EQIP Subgroup

July Meeting

07/19/2024

Agenda

- EQIP Primary Care

- PY4 Enrollment

- Policy Review – Continued Eligibility

- Value Based Programs Participant Network

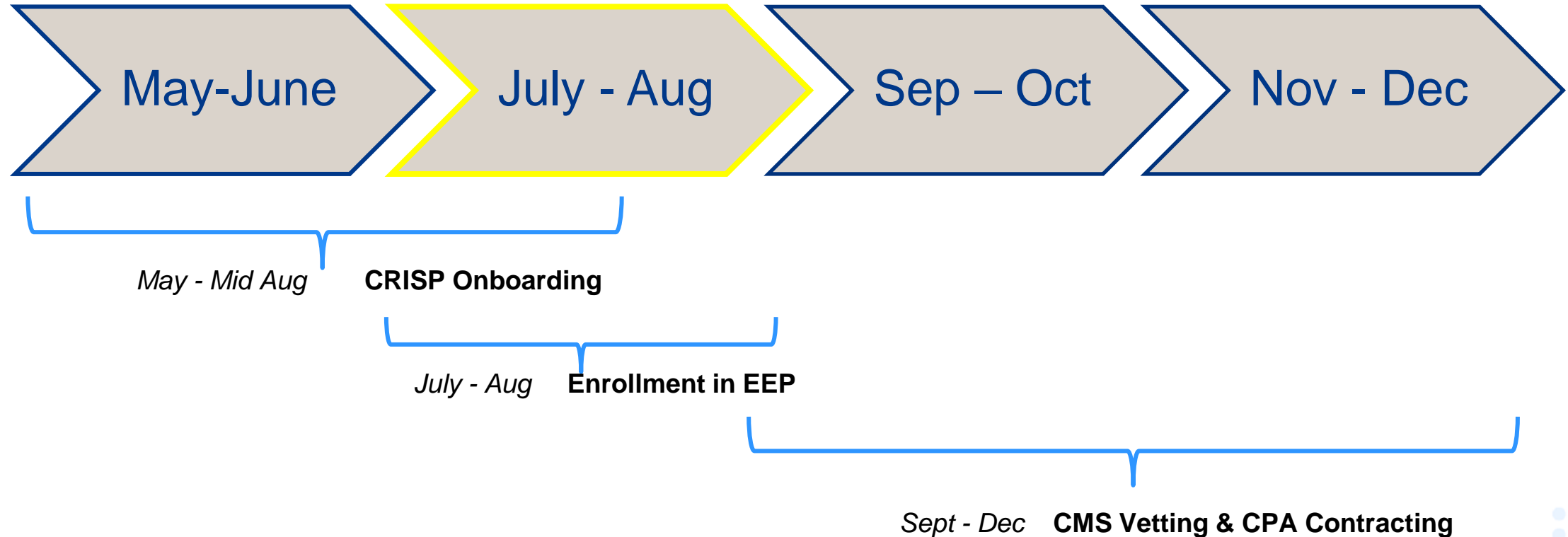# EQIP Primary Care

Request for Applications (RFA)

- The EQIP Primary Care (EQIP PC) Request for Applications (RFA) and accompanying documents have been released.

- Applicants should submit the required documents to EQIP.PrimaryCare@maryland.gov by **Friday, August 30, 2024**.

- The HSCRC and the PMO will be hosting a Q&A meeting for interested applicants. Further meeting details will be provided in the coming weeks. Questions can also be sent to EQIP.PrimaryCare@maryland.gov.

https://www.crisphealth.org/learning-system/eqip-pc/

PY4 Enrollment

Performance Year 4: Enrollment Timeline

| May-June | July - Aug | Sep – Oct | Nov - Dec |

May - Mid Aug **CRISP Onboarding**

July - Aug **Enrollment in EEP**

Sept - Dec **CMS Vetting & CPA Contracting**

EQIP Enrollment opened **Monday, July 15th** and close **Friday, August 30th**

Enrollment Process

EQIP Enrollment will be completed within the EQIP Entity Portal (EEP), a module within CRISP's Reporting Services (CRS)

- New Entities:
    - New enrollment into the EQIP program must be initiated by the Lead Care Provider for the Entity
    - An Administrative Proxy can be granted access during the initial steps, but a Proxy cannot start enrollment
    - Email EQIP@CRISPHEALTH.ORG

- Existing Entities:
    - Approved Administrative Proxies for EQIP Entities, can complete the entire enrollment process
    - Information will be pre-populated with providers and entity information from PY3
    - All EQIP Entities are required to verify their enrollment from the prior year by navigating through the enrollment workflow.

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Lumbar Enrollment Groups

- Lumbar Decompression and Lumbar Fusion PACES episodes are undergoing revisions

- Eligibility for lumbar enrollment groups is currently unavailable in the Enrollment Portal

- Upon episode finalization, portal and episode playbook will be updated

Performance Period 4 (CY2025)

Episode & Intervention Selection

- You must select at least one intervention for each episode category in which th
- To be eligible for a given episode, the EQIP Entity must meet the minimum thr
- Participation is contingent on meeting a total episode threshold volume of 50 a
- If your EQIP Entity consists of multiple care partners, episode and intervention

Indicate your selections by selecting 'Yes' for the appropriate rows and columns in the

Episode Group	Episode Category	Baseline Volume	Eligible?
Orthopedics	Lumbar Decompression	0	Ineligible
Orthopedics	Lumbar Fusion	0	Ineligible

Important Resources

- [PY4 EQIP Overview](#)

- [PY4 Episode Playbook](#)

- [PY4 PACES Transition Guide](#)

- [EQIP 101 Webinar](#)

- [PY4 Enrollment Webinar](#)

- [Practice Transformation Grant Program Overview](#)

- 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

Policy Review – Continued Eligibility

Probationary Care Partners

- Care Partners who do not have at least one claim during the baseline period will be in probationary status during the program year.

  - Entities will be informed of all Care Partners on probation at the start of the program year

- Probationary Care Partners are required to have at least one claim during the first two calendar quarters of the program year to be eligible to continue to be eligible for subsequent years

  - Final status is determined after the enrollment window closes, it is recommended that entities keep probationary Care Partners in their entity. Entities will be informed of final Care Partner status in December, just prior to the start of the next program year.

Entity Continuity Policy

- Following the enrollment period, the HSCRC will review the consistency of the Care Partner (CP) composite within an Entity year over year, referred to as the EQIP Entity's Continuity. If an entity meets either of the below conditions, it will be considered a new entity for the performance year and assigned a new EQIP ID and Name:

  1. % of Care Partner Overlap with the prior year is less than 60% OR
  2. % of New CPs in current year is greater than 40%

- Example:

ENTITY	(a) # CPs in Year1	(b) # CPs in Year2	(c) # CPs in Yr 1 & 2 (Overlap)	(d) # CPs not in Yr 1 (New)	(e) = (c)/(a) % of Overlap	(f) = (d)/(b) % New	Continuity Rule
Entity 1	7	8	5	3	71.43%	37.50%	Entity maintains continuity
Entity 2	16	4	3	1	18.75%	25.00%	New Entity, % Overlapping CPs < 60%
Entity 3	55	80	46	34	83.64%	42.50%	New Entity, % New CPs > 40%
Entity 4	56	17	7	10	12.50%	58.82%	New Entity, % Overlapping CPs <60% AND % New CPs >40%

Successor EQIP Entity

- Participants make many changes during EQIP enrollment which includes splitting, merging and creating new entities. If an entity meets the below condition, it will be considered a successor entity:
  - % of Care Partner Overlap with a single entity from the prior year is greater than 60%

- The original entity will be referred to as the Primary Entity of the Successor Entity.

Dissavings Policy

- **Annual Accountability:** EQIP Entities that generate dissavings in a PY are required to offset that dissavings in the following PY, prior to earning an incentive payment.

- **Removal Accountability:** An EQIP Entity is removed from EQIP if it generates dissavings in two consecutive program years and its baseline-period performance across all clinical episode categories it elects ranks in the lower two terciles of the tiered Shared Savings Rate.

Catastrophic 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. The second year will be evaluated based on quality performance during the first two calendar quarters of the program year to be eligible to continue participating in EQIP

	Baseline				PY2 Final				PY3 Q1-2				PY4 Eligibility
ENTITY 1	Prob	Adv. Care	Curr. Med	BMI	Prob	Adv. Care	Curr. Med	BMI	Prob	Adv. Care	Curr. Med	BMI	Eligible
	n/a	1	0	8	NO	1	2	10	NO	3	2	10	
ENTITY 2	Prob	Adv. Care	Curr. Med	BMI	Prob	Adv. Care	Curr. Med	BMI	Prob	Adv. Care	Curr. Med	BMI	Not Eligible
	n/a	3	0	0	YES	4	2	0	YES	7	2	0	

Entity Type and Policy Implementation

Entity Type	Definition	Dissavings Policy*	Catastrophic Quality Performance
Continuing Entity	Entity that participated in prior performance year(s). Primary entity of a successor entity is classified as a continuing entity.	Subject to full dissavings and catastrophic quality performance policies	
New Entity	Entity that did not participate in prior performance year *AND* entity is not classified as a successor entity.	Not applicable during the first year of program participation. Probationary care partner policy still applys.	
Successor Entity	Entity that did not participate in prior performance year *AND* met the criteria of greater than 60% Care Partner Overlap with a single entity from the prior year.	Successor entities carry forward the most recent year of (dis)savings and quality performance. The annual accountability will be distributed as follows: • Dissavings from primary entity will be distributed to successor entity(ies) based on percentage of carryover NPIs in successor entity	

Policy implementation is subject to HSCRC review

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Thank you!