



maryland
health services
cost review commission

EQIP Subgroup

November Meeting

11/15/2024

Agenda

- Performance Year 2 Analysis Cont.
- Performance Year 4
 - Enrollment Updates
 - Contracting and Next Steps
 - Practice Transformation Grant
- Performance Year 5
 - Episode Development
- Upcoming Dates/Meetings



PY2 (CY 2023) Results

PY2 Savings – Key Takeaways

- 5 new clinical episode categories in PY2
 - Allergy
 - Dermatology
 - Emergency Department
 - Ophthalmology
 - Urology
- 18 new entities in PY2, with a total of 64 entities participating
 - 46 of 50 entities from PY1 participating in PY2
- EQIP generated \$36.7 million in PY2 positive savings, an increase of 81.6% from \$20.2 million in positive savings in PY1.
- Net distribution was \$23.1 million in PY2 compared to \$13.0 million in PY1
- PY2 EQIP episode volume totaled 78,644 episodes, an increase from 37,758 episodes in PY1.

Overview of EQIP Results – PY1 vs. PY2

Clinical Episode Category	Number of EQIP Clinical Categories		Average Entity Size by Number of CPs		Average Episode Volume		Number Exceeding Target Price		Percent Exceeding Target Price	
	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2
Orthopedics	75	120	92	83	122	123	26	34	35%	28%
Gastroenterology	39	46	115	108	642	549	27	18	69%	39%
Cardiology	38	38	118	117	94	87	19	12	50%	32%
Emergency Department	-	110	-	173	-	269	-	72	-	65%
Allergy	-	21	-	133	-	59	-	12	-	57%
Ophthalmology	-	6	-	335	-	680	-	0	-	0%
Urology	-	5	-	42	-	67	-	4	-	80%
Dermatology	-	3	-	362	-	40	-	3	-	100%

Notes: CPs = Care Partners. EQIP episodes exceeding target price are episodes where total cost exceeded the aggregate target price in that performance year. Averages reported across participating entities in each category.

Overview of EQIP Results – PY1 vs. PY2

Episode Category	Number of EQIP Clinical Categories		Average Entity Size by Number of CPs		Average Episode Volume		Number Exceeding Target Price		Percent Exceeding Target Price	
	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2
Procedural	132	152	101	98	277	265	60	45	45%	30%
Acute	20	137	126	166	59	226	12	85	60%	62%
Chronic	-	60	-	114	-	122	-	25	-	42%

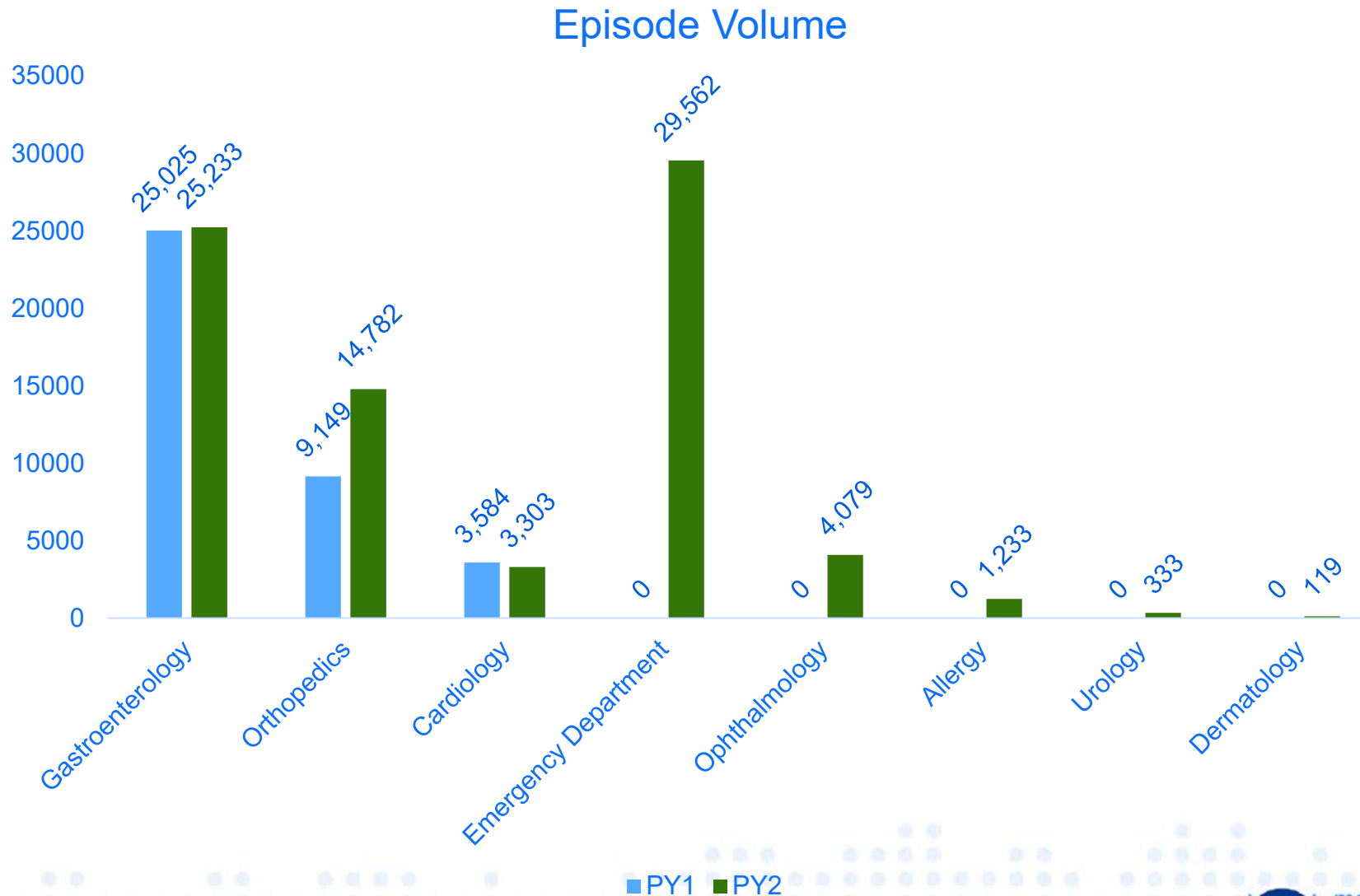
Notes: CPs = Care Partners. EQIP episodes exceeding target price are episodes where total cost exceeded the aggregate target price in that performance year. Averages reported across participating entities in each category.

Overview of EQIP Results – PY1 vs. PY2

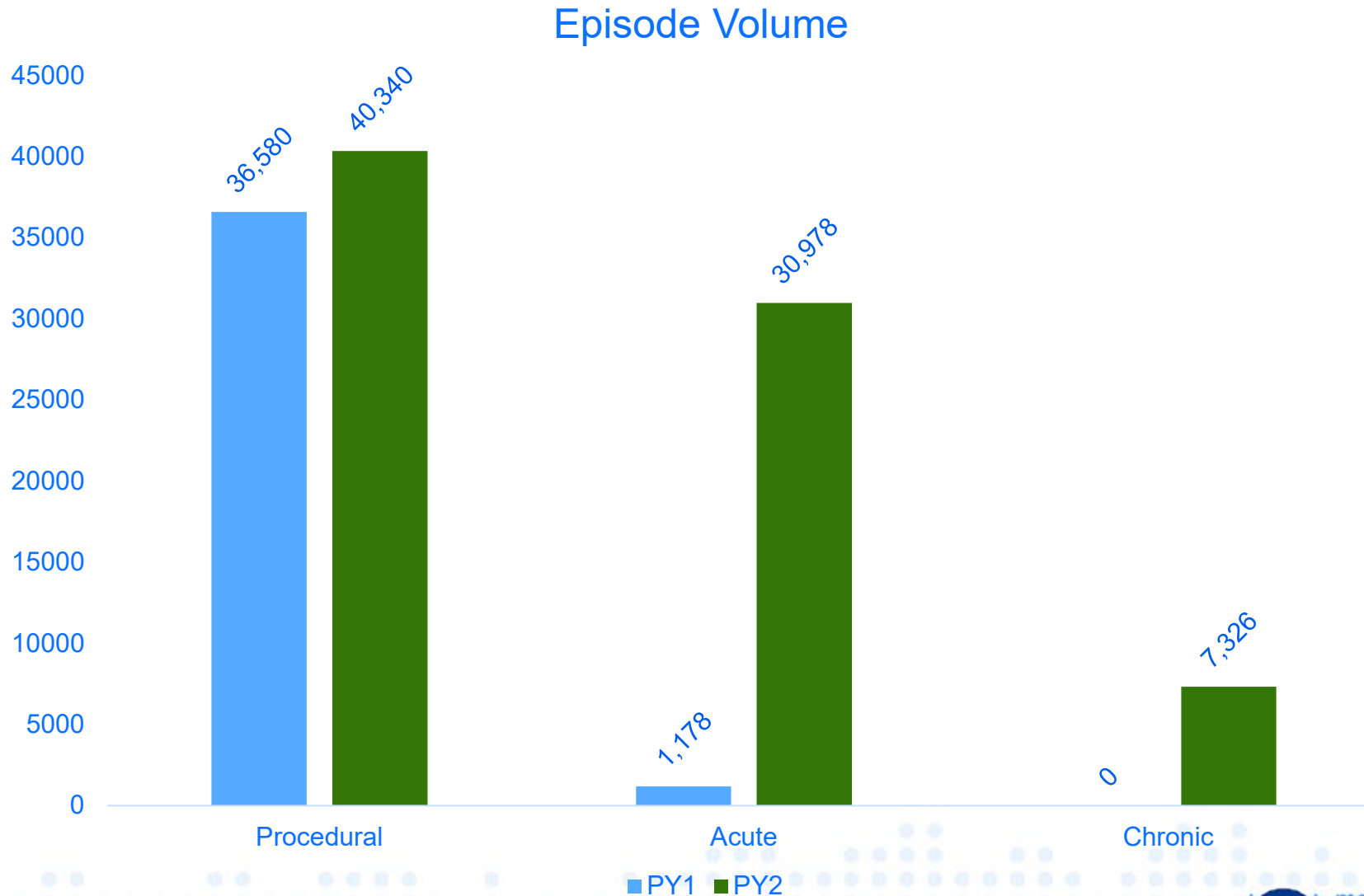
Entity Size by Number of CPs	Number of Entities		Average Episode Volume		Number Exceeding MST		Percent Exceeding MST		Average Savings	
	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2	PY1	PY2
1-5 CPs	19	16	87	80	9	10	47%	63%	2%	9%
6-11 CPs	11	16	138	298	2	7	18%	44%	-6%	0%
12-34 CPs	13	16	347	297	3	7	23%	44%	-1%	5%
35+ CPs	7	16	1065	578	5	7	71%	44%	5%	1%

Notes: CPs = Care Partners; MST = Minimum Savings Threshold. Averages reported across participating entities in each category.

PY2 Volume Changes – Clinical Episode Category

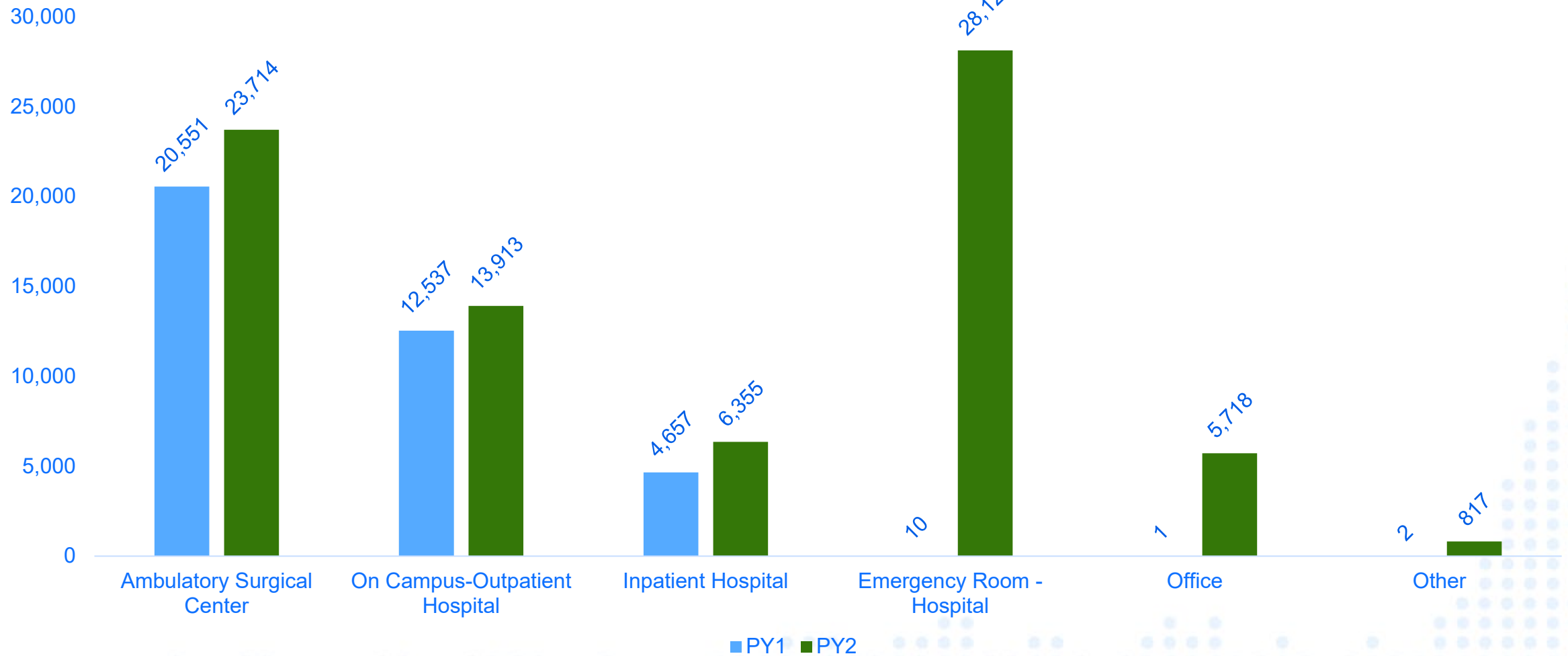


PY2 Volume Changes – Acute vs. Chronic vs. Procedural

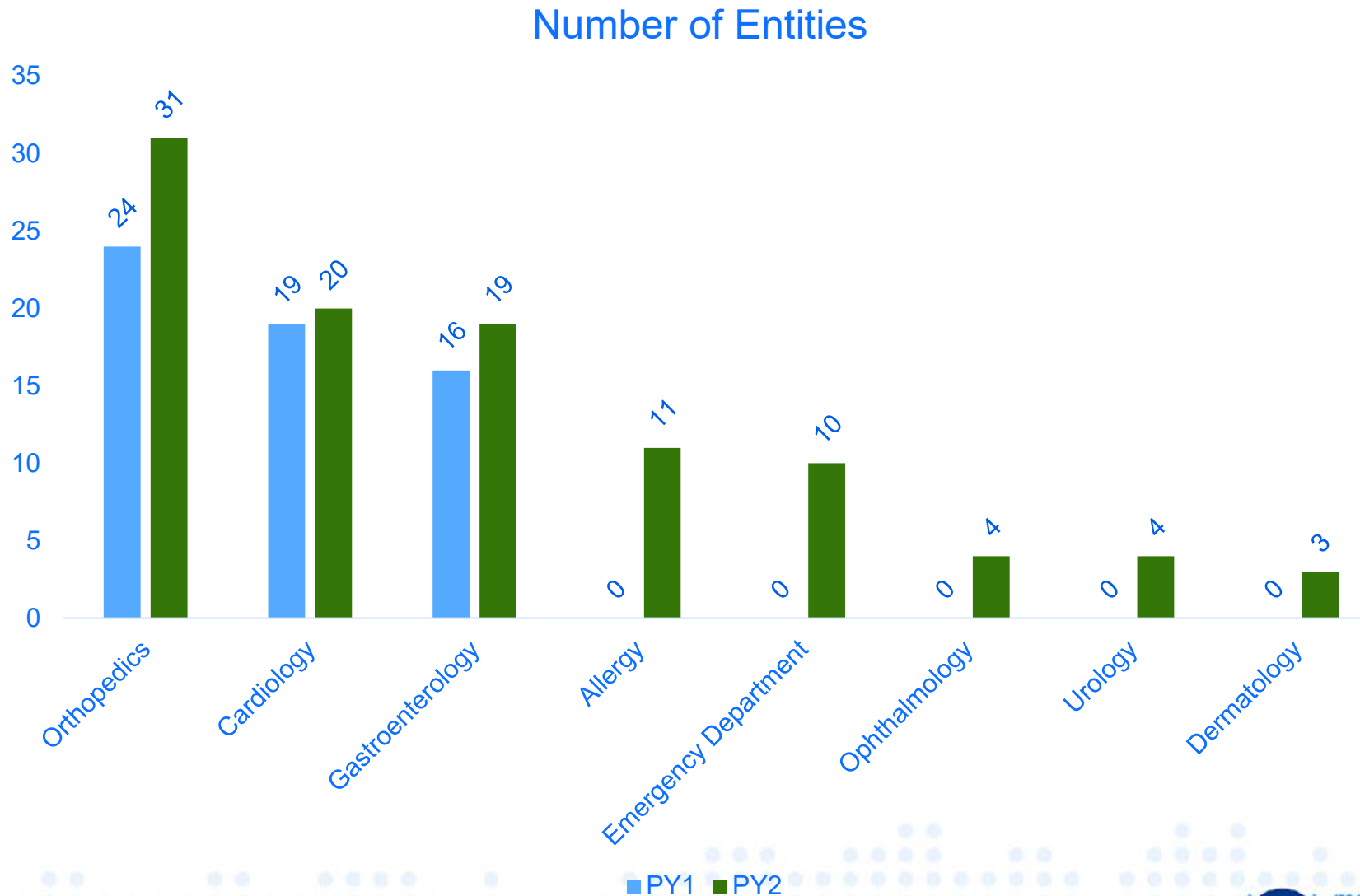


PY2 Volume Changes – Trigger Place of Service

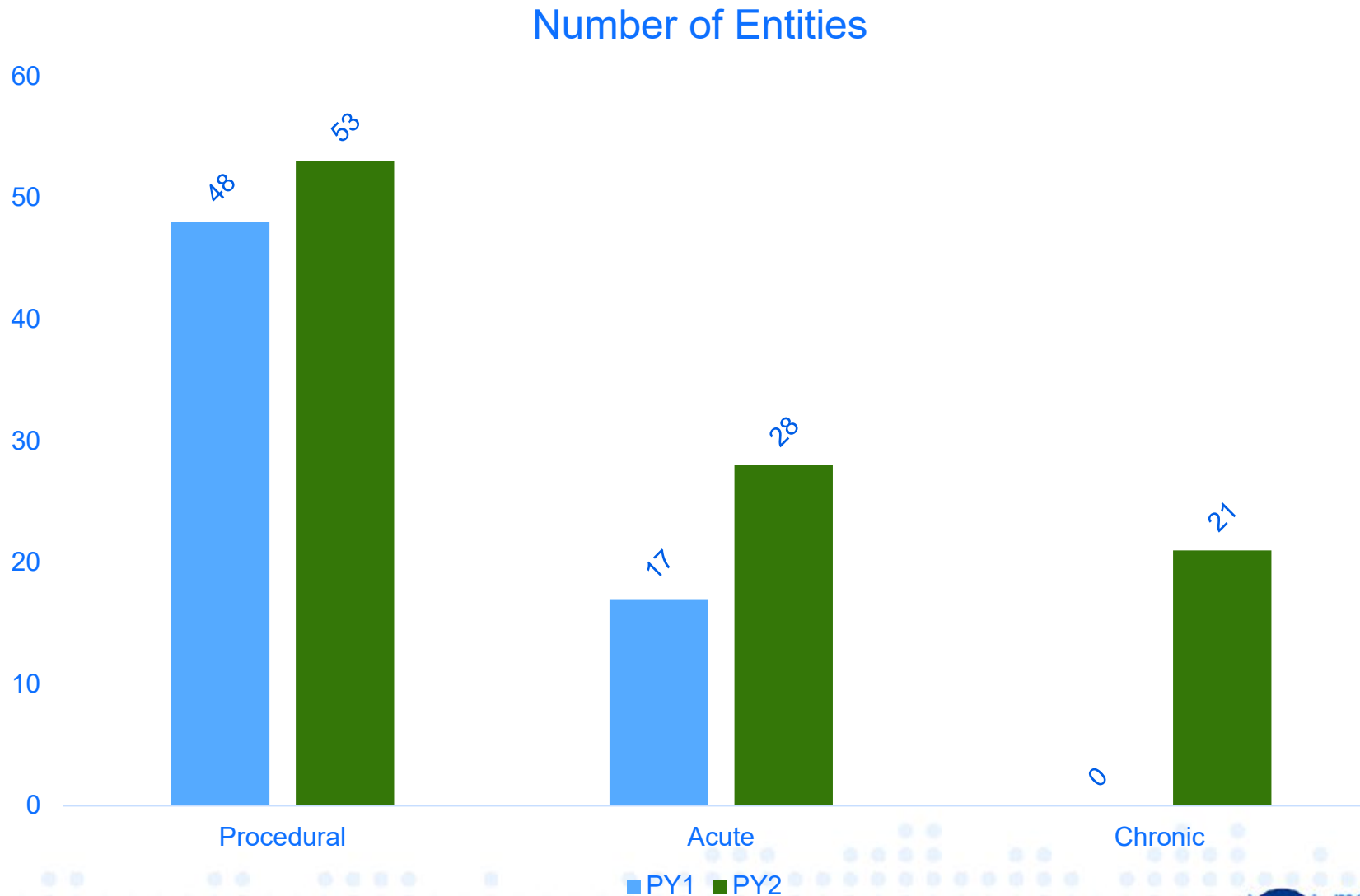
Episode Volume



PY2 Entity Changes – Clinical Episode Category

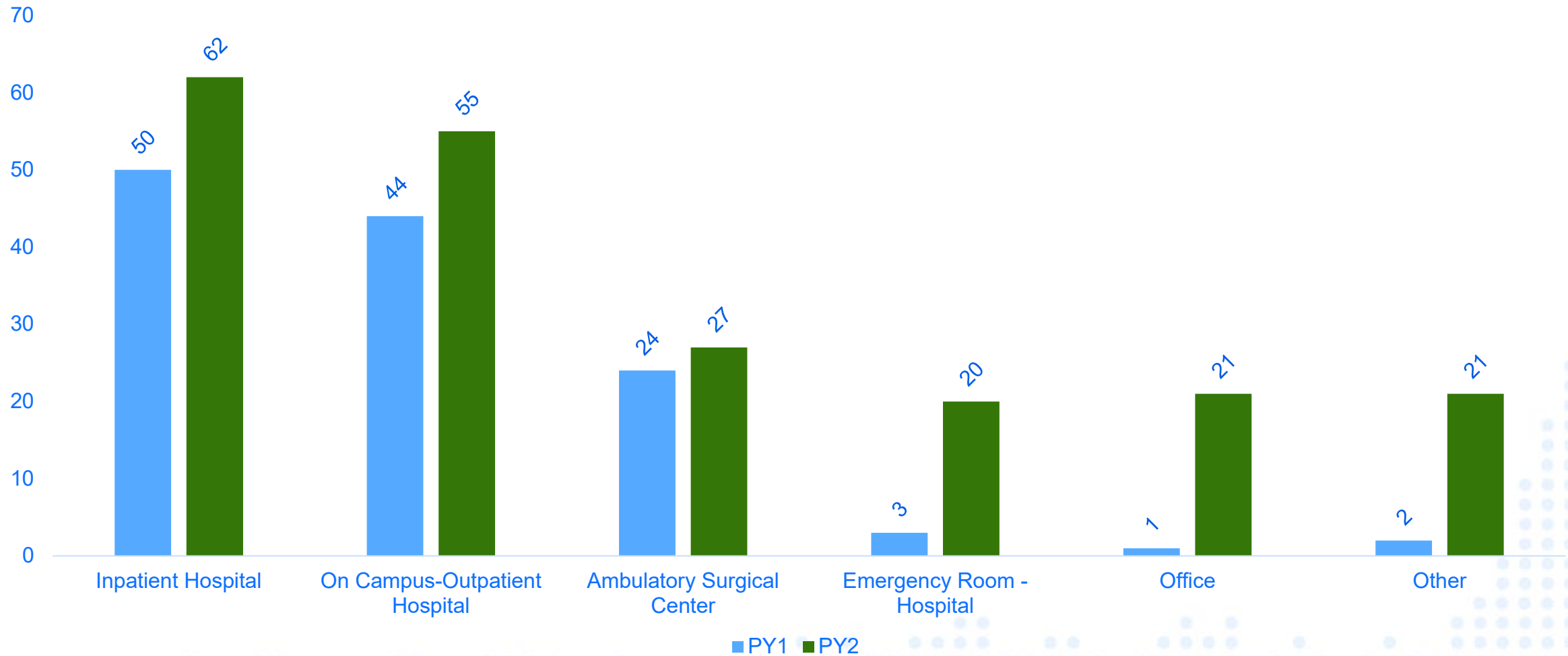


PY2 Entity Changes – Acute vs. Chronic vs. Procedural



PY2 Entity Changes – Trigger Place of Service

Number of Entities



PY 4: Administrative and Enrollment Updates

November 2024 Enrollment Activities

- Results from PECOS audit from CMS will be posted in EEP (Late October)
 - Care Partners who did not pass PECOS screening are not permitted to participate in PY4
 - Program Integrity and Law Enforcement CMS vetting results will be returned late 2024, impact should be smaller
- Entity Continuity
 - During the audit process, the HSCRC reviews the consistency of the Care Partner (CP) composite within an Entity year over year, referred to as the EQIP Entity's Continuity. If your entity meets the criteria to be considered a new entity for the performance year, our team will be assigning your entity a EQIP ID.
- Upon edits to the Care Partner list, Volume Threshold will be verified to determine continued eligibility
 - Due to the composite of final Care Partner lists, some entities will fall below threshold for certain episodes. Participation in those episodes will be terminated, other episodes participation will continue.

Care Partner Arrangement – PY4 Requirement

- All Care Partners will be required to sign a Care Partner Arrangement
 - CPAs will be updated to include language regarding grouper change
- Care Partner Arrangements were sent out to EQIP Entity Lead Care Partners and Administrative Proxies
 - Contracts are pre-filled and standardized across the state, no changes will be allowed
 - LCP and APs will be responsible for disseminating information to individual Care Partners
 - Completed CPAs, all pages, should be sent to equip@umm.edu

Care Partner Arrangements must be signed and returned to participate in the EQIP

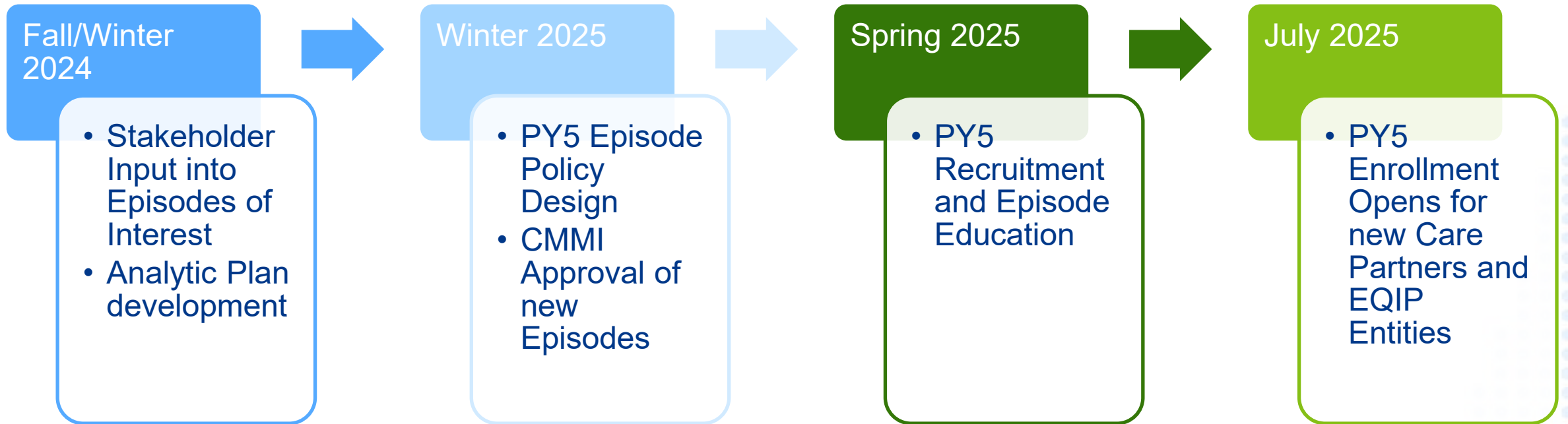
EQIP – Practice Transformation Grant

- Program Eligibility
 - EQIP Entities committed to the PY4/CY2025 performance year
 - PY1-3 Entities that did not realize savings
 - PY1 or PY2 with at least 1 year of dissavings
 - New PY3 Practices
- Application Evaluation Process
 - Application Evaluation
 - Application will be reviewed during the initial evaluation
 - Practice Assessment
 - Review process of practice, workflows and specific needs
- PTG Timeline
 - Jul – Aug 2024 application period for EQIP Entities
 - Sep – Oct 2024 practice assessment to be completed
 - Nov 2024 grant selection communicated



PY5 Episode Development

Performance Year Five (CY2026) Episode Development Process



PACES Vetted Episodes

PROCEDURES = 42

Cardiology/CV

- Cardiac Catheterization
- CABG
- Percutaneous Cardiac Intervention
- Open Heart Valve Surgery
- Pacemaker Insertion

General Surgery

- Mastectomy
- Ventral Hernia Repair
- Inguinal Hernia Repair
- Breast Reconstruction

GI

- Cholecystectomy
- Colonoscopy
- Colectomy
- EGD Endoscopy
- Bariatric Surgery
- ERCP
- GE Reflux Surgery

GU

- TURP
- Prostatectomy
- Urinary Endoscopy

OB/GYN

- Colpopexy
- Colporrhaphy
- C-section
- Vaginal Delivery

Ophthalmology

- Cataract Surgery IOL
- Cataract Surgery Secondary Membranous
- Glaucoma Surgery
- Retina and Vitreous Procedures
- Retina/Choroid Destructive Therapy

Ortho Surgery

- Hip Replacement
- Knee Replacement
- Knee Arthroscopy
- Shoulder Arthroscopy/Rotator Cuff Repair
- Shoulder Replacement
- Lumbar and Sacral Spine Surgery
- Fracture/Dislocation Treatment Pelvis/Hip/Femur
- Repair Fracture/Dislocation of Arm, Wrist, Hand
- Repair Fracture/Dislocation of Lower Leg, Ankle, Foot

Thoracic Surgery

- Lung Resection

Vascular Surgery

- Leg Vein Ablation
- Leg Revascularization
- Leg Vein Angioplasty
- AV Fistula Creation and Revision



CONDITIONS = 51

Cardiology

- Acute MI
- HF Acute
- HF Chronic
- IHD
- Atrial Fibrillation/Flutter Acute
- Atrial Fibrillation/Flutter Chronic
- Chronic HTN, Essential
- Chronic HTN, Secondary

Endocrine

- Diabetes
- Diabetic Ketoacidosis
- Hyperosmolar Non-Ketotic Coma
- Hypoglycemia
- Osteoporosis

ENT

- Sleep Apnea
- Acute Sinusitis
- Chronic Sinusitis

GI

- Chronic Cholecystitis
- Diverticulitis of Colon
- C-Difficile Colitis
- Acute Cholecystitis
- Acute Intestine Perforation
- Chronic Esophagitis
- Acute Peptic Ulcer
- Chronic Peptic Ulcer
- Acute UGI Bleed/Hemorrhage
- Chronic UGI Bleeding Other

Hematology

- Acute DVT Extremity
- Chronic Anemia

ID

- Cellulitis

Musculoskeletal

- Osteoarthritis
- Spine Stenosis/Spondylosis, Cervical
- Low Back Pain
- Spine Stenosis/Spondylosis Thoracic

Neuro

- Acute Ischemic Stroke
- Parkinsons DX

OB/GYN

- Pregnancy

Oncology

- Colon Ca
- Lung Ca
- Breast Ca

Ophthalmology

- Macular Degeneration

Primary Care

- UTI
- Diabetes

Pulmonary

- Acute URI
- Acute PE
- Pneumonia
- Asthma
- COPD

Rheumatology

- Rheumatoid Arthritis
- Osteoarthritis

Vascular

- Abd Aneurysm
- Thoracic Aortic Aneurysm
- Peripheral ASVD
- Varicose Veins (Venous Insufficiency Varicosities)

Additional Episode Development

- We plan to leverage the extensive PACES catalogue to continue to add episodes for future performance years
 - A list of PACES episodes will be distributed
 - Please contact equip@crisphealth.org to express interest
- The HSCRC is committed to working with all interested stakeholders and will communicate guidelines around new episode requests and timelines for future performance periods.

PACES Roadmap

- Dec 31 2024 - Identify clinical experts and clinical chapters
 - Individual reaches out to MedChi or EQIP. Information needed:
 - Clinician Name
 - Specialty
 - Practice Name
 - Episode(s) of Interest
- Jan 31 2025 – Conduct first meeting with PACES team
 - HSCRC/CRISP introduces clinical experts to PACES and coordinates schedules