



maryland
health services
cost review commission

EQIP Subgroup

May Meeting

5/19/2023

Agenda

- Physician Alignment Update
- Performance Year 3 – Episode Development
- Performance Year 3 – Enrollment Timeline and Training

Physician Alignment Update

Physician Engagement and Alignment Workgroup Written Recommendation

- Draft Recommendation:

<https://hscrc.maryland.gov/Documents/Modernization/Progression/Physician%20Engagement%20%26%20Alignment%20Workgroup%20Written%20Recommendations%205.12.2023.pdf>

Performance Year 3 – Episode Development

Overview of New PY3 Episodes

We have nearly finalized newly created episodes that will be included in Year 3 of the EQIP program.

- Musculoskeletal (MSK)* and Chronic Kidney Disease (CKD)*

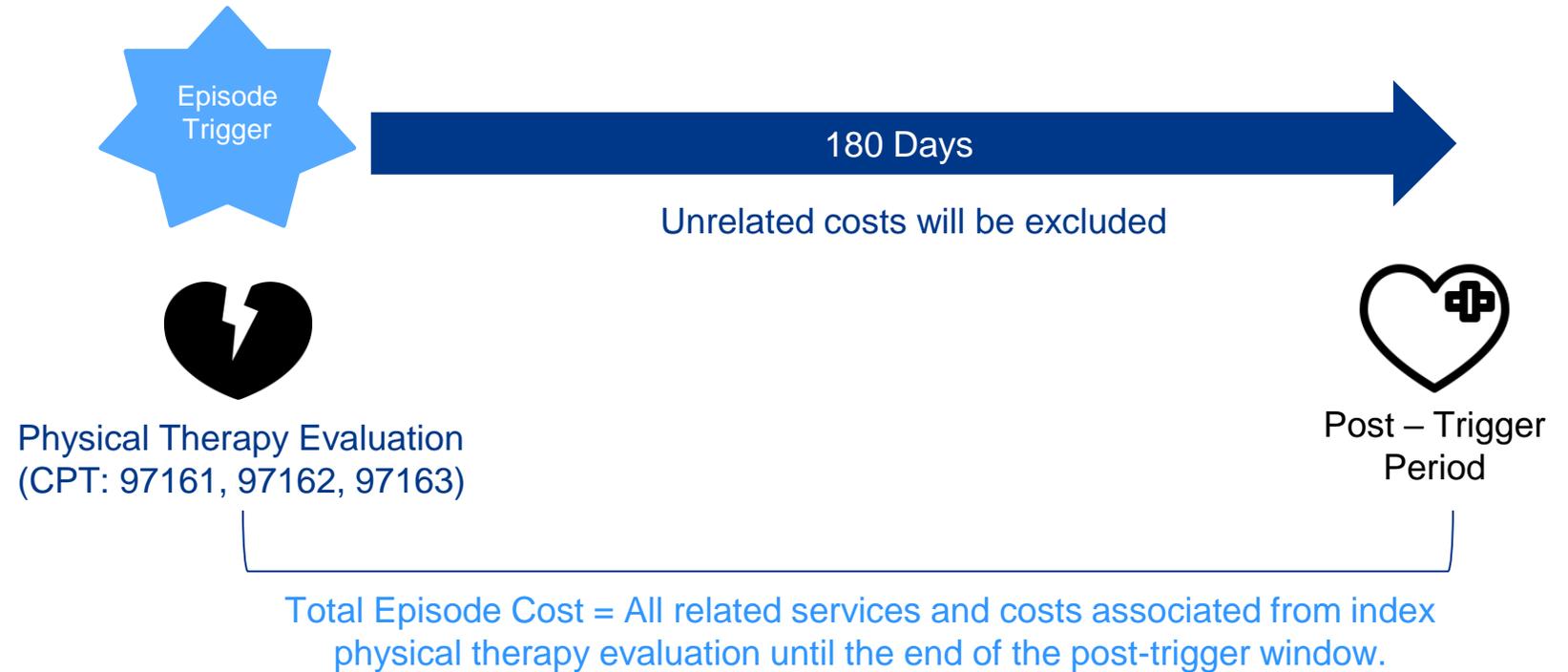
We will also add additional Prometheus episodes:

- Acute CHF / Pulm Edema (ACCHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Deep Vein Throm/Pulm Embolism (DVTPE)
- Pneumonia (PNE)
- Sepsis (SEPSIS)

We will provide the triggering diagnosis codes and relevant costs to interested physicians upon request. Please email: equip@crisphealth.org

** Episodes may have minor changes and final specs will be published prior to the Enrollment period*

Musculoskeletal (MSK) – Non-Prometheus Episode



Note: Beneficiaries with a MSK surgery within prior 6 months of trigger are excluded from episode

* Episodes may have minor changes and final specs will be published prior to the Enrollment period

Episode Triggers – MSK

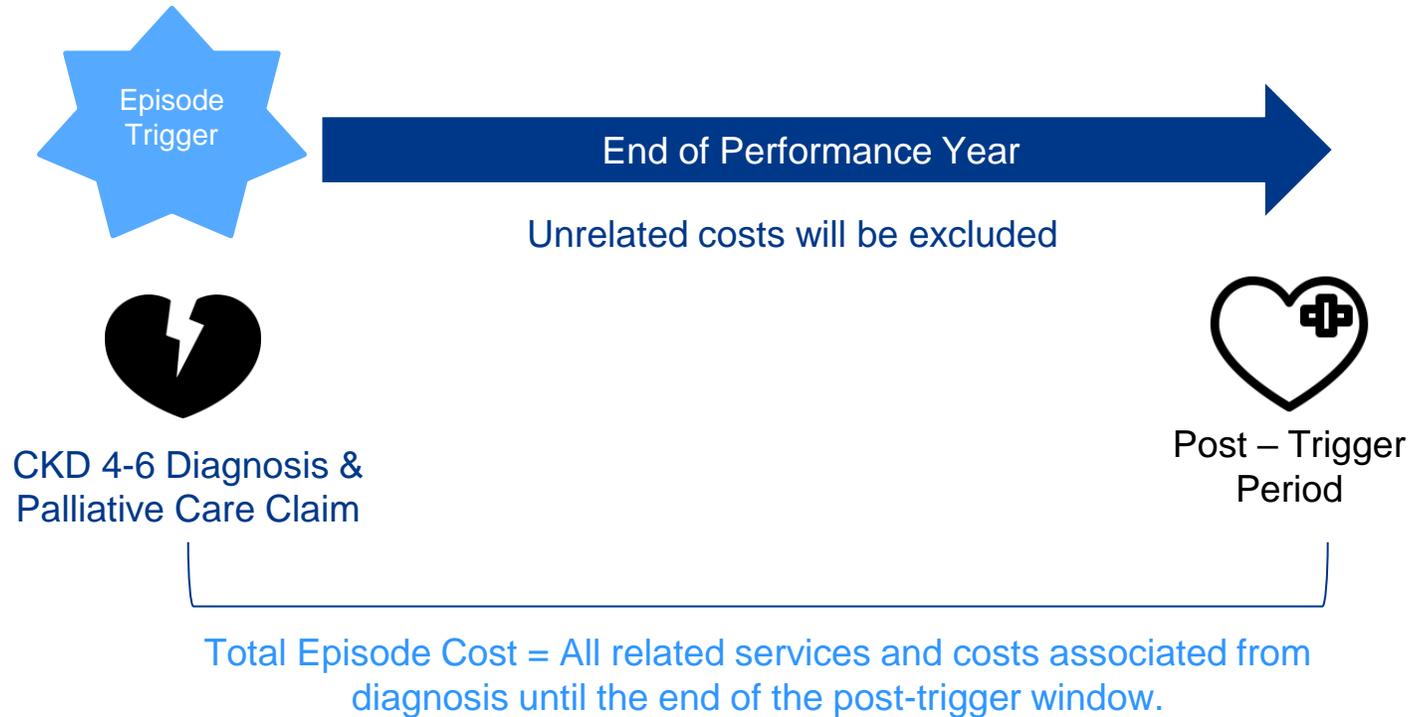
Trigger Group Name	Code Type	Codes
Physical Therapy Evaluation	CPT	97161 97162 97163
Musculoskeletal	ICD10	M13, M15-M19, M20-M25, M40-M43, M47, M48.0-M48.1, M49, M50.1 - M50.9, M51.1 - M51.9, M54, M62.0-M62.1, M62.81, M62.83, M62.89, M62.9, M63, M65.2 - M65.9, M70--M71, M75-M79, M80 - M81, M94 S33,S43, S46, S53, S56, S63, S66, S73, S76, S83, S86, S93, S96

Excluded Diagnoses associated with the following:

- Active and Malignant Cancer
- ESRD
- Blood Clotting Disorders
- Transplants
- Prior Orthopedic Surgery
- HIV
- Trauma (Fractures)
- Multiple Sclerosis
- High Cost Specialty Drugs

* Episodes may have minor changes and final specs will be published prior to the Enrollment period

Chronic Kidney Disease (CKD) – Non-Prometheus Episode



Panel-based approach:

- Target price will be equal to the average Per-Beneficiary Per-Month (PBPM) cost of the attribution beneficiaries in the base year, updated for inflation.
- Beneficiaries will be attributed to Entity throughout the performance year
- Calculate savings by comparing the average PBPM cost of the attributed beneficiaries in the performance year to the target price.

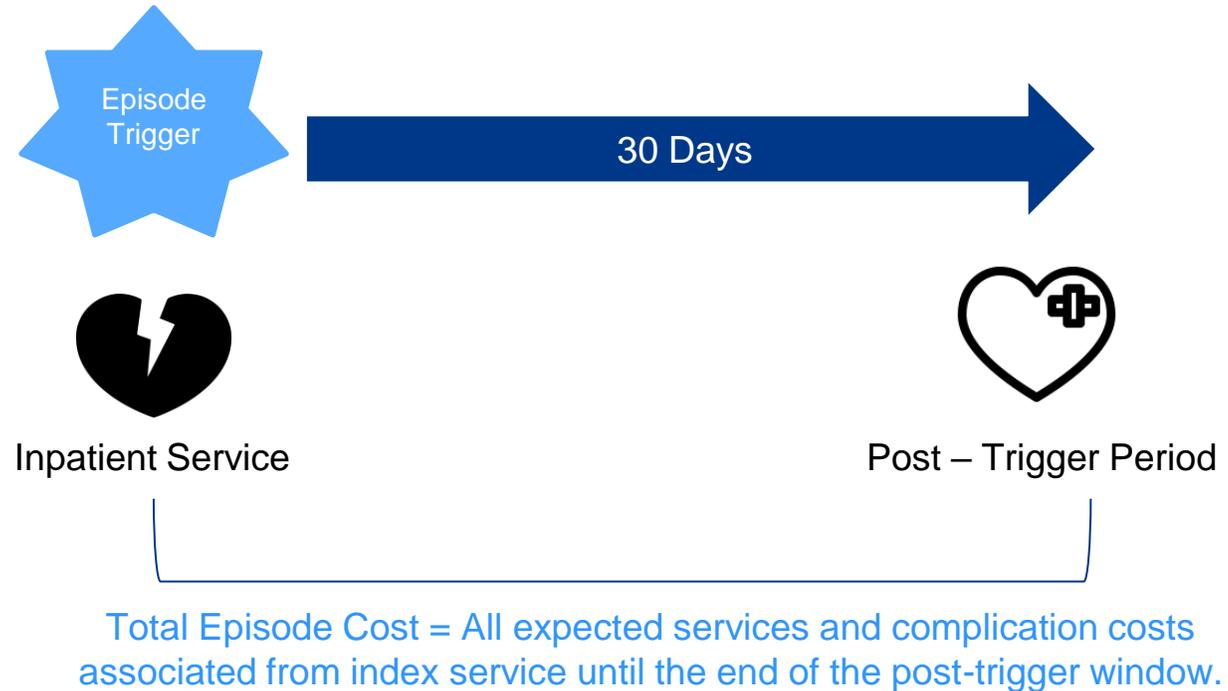
* Episodes may have minor changes and final specs will be published prior to the Enrollment period

Episode Triggers – CKD

Trigger Group Name	Code Type	Codes
Palliative Care	CPT	99487, 99489, 99490, 99439, 99426, 99427 99341 – 99350, 99202 – 99205, 99212 – 99215 99497, 99498, 99358, 99359, 99441 – 99443, 99491, 99437, 99424, 99425
Chronic Kidney Disease	ICD10	N18.4, N18.5, N18.6

** Episodes may have minor changes and final specs will be published prior to the Enrollment period*

Acute CHF / Pulm Edema (ACCHF)

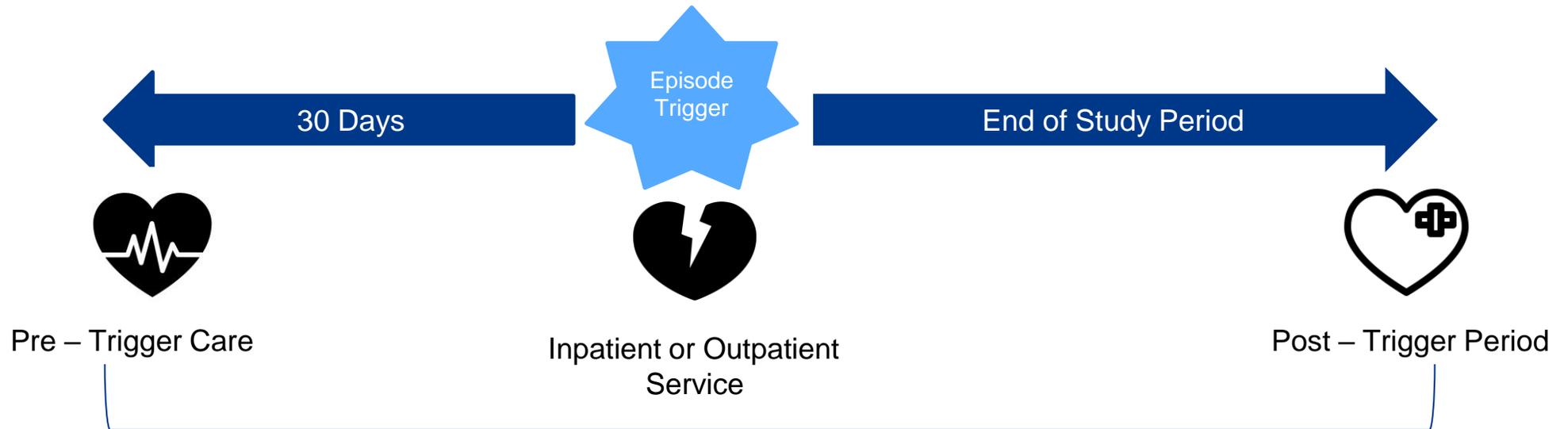


Acute CHF/Pulm Edema is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.

Episode Triggers – ACCHF

Trigger Group Name	Code Type	Codes
Acute CHF / pulm edema	ICD10	I5021, I5023, I5031, I5033, I5041, I5043, J810, R0601
Other Lung Problems	ICD10	J182

Chronic Obstructive Pulmonary Disease (COPD)



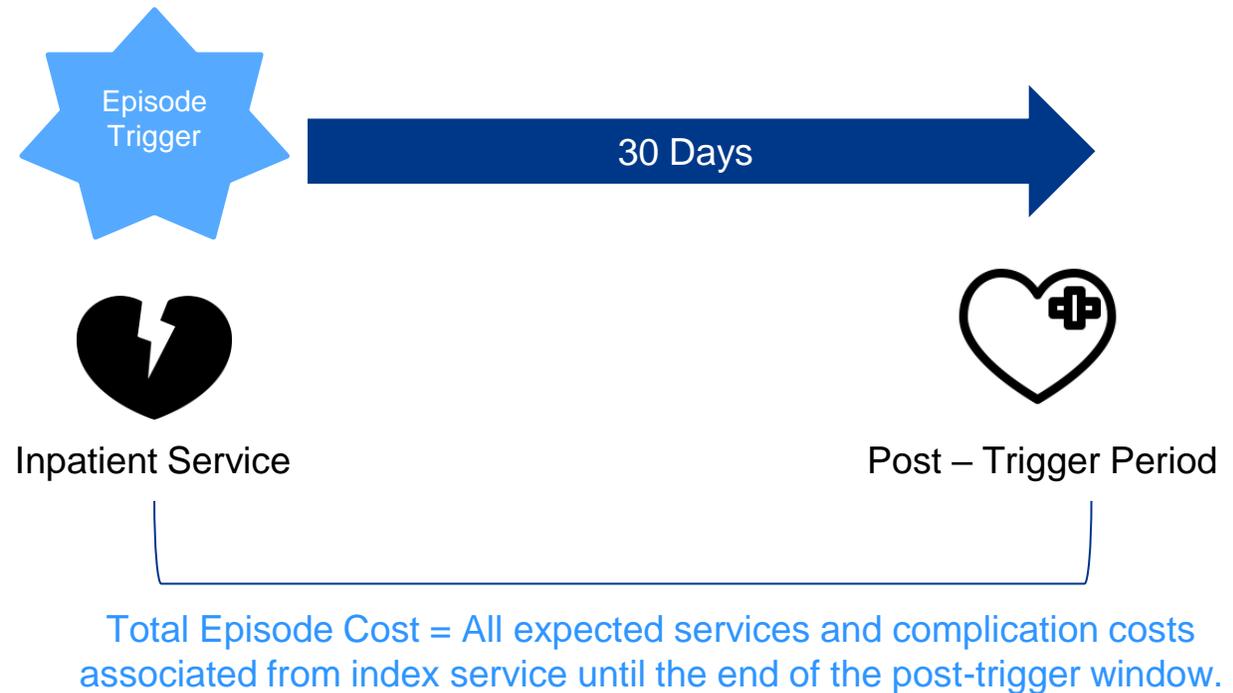
Total Episode Cost = All expected services and complication costs associated from index service until the end of the post-trigger window.

COPD is a chronic condition open from 30 days prior to the date of the trigger service until the end of the study period. The trigger service can be an inpatient service with a COPD-specific principal diagnosis code or an outpatient or professional E&M service with a COPD-specific diagnosis. The professional trigger also requires a confirming inpatient, outpatient or professional COPD-related E&M service at least 30 days later.

Episode Triggers – COPD

Trigger Group Name	Code Type	Codes
acute exacerbation of copd, asthma	ICD10	J440 J441
Chronic Bronchitis	ICD10	J40 J410 J418 J42
Emphysema	ICD10	J430 J431 J432 J438 J439
Obstructive Chronic Bronchitis	ICD10	J411 J449

Deep Vein Throm/Pulm Embolism (DVTPE)

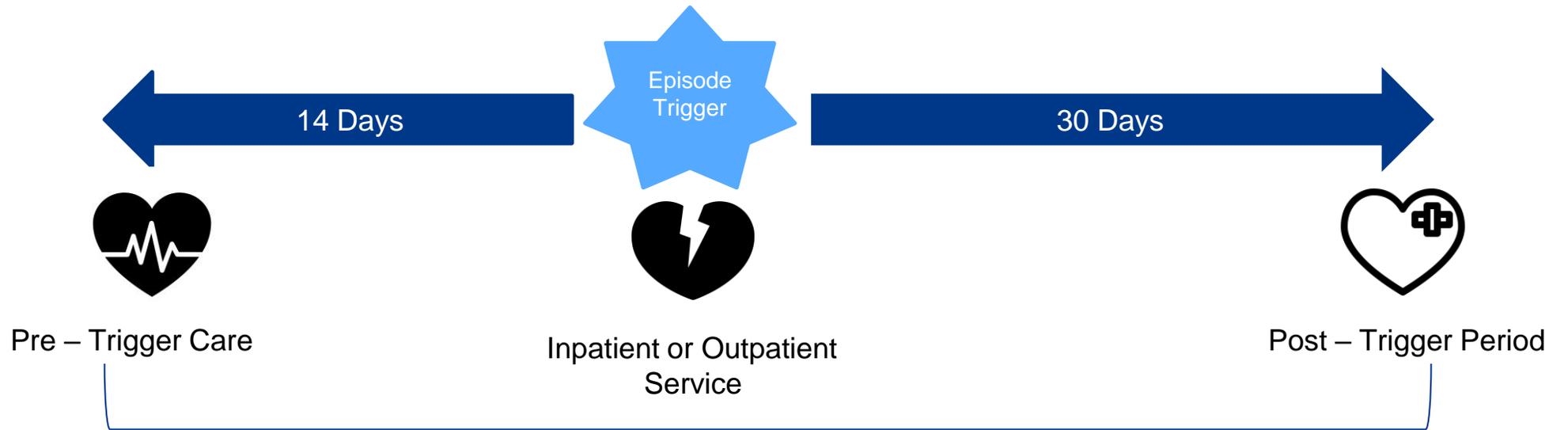


Deep Vein Throm/ Pulm Embolism is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.

Episode Triggers – DVTPE

Trigger Group Name	Code Type	Codes
Acute cor pulmonale	ICD10	I2601, I2602, I2609
IVC & other intra-abd venous thrombosis	ICD10	I82220, I82221, I823
Other Phlebitis, Lymphangitis, varices	ICD10	I808, I8291
Phlebitis, Deep vein thrombosis (DVT)	ICD10	I8000, I8001, I8002, I8003, I8010, I8011, I8012, I8013, I80201, I80202, I80203, I80209, I80211, I80212, I80213, I80219, I80221, I80222, I80223, I80229, I80231, I80232, I80233, I80239, I80241, I80242, I80243, I80249, I80251, I80252, I80253, I80259, I80291, I80292, I80293, I80299, I803, I809, I821, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82451, I82452, I82453, I82459, I82461, I82462, I82463, I82469, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, I824Z9, I82501, I82502, I82503, I82509, I82511, I82512, I82513, I82519, I82521, I82522, I82523, I82529, I82531, I82532, I82533, I82539, I82541, I82542, I82543, I82549, I82551, I82552, I82553, I82559, I82561, I82562, I82563, I82569, I82591, I82592, I82593, I82599, I825Y1, I825Y2, I825Y3, I825Y9, I825Z1, I825Z2, I825Z3, I825Z9, I82811, I82812, I82813, I82819, I82890, I8290, I87001, I87002, I87003, I87009, I87011, I87012, I87013, I87019, I87021, I87022, I87023, I87029, I87031, I87032, I87033, I87039, I87091, I87092, I87093, I87099
Pulmonary Embolism	ICD10	I2690, I2692, I2693, I2694, I2699, I2782

Pneumonia (PNE)



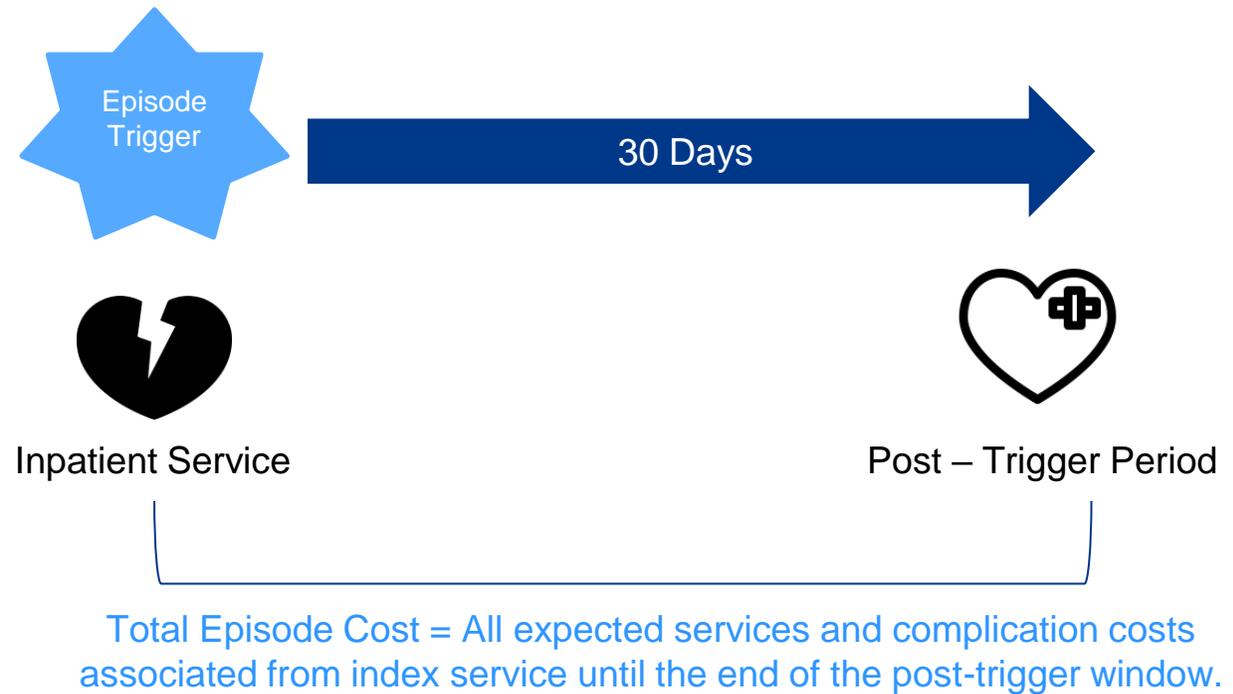
Total Episode Cost = All expected services and complication costs associated from index service until the end of the post-trigger window.

Pneumonia (PNE) is an acute episode with 30-day look forward window and a 14-day look back period. Within the Pneumonia population, there are patients that have the index trigger event in an inpatient setting and others who are diagnosed and initially, or completely, managed in an outpatient setting.

Episode Triggers – PNE

Trigger Group Name	Code Type	Codes
Chronic Fungal and Other Pneumonias	ICD10	J160, B052
Community Acquired Pneumonia	ICD10	J13, J14, J153, J154, J157, J181
Gram Negative Pneumonia	ICD10	J155, J156, J157, J150, J151
Influenza with Pneumonia	ICD10	J1000, J1001, J1008, J1100, J1108
MRSA Pneumonia	ICD10	J15212
Other Bacterial Pneumonia	ICD10	J158, J159, J168, J180, J181, J188, J189
Other Staph Pneumonia	ICD10	J1520, J15211, J1529
Viral Pneumonia	ICD10	J120, J122, J1289, J129, J123

Sepsis (SEPSIS)



Sepsis is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.

Episode Triggers – SEPSIS

Trigger Group Name	Code Type	Codes
Bacteremia, SIRS, no organ dysfunction	ICD10	R6510, R7881
Necrotising Fasciitis	ICD10	M726
Sepsis	ICD10	A021, A227, A267, A327, A392, A393, A394, A400, A401, A403, A408, A409, A4101, A4102, A411, A412, A413, A414, A4150, A4151, A4152, A4153, A4159, A4181, A4189, A419, A427, A5486, B007, B377
Severe Sepsis	ICD10	A483, R6511, R6520, R6521

Additional HSCRC Episodes for PY3

Allergy

Allergic Rhinitis/Chronic Sinusitis, Asthma

Cardiology

Pacemaker / Defibrillator, Acute Myocardial Infarction, CABG &/or Valve Procedures, Coronary Angioplasty

Dermatology

Cellulitis, Decubitus Ulcer, Dermatitis

Gastroenterology

Colonoscopy, Colorectal Resection, Gall Bladder Surgery, Upper GI Endoscopy

Ophthalmology

Cataract Surgery, Glaucoma

Orthopedics

Accidental Falls, Hip Replacement & Hip Revision, Hip/Pelvic Fracture, Knee Arthroscopy, Knee Replacement & Knee Revision, Low Back Pain, Lumbar Laminectomy, Lumbar Spine Fusion, Osteoarthritis, Shoulder Replacement

Urology

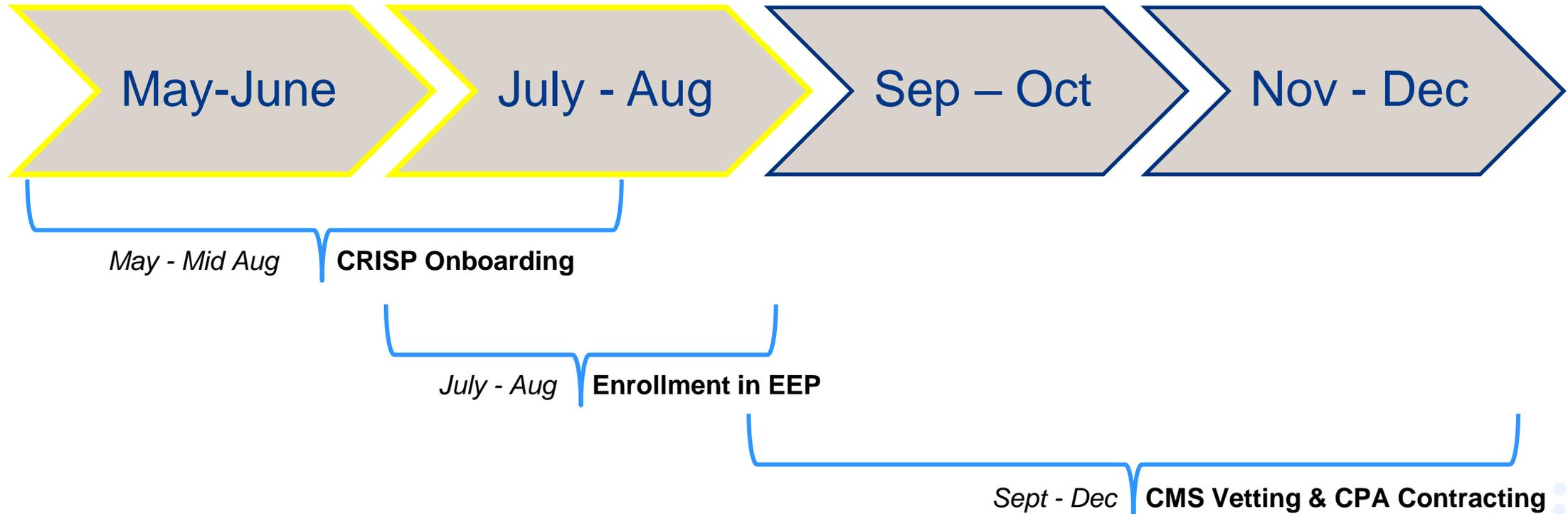
Catheter Associated UTIs, Prostatectomy, Transurethral Resection Prostate, UTI

Emergency Department

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

Performance Year 3 – Enrollment Timeline and Training

Performance Year 3: Enrollment Timeline



EQIP Entity Portal (EEP)



- EQIP Enrollment will be completed within the EQIP Entity Portal (EEP), a module within CRISP's Reporting Services (CRS)
- For organizations new to CRS, you must sign a CRISP Participation Agreement (PA) and update their Notice of Privacy Practices documents
 - Organizations with multiple sites only require a single PA
 - This process can be started **today**, email EQIP@crisphealth.org
- For organizations with existing CRS access, the EQIP Primary Care Partner Contact should contact the organization's Point of Contact.
 - If you do not know your organization's POC please reach out to: EQIP@crisphealth.org
 - The admin proxy would follow same process to gain access
- EQIP Enrollment will open **Friday, July 7th** and close **Friday, September 1st**

Enrollment Process

- **New Entities:**
 - New enrollment into the EQIP program must be initiated by the Lead Care Provider for the Entity
 - An Administrative Proxy can be granted access during the initial steps, but a Proxy *cannot* start enrollment
- **Existing Entities:**
 - Approved Administrative Proxies for EQIP Entities participating in PY2, can complete the entire PY3 enrollment process
 - By default, EQIP Entities with no changes and do not cancel enrollment will rollover to PY3 in their participation selection

CRS Portal Login Page - <https://reports.crisphealth.org>

Log in to CRISP Reporting Services (CRS) Portal 

[Reset your password?](#)

Warning: CRISP policy prohibits username and password sharing.
Violation could result in account termination.

Questions or Concerns? Please contact the [CRISP Customer Care Team](#) at support@crisphealth.org or 877-952-7477.

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- MPA Monitoring Reports Y5 2022/2019
- SNF
- EQIP Enrollment Portal

Click

EQIP Entity Portal (EEP) Homepage



EQIP Entity Portal

Select Program: EQIP

Lo

Program Links & Information

- ISCRC EQIP Program Page
- EQIP User Guide
- EQIP Help
- CRISP Learning Collaborative Forum

Program period: PY3 (CY2024)

Period Selection

EQIP Entity: Test EQIP Entity - 62

Entity Selection

Enrollment

- Start Enrollment Process
- Revise Enrollment Process
- Add Administrative Proxy

Program Management

- Care Partner Dashboard
- Edit / View Episode & Intervention Selection

Program Data

- View Baseline Data
- View Performance / Savings Summary

Enrollment Status Tracker

Enrollment:

Care Partner Vetting:

Care Partner Contracting:

Enrollment Deadline

Enrollment closes at 11.59 PM Eastern on September 1, 2023

(58 days remaining)

Quicklinks

EEP Pages/Functions

Tracker & Countdown Clock



Requirements for Lead Care Partner if using Administrative Proxy

1. Lead Care Partner Contact Info



Primary Care Partner Contact First Name	<input type="text" value="John"/>
Primary Care Partner Contact Last Name	<input type="text" value="Doe"/>
Primary Care Partner Contact Email	<input type="text" value="johndoe@gmail.com"/>
Primary Care Partner Contact Phone Number	<input type="text" value="(999) 999-9999"/>

2. Enrollment Type

Will you be enrolling as an individual or group of care partners?

▾

3. EQIP Entity Name

EQIP Entity Name

This EQIP Entity Name is only used for identification as a participating entity in EQIP. It can but does not need to correspond to an actual physician group practice or other aggregate entity.

4. Administrative Proxy Contact



Do you want to allow an administrative entity access to review, submit, and manage data on your behalf for the selected EQIP performance period?

▾

If EQIP Entity is not using Administrative Proxy, the Lead Care Partner will be required to complete full enrollment

Enrollment Process – Contact & Enrollment Type



EQIP Enrollment Data Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back

Next

 Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

Program Contact & Enrollment Type

- You must enroll and participate as an EQIP Entity - either as an individual Care Partner or with multiple Care Partners.
- CMS vetting will determine if each submitted Care Partner is eligible for the program on an individual basis.
- This preliminary submission can be edited up until September 1, 2023, at which point elections will be considered final.

Please provide current information for the **primary point of contact** for EQIP enrollment. This must be an eligible clinician who will be participating as a care partner. You will be given the option to enter additional participant and additional administrative contact information on the next page. All fields are required.

Primary Contact First Name:

Primary Contact Last Name:

Primary Contact Email:

Primary Contact Phone Number:

Are you enrolling an individual care partner or multiple care partners for participation in EQIP for 2024?

Enrollment Type

Enrollment Process – Entity Information



EQIP Enrollment Data Submission

Performance Period 3 (CY2024)

Save & Continue Later



Entity Type



Entity Information : Multiple Care Partners

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

Entity Information: Multiple Care Partners

- You must enroll and participate as an EQIP Entity - either as an individual Care Partner or with multiple Care Partners.
- CMS vetting will determine if each submitted Care Partner is eligible for the program on an individual basis.
- This preliminary submission can be edited up until September 1, 2023, at which point elections will be considered final.

Contact information for care partners is collected only to facilitate execution of required Participation Agreements for EQIP. This information will not otherwise be shared or disseminated and will not be used for any other purpose.

EQIP Entity Name:

Enter Name

Upload New Care Partner Lists (Overwrite Existing)

Upload Care Partner Lists (Append to Existing)

Manually Add Care Partners (Grid View)

Download submission template

Enrollment Process – Administrative Proxy



- EQIP Enrollment Data Submission
- Entity Type
- Entity Information
- Administrative Proxy**
- Episode & Intervention Selection
- Payment Remission
- Finalize

Performance Period 3 (CY2024)

Save & Continue Later

Back Next

Administrative Proxy

You may use this page to designate an administrative proxy to assist with EQIP performance and analytics. Once submitted, the designated administrator will receive notification to log in and create an account. The HSCRC will review and approve all administrative proxies to ensure that the program criteria are met. Administrative proxy approval status can be viewed on the Landing Page.

Note: If you are requesting an administrative proxy complete enrollment on your behalf, you can save and exit the application after completing this form. Your designated administrator will receive a notification email to log in and complete your enrollment process.

Select "Yes" to initiate Administrative Proxy Access

Do you want to allow an administrative entity access to review, submit and manage data on your behalf for the selected EQIP performance period ?

Total Records: 0

Double click to edit + Add Proxy Undo

First Name	Organization
------------	--------------

Administrative Proxy Details

Administrator First Name:

Administrator Last Name:

Administrator Contact Email:

Administrator Organizational Affiliation:

Save Cancel

Click "Add Proxy" to get popup window and complete Admin Proxy Details

Enrollment Process – Multiple Care Partners



Admin Proxy
can
Complete

- EQIP Enrollment Data Submission
- Entity Type
- Administrative Proxy
- Care Partner Information: Multiple**
- Episode & Intervention Selection
- Payment Remission
- Finalze

Performance Period 3 (CY2024)

Back

Save & Continue Later

Entity Information: Multiple Care Partners

- You must enroll in EQIP as the entity you intend to participate as - either an individual or multiple care partners.
- CMS vetting will determine if each submitted care partner participant eligible for the program on an individual basis.
- This preliminary submission can be edited up until September 1, 2021, at which point elections will be considered final.

Next

EQIP Entity Name

Sample Practice, LLC

This EQIP Entity Name is only used for identification as a participating entity in EQIP. It can but does not need to correspond to an actual physician group practice or other aggregate entity.

Upload New Care Partner List
(Overwrite Existing)

Upload Care Partner List
(Append to Existing)

Manually Add Care Partners
(Grid View)

Add Care Partners

- Upload an excel sheet
- Or you can manually enter in the care partners

Enrollment Process – Episode & Intervention Selection

Admin Proxy can Complete

EQIP Enrollment Data Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back Next

- Entity Type
- Entity Information
- Administrative Proxy
- Episode & Intervention Selection**
- Payment Remission
- Finalize

Episode & Intervention Selection

Intervention Examples

- You must select at least one intervention for each episode category in which the EQIP entity is participating.
- To be eligible for a given episode, the EQIP Entity must meet the minimum threshold of 11 episodes for that category during the baseline.
- Participation is contingent on meeting a total episode threshold volume of 50 across all selected episodes.
- If your EQIP Entity consists of multiple care partners, episode and intervention selections must be made for the EQIP Entity as a whole.

Indicate your selections by selecting 'Yes' for the appropriate rows and columns in the table below

Double click to edit Save Undo

Episode Group	Episode Category	Baseline Volume	Eligible?	Participating?	Interventions		
					Clinical Care / Care Redesign	Beneficiary / Caregiver Engagement	Care Coordination & Care Transitions
Ophthalmology	Glaucoma	0	Ineligible				
Orthopedics	Hip Replacement & Hip Revision	38	Eligible				
Orthopedics	Hip/Pelvic Fracture	0	Ineligible				
Orthopedics	Knee Arthroscopy	213	Eligible	Yes	No	Yes	No
Orthopedics	Knee Replacement & Knee Revision	149	Eligible				
Orthopedics	Low Back Pain	25	Eligible				
Orthopedics	Lumbar Laminectomy	0	Ineligible				
Orthopedics	Lumbar Spine Fusion	0	Ineligible				

If there are questions about baseline volume and/or eligibility status, please reach out to EQIP@crisphealth.org

Editable Columns: Select Yes or No

Enrollment Process – Payment Remission Recipient



Admin Proxy
can
Complete



EQIP Enrollment Data
Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back

Next

Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

Payment Remission Recipient

Please indicate where your EQIP Entity will receive incentive payments.

- This information will be used to generate a Care Partner Arrangement for each NPI, or Care Partner, included in the EQIP Entity.
- The Payment Remission Recipient for an EQIP Entity can be an individual care partner, a group or one of the convener entities (even if they are not acting as a Convener).
- The Payment Remission Recipient has no formal relationship with the HSCRC and EQIP policy. Care Partners will attest to the external relationship in their Care Partner Arrangement.
- The Payment Remission Recipient for an EQIP Entity can be an individual care partner, a designated practice entity or institutional provider, or one of the EQIP Entity's administrative proxies.
- Only one Payment Remission Recipient is allowed per EQIP Entity.

Payment Recipient Organization Name

Payment Recipient Street

Payment Recipient City

Payment Recipient State

Payment Recipient ZIP

Payment Point of Contact (First Name)

Payment Point of Contact (Last Name)

Payment POC Email

Payment POC Phone Number

Finalize Selection



Admin Proxy
can
Complete

EQIP Enrollment Data
Submission

Performance Period 3 (CY2024)

← Back

Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

Enrollment Intake Complete!

That's it! Thank you for completing the enrollment process. Please review all data entered for accuracy. These forms will be editable until September 1, 2023. Simply use the navigation buttons on the landing page to return to the workflow at any time. Submissions will automatically close and be submitted to HSCRC on September 1, 2023.

Download PDF for Enrollment Data

Return to Landing Page

Baseline Data

Performance Period: EQIP Entity: [Info](#) [PDF](#) [Excel](#) [Home](#)

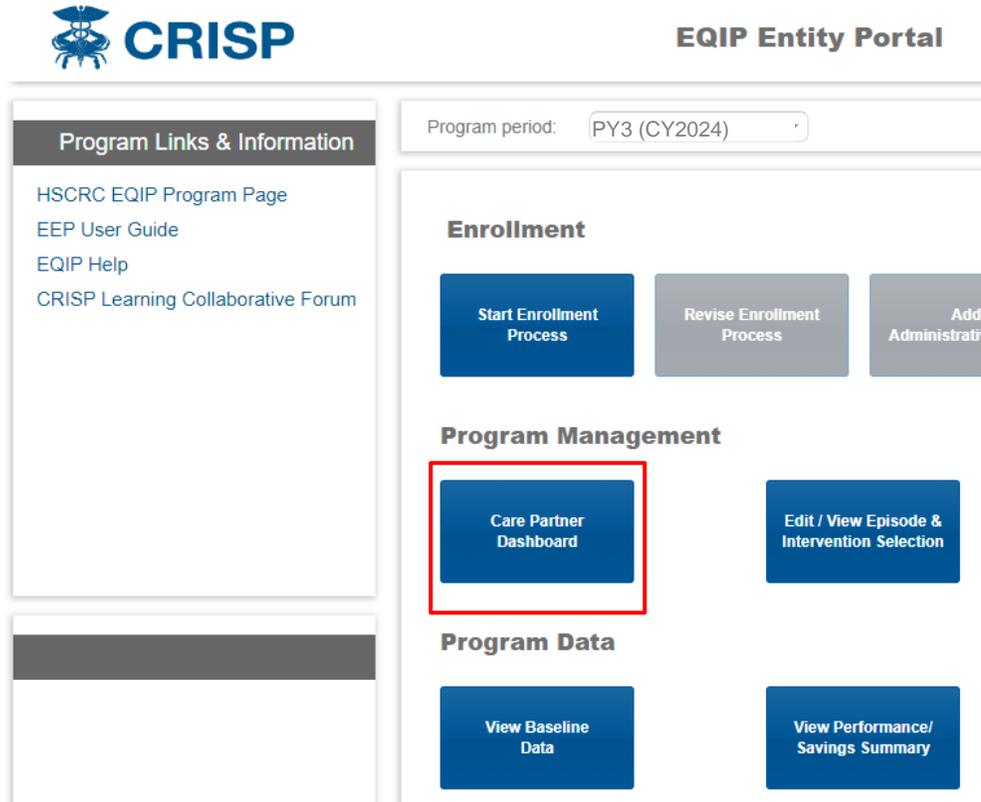
Baseline Data

- Target prices, savings thresholds, and performance evaluation will be based on comparison to a baseline period. For 2024, this baseline period is CY2019 (Jan-Dec). Aggregate baseline data for all episode categories shown below. Dashes indicate data unavailable or insufficient volume for participation.
- Preliminary episode selections can be edited up until September 1, 2023, at which point elections will be considered final.
- In order to participate in an episode, the minimum baseline volume threshold must be met (11 in any individual episode category and 50 total during the baseline period)
- Note that the Statewide Episode Percentile rank is calculated across all participating episodes, so is expected to be the same for all rows in this report.

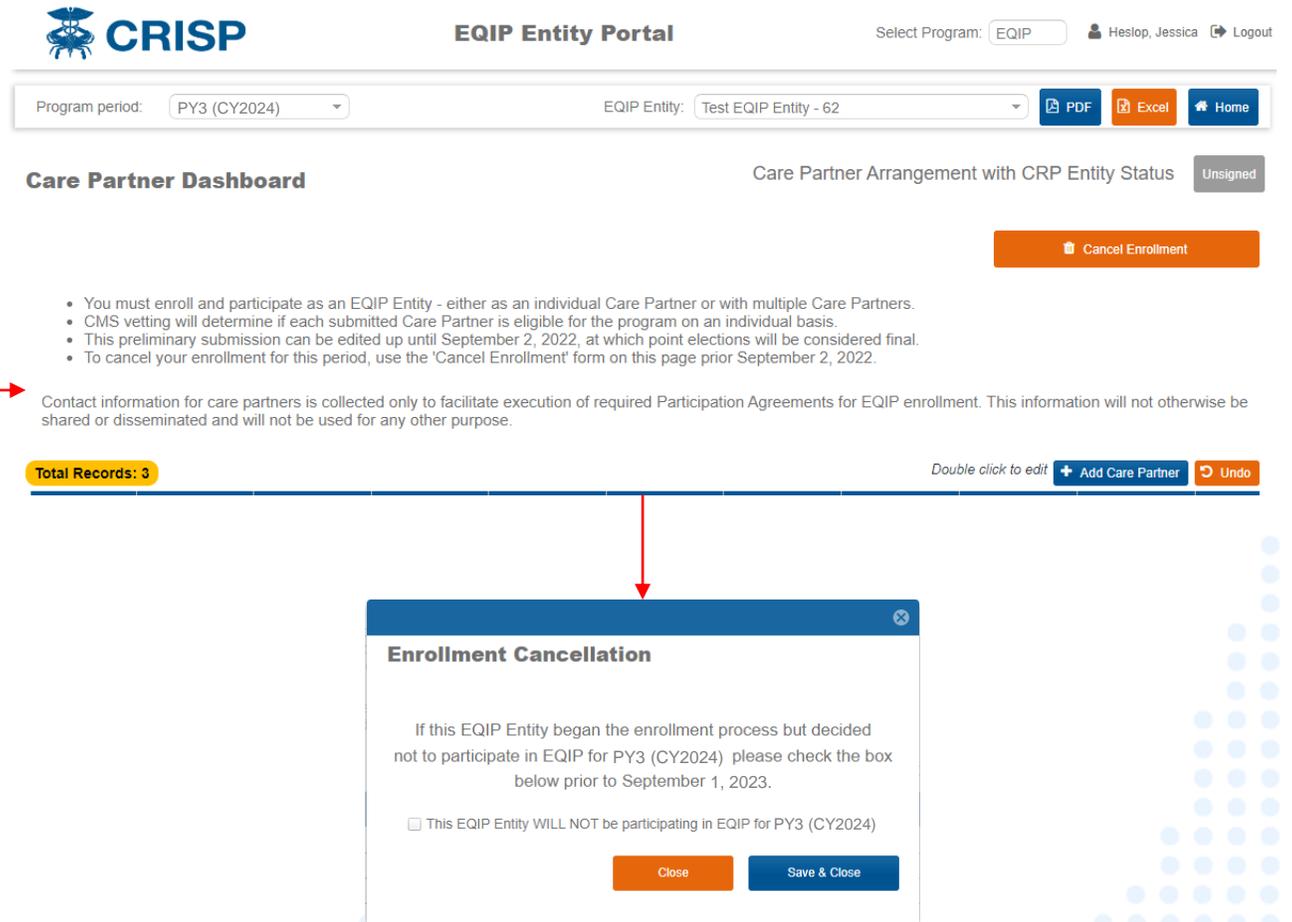
Total Records: 45

Episode Group	Episode Category	Baseline Volume	Statewide Episode Percentile Rank	Total Episode Payment
Orthopedics	Knee Arthroscopy	107	36.59%	\$359,822.69
Orthopedics	Knee Replacement & Knee Revision	74	36.59%	\$1,674,034.66
Orthopedics	Low Back Pain	25	36.59%	\$10,469.52

Canceling Enrollment



The screenshot shows the CRISP EQIP Entity Portal. On the left is a sidebar with 'Program Links & Information' including HSCRC EQIP Program Page, EEP User Guide, EQIP Help, and CRISP Learning Collaborative Forum. The main content area has a 'Program period' dropdown set to 'PY3 (CY2024)'. Below this are three sections: 'Enrollment' with buttons for 'Start Enrollment Process', 'Revise Enrollment Process', and 'Add Administrative'; 'Program Management' with a 'Care Partner Dashboard' button highlighted by a red box, and 'Edit / View Episode & Intervention Selection'; and 'Program Data' with buttons for 'View Baseline Data' and 'View Performance/ Savings Summary'.



The second screenshot shows the 'Care Partner Dashboard' for 'Test EQIP Entity - 62'. It includes a 'Cancel Enrollment' button and a list of instructions: 'You must enroll and participate as an EQIP Entity - either as an individual Care Partner or with multiple Care Partners.', 'CMS vetting will determine if each submitted Care Partner is eligible for the program on an individual basis.', 'This preliminary submission can be edited up until September 2, 2022, at which point elections will be considered final.', and 'To cancel your enrollment for this period, use the 'Cancel Enrollment' form on this page prior September 2, 2022.' Below the instructions is a table with 'Total Records: 3' and buttons for 'Add Care Partner' and 'Undo'. A red arrow points from the 'Care Partner Dashboard' button in the first screenshot to this dashboard. Another red arrow points from the table to an 'Enrollment Cancellation' modal window. The modal contains the text: 'If this EQIP Entity began the enrollment process but decided not to participate in EQIP for PY3 (CY2024) please check the box below prior to September 1, 2023.' and a checkbox labeled 'This EQIP Entity WILL NOT be participating in EQIP for PY3 (CY2024)'. At the bottom of the modal are 'Close' and 'Save & Close' buttons.

EQIP PY3 Timeline

Jul. 7 th 2023	<ul style="list-style-type: none">• EEP opened for PY2 enrollment
Sep. 1 st 2023	<ul style="list-style-type: none">• EEP closes for PY2 enrollment
Sep-Dec 2023	<ul style="list-style-type: none">• CMS Vetting & Contracting
Dec. 31 st , 2023	<ul style="list-style-type: none">• Care Partner Arrangement Contracting Deadline
<u>Calendar Year 2024</u>	
Jan 1, 2024	<ul style="list-style-type: none">• Performance Year 3 Starts
Jan, 2024	<ul style="list-style-type: none">• PY3 Preliminary Target Prices and Baseline Data available in EEP
Q3 2025	<ul style="list-style-type: none">• PY3 Incentive Payments distributed

* Performance Data Release Schedule may vary to ensure QA

Final Discussion and Thank You!