



maryland
health services
cost review commission

EQIP Subgroup

May Meeting

05/15/2026

Agenda

- QPP Issues
- PY6 Application Prep
 - Timeline
 - Pre-enrollment forms
 - NPI Episode Summary Files
 - CRISP Onboarding
- Episodes for PY6
- Quality Measures Overview
- PY4 & PY5 Data Release Timeline
- Collecting W9/Payment information
- Resources, Tools and Support



QPP Issues

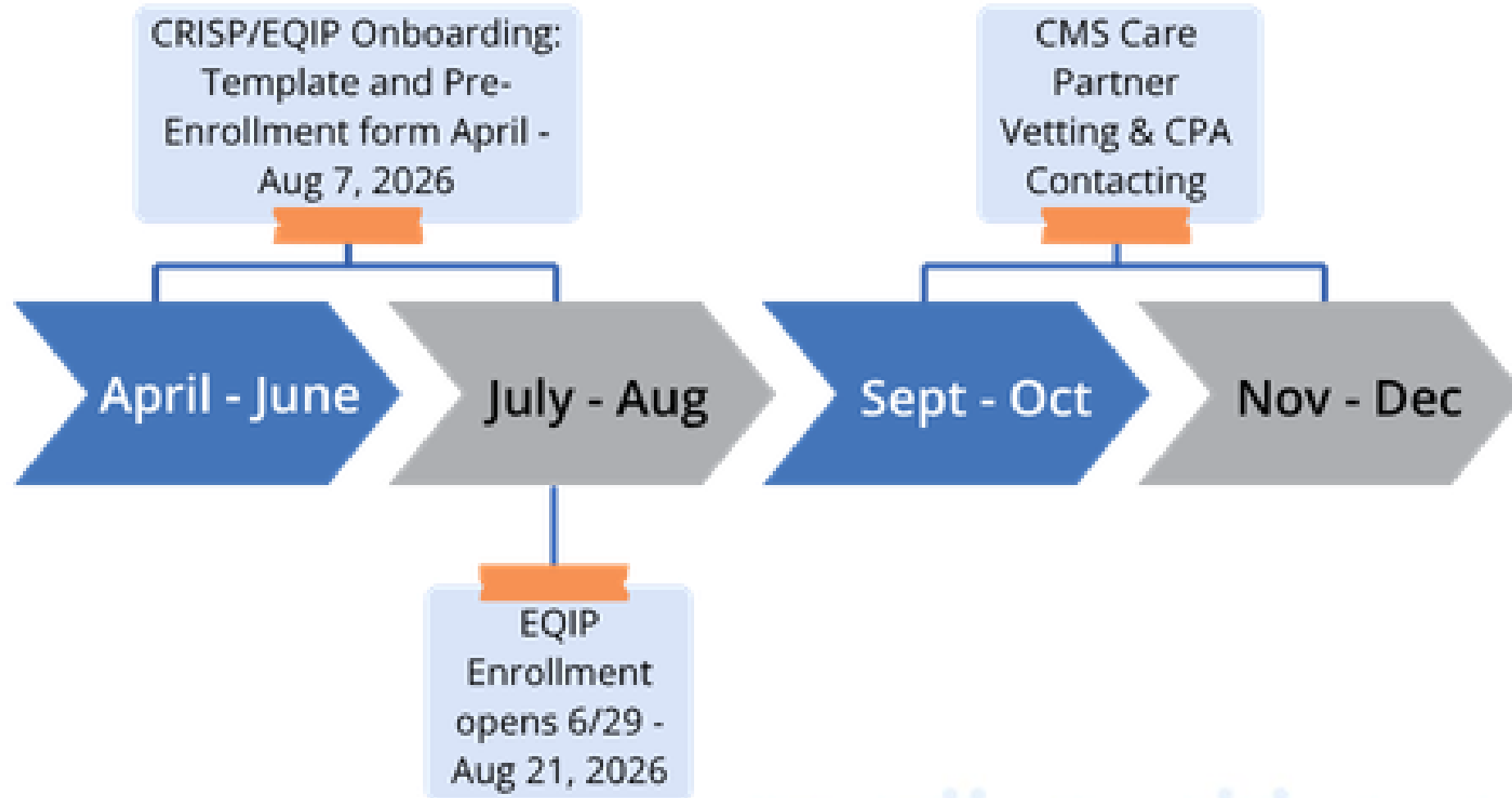
EQIP/QPP Issue Update

- HSCRC continues to actively engage with CMS regarding the QPP-related issues affecting the EQIP program
- We want to assure stakeholders that this has not been overlooked
- Any developments or resolutions will be shared promptly during future subgroup meetings.



PY 6 Application Prep

PY6 Application Timeline



***Start pre-enrollment activities now to avoid delays during open enrollment.*

Get Ready for PY6 Enrollment

Start thinking about how to structure your entities

- If new to CRISP or creating a new entity
 - Use the [Pre-Enrollment form](#).
 - Deadline for this form is no later than August 7, 2026
 - Forms submitted after August 7th will not be accepted
 - Consider using NPI Episode Summary information to help structure your entities.
 - Use [this template](#) to send your NPI numbers and provider names to equip@crisphealth.org

For Returning Entities

- Review Your Current Participants
 - Confirm your current Care Partner list is accurate and up to date
 - Review your PY5 episode performance and consider whether you want to keep, add, or drop any clinical episode categories
- Meet Internally with Care Partners
 - Align on strategic goals, transformation opportunities and participation expectations for PY6.



Entity Readiness EQIP PY6

Designate a Lead Care Partner and an Administrative Lead

- Identify the Lead Care Partner of the entity. This person is the **ONLY** person who can start the EQIP application.
- Identify a point of contact who can be responsible for managing the EQIP program for the entity through the EQIP Entity Portal.

Plan Ahead for CMS Vetting

- Ensure each Care Partner has an active PECOS record and is in good standing with CMS.
 - Log into [PECOS Portal](#)
 - to manage records, revalidate info and monitor for compliance issues.
 - Log into [NPPES](#) and ensure info is accurate

To enroll and participate in PY5:

- 50 or more total episodes across all clinical episode categories (baseline year)
- 11 or more episodes per selected category to receive reporting for that category
- 75% of NPIs in the entity must have triggered at least one episode in each selected category *(50% for entities with 10 or fewer NPIs)*

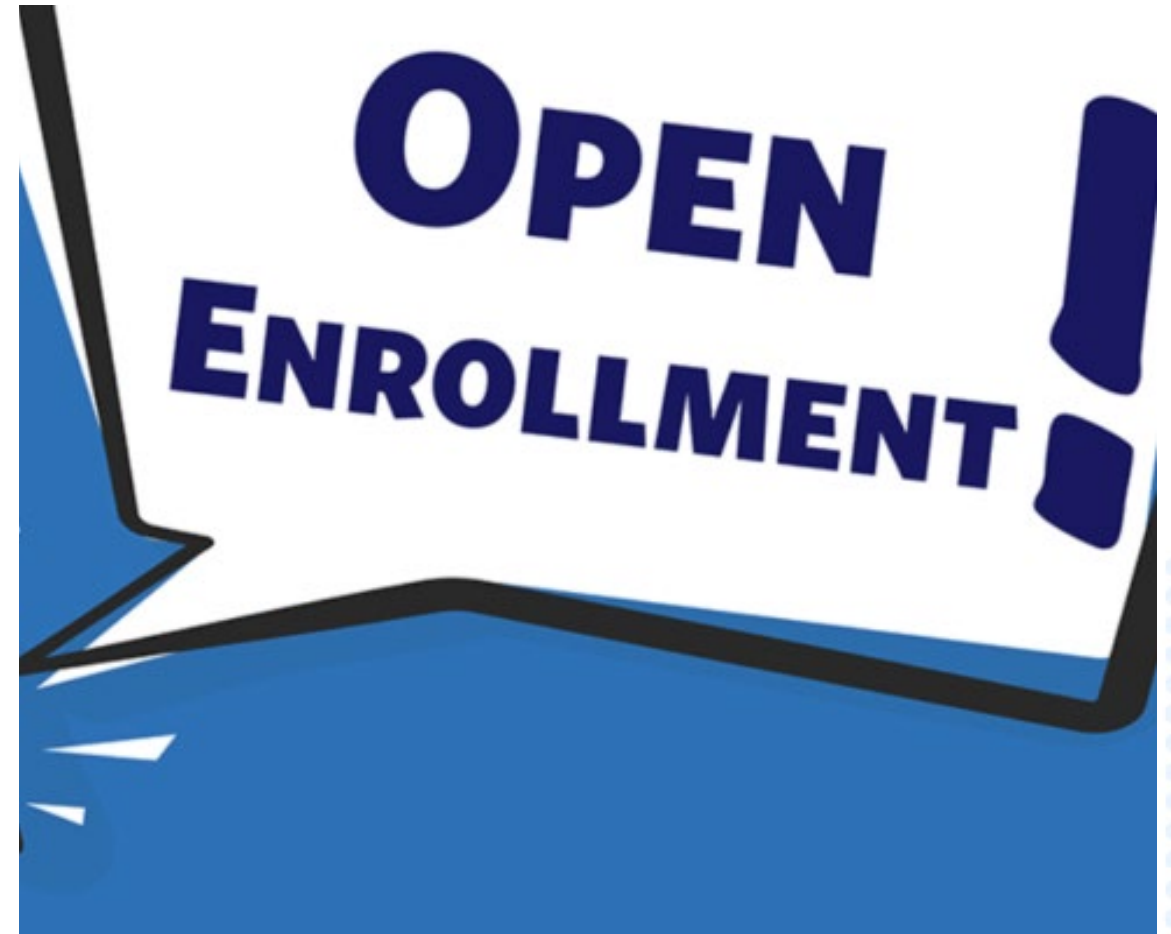
Open Enrollment

Open Enrollment

- EQIP Open Enrollment Webinar
- June 12, 2026 @ 12:00 pm
- [Registration Link](#)

The EQIP Entity Portal

- Will be open for enrollment on **June 29, 2026**
- Will Close enrollment on **August 21, 2026**



PY6 Pre-Enrollment Forms

What is this form?

- Required for organizations that want to participate in EQIP PY6
- Applies to:
 - New orgs planning to participate in EQIP PY6
 - Organizations seeking to establish a new EQIP entity for PY6
- **IMPORTANT:** This is **not** the EQIP application
- **DEADLINE:** This form must be submitted no later than August 7, 2026

Why is this form required?

- Submitting the form requests:
 - CRISP HIE Portal access (if you don't already have access)
 - EQIP Portal Access
 - Initiation of CRISP onboarding (**now required**)

How to Submit

- Available on [CRISP Website](#) or
- [EQIP Pre-Enrollment Form PY6 \(CY2027\) – Fill out form](#)

Questions

- Email equip@crisphealth.org

PY6 NPI Episode Summary Files

What is the NPI Episode Summary File?

A standardized summary file containing episode-level EQIP data by NPI

Covers the benchmark (baseline) year: 2019

Provides a consolidated view of episodes associated with an entity's NPIs during the benchmark year

Why Might an Entity Request This File?

Understand which EQIP episodes they may be eligible to participate in based on episode volume

Identify which NPIs touched at least one claim during the 2019 baseline year

Support entity structuring and provider inclusion decisions.

Help to ensure the entity meets the 75% threshold requirement.

Please use this [Template](#) and send to equip@crisphealth.org.

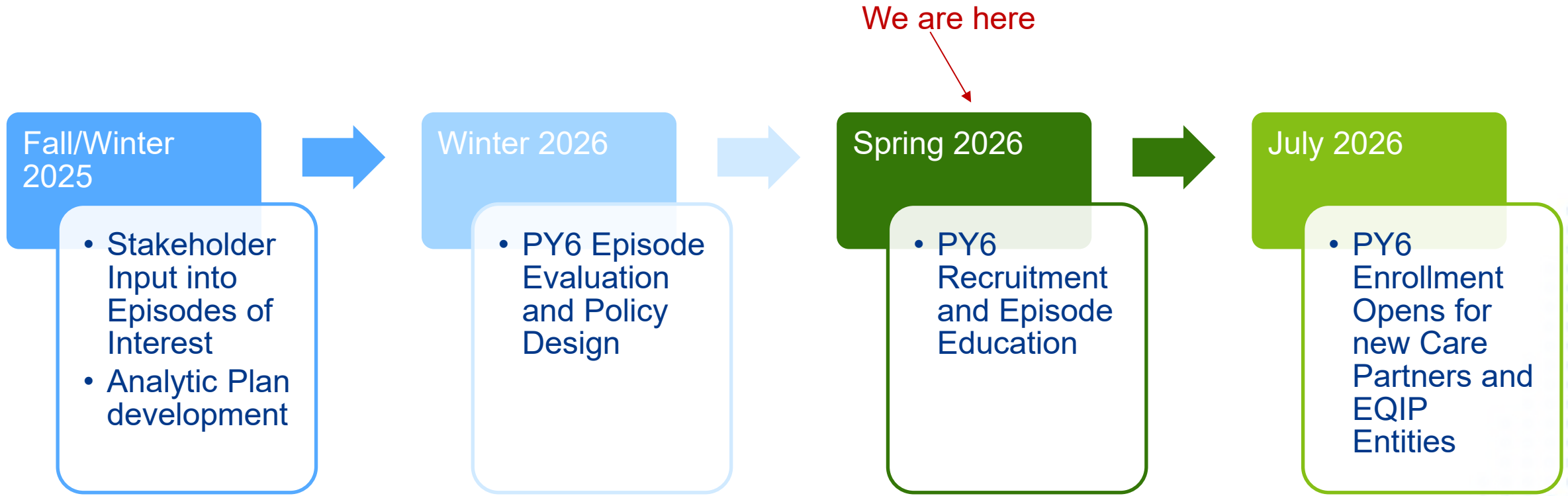
PY6 CRISP Onboarding & Patient Panel Requirement

- What does “Fully Onboarded” Mean?
 - To participate in EQIP, all entities must be fully onboarded with CRISP, which includes:
 - Signing a Participation Agreement with CRISP
 - This agreement is required because the CRISP HIE Portal contains protected health information (PHI)
 - Gaining Access to the CRISP HIE Portal and the EQIP Portal
- Patient Panel Requirement
 - Entities must submit a patient panel at least every 90 days
 - The patient panel allows entities to monitor:
 - Emergency Department (ED) visits
 - Inpatient (IP) admissions
 - This supports ongoing visibility into patient utilization and activity
- Why This Matters
 - Proactive patient monitoring is a core component of value-based care
 - Providers should be aware of care events related to the conditions they are treating
 - With the All-Cause Unplanned Hospital-Wide Readmission quality measure, patient panels are critical to:
 - Track high-risk patients
 - Prevent avoidable ED visits and hospitalizations
 - Reduce costs and improve patient outcomes.



PY 6 Episodes

Performance Year Five (CY2026) Episode Development Process



PY6 Episode Development

23 Episodes have been finalized

PY6 Episode Playbook will be finalized after we have received the definitions from PACES

Please see the listing of episodes in the next few slides.

Performance Year 6 (CY2027)

EQIP Episodes



Allergy/ENT



- Allergic Dermatitis Urticaria
- Allergic Rhinitis/Chronic Sinusitis
- Asthma
- Epistaxis
- Sinusitis Acute

Behavioral Health



- Chronic Anxiety
- Recurrent Depression

Cardiology/ Vascular



- Acute Myocardial Infarction
- CABG and/or Valve Procedures
- **Cardiac Catheterization**
- Heart Failure
- **Ischemic Heart Disease**
- Pacemaker/Defibrillator
- Percutaneous Cardiac Intervention
- Heart Failure (chronic)
- Hypertension Complic, Malig Acute
- Hypertension Essential (chronic)
- Hypertension Secondary (chronic)
- **Leg Revascularization**
- **Paroxysmal Supraventricular Tachycardia (chronic)**
- **Transcatheter Aortic Valve Replacement**
- Venous Insufficiency Varicosities

Dermatology



- Cellulitis/Skin Infection
- Decubitus Ulcer
- Mohs Surgery
- Vitiligo
- Alopecia

Emergency Department



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

*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes



Endocrinology



- Diabetes
- Diabetic Circulatory Complications
- Diabetic Neuropathy
- Diabetic Retinopathy
- Diabetic Skin Complication
- Ds of Lipoid Metabolism
- Hyperosmolarity Non-Ketotic Coma (acute)
- **Hypoglycemia (acute)**

Gastroenterology



- Cholecystectomy
- Colectomy
- Colonoscopy
- Endoscopy
- Crohn's Disease
- Diverticulitis Of Colon
- Diverticulosis Of Intestine(chronic)
- ERCP
- Esophageal Varices(chronic)
- Esophagitis (chronic)
- **Gastrointestinal Hemorrhage**
- **Gastroesophageal Reflux Disease (GERD)**
- **Pancreatitis (acute)**
- **Peptic Ulcer (chronic)**
- Small Bowel Resection

General Surgery/Wound Care



- **Abdominal Hernia**
- Amputation
- Appendectomy
- Av Fistula Creation And Revision
- Breast Biopsy
- Breast Revision
- **Inguinal Hernia**
- Repair Ventral Hernia
- Repair Inguinal Hernia
- Superficial Injury

Hematology /Oncology



- Aplastic Anemia
- Anemia Chronic
- Hemochromatosis
- Neutropenia (acute)
- Neutropenia

Infectious Disease

- Osteomyelitis Nos (acute)
- Osteomyelitis Nos (chronic)

Nephrology



- Acute Kidney Failure
- Chronic Kidney Disease – Dialysis Dependent (chronic)
- Chronic Kidney Disease – Not Dialysis Dependent (chronic)

*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes



Neurology



- Acute Ischemic Stroke
- Dementia
- Parkinsons Ds
- Transient Ischemic Attack

Obstetrics/ Gynecology



- **Abnormal Uterine Bleeding**
- **Hysterectomy**
- **Indications of Pregnancy Prior to Delivery**
- **Menopausal Signs And Symptoms**
- **Vaginal Bleeding**

Ophthalmology



- Cataract Surgery
- **Conjunctivitis (acute)**
- Glaucoma
- Glaucoma Surgery
- Macular Degeneration
- Macular Hole
- Macular Pucker
- Retinal Tear
- Vitrectomy

Orthopedics /MSK



- 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 Derangement
- Lumbar and Sacral Spine Surgery Other
- Osteoporosis


*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes



**Pulmonary/
Critical Care**



- **Bronchitis (chronic)**
- COPD
- Deep Vein Throm/Pulm Embolism
- **Idiopathic Pulmonary Fibrosis**
- Pneumonia
- Sepsis
- **Sleep Apnea**
- Acute URI Simple

Rheumatology



- Rheumatoid Arthritis

Urology



- GU Device/Catheter Complications
- **Prostate Diagnosis Nos**
- Prostatectomy
- TURP
- **Urinary Stone Disease**
- UTI

*New PY6 episodes are bolded in blue



Quality Measures

All-Cause, Unplanned Hospital-Wide Readmission (HWR)

Based on MIPS 2026 All-Cause, Unplanned Hospital-Wide Readmission (HWR) Measure

What is it?

- Rate of unplanned readmissions to a hospital within 30 days of an eligible inpatient stay
- Includes Medicare FFS beneficiaries aged 65 or older
- Calculated using claims data
- Risk-standardized

Why?

- Care coordination across the episode of care can reduce readmission rates
- Encourages effective discharge planning and care transitions
- Unplanned readmissions often reflect a poor beneficiary experience
- Readmissions are costly

How You Are Scored

Denominator

- Medicare FFS Beneficiaries discharged alive from an acute inpatient stay
- Excludes in-hospital deaths, transfers, discharges against medical advice, cancer hospitals and admissions, and admissions for psychiatric disease or for rehabilitation

Numerator

- Unplanned inpatient readmissions to a short-stay acute-care or critical access hospital within 30 days of discharge
- Planned readmissions excluded

Risk Adjustment

- Five specialty cohort regression models estimated using prior-year comorbidities and clinical factors (estimated using only Maryland Medicare FFS claims)
- Standardized readmission ratios (SRRs) calculated as observed-to-expected ratios of readmissions for each entity & specialty cohort
- Single summary score calculated by aggregating entity-cohorts to entities using a weighted average of SRRs, and multiplying the entity ratio by the average observed readmission rate in Maryland

• *See next slide for more details.*

All-Cause, Unplanned Hospital-Wide Readmission (HWR) (Cont'd)

Specialty Cohorts

Purpose of Clinical Cohorts

- Specialty cohorts are used only for risk adjustment and aggregation
- They ensure clinicians are compared to clinically similar cases
- Entities receive one final HWR score, not multiple category scores

Goal

- To have fewer unplanned readmissions than would be expected for patients with similar clinical risk.

- *These categories exist to make the math fair, not to divide or rank entities.*

CMS-Defined Clinical Cohorts

- Cardiorespiratory
- Cardiovascular
- Medicine
- Neurology
- Surgical/Gynecology

How Cohorts Are Applied

- Cohort assignment is based on admission type, not reported specialty
- An NPI may contribute to more than one cohort
- Each cohort is modeled separately, then combined.

How Scores Roll Up

- Cohort results are combined into one NPI-level score
- NPI scores are aggregated to calculate one entity-level HWR score.
- Entities are not scored by cohort or specialty.

Advanced Care Plan (MIPS #047)

What is it?

This quality measure evaluates the percentage of patients aged 65 and older who have:

- An **advance care plan** or a **surrogate decision maker** documented in their medical record, or
- Documentation of a discussion about advance care planning, even if the patient declined or was unable to provide a plan.

Why?

- Helps establish medical treatment preferences prior to incapacity, reducing decision-making uncertainty.
- Enhances care coordination, reduces errors, and aligns treatment with patient goals.

How You Are Scored

Denominator:

- Patients aged 65+ with specific eligible encounters (CPT/HCPCS codes).

Numerator:

- Patients with documented plans, surrogates, or discussions.

Submission Codes

1123F:

- An advance care plan or a surrogate decision maker is documented in the medical record.

1124F:

- An Advanced care plan was discussed but patient did not wish or was not able to provide an advanced care plan or a surrogate decision maker.

**The EQIP quality metrics are measured ONLY through claims data.*

**The quality measures only needs to be billed once by any practitioner to receive credit.*

Documentation of Current Medications in the Medical Record

(MIPS #130)

What is it?

Measures the percentage of visits for patients aged 18+ where clinicians document a complete medication list.

Includes prescriptions, over-the-counter drugs, herbals, vitamins, and dietary supplements with the name, dosage, frequency, and route of administration.

Why?

Accurate medication lists are critical for reducing adverse drug events (ADEs) and promoting patient safety.

Minimizes risks of medication errors, especially for older adults and those with chronic conditions.

How You Are Scored

Denominator: All visits for patients aged 18+ with eligible encounter codes (e.g., CPT, HCPCS).

Numerator:

- Documented, updated, or reviewed medication list at the time of the encounter.
- Includes medications reported by patients, caregivers, or other sources.

Submission Codes

G8427: Medication list documented, updated, or Performance Met). reviewed

G8430: Patient not eligible (e.g., emergent situation) (Denominator Exception).

G8428: Medication list not documented, reason not given (Performance Not Met).

Preventive Care and Screening: Body Mass Index (BMI)

Screening and Follow-up Plan (MIPS #128)

What is it?

BMI documented during the current or past 12 months. Normal range is 18.5-24.9 kg/m²

Follow up plan recorded if BMI is outside normal parameters.

- Nutrition counseling.
- Referral to specialists (e.g., dietitians, exercise physiologists).
- Pharmacological interventions or dietary supplements.
- Behavioral or exercise therapy.

Why?

Addresses obesity and underweight issues to prevent related complications like diabetes, cardiovascular diseases, and malnutrition.

Supports the goal of population health improvement and healthcare cost reduction through preventive care.

Submission Codes

Performance Met Codes:

- **G8420:** BMI within normal range, no follow-up needed.
- **G8417:** BMI above normal, follow-up documented.
- **G8418:** BMI below normal, follow-up documented.

Exceptions and Non-Compliance:

- **G2181:** BMI not documented due to patient refusal or medical reasons.
- **G8419:** BMI outside normal range, no follow-up documented, no reason given.

How You Are Scored

Denominator:

- Patients aged 18+ with an eligible encounter during the measurement period (specific CPT/HCPCS codes).
- Exclusions:
 - Patients in hospice or palliative care.
 - Pregnant patients.

Numerator

- BMI documented as:
 - **Normal:** No follow-up plan required.
 - **Above or Below Normal:** Follow-up plan documented for the current or prior 12 mons



Data Release Schedule

EEP - Tentative Release Date Schedule

PY4 Data	Proposed Release Date (2nd Cycle)
Episodes Ending December	May 2026
PY5 Data	Proposed Release Date (2nd Cycle)
Baseline PY5	May 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

Payment Information/W9 Collection

Collection of Payment information and W9s

DEADLINE TO SUBMIT IS TODAY, MAY 15, 2026, BY MIDNIGHT

Collection of Payment Information:

- Meritus will send emails to each entity enrolled in PY5
- Emails will come from EQIP.Finance@meritushealth.com

Actions Required:

- Access the registration site using the step-by-step instructions included in the email sent by Meritus.
- Download and complete the [IRS Form W9](#)
- Upload the completed W-9 to the registration site
- Provide banking information for ACH payments
 - PY 5 savings payments will be made via ACH rather than check



CRISP Annual Summit

CRISP Summit – Tuesday May 19th



Topics:

- Rural Health
- User Story: Telehealth Integration w/ CRISP
- Maternal Health Project
- Bulk Referrals: Improving Care Coordination
- New CRISP Features: InContext, Clinical Report, Population Explorer, Non-CDS Medication

Registration Now Open!!





Resources

Resources

- [CRISP's EQIP Website](#)
- [EQIP Curriculum](#)
- [EQIP Episode Playbook PY5](#)
- [EQIP Policy Documentation PY5](#)
- [EQIP Specifications and Methodology PY5](#)



Thank you!