



maryland
health services
cost review commission

EQIP Subgroup

December Meeting

12/10/21

Agenda

- Administrative and Enrollment Updates
- EQIP Quality Methodology and Benchmarks

Administrative and Enrollment Updates

EQIP Enrollment Process

September 1st, 2021

- Deadline for Submission of Care Partners in EEP for CMS vetting

September 2021

- EQIP Entities finalize their episode and intervention selection
- EQIP Entities may split or combine with others if their Care Partners were included in vetting to CMS

October 15th, 2021

- CMS Vetting Results are available in EEP
- Care Partner Arrangements Distributed

October – December 2021

- EQIP Entities follow-up with their Care Partners to ensure Arrangement signature

December 31st, 2021

- All Care Partners who signed their Arrangement will be determined 'enrolled'
- Care Partners who do not sign their Arrangements are removed from EQIP Entities for Performance

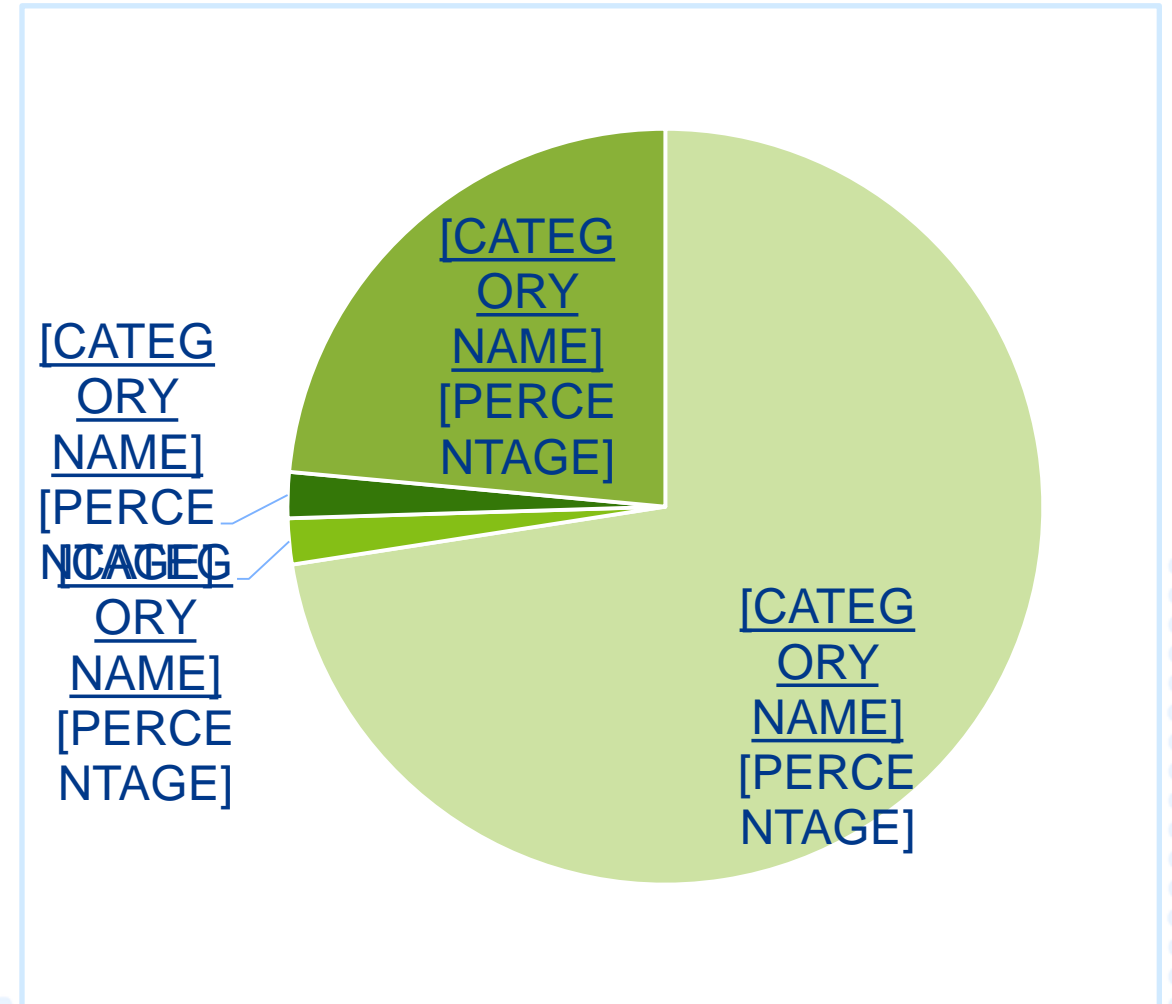


Care Partner Arrangement Process

- As per the State and UMMC's Agreement with CMS, Incentive 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."
- For EQIP, the HSCRC has written a standardized Care Partner Arrangement **required for all Care Partners intending to participate in an EQIP Entity**
 - CRP sent contracts sent via Dropbox link, in which you can view and download all Care Partner Agreement PDFs for your entity
 - EQIP Admin Proxies & Lead Care Partner are responsible for disseminating the Agreements and obtaining signatures of the individual Care Providers
 - Signed copies must be sent to this email: EQIP@umm.edu prior to December 31, 2021. Please do not upload signed copies to the Dropbox
 - Any questions about the EQIP Program, Processes, or Documents should be sent to EQIP@crisphealth.org

EQIP Care Partner Arrangement Update

- As of 12/7/2021, 3% of CPAs have been received by the CRP Entity
- 12 Entities (23%) have > 75% of CPAs signed
- EQIP Admin Proxies & Lead Care Partner will receive an email each Friday with signing status update
- EEP will be updated weekly with the most recent signing status



Additional Updates

- Now available on the HSCRC Website:
 - EEP Training and User Guide
 - EQIP Policy Technical User Guide
 - <https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx>
- Prometheus episode codes (Triggers, relevant diagnoses, relevant procedures) are now available upon request for EQIP Entities initiated in EEP
 - Contact EQIP@crisphealth.org
 - These are provided for illustrative purposes only, replication of EQIP episodes will not be possible
- HSCRC and CRISP Staff are still available to meet one on one with interested participants and answer specific questions for your organization



EQIP Quality Methodology

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 33 rd percentile	50 percent
34 th – 66 th percentile	65 percent
66 th + 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'

5. Final Incentive Payment

- Paid directly to the payment remission source indicated by the EQIP Entity*
- Paid in full, six 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.

4. Incentive Payment Cap

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

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

** In Year 1 the Target Price will be used to determine the tercile, in subsequent years, prior year performance will be used.

EQIP Quality Measure Selection for PY1

- EQIP Entity-specific quality adjustment to the final Incentive Payment after shared savings as a 5% ‘earn back’.
- For each attributed episode, the HSCRC will assess whether the three measures below were performed, by any physician, within 364 days preceding the end of the episode.

Measure Characteristics

- Measures within MIPS PY2021
- 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	CPT Codes for Claims Measurement	
Advance Care Plan (NQF #326)	99497 99498	1123F – tracking code, non-billable 1124F – tracking code, non-billable
Documentation of Current Medications in the Medical Record (NQF #419)	G8427 G8430	1159F – tracking code, non-billable
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)	G8420, G8417, G8418, G2181 G8422*, G8938*, G9716*	3008F – tracking code, non-billable

* For the BMI measure, the denominator will be adjusted downward to account for documented exceptions.

Benefits of Advance Care Planning (ACP)

- Promotes patient-centered care by focusing on people's individual preferences for their medical care and treatment
- Ensures patient's care wishes are fulfilled
- Removes the decision-making burden from loved ones
- Improves outcomes and patient experience while reducing health-related costs for high-risk, high-needs patients.

Documentation of Current Medications in the Medical Record

- Prescription medication use is common among older adults and adults with chronic conditions.
 - Older adults are the biggest consumers of medications with around 18 percent of people 65 and older taking at least **ten** medications a week (Qato et al., 2008)
- A myriad of providers and inadequate care coordination make collecting accurate medication records difficult
 - It is common to find differences in the medications a patient is taking before and after a hospitalization
- Adverse drug events have been shown to increase length of stay, avoidable admissions, and mortality
- Increases in EHR use has been shown to reduce medication errors and adverse drug events

Preventive Care and Screening: Body Mass Index (BMI)

Screening and Follow-Up Plan

- Aligns with the Statewide Integrated Health Improvement Strategy (SIHIS) of reducing BMI
- More than 1/3rd of U.S. adults are obese and at increased risk for diabetes and cardiovascular disease
- Despite some effective interventions, majority of obese adults are not referred or offered weight management
- Screening for BMI and follow-up is critical improving population health and cost reductions

Statewide Scaling and Performance Thresholds

- The HSCRC will assign quality points to each quality measure, or “score,” based on each EQIP Entity’s quality performance during the PY, relative to statewide thresholds.
- Performance thresholds will be determined based on data from the 2019 Baseline EQIP episodes
- For each quality measure, the distribution of performance rates for all Baseline Care Partners will be used to determine the performance thresholds specific to each quality measure
 - **The 80th percentile value** of the baseline distribution will constitute the top threshold, and performance year scores at the 80th percentile benchmark or above will receive the maximum points (10 points).
 - **The 20th percentile value** will constitute the bottom threshold, and performance year scores below the 20th percentile benchmark will receive zero points.

Composite Quality Score (CQS) Performance Assessment

The steps to determine what portion of the 5% of the Incentive Payment 'earned back' by each EQIP Entity are as follows:

1. Score by Quality Measure: Each quality measure will be scored at the EQIP Entity level

- The performance rate for each measure is calculated as:

$$Performance\ Rate_{EQIP\ Entity} = \frac{\sum Measure\ Flag}{Total\ count\ of\ episodes} * 100$$

2. Determine Aggregate Measure Score: An EQIP Entity can receive up to 30 points (3 measures * 10 points each) for PY1.

- The total PY points earned are determined by comparing each quality measure's performance rate with the baseline thresholds set

3. Convert Aggregate Score to Percentile for CQS: The CQS will equal the sum of the points earned on all applicable quality measures for the PY, divided by 30, the maximum number of points available.

- The CQS will be calculated at the EQIP Entity level, and will be expressed as a percentage ranging from 0 to 100.

Removal for Minimal Quality Performance

- EQIP will be an AAPM for CMS's Quality Payment Program, including a potential 5% Part B bonus and MIPS exclusion
- It is imperative that the program has strict quality standards to ensure fidelity to the federal programs
- Therefore, EQIP will remove EQIP Entities who achieve minimal quality performance, that is:
 - If the PY performance rate for the EQIP Entity is below the 20th percentile benchmark threshold, the EQIP Entity will receive zero points for that measure and will receive notice that they are on 'probation', and,
 - Two consecutive PYs on probation will result in automatic removal of the Entity from EQIP.
- Starting January 2022, EEP will list EQIP Entity's quality benchmark in reporting dashboards, including probation status

2022 Performance Year Quality Benchmarks – Advance Care Plan

Quality Performance Rate (PR)	Performance Year Points Assigned	Quality Probation
<i>PR < 7.63%</i>	0	YES
<i>7.63% ≤ PR < 11.58%</i>	0	NO
<i>11.58% ≤ PR < 12.50%</i>	1	NO
<i>12.50 ≤ PR < 13.76%</i>	2	NO
<i>13.76% ≤ PR < 15.00%</i>	3	NO
<i>15.00% ≤ PR < 16.67%</i>	4	NO
<i>16.67% ≤ PR < 18.18%</i>	5	NO
<i>18.18% ≤ PR < 20.37%</i>	6	NO
<i>20.37% ≤ PR < 23.08%</i>	7	NO
<i>23.08% ≤ PR < 26.19%</i>	8	NO
<i>26.19% ≤ PR < 28.87%</i>	9	NO
<i>28.87% ≤ PR</i>	10	NO

2022 Performance Year Quality Benchmarks – Medication Reconciliation

Quality Performance Rate	Performance Year Points Assigned	Quality Probation
<i>PR < 17.39%</i>	0	YES
<i>17.39% ≤ PR < 23.08%</i>	0	NO
<i>23.08% ≤ PR < 24.71%</i>	1	NO
<i>24.71% ≤ PR < 26.64%</i>	2	NO
<i>26.64% ≤ PR < 28.36%</i>	3	NO
<i>28.36% ≤ PR < 29.90%</i>	4	NO
<i>29.90% ≤ PR < 31.82%</i>	5	NO
<i>31.82% ≤ PR < 34.22%</i>	6	NO
<i>34.22% ≤ PR < 36.36%</i>	7	NO
<i>36.36% ≤ PR < 39.09%</i>	8	NO
<i>39.09% ≤ PR < 42.17%</i>	9	NO
<i>42.17% ≤ PR</i>	10	NO

2022 Performance Year Quality Benchmarks – BMI Screening

Quality Performance Rate (PR)	Performance Year Points Assigned	Quality Probation
<i>PR < 4.35%</i>	0	YES
<i>4.35% ≤ PR < 7.69%</i>	0	NO
<i>7.69% ≤ PR < 8.54%</i>	1	NO
<i>8.54% ≤ PR < 9.38%</i>	2	NO
<i>9.38% ≤ PR < 10.53%</i>	3	NO
<i>10.53% ≤ PR < 11.76%</i>	4	NO
<i>11.76% ≤ PR < 13.07%</i>	5	NO
<i>13.07% ≤ PR < 14.29%</i>	6	NO
<i>14.29% ≤ PR < 15.96%</i>	7	NO
<i>15.96% ≤ PR < 18.18%</i>	8	NO
<i>18.18% ≤ PR < 20.75%</i>	9	NO
<i>20.75% ≤ PR</i>	10	NO

EQIP Entities Enrolled in EQIP Baseline Results

Baseline Episode Performance Rate	Advance Care Plan	Medication Reconciliation	BMI Screening
Average	25.74%	31.26%	15.22%
Minimum Rate	5.80%	13.03%	0.00%
Median Rate	16.73%	26.84%	12.5%
Maximum Rate	98.08%	76.47%	63.37%
Count On Probation (n=52)	5	3	2

Future Performance Year Quality Development

- Prometheus episode grouper “Potentially Avoidable Complications”
 - E.g. for the Colonoscopy episode, Prometheus will automatically flag codes indicating a Perforation, Peritonitis or Abdominal Abscess.
- Alignment with SIHIS (opioid measure), MDPCP and other physician touching programs
- Improving health equity and addressing health disparities
- Outpatient measures and ambulatory surgery centers
 - EQIP will incentivize shifts in site of service, facilities with poor quality performance should be dis-incentivized
- Physician-focused and episode-specific outcomes measures
- Patient reported outcomes measures (PROMS)

Quality, Baseline and Performance Insights

- EEP Baseline dashboard and data will be available in January of 2022
- EEP Performance dashboards will be available starting March of 2022
- Will include detail on items like:
 - Potentially avoidable complication costs and rates
 - Place of service costs and rates
 - Quality baseline and performance
- Plan is to also develop raw, DEX, datasets for EQIP Entities interested in performing their own analytics on their own episodes/performance
- Please let us know what you would like to see in these report by providing feedback on the CRISP User Forum

<https://www.crisphealth.org/forums/forum/eqip/>

Final Discussion and Thank You!

ALL CARE PARTNERS MUST SUBMIT THEIR CARE PARTNER ARRANGMENT PRIOR TO DECEMBER 31st FOR PARTICIPATION IN 2022

Contact EQIP@crisphealth.org with questions