



maryland
health services
cost review commission

EQIP Subgroup

July 2022



Agenda

Agenda

1. Administrative and Enrollment Updates
2. Chronic Conditions Final Policy
3. Performance Data Release Schedule

Administrative and Enrollment Updates

The EQIP Entity Portal (EEP) is Now Open for Enrollment

ALL CARE PARTNERS MUST BE ENTERED INTO EEP PRIOR TO SEPTEMBER 2nd FOR PARTICIPATION IN 2023

- This is the deadline to submit or edit all NPIs for PY2, there will not be an opportunity to add again until PY3
- Contracting will begin after CMMI vetting results return in early October
- Care Partners who were not practicing in 2019 (baseline) may still be included in PY2 Care Partner rosters, so long as the EQIP Entity is meeting eligibility thresholds
- **Baseline data provided is to determine 1) Eligibility and 2) Participation Opportunity**
 - This data should not be considered official Target Pricing
 - The Tiered Shared Savings ranking is based on episode elections

Enrollment Process

PY2 Enrollment Training: <https://www.crisphealth.org/learning-system/eqip/>

- Existing PY1 EQIP Entities:
 - Entities that would like to make changes to their enrollment for PY2 (edit Care Partner List, edit Episode or Intervention Selection, change Payment Remission Recipient), can log into EEP and select “Start Enrollment Process”.
 - Enrollment Information from PY1 will be pre-populated in the portal. Admin proxies or LCP can edit sections as needed.
- Creating new EQIP Entities:
 - A lead Care Partner is required to initiate enrollment, after initiation the Care Partner can elect Administrative Proxy(ies) to continue enrollment
 - Interested EQIP Entities and lead Care Partners should contact EQIP@crisphealth.org for access to EEP

Enrollment Episode Thresholds

- Volume Thresholds: For a single episode, threshold = 11 episodes in the baseline and across all episodes of participation, threshold = 50 episodes in the baseline
- Claim Threshold: EQIP Entities must have at least 75% of their enrolled Care Partners with at least one claim included in an episode's window for the baseline period (CY 2019). Care Partners who do NOT touch a claim in baseline are considered on probation and must touch a claim in PY2 to be eligible for PY3.

Performance Year 2 - Episodes

Specialty	Episode	Specialty	Episode	Specialty	Episode
Allergy	Allergic Rhinitis/Chronic Sinusitis	Orthopedics	Accidental Falls	Emergency Department	Abdominal Pain & Gastrointestinal Symptoms
	Asthma		Hip Replacement & Hip Revision		Asthma/COPD
Cardiology	Acute Myocardial Infarction		Hip/Pelvic Fracture		Atrial Fibrillation
	CABG &/or Valve Procedures		Knee Arthroscopy		Chest Pain
	Coronary Angioplasty		Knee Replacement & Knee Revision		Deep Vein Thrombosis
	Pacemaker / Defibrillator		Low Back Pain		Dehydration & Electrolyte Derangements
Dermatology	Cellulitis, Skin Infection		Lumbar Laminectomy		Diverticulitis
	Decubitus Ulcer		Lumbar Spine Fusion		Fever, Fatigue or Weakness
	Dermatitis, Urticaria		Osteoarthritis		Hyperglycemia
Gastroenterology	Colonoscopy		Shoulder Replacement		Nephrolithiasis
	Colorectal Resection	Urology	Catheter Associated UTIs		
	Gall Bladder Surgery		Prostatectomy		
	Upper GI Endoscopy		Transurethral resection prostate		
	Urinary Tract Infection				
Ophthalmology	Cataract Surgery		Urinary Tract Infection		
	Glaucoma				

EQIP Timeline

Jul. 5th, 2022	<ul style="list-style-type: none">• EEP opened for PY2 enrollment• Technical Policy and Portal User Guides available• Baseline Episode experience available in EEP
Sep. 2nd, 2022	<ul style="list-style-type: none">• EEP closes for PY2 enrollment• Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP• Providers submitted to CMS for vetting
Oct/Nov 2022	<ul style="list-style-type: none">• First PY1 quarterly data update available (<i>refer to Performance Data Release Schedule</i>)• CMS returns preliminary vetting results and status available in EEP• Contracting with CRP begins
Dec. 31st, 2022	<ul style="list-style-type: none">• Care Partner Arrangement Contracting Deadline• Enrollment Status Finalized
Jan. 1, 2023 PY2 Start	<ul style="list-style-type: none">• Care Partner participation opportunity will be annual• Preliminary Target Prices and Baseline Data available in EEP
<i>Jan 23, 2023</i>	<ul style="list-style-type: none">• Second PY1 quarterly data update available (<i>refer to Performance Data Release Schedule</i>)
<i>July 1, 2023</i>	<ul style="list-style-type: none">• PY3 (2024) Enrollment Opens
Q3 2023	<ul style="list-style-type: none">• PY1 Incentive Payments distributed

Additional Updates

- Now available on the [CRISP Learning System](#):
 - EEP Training and User Guide
 - EEP Enrollment FAQs
- EQIP Episode Playbook (triggers, relevant diagnosis, relevant procedures) is now available
 - Playbook is provided for illustrative purposes only, replication for EQIP episodes will not be possible
- HSCRC Staff are still available to meet one on one with interested participants and answer specific questions for your organization
 - Contact EQIP@crisphealth.org

Chronic Conditions Final Policy

Chronic Episodes

- Year 2 episodes include some 'chronic episodes' which are chronic conditions assigned to a specialist. These include:
 - Allergic Rhinitis/Chronic Sinusitis
 - Asthma
 - Glaucoma
 - Lower Back Pain
 - Osteoarthritis
- HSCRC will assign these episodes to the physician who provides the plurality of their professional E&M services.

Attribution Algorithm

Step 1: A triggering services identifies patients who are eligible for the episode.

I.e. The trigger service can be an inpatient service with a rhinitis/sinusitis-specific principal diagnosis code or an outpatient or professional E&M service with a rhinitis/sinusitis-specific diagnosis code in any position.

Step 2: The episode is assigned to the physician who provides the plurality of the relevant E&M services to the beneficiary.

Attribution will be run quarterly with a one-year look back. In other words, beneficiaries are assigned to the physician who provided the plurality of the relevant E&M services to that beneficiary over the past year.

Attribution will be run quarterly. Patient can be reassigned, if another provider now provides the plurality of E&M services. Additionally, patients with newly developing episodes will be assigned to the physician who provides the plurality of their care.

Step 3: The episode will be attributed all costs that are incurred during the performance year.

Reminder

- Patients are attributed quarterly.
- Attribution will change.
 - Some patients who are attributed to the provider in the first quarter will be reassigned to other physicians, if the patient has switched providers.
 - Some patients will be added to the final attribution that were not assigned to the physician in the first attribution period.
- This is an attempt to ensure that patients are assigned to the physicians who are most responsible for providing their care.
 - We have confidence in this approach but given the time lag and the difficulty in assessing who is 'most responsible' for the patient care, it is necessarily imperfect.
 - Providers who are participating in the chronic episodes should understand the implications of the attribution rules. We will be happy to meet with anyone who has additional questions.



PY1: Performance Data Timeline

Completed Episode Timeline

Episodes are complete 90 days after the end of the post-trigger window:

- A 14-day episode will complete 104 days after it is triggered
- A 30-day episode will complete 120 days after it is triggered
- A 90-day episode will complete 180 days after it is triggered
- A 180-day episode will complete 270 days after it is triggered

The Prometheus algorithm is run quarterly on completed episodes only. Therefore, episodes (including claims run out) must be completed by end of prior quarter to be included in performance data.

EQIP: PY1 Episodes – Performance Data Release Schedule

Dates correspond to episode trigger dates included in release, e.g., 2/28 includes episodes triggered up through February 28th of PY1

Episode	Length	Apr '22	Jul '22	Oct '22	Jan '23	Apr '23	Jul'23
Colonoscopy	14	-	-	1/01 - 4/16	1/01 – 7/17	1/01 – 10/17	01/01 - 12/31
Upper GI Endoscopy							
Acute Myocardial Infarction (AMI)	30	-	-	1/01 – 3/31	1/01 – 7/01	1/01 – 10/01	01/01 - 12/31
Hip/Pelvic Fracture							
Pacemaker / Defibrillator							
CABG &/or Valve Procedures	90	-	-	1/01 - 1/30	1/01 - 5/02	1/01 - 08/02	01/01 - 11/02
Colorectal Resection							
Coronary Angioplasty							
Gall Bladder Surgery							
Hip Replacement & Hip Revision							
Knee Arthroscopy							
Knee Replacement & Knee Revision							
Lumbar Laminectomy							
Shoulder Replacement							
Lumbar Spine Fusion	180	-	-	-	1/01 - 2/01	1/01 - 5/04	01/01 - 9/30

Implications of the Data Availability Timeline

Participants will not have performance data by the end the enrollment window for EQIP Year 2.

- The timeline is driven by CMS' vetting process.
- Participants that are not vetted cannot join EQIP.
- Vetted participants will be allowed to drop up until the start of the year.

Therefore, we recommend that all interested providers complete the application process by September. More data will be available before the final decision to participate needs to be made.



Questions?

Next Steps

Our next steps on EQIP will be:

- Stakeholders that have questions or comments should email us at equip@crisphealth.org
- The next EQIP subgroup meeting will be September 16th, we will not be meeting in August
- Participants that want to develop their own (non-Prometheus episodes) for Year 3 should start now.