



maryland
health services
cost review commission

EQIP Subgroup

January Meeting

01/16/2026

Agenda

- AHEAD Update
- PY5 Enrollment Administrative Updates
- PY4 & PY5 Data Release Schedule
- PY6 Episodes Development
- EQIP Practice Transformation Grant
- ASM Model coming in 2027

AHEAD Update

PY 5: Administrative and Enrollment Updates

PY5 Enrollment Summary

EQIP entities enrolled:	207
Total Care Partners:	5369
Entities participating in 1 episode	29
Entities participating in 2 episodes	47
Entities participating in more than 2 episodes	131
Episodes	123
Smallest Entity:	1 CP
Largest Entity:	226 CPs

Clinical Episode Categories	Number of EQIP Entities
Allergy	32
Behavioral	17
Cardiology	61
Dermatology	14
Emergency Care	20
Endocrinology	35
Gastroenterology	27
General Surgery	9
Hematology	17
Infectious disease	3
Neurology	18
Ophthalmology	11
Orthopedics	96
Pulmonology	50
Rheumatology	13
Urology	25

PY5 Enrollment: CPA Compliance

- Care Partner Arrangement: As per the State and Meritus Health Agreement with CMS, Infrastructure Payments may not be distributed to an “individual or entity other than a Care Partner with whom the Hospital has a fully executed written Care Partner Arrangement.”
 - Care Partners who did not submit CPAs will be removed
- PY5 Care Partner Eligibility: Vetting from CMS finally came back and the EEP portal has been updated with the care partners who are eligible and ineligible.

**Please refer to the EQIP Entity Portal (EEP) for current Care Partner list including finalized care partner agreement status

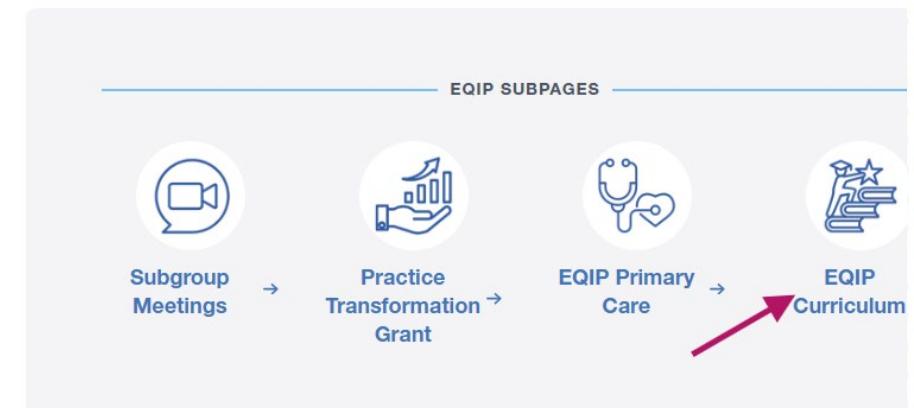
Final Eligibility Audit and Probation Status

- Volume Thresholds: Due to the composite of final Care Partner lists, some entities may fall below threshold for certain episodes. For a single episode, threshold = 11 episodes in the baseline and across all episodes of participation, threshold = 50 episodes in the baseline
- Care Partner Probation: Care Partners who do NOT touch a claim in baseline are considered on probation and must touch a claim in PY5 q1-2 to be eligible for PY6.
- Quality Metrics: Entities will be notified if baseline quality metrics fall in the lowest decile in the state. Entities who do NOT meet minimum quality performance during PY4 q1-2 will be placed on quality probation for PY5.

Entities will be notified via email on their final status by Friday, January 30, 2026

New to EQIP?

- **EQIP Curriculum**
 - Available on our [website](#)
 - Provides a foundational overview of program structure, requirements and expectations.
- **EQIP Overview Video (Coming Soon)**
 - High-level introduction to EQIP
 - Will be distributed to participating entities
 - Watch for upcoming communication



Data Release Schedule

EQIP Data Release

All data in EEP and used for EQIP analyses derive from the Claim and Claim Line Feed (CCLF) file



The EQIP Suite (EEP) publishes Final Completed Episode Data

Final Completed Episode Data: Data for episode that has completed episode timeline and finalized after claims run out (approx. 90 days)



PY4 uses the PACES Grouper which allows for HSCRC/CRISP to release data monthly.

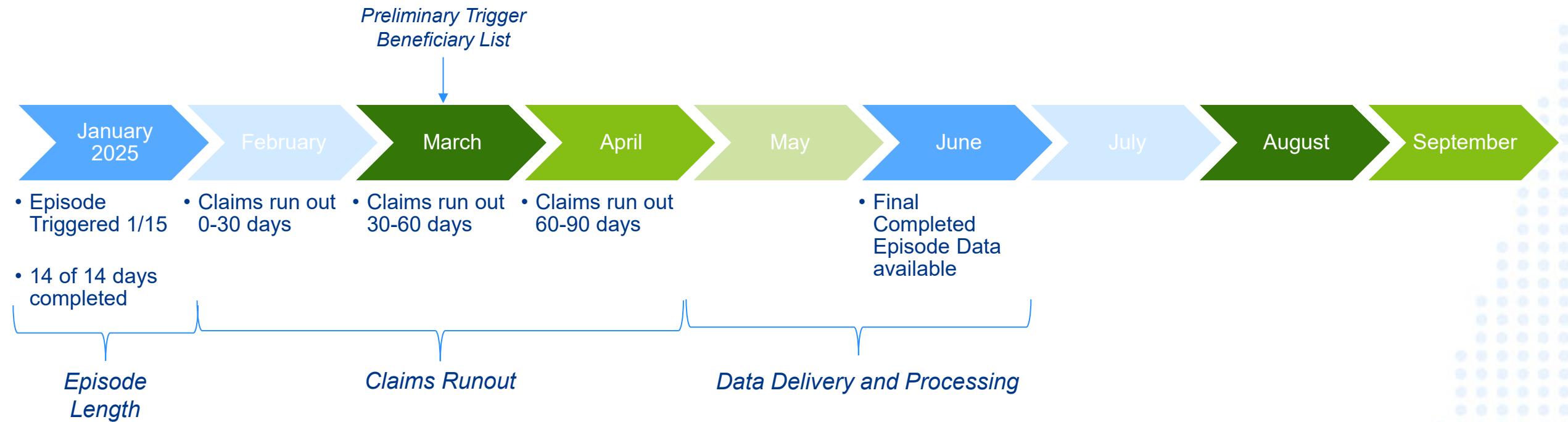
EEP - Tentative Release Date Schedule

PY4 Data	Proposed Release Date (2nd Cycle)
Episodes Ending August	January 2026
Episodes Ending September	February 2026
Episodes Ending October	March 2026
Episodes Ending November	April 2026
Episodes Ending December	May 2026
PY5 Data	Proposed Release Date (2nd Cycle)
Baseline PY5	February 2026
PY5 – Episodes Ending January	June 2026
PY5 – Episodes Ending February	July 2026
PY5 – Episodes Ending March	Aug 2026
PY5 – Episodes Ending April	Sep 2026

Note: All release dates are proposed and subject to change

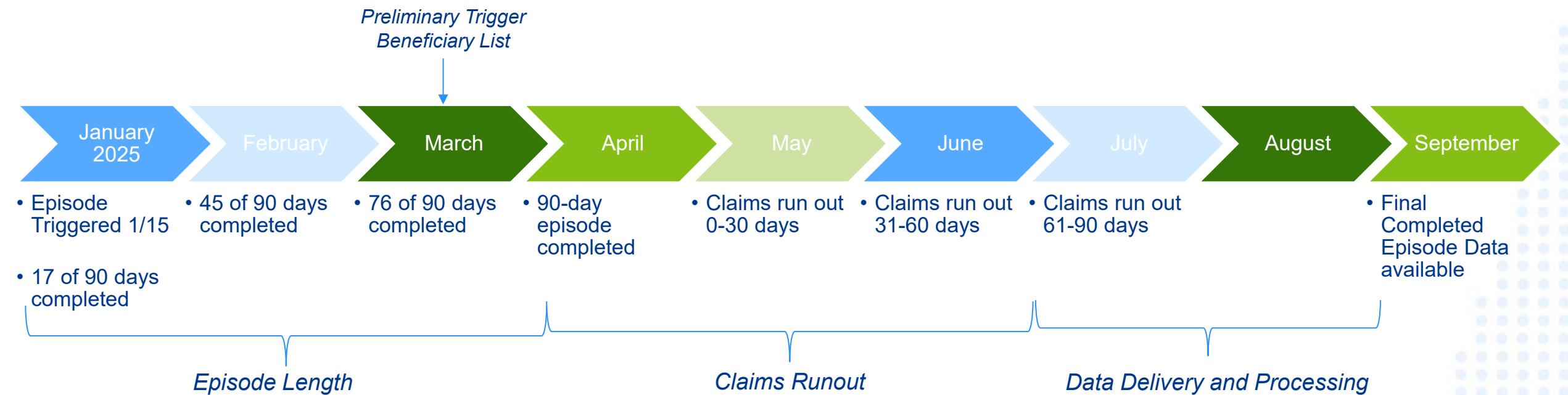
EQIP Data Timeline – PY5 Performance Data (sample 14-day episode)

Sample 14-day episode:



EQIP Data Timeline – PY4 Performance Data (sample 90-day episode)

Sample 90-day episode:



PY6 Episode Development

PY6 Episode Development

- **Episode Review & Expansion**
 - Reviewing existing episodes to assess opportunities for expansion.
 - 123 PACES episodes currently included in EQIP
- **Considering a New Episode/Specialty?**
 - Submit suggestions to eqip@crisphealth.org
 - Only episodes **finalized by PACES for Program Year 6** will be considered.
- **PACES Finalized List**
 - Email eqip@crisphealth.org to request the current list.

PACES Episodes up for Consideration

CMS Episode-Based Cost Measures - PACES Status & Recommendations

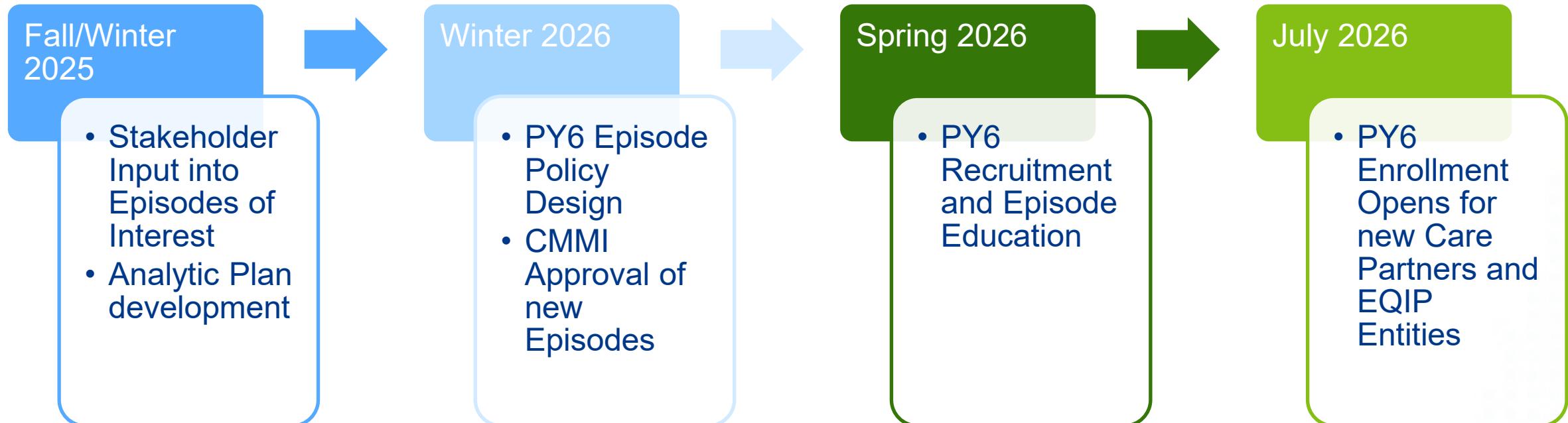
CATEGORY 1: READY TO ADD TO EQIP PY6 (2027)

CMS Measure	PACES Episode ID	PACES Episode Name	Status	Type
Lower Extremity Revascularization	TP0226	Leg Revascularization	1 (Final)	Procedural

CATEGORY 2: MONITOR FOR FUTURE ADOPTION (Not Production-Ready)

CMS Measure	PACES Episode ID	PACES Episode Name	Status	Type
Melanoma Resection	CC0301	Skin Neoplasm Melanoma	BLANK (In Dev)	Chronic
Lower GI Hemorrhage	CA1698	Gastrointestinal Hemorrhage	BLANK (In Dev)	Acute
Renal/Ureteral Stone Surgery	CC1583	Urinary Stone Disease	BLANK (In Dev)	Chronic

Performance Year Six (CY2027) Episode Development Process



Performance Year 5 (CY2026)

EQIP Episodes

Allergy / ENT	<ul style="list-style-type: none"> Allergic Dermatitis Urticaria Allergic Rhinitis/Chronic Sinusitis Asthma Epistaxis Sinusitis Acute
Behavioral Health	<ul style="list-style-type: none"> Chronic Anxiety Recurrent Depression
Cardiology / Vascular	<ul style="list-style-type: none"> Acute Myocardial Infarction CABG and/or Valve Procedures Heart Failure Pacemaker/Defibrillator Percutaneous cardiac intervention Heart Failure (chronic) Hypertension Complic, Malig Acute Hypertension Essential (chronic) Hypertension Secondary (chronic) Venous Insufficiency Varicosities
Dermatology	<ul style="list-style-type: none"> Cellulitis/Skin Infection Decubitus Ulcer Mohs Surgery Vitiligo Alopecia

Emergency Department	<ul style="list-style-type: none"> Abdominal Pain & Gastrointestinal Symptoms Asthma/COPD Atrial Fibrillation Chest Pain Deep Vein Thrombosis Dehydration & Electrolyte Derangements Diverticulitis Fever, Fatigue or Weakness Hypertension Hyperglycemia Nephrolithiasis Pneumonia Shortness of Breath Skin & Soft Tissue Infection Syncope Urinary Tract Infection
Endocrinology	<ul style="list-style-type: none"> Diabetes Diabetic Circulatory Complications Diabetic Neuropathy Diabetic Retinopathy Diabetic Skin Complications Ds Of Lipoid Metabolism Hyperosmolarity Non- Ketotic Coma (acute) Hypoglycemia (acute)

*New PY5 episodes are bolded in blue

Performance Year 5 (CY2026) EQIP Episodes

Gastroenterology	<ul style="list-style-type: none"> Cholecystectomy Colectomy Colonoscopy Endoscopy Crohn's Disease Diverticulitis Of Colon Diverticulosis Of Intestine(chronic) ERCP Esophageal Varices(chronic) Esophagitis (chronic) Small Bowel Resection 	Hematology / Oncology	<ul style="list-style-type: none"> Aplastic Anemia Anemia Chronic Hemochromatosis Neutropenia (acute) Neutropenia
General Surgery / Wound Care	<ul style="list-style-type: none"> Amputation Appendectomy Av Fistula Creation And Revision Breast Biopsy Breast Revision Repair Ventral Hernia Repair Inguinal Hernia Superficial Injury 	Infectious Disease	<ul style="list-style-type: none"> Osteomyelitis Nos (acute) Osteomyelitis Nos (chronic)
		Nephrology	<ul style="list-style-type: none"> Acute Kidney Failure Chronic Kidney Disease - Dialysis Dependent (chronic) Chronic Kidney Disease - Not Dialysis Dependent (chronic)
		Neurology	<ul style="list-style-type: none"> Acute Ischemic Stroke Dementia Parkinsons Ds Transient Ischemic Attack
		Ophthalmology	<ul style="list-style-type: none"> Cataract Surgery Glaucoma Glaucoma Surgery Macular Degeneration Macular Hole Macular Pucker Retinal Tear Vitrectomy

*New PY5 episodes are bolded in blue

Performance Year 5 (CY2026) EQIP Episodes

Orthopedics / MSK	<ul style="list-style-type: none">• Hip Replacement & Hip Revision• Hip/Pelvic Fracture• Knee Replacement & Knee Revision• Knee Arthroscopy• Low Back Pain• Osteoarthritis• Rotator Cuff Repair• Shoulder Total Arthroplasty• Musculoskeletal Disorders• Aseptic Necrosis• Bone Nos Fx• Carpal Tunnel Surgery• Cervical Decompression• Cervical Fusion• Fracture/dislocation Treatment Arm/wrist/hand• Fracture/dislocation Treatment Knee• Fracture/dislocation Treatment Lower Leg/ankle/foot• Joint Nos Ganglion/cyst• Knee Jnt Internal Derangement (acute)• Knee Jnt Internal Derangmnt• Lumbar And Sacral Spine Surgery Other• Osteoporosis	Pulmonary / Critical Care <ul style="list-style-type: none">• COPD• Deep Vein Thom/Pulm Embolism• Pneumonia• Sepsis• Acute URI Simple
	Rheumatology	<ul style="list-style-type: none">• Rheumatoid Arthritis
	Urology	<ul style="list-style-type: none">• GU Device/Catheter Complications• Prostatectomy• TURP• UTI

*New PY5 episodes are bolded in blue

EQIP Practice Transformation Grant Program

EQIP Practice Transformation Grant (PTG) - Update

• CURRENT STATUS

- Entities have selected the PTG vendors
- Vendors have been notified of participating Entities

• WHAT'S HAPPENING NOW

- Vendors are actively outreaching to entities
- Engagement is underway to initiate Practice Transformation activities.

• ACTION REQUIRED (Entity Responsibility)

- Entities should respond to vendor outreach promptly
- If you have NOT been contacted by your selected vendor, email eqip@crisphealth.org for assistance

• PROGRAM REQUIREMENT

- Failure to engage with the selected vendor will result in removal from the PTG

CMS ASM Overview: Implications for EQIP Participants

CMS Ambulatory Specialty Model (ASM)

Starts January 2027 | Mandatory CMS Model

- **What Is ASM?**
 - A mandatory, NPI-level, episode-based payment model for specialists with national peer comparison and significant financial risk.
- **Who Is Impacted**
 - **Episodes:** Low Back Pain, Heart Failure (20+ attributed patients required)
 - **Specialties:**
 - *Low Back Pain:* Anesthesia/Pain, Orthopedic Surgery, Pain Management, PM&R, Sports Medicine
 - *Heart Failure:* Cardiology

CMS Ambulatory Specialty Model (ASM)

- **Maryland Areas Selected**
 - Portions of the Eastern Shore, St. Mary's County, Cumberland and surrounding areas, and parts of the DC Metro region
- **Financial Risk**
 - Downside risk up to 12%
 - Upside shared savings funded by downside penalties
- **Critical Takeaway**
 - Participation is mandatory, including for clinicians already in Advanced APMS (e.g., ACOs, EQIP).

What This Means for EQIP Participants?

- EQIP participation does not exempt clinicians from ASM. Providers may be subject to both models simultaneously.
- Overlapping episodes and performance expectations increase the importance of care coordination, documentation, and claims accuracy.
- Financial exposure expands. ASM introduces downside risk that is separate from EQIP shared savings.
- Early preparation is essential. Understanding attribution, episode triggers, and specialty-specific performance drivers will be critical.
- Strategic alignment matters. EQIP care redesign efforts may help mitigate risk under ASM if workflows are aligned intentionally.

Learn More / Questions

[CMS ASM Model webpage](#)

[Email: AmbulatorySpecialtyModel@cms.hhs.gov](mailto:AmbulatorySpecialtyModel@cms.hhs.gov)



Thank you!