.91%
60th Percentile ≤ PR < 65th Percentile	6	NO	13.07% ≤ PR < 14.29%	27.91% ≤ PR < 30.93%
65th Percentile ≤ PR < 70th Percentile	7	NO	14.29% ≤ PR < 15.96%	30.93% ≤ PR < 33.95%
70th Percentile ≤ PR < 75th Percentile	8	NO	15.96% ≤ PR < 18.18%	33.95% ≤ PR < 36.97%
75th Percentile ≤ PR < 80th Percentile	9	NO	18.18% ≤ PR < 20.75%	36.97% ≤ PR < 39.99%
80th Percentile ≤ PR	10	NO	20.75% ≤ PR	39.99% ≤ PR

CQS Adjustment and Probation Timeline

- PY2 & PY3 CQS Adjustments → CY2019 Quality Performance Thresholds

- PY4 Probation → PY3 Data compared to CY2019 Quality Performance Thresholds

- PY4 CQS Adjustments → CY2022 Quality Performance Thresholds

- PY5 Probation → PY4 Data compared to CY2022 Quality Performance Thresholds

Upcoming Meetings

Upcoming Meetings

- EQIP Portal – Enrollment Webinar:
  - Fri 6/14 9-10a

- EQIP Behavioral Health Overview
  - Date: TBD

- Next EQIP Primary Care Workgroup:
  - Wed 6/26 11-12a

Please reach out to eqip@crisphealth.org to be added to distribution lists

Thank you!