MedChi
The Maryland State Medical Society

CRISP

health services
cost review commission

The Episode Quality Improvement Program (EQIP)

Behavioral Health Episodes

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The Purpose of Episode Quality Improvement Program (EQIP)

Under the Total Cost of Care Model, Maryland's healthcare system has focused on reducing costs and improving quality of care for Marylanders who receive care in both hospital and non-hospital settings.

Maryland physicians largely remain on fee-for-service reimbursement incentives and, as a result of the TCOC Model, are left out of national, Medicare value-based payment programs.

Therefore, it is imperative that the State creates new value-based reimbursement opportunities to ensure cost containment and high quality in non-hospital settings.

The Episode Quality Improvement Program – EQIP

The HSCRC plans to start a voluntary, episodic incentive payment program for specialist physicians in Medicare, EQIP, in 2022.

- Physician ownership of performance
- Upside-only risk with dissavings accountability
- Alignment with other Payor episode payment program
- AAPM/value-based payment participation opportunities for MD physicians

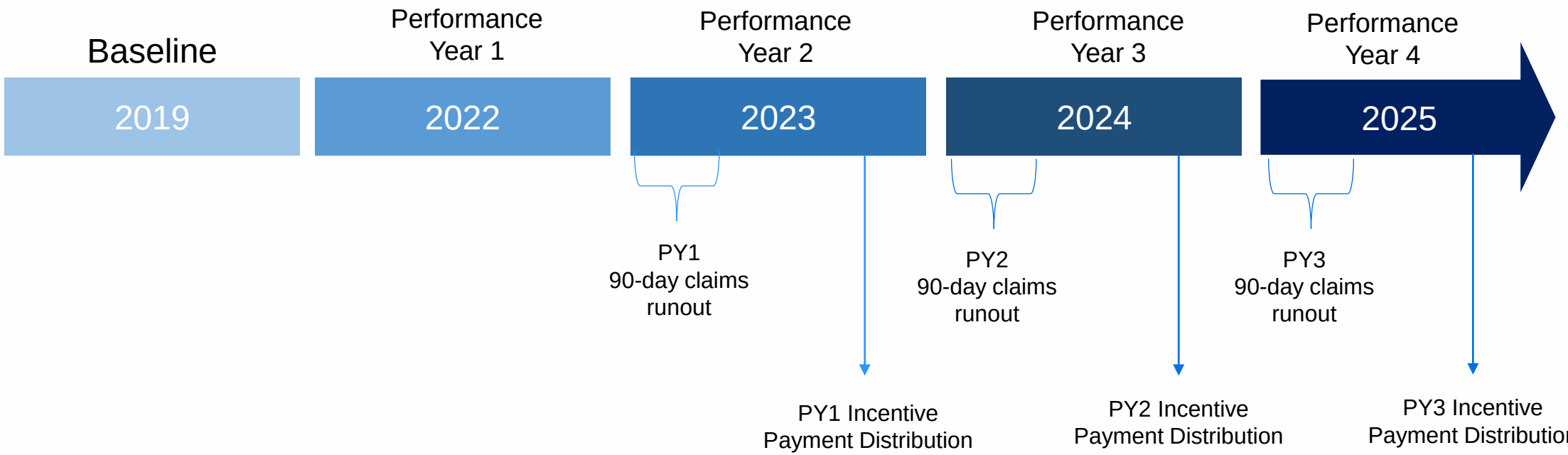
EQIP will utilize the Patient Centered Episodes of Care System (PACES) approach. The upcoming (PY4) performance year will include episodes in the following specialty areas:

- Allergy and Behavioral Health
- Cardiology and Dermatology
- Gastroenterology and Ophthalmology
- Orthopedics and Pulmonary/Critical Care
- Rheumatology and Urology
- Emergency Department

Participation Timeline

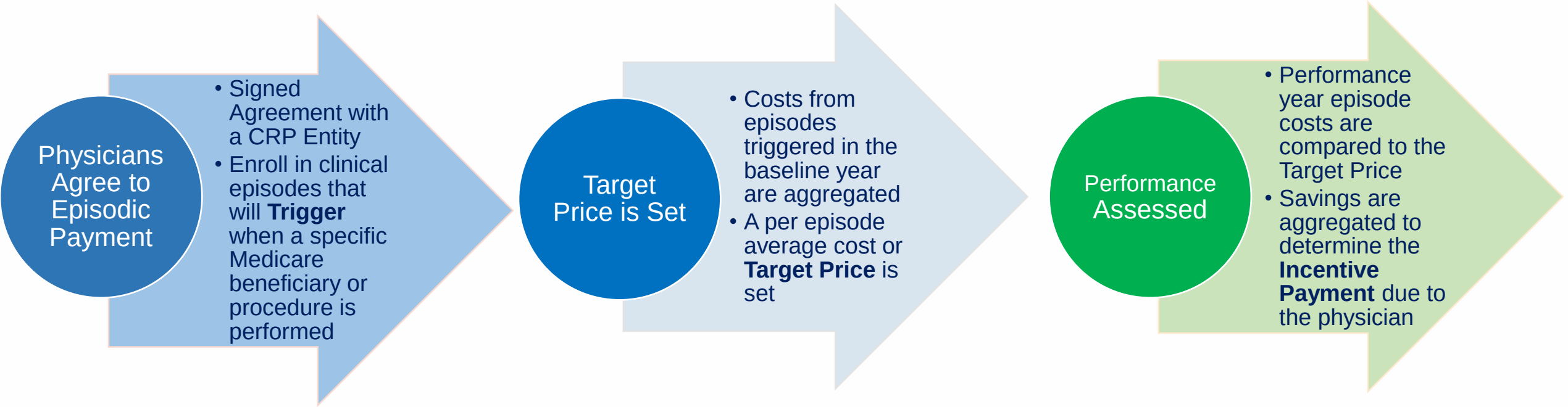
EQIP will have an annual opportunity to enroll in EQIP. The enrollment period will open **July through September** of each year prior to the performance year.

Due to claims runout, Entities who earn shared savings can expect the payment to be distributed in Q3 following the end of the performance year.



Episodic Value-Based Payment

Bundled-payment programs are effective at controlling episodic care costs and improving quality outcome among physicians via a financial and quality assessment



- Analyses of CMS bundled-payment programs have shown 4-6 percent reductions in gross Medicare spending

Source: https://innovation.cms.gov/files/reports/episode-payment-models-wp.pdf

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EQIP Participation
Performance Year Four (PY4), 2025

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EQIP Roles – Definitions and Responsibilities

"Care Partner" (a specialty physician)

- **Triggers episodes** and **performs EQIP care interventions**
- Signs a **Care Partner Arrangement** with the CRP Entity
- Receives normal fee-schedule payments from Medicare and a **potential "Incentive Payment" with the EQIP Entity**
- Eligible to achieve **Quality Payment Program Status** and bonuses

"EQIP Entity"

- Consists of an **individual Care Partner** or **multiple Care Partners**
- **Performance evaluation** occurs at the EQIP entity level
- Receives **Incentive Payments**

"CRP Entity"

- Signs a **Care Partner Arrangement** with all Care Partners
- **Pays incentive payments** or savings to EQIP entities

HSCRC and CRISP

- Will calculate episodes, monitor performance and **determine Incentive Payments**
- Maintains reporting and monitoring requirements per the Participation Agreement and to **support CRP Entity**
- Will facilitate **EQIP Entity and Care Partner Enrollment**, Reporting and Learning Systems

Administrative Proxies (*)

EQIP Entities can delegate management of their program administration. This contractual arrangement, if any, will be determined between Administrative Proxy and Participant outside of Care Partner Arrangements.

EQIP's CRP Entity is The University of Maryland Medical Center

The State has partnered with UMMC to enable EQIP as an Advanced Alternative Payment Model with CMS

Any qualifying physician in Maryland will be allowed to participate in EQIP, regardless of previous contracting, relationship and/or privileges at UMMC

UMMC's main roles will be:

1. Signing an individual Care partner Arrangement with each participating Care Partner in the EQIP Entity, and,
2. Printing checks for earned Incentive Payments to the EQIP Entity

The HSCRC and CRISP will facilitate interactions between UMMC and Care Partners/EQIP Entities

- Policy decisions and operations support will remain transparent and set at the State level
- Any changes to the policy will be made at the CRP Committee and EQIP stakeholder level

The CRP Entity **will not** have access to:

- Protected Health Information
- EQIP Entity or Care Partner performance analytics

Participation Requirements

Qualify as a Care Partner with CMS

- Must be licensed and enrolled in the **Medicare** Provider Enrollment, Chain, and Ownership System (**PECOS**)
- Must use **CEHRT and CRISP**, Maryland's health information exchange

Enroll in EQIP

- Establish **EQIP Entity** with **multiple Care Partners**
- **Select Episodes and Interventions** and agree to quality metrics*
- Each Care Partner Signs a **Care Partner Arrangement**
- Determine **Payment Remission Recipient***

Meet Episode Thresholds

- Provide care in **Maryland**
- For a **single episode, threshold = 11** episodes in the baseline
- Across **all episodes of participation, threshold = 50** episodes in the baseline

**All Care Partners in an EQIP Entity will share the same episodes, quality metrics and payment recipient.*

EQIP Interventions and Performance Improvement Opportunities

In addition to electing episodes, each EQIP Entity will need to indicate how they intend to produce savings in their episodes.

Intervention Category	Example Intervention
Clinical Care Redesign and Quality Improvement	Standardized, evidence-based protocols are implemented, for example for discharge planning and follow-up care.
	Performance of medication reconciliation.
	Elimination of duplicative, potentially avoidable complications or low value services
Beneficiary/Caregiver Engagement	Patient education/shared decision making is provided pre-admission and addresses post-discharge options.
	Implementation of "health literacy" practices for patient/family education
Care Coordination and Care Transitions	Assignment of a care manager and enhanced coordination to follow patient acros s care settings
	Interdisciplinary team meetings address patients' needs and progress.
	Selection of most cost efficient, high-quality settings of care

PY4 Specialties Available

Allergy
Allergic Rhinitis, Asthma

Behavioral Health
Chronic Anxiety, Recurrent Depression

Cardiology
Pacemaker / Defibrillator, Acute Myocardial Infarction, CABG &/or Valve Procedures, Coronary Angioplasty

Dermatology
Cellulitis, Decubitus Ulcer, Dermatitis

Gastroenterology
Colonoscopy, Colorectal Resection, Gall Bladder Surgery, Upper GI Endoscopy

Ophthalmology
Cataract, Glaucoma

Orthopedics
Accidental Falls, Hip Replacement & Hip Revision, Hip/Pelvic Fracture, Knee Arthroscopy, Knee Replacement & Knee Revision, Low Back Pain, Lumbar Laminectomy, Lumbar Spine Fusion, Osteoarthritis, Rotator Cuff, Shoulder Replacement, Musculoskeletal Disorders

Pulmonary / Critical Care
Acute CHF / Pulmonary Edema, Chronic Obstructive Pulmonary Disease, Deep Vein Thrombosis / Pulmonary Embolism, Pneumonia, Sepsi

Rheumatology
Rheumatoid Arthritis

Urology
Catheter Associated UTIs, Prostatectomy, Transurethral Resection Prostate, UTI

Emergency Department
Abdominal Pain & Gastrointestinal Symptoms, Asthma/COPD, Atrial Fibrillation, Chest Pain, Deep Vein Thrombosis, Dehydration & Electrolyte Derangements, Diverticulitis, Fever, Fatigue or Weakness, Hyperglycemia, Nephrolithiasis, Pneumonia, Shortness of Breath, Skin & Soft Tissue Infection, Syncope, Urinary Tract Infection

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EQIP Policy and Methodology

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EQIP Policy: Where is each methodology determined?

PACES Episode Definition

- Episode Trigger Codes and Categories (and Subcategories)
- Relevant Diagnosis and Sequelae
- Relevant Cost Methodology

HSCRC/CMS Policy

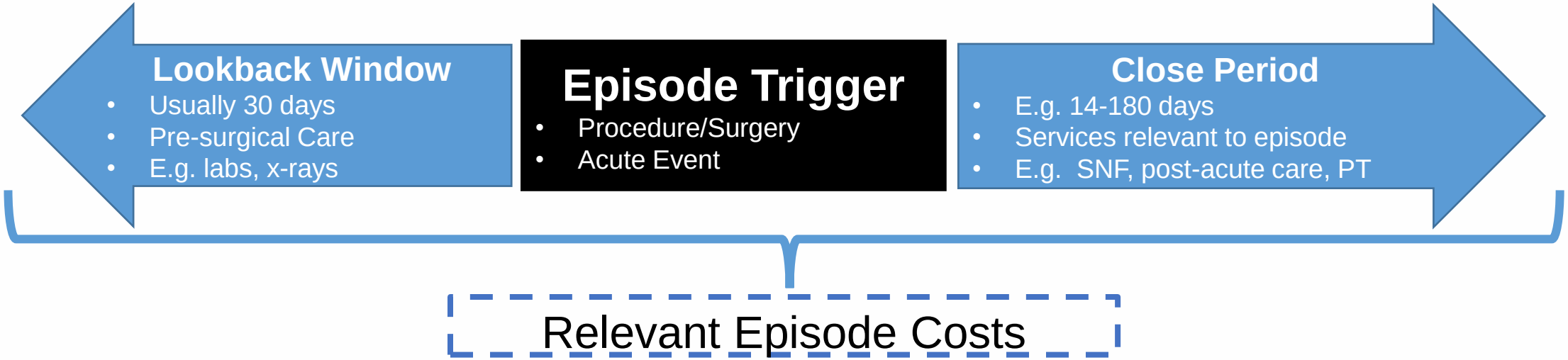
- Target Price Methodology
- Shared Savings/Incentive Payment Methodology
- Quality Measures
- Reporting and Monitoring (via CRISP)
- Participation Specialty Areas
- CMS Policy (including QP status)

PACES Episode of Care Overview

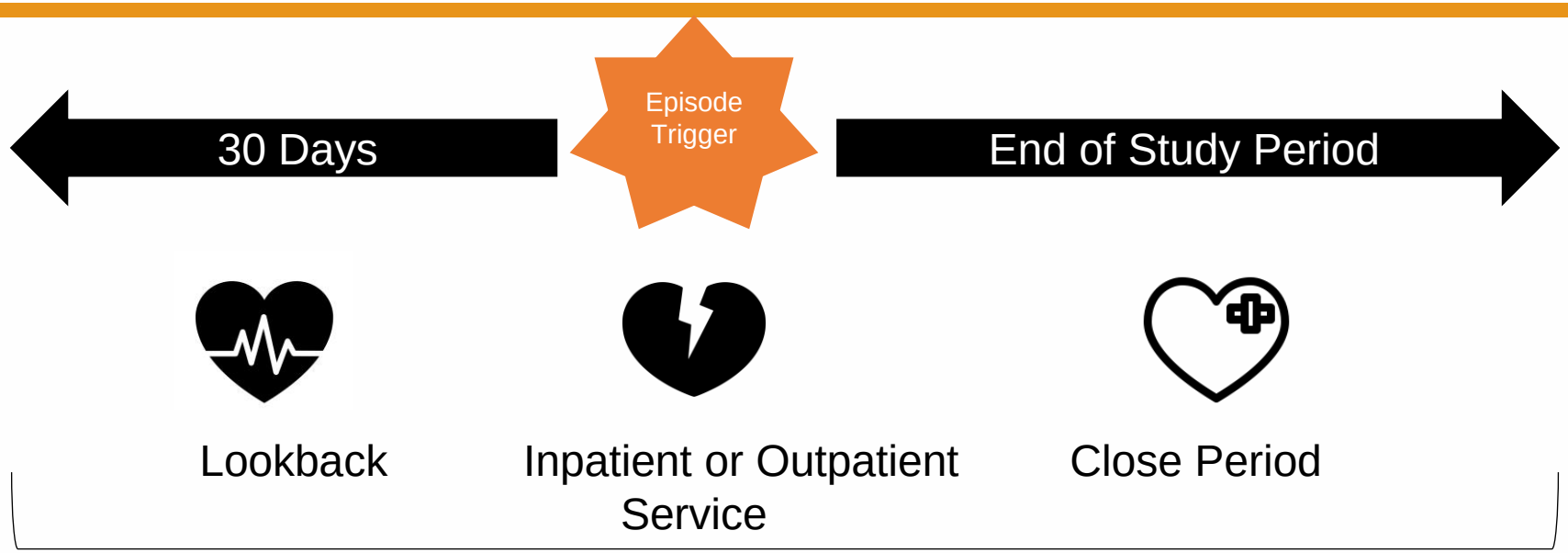
Incorporated in 2019, to further **update and enhance** earlier groupers developed for CMS

Committed to developing a clinically sound episode grouper **in collaboration with the clinical community and stakeholders**. PACES episodes will be reviewed and updated on a regular basis by expert clinicians in each relevant specialty.

1,090 episodes grouped into clinically relevant areas: **Procedural, Chronic Condition, and Acute Condition**,



Episode Length – Chronic Anxiety

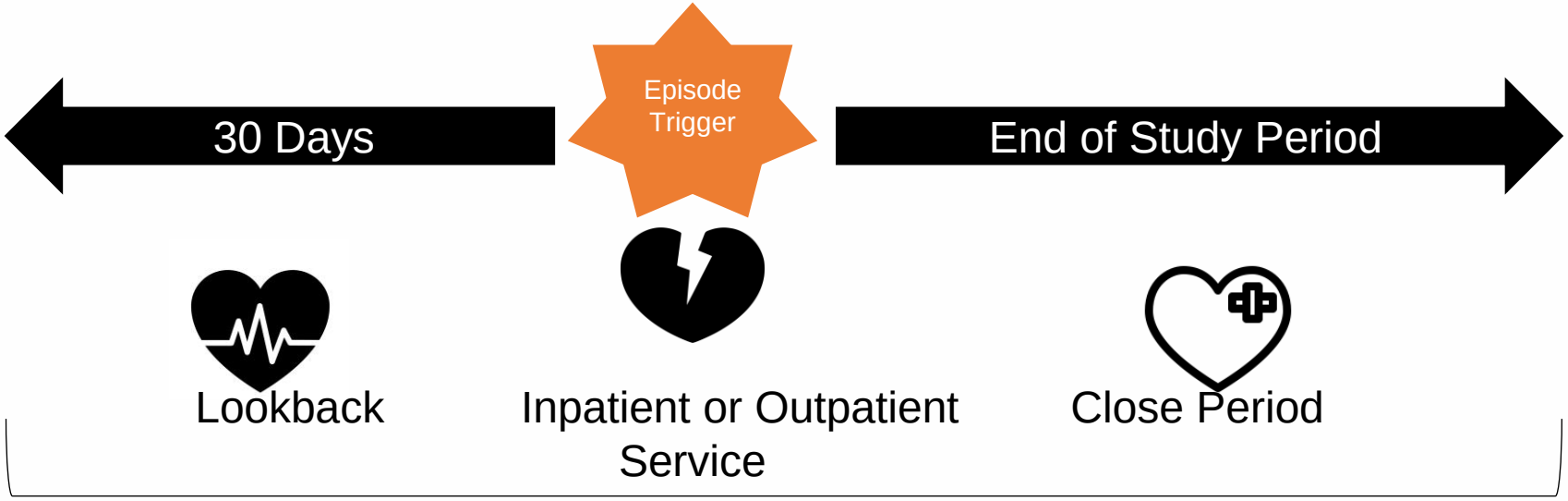


Total Episode Cost = All expected services and complication costs associated from episode trigger until the end of the close period.

Lookback Window	Close Period Window
30	End of Study Period

PACES Episode	Code Type	Code
anxiety ds (chronic)	ICD10	F410

Episode Length – Recurrent Depression



Total Episode Cost = All expected services and complication costs associated from episode trigger until the end of the close period.

Lookback Window	Close Period Window
30	End of Study Period

PACES Episode	Code Type	Code			
recurrent depression	ICD10	F33	F3341	F338	F332
		F3342	F32A	F334	F331
		F3340	F339	F333	F330

Target Price Methodology

2019 will serve as a **Baseline** for performance years 1-4 for EQIP Entities

- Each EQIP Entity will have their own **unique Target Price** per episode
- The baseline will be trended forward in order to compare to current performance costs
- Target Prices are not final until the end of the Performance Year as final inflation will need to be applied
- The baseline for entities that join in subsequent performance years will be the year prior to them joining

Each episode will have a **singular Target Price**, regardless of the setting of care (Hospital, Outpatient Facility, ASC)

- The price gap between ASC and Hospital is significantly larger under the Medicare fee schedule than under commercial, particularly in Maryland where hospital rates are regulated.
- This will **create incentive to shift lower acuity procedures** to lower cost settings, aligning with GBR incentives.

Incentive Payment Methodology

Incentive Payments *will be direct checks made from the CRP Entity to the EQIP Entity for aggregate positive performance after a minimum savings threshold, shared savings split, and quality adjustment are applied.*

1. Performance Period Results

- The Performance Period Episode costs are less than the Target Price in the aggregate across all episodes in which the EQIP Entity participates.
- At least three percent of savings are achieved (stat. significant)
- Dissavings from prior year (if any) are offset

2. Shared Savings

- Each Care Partner's Target Price will be compared to the statewide experience and annually ranked based on relative efficiency. Lower cost providers will be in a higher tier and vice versa.
- The Shared Savings split with Medicare will be based on the Care Partner's Target Price rank

Target Price Rank	% of Savings to due EQIP Entity
Up to 33rd percentile	50 percent
34th – 66th percentile	65 percent
66th + percentile	80 percent

3. Clinical Quality Score

- 5% of the incentive payment achieved will be withheld for quality assessment
- The EQIP Entity's quality performance will indicate the portion of this withholding that is 'earned back'

4. Incentive Payment Cap

- The result is no more than 25 percent of the EQIP Participant's prior year Part B payments

5. Final Incentive Payment

- Paid directly to the payment remission source indicated by the EQIP Entity*
- Paid in full, 6 - 9 months after the end of the performance year
- In addition to incentive payments, if QPP thresholds are met, Medicare will pay a bonus to physicians and increase rate updates in future years.

**The EQIP entity can direct the payment remission source to distribute payments to individual Care Partners however it desires.*

Example: Incentive Payment Calculation

EQIP Entity Participating in two EQIP episodes

		Episode A	Episode B	*Calculation*
A	Baseline period EQIP Entity episode payment benchmarks	$15,000	$10,000	*Prometheus Grouper*
B	**Episode Target Price**	$15,000	$10,000	*A X 100% X Inflation Adjustment *** (**no discount**)*
C	Episode Volume, Performance Year	25	50	*Prometheus Grouper*
D	Performance Year episode cost	$14,300	$9,500	*Prometheus Grouper*
E	Aggregate actual performance year episode costs	$357,500	$475,000	*D X C*
F	Aggregate Savings/Dissavings Achieved	$17,500	$25,000	*(B-D) X C*
G	At least 3% savings achieved?	Yes	Yes	*0.03 X E < F*
H	**Tiered shared savings rate**	73rd percentile rank = 80% Shared savings due to EQIP Entity		*HSCRC Methodology*
I	**Total Incentive Payment Due****	**$34,000**		*Ep. A (F X H) + Ep. B (F X H)*

**Less dissavings from prior year (if any) and Adjusted for Quality Performance Score

*** Inflation set to zero for the purpose of this example

Dissavings Accountability

Direct collection of downside risk is not possible without the ability to directly adjust physician FFS payments.

However, it is important to ensure the program drives meaningful improvements in cost efficiency and quality.

EQIP's **Dissavings Policy** will help to ensure outcomes in lieu of downside risk:

1. Participants who create dissavings in a performance year will be required to offset those dissavings in the following performance year, prior to earning a reward.
2. An EQIP Entity will be removed from EQIP if its Target Price is in the lower two terciles of the Tiered Shared Savings Rate (0-66th percentile) and there have been two consecutive years of dissavings.
    - HSCRC staff will monitor the effects of this policy to ensure there are no unintended consequences

EQIP Quality Measure Selection

Measure Characteristics

- Measures within MIPS Set
- Applicable at physician-level
- Part B claims measurable

CMS Quality Payment Program (QPP) Standards

- High Priority or Outcomes Measure
- 3-6 measures available

HSCRC Priorities

- Alignment with CareFirst
- Agnostic to episode-type
- Maryland's Statewide Integrated Health Improvement Strategy

Measure Name
Advance Care Plan (NQF #326)
Documentation of Current Medications in the Medical Record (NQF #419)
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)

- Will be a Care Partner-specific quality adjustment to the final Incentive Payment after shared savings as a 5% 'earn back'
- For each triggered episode, the HSCRC will assess if the three measures were **performed 365 days prior to the end of the episode**, by any physician

CRISP EQIP Entity Portal

The State has developed a one-stop shop, or EQIP Entity Portal to support participation with:

- Enrollment and opportunity analysis,
- CMS vetting and required activities (including reporting),
- CRP Entity Contracting and operations support, and,
- Performance analytics, learning system and program communications.

Access to EEP is a requirement for participation

- Organizations will need access to the CRISP Reporting Services (CRS) Portal Login Page (separate from ULP and ENS)
- For organizations new to CRS, you must sign a CRISP Participation Agreement (PA) and update their Notice of Privacy Practices documents **(this can be done NOW, Contact: EQIP@CRISPhealth.org)**
- CRISP will hold webinars for training later in June and early July

EQIP Entity Enrollment

- Individual or Group Participation
- Provider Information
- Administrative Proxy Election
- Status Tracker

Participation Management

- Episode Selection
- Intervention Selection
- Baseline Data

Program Data

- Incentive Payments and Savings Summaries
- Monthly Performance Analytics

The Benefits of EQIP

- Value-based payment opportunity tailored to Maryland physicians
- No downside risk collection
- System alignment, regardless of care setting
- Alignment option with CareFirst's Episodes of Care Program
- Episodes tailored to provider practice patterns and scope of impact
- Opportunity to improve patient outcomes and contribute to health system improvement

EQIP Timeline

July 15th	• EEP opens for enrollment • Technical Policy and Portal User Guides available • Baseline Episode experience available in EEP
Aug 30th	• Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP • Providers submitted to CMS for vetting
Dec. 1, 2024	• Care Partner Arrangements and Payment Operations Finalized • CMS Vetting Status Available, Enrollment Finalized
Jan. 1, 2025 **PY4 Start**	• Care Partner participation opportunity will be annual • Preliminary Target Prices available in EEP
Fall 2026	• Incentive Payments distributed

Learning More about EQIP and Enrollment

If you would like to schedule a meeting about EQIP with your organization, staff will be available to:

- Walk through opportunity analysis, specific to your organization
- Discuss any episode definitions
- Answer specific questions
- Reach out to eqip@crisphealth.org to schedule a meeting

EQIP Subgroup Meeting

- Bi-monthly meetings occur the third Friday of the month, 9-11am
- To be added to distribution list, email: osimon@medchi.org
- Prior recordings can be found: https://www.crisphealth.org/learning-system/eqip/mtgs/

Enrollment for PY4 opens July 15th, 2024

- Reach out to eqip@crisphealth.org to if you are ready to enroll

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Thank You!

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