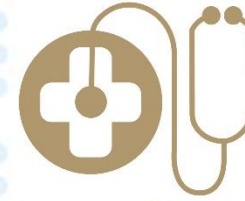




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The Maryland State Medical Society

Your Advocate. Your Resource. **Your Profession.**

The Episode Quality Improvement Program

Value-Based Medicare Incentive Payment Opportunity for Maryland Physicians

Continued Medical Education

February 2022

Agenda

- History of EQIP
- EQIP Participation
- EQIP Policy and Methodology
 - Prometheus Episode Grouper
 - Target Price Methodology
 - Shared Savings Payment Methodology
 - Quality Measures
 - CMS Policy (including QP Status)
- EQIP Timeline



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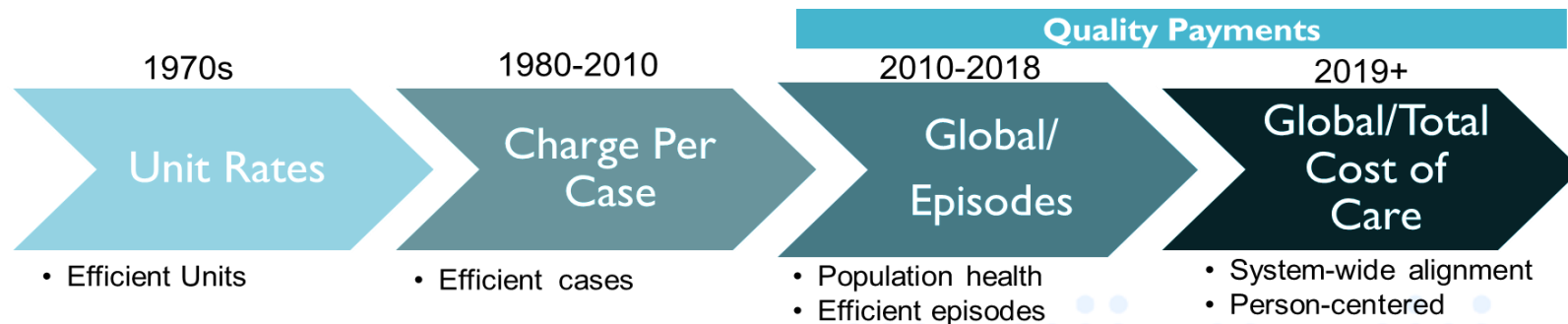


History of EQIP



Background: Maryland's All-Payer Model – Creates Opportunity

- Since 1977, Maryland has had an all-payer hospital rate-setting system
- In 2014, Maryland updated its approach through the All-Payer Model
 - 5-year state innovation between Maryland & federal government (2014 through 2018) focused on hospital payment transformation
 - Per capita, value-based payment framework for hospitals
 - Provider-led efforts to reduce avoidable use and improve quality and coordination
 - Savings to Medicare without cost shifting
 - Sustains rural health care with stable revenue base



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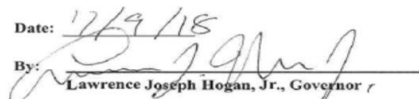
The Enhanced Model Approved to Start in 2019



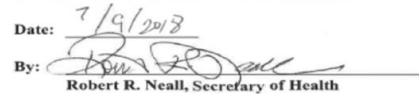
CENTERS FOR MEDICARE & MEDICAID SERVICES

Date: 2/18/18
By: 
Adam Boehler, Director, Center for Medicare and Medicaid Innovation

GOVERNOR OF MARYLAND

Date: 12/19/18
By: 
Lawrence Joseph Hogan, Jr., Governor

MARYLAND DEPARTMENT OF HEALTH

Date: 7/9/2018
By: 
Robert R. Neall, Secretary of Health

HEALTH SERVICES COST REVIEW COMMISSION



The Episode Quality Improvement Program – EQIP

- The HSCRC plans to start a voluntary, episodic incentive payment program for specialist physicians in Medicare, EQIP, in 2022.

Physician ownership
of performance

Upside-only risk with
dissavings
accountability

Alignment with
CareFirst's episode
payment program

AAPM/value-based
payment participation
opportunities for MD
physicians

- EQIP will utilize the Prometheus Episode Grouper approach. The first performance year will include episodes in the following specialty areas:
 - Gastroenterology and General Surgery
 - Orthopedics and Neurosurgery
 - Cardiology

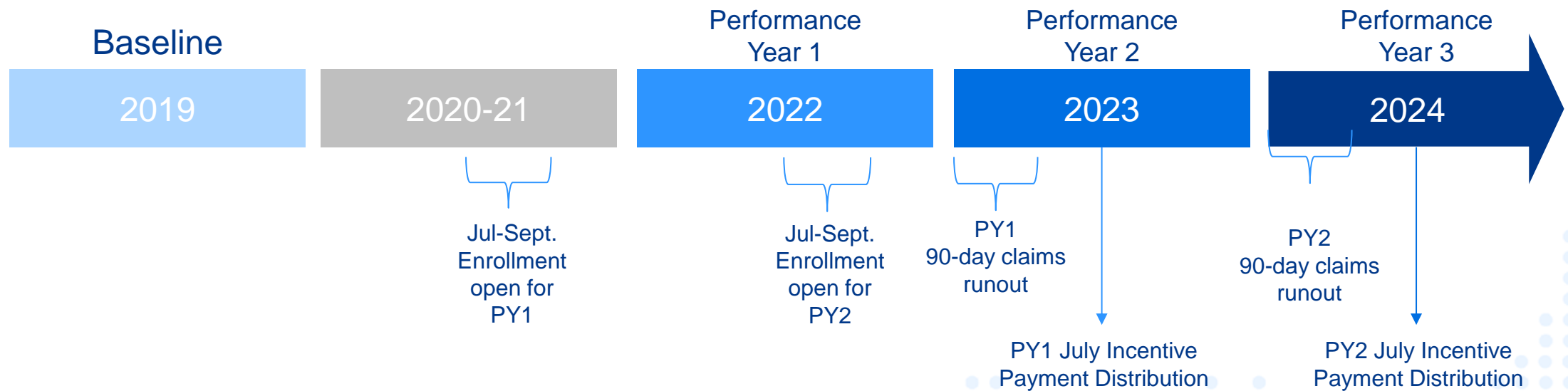


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EQIP Timeline

- EQIP was originally going to be a stand alone program, after working with CMMI and others it was decided it would be a Care Redesign Program within the waiver.
- EQIP will have an annual opportunity to enroll in EQIP. The enrollment period will open **July through September** of each year prior to the performance year.
- The policy may be updated and participation opportunities increased year to year through HSCRC's stakeholder engagement process



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The Purpose of Episode Quality Improvement Program (EQIP)

After approval of the TCOC Model, HSCRC staff began exploring opportunities to **align with hospital efforts to control costs across the healthcare system.**



Maryland **physicians largely remain on fee-for-service** reimbursement incentives and, as a result of the TCOC Model, are left out of national, **Medicare** value-based payment programs.



Therefore, it is imperative that the State **creates new value-based reimbursement opportunities to ensure cost containment in non-hospital settings.**

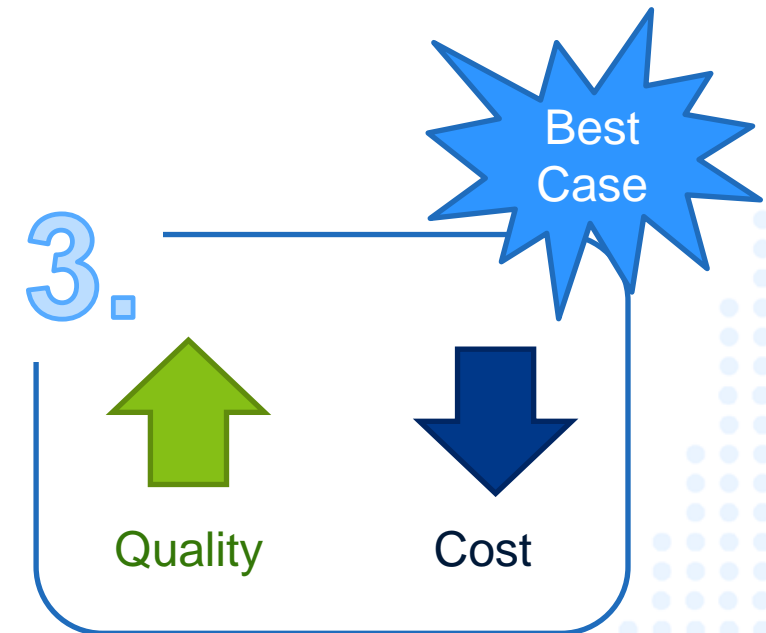


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Moving Healthcare to Value-Based Payment

- There are three outcomes that drive better 'value' than traditional fee-for-service payment



The Goals of Episode Quality Improvement Program (EQIP)

- **CMS'** goal is to provide the state with the flexibility to bring more specialists into value-based arrangements by allowing the State to propose additional episodes and allow specialists in the state the opportunity to participate in an Advanced Alternative Payment Model.
- The **HSCRC's** goals are:
 - 1) To reduce the TCOC in the state of Maryland and improve quality of care for beneficiaries during episodes of care.
 - 2) To align the financial incentives of non-hospital providers with the State's cost and quality goals under TCOC Model.
- **Participants'** goal is to deliver high-quality, low-cost care.

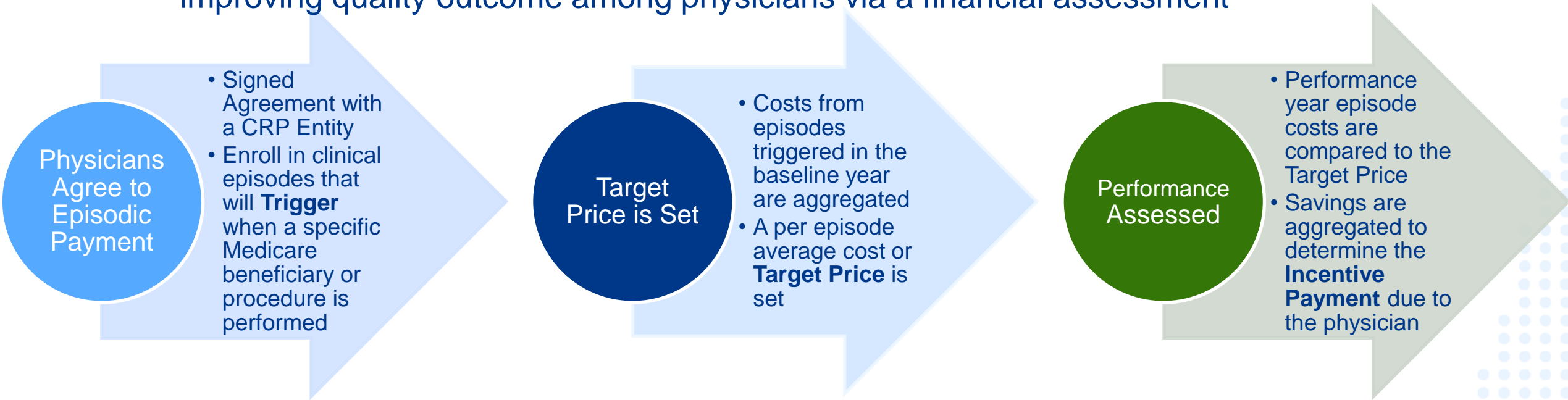


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Episodic Value-Based Payment

- Bundled-payment programs, in-particular, are effective at controlling episodic care and improving quality outcome among physicians via a financial assessment



- Analyses of CMS bundled-payment programs have shown 4-6 percent reductions in gross Medicare spending

Multi-Payer Demonstration with CareFirst

- The HSCRC and CareFirst have aligned episode program definitions so that the Episodes of Care (EOC) program and EQIP can provide parallel incentives to participating physicians.
 - **Prometheus Episode Definitions** will be utilized in both programs
 - Incentive Payment and other **policy decisions will remain separate** where appropriate
 - Opportunity for **rewards across both Medicare and CareFirst** increases program outcomes
- The HSCRC will encourage other payers to start programs similar to EQIP in Maryland



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EQIP Participation Performance Year One (PY1), 2022



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EQIP Roles – Definitions and Responsibilities



“CRP Entity” (UMMC)

- Signs a **Care Partner Arrangement** with all Care Partners
- **Pays incentive payments** or savings to EQIP entities



“EQIP Entity”

- Consists of an **individual Care Partner** or **multiple Care Partners**
- **Performance evaluation** occurs at the EQIP entity level
- Receives **Incentive Payments**



“Care Partner” (a specialty physician)

- **Triggers episodes** and **performs EQIP care interventions**
- Signs a **Care Partner Arrangement** with the CRP Entity
- Receives normal fee-schedule payments from Medicare and a **potential “Incentive Payment” with the EQIP Entity**
- Eligible to achieve **Quality Payment Program Status** and bonuses



HSCRC and CRISP

- Will calculate episodes, monitor performance and **determine Incentive Payments**
- Maintains reporting and monitoring requirements per the Participation Agreement and to **support CRP Entity**
- Will facilitate **EQIP Entity and Care Partner Enrollment, Reporting and Learning Systems**

Administrative Proxies (*)

EQIP Entities can delegate management of their program administration. This contractual arrangement, if any, will be determined between Administrative Proxy and Participant outside of Care Partner Arrangements.



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EQIP's CRP Entity is The University of Maryland Medical Center

- The State has partnered with UMMC to enable EQIP as an Advanced Alternative Payment Model with CMS
- Any qualifying physician in Maryland will be allowed to participate in EQIP, regardless of previous contracting, relationship and/or privileges at UMMC
- UMMC's main roles will be:
 1. Signing an individual Care Partner Arrangement with each participating Care Partner in the EQIP Entity, and,
 2. Printing checks for earned Incentive Payments to the EQIP Entity.
- The HSCRC and CRISP will facilitate interactions between UMMC and Care Partners/EQIP Entities
 - Policy decisions and operations support will remain transparent and set at the State level
 - Any changes to the policy will be made at the CRP Committee and EQIP stakeholder level



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CRP Entity Operations

- The CRP Entity will receive a list of:
 - Care Partners contacts who have been submitted for CMS vetting, used to generate Care Partner Arrangements
 - EQIP Entities who elect participation in EQIP for PY1 and their Payment Remission Recipient, used to generate Care Partner Arrangements and,
 - A final Incentive Payment list for EQIP Entity Payment
 - The CRP Entity will not have:
 - Protected Health Information
 - Access to EQIP Entity or Care Partner performance analytics
- All program data, inquiries and policy procedure will be managed by the State (HSCRC and CRISP), including CRP Entity operations.



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Participation Requirements



Qualify as a Care Partner with CMS

- Must be licensed and enrolled in the **Medicare** Provider Enrollment, Chain, and Ownership System (**PECOS**)
- Must use **CEHRT and CRISP**, Maryland's health information exchange



Enroll in EQIP

- Establish **EQIP Entity** with **multiple Care Partners**
- **Select Episodes and Interventions** and agree to quality metrics*
- Each Care Partner Signs a **Care Partner Arrangement**
- Determine **Payment Remission Recipient***



Meet Episode Thresholds

- Provide care in **Maryland**
- For a **single episode**, **threshold = 11** episodes in the baseline
- Across **all episodes of participation**, **threshold = 50** episodes in the baseline

**All Care Partners in an EQIP Entity will share the same episodes, quality metrics and payment recipient*



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EQIP Interventions and Performance Improvement Opportunities

In addition to electing episodes, each EQIP Entity will need to indicate how they intend to produce savings in their episodes.

Intervention Category	Example Intervention
Clinical Care Redesign and Quality Improvement	Standardized, evidence-based protocols are implemented, for example for discharge planning and follow-up care.
	Performance of medication reconciliation.
	Elimination of duplicative, potentially avoidable complications or low value services
Beneficiary/Caregiver Engagement	Patient education/shared decision making is provided pre-admission and addresses post-discharge options.
	Implementation of "health literacy" practices for patient/family education
Care Coordination and Care Transitions	Assignment of a care manager and enhanced coordination to follow patient across care settings
	Interdisciplinary team meetings address patients' needs and progress.
	Selection of most cost efficient, high-quality settings of care



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Episodes for PY1, Episode Type, Length

Cardiology	Gastroenterology and General Surgery	Orthopedics and Neurosurgery
Pacemaker / Defibrillator – Procedure, 30	Colonoscopy – Procedure, 14	Hip Replacement & Hip Revision – Procedure, 90
Acute Myocardial Infarction – Acute, 30	Colorectal Resection – Procedure, 90	Hip/Pelvic Fracture – Acute, 30
CABG &/or Valve Procedures – Procedure, 90	Gall Bladder Surgery – Procedure, 90	Knee Arthroscopy – Procedure, 90
Coronary Angioplasty – Procedure, 90	Upper GI Endoscopy – Procedure, 14	Knee Replacement & Knee Revision – Procedure, 90
		Lumbar Laminectomy – Procedure, 90
		Lumbar Spine Fusion – Procedure, 180
		Shoulder Replacement – Procedure, 90



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Statewide Cardiology Estimates, 2019

	Statewide Episodes	Unique NPIs	Average Cost per Episode	Total Cost Statewide
Acute Myocardial Infarction	3,116	TBD	\$ 24,925	\$ 77,666,845
CABG &/or Valve Procedures	1,707	123	\$ 64,220	\$ 109,563,635
Coronary Angioplasty	3,853	305	\$ 18,581	\$ 71,637,404
Pacemaker / Defibrillator	3,908	240	\$ 22,634	\$ 92,028,833
Total	12584	669	\$ 28,435	\$ 350,896,717



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Statewide Ortho/Neuro Estimates, 2019

	Statewide Episodes	Unique NPIs	Average Cost per Episode	Total Cost Statewide
Hip Replacement & Hip Revision	3,402	277	\$ 22,028	\$ 71,653,679
Hip/Pelvic Fracture	4,357	n/a	\$ 31,396	\$ 136,794,460
Knee Arthroscopy	919	226	\$ 4,587	\$ 4,167,320
Knee Replacement & Knee Revision	6,791	442	\$ 19,140	\$ 133,288,453
Lumbar Laminectomy	1,255	173	\$ 11,731	\$ 14,052,763
Lumbar Spine Fusion	1,861	180	\$ 46,329	\$ 86,758,488
Shoulder Replacement	1,124	139	\$ 22,657	\$ 27,743,028
Grand Total	19,709	1,438	\$ 20,269	\$ 474,458,189



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Statewide Gastroenterology Estimates, 2019

	Statewide Episodes	Unique NPIs	Average Cost per Episode	Total Cost Statewide
Colonoscopy	15,995	873	\$ 1,629	\$ 28,922,505
Colorectal Resection	1,322	287	\$ 37,824	\$ 47,004,774
Gall Bladder Surgery	2,254	388	\$ 13,547	\$ 28,557,776
Upper GI Endoscopy	15,084	889	\$ 2,325	\$ 35,254,531
Grand Total	34,655	2,437	\$ 8,043	\$ 139,739,585



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EQIP Policy and Methodology



EQIP Policy: Where is each methodology determined?




Prometheus Episode Definition

- Episode Definitions and Triggers
- Relevant Cost Methodology

HSCRC/CMS Policy

- Target Price Methodology
- Shared Savings/Incentive Payment Methodology
- Quality Measures
- Reporting and Monitoring (via CRISP)
- Participation Specialty Areas
- CMS Policy (including QP status)

PROMETHEUS Background

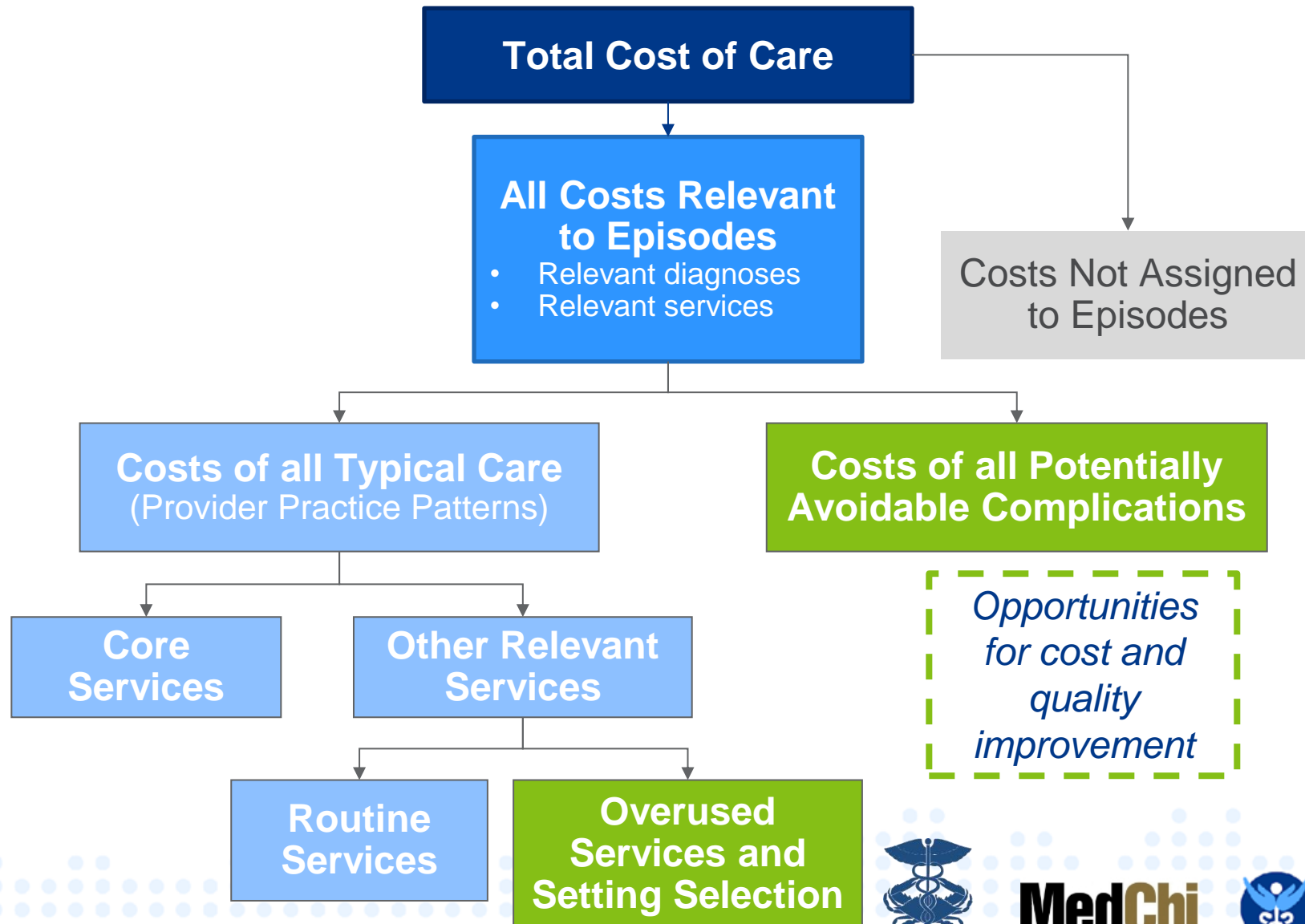
-  Iterative development since 2006, maintained by HCI3/Altarum and recently acquired by Change Healthcare
-  Promotes coordination and collaboration across the continuum of care at the specialist level
-  97 episodes grouped into clinically relevant areas: Procedural, Acute, Chronic and Other



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PROMETHEUS Relevant Cost Analysis



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Target Price Methodology

- 2019 will serve as a **Baseline** for the first three performance years for EQIP Entities joining in Y1
 - Each EQIP Entity will have their own **unique Target Price** per episode
 - The baseline will be trended forward in order to compare to current performance costs
 - Target Prices are not final until the end of the Performance Year as final inflation will need to be applied
 - The baseline for entities that join in subsequent performance years will be the year prior to them joining
- Each episode will have a **singular Target Price**, regardless of the setting of care (Hospital, Outpatient Facility, ASC)
 - The price gap between ASC and Hospital is significantly larger under the Medicare fee schedule than under commercial, particularly in Maryland where hospital rates are regulated.
 - This will **create incentive to shift lower acuity procedures** to lower cost settings, aligning with GBR incentives.



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PROMETHEUS Episode of Care Overview

- Value-based mode designed to engage specialists
- Full spectrum of services related to and delivered for a specific medical condition, illness, procedure or health care event during a defined time period
- Coordination, communication, collaboration across the continuum of care



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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 Care Partner
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.



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Example: Incentive Payment Calculation

EQIP Entity Participating in two EQIP episodes

		Episode A	Episode B	Calculation
A	Baseline period EQIP Entity episode payment benchmarks	\$15,000	\$10,000	<i>Prometheus Grouper</i>
B	Episode Target Price	\$15,000	\$10,000	<i>A X 100% X Inflation Adjustment *** (no discount)</i>
C	Episode Volume, Performance Year	25	50	<i>Prometheus Grouper</i>
D	Performance Year episode cost	\$14,300	\$9,500	<i>Prometheus Grouper</i>
E	Aggregate actual performance year episode costs	\$357,500	\$475,000	<i>D X C</i>
F	Aggregate Savings/Dissavings Achieved	\$17,500	\$25,000	<i>(B-D) X C</i>
G	At least 3% savings achieved?	Yes	Yes	<i>0.03 X E < F</i>
H	Tiered shared savings rate	73rd percentile rank = 80% Shared savings due to EQIP Entity		<i>HSCRC Methodology</i>
I	Total Incentive Payment Due**	\$34,000		<i>Ep. A (F X H) + Ep. B (F X H)</i>

**Less dissavings from prior year (if any) and Adjusted for Quality Performance Score

*** Inflation set to zero for the purpose of this example



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Dissavings Accountability

- Direct collection of downside risk is not possible without the ability to directly adjust physician FFS payments.
- However, it is important to ensure the program drives meaningful improvements in cost efficiency and quality.
- EQIP's **Dissavings Policy** will help to ensure outcomes in lieu of downside risk:
 1. Participants who create dissavings in a performance year will be required to offset those dissavings in the following performance year, prior to earning a reward.
 2. An EQIP Entity will be removed from EQIP if its Target Price is in the lower two terciles of the Tiered Shared Savings Rate (0-66th percentile) and there have been two consecutive years of dissavings.
 - HSCRC staff will monitor the effects of this policy to ensure there are no unintended consequences



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EQIP will be an Advanced Alternative Payment Model (AAPM)

- AAPM status means EQIP will allow participating Care Partners to qualify into the Quality Payment Program (QPP). QPP status benefits participants in several ways, including:
 - A 5 percent incentive payment (in addition to EQIP incentives),
 - Exclusion from the MIPS reporting requirements, and,
 - Exclusion from MIPS payment adjustments.
- Care Partners who participate in 2022 will **receive a lump-sum payment from CMS in 2024**, based on their 2023 Part B services
 - **In initial performance years**, all beneficiaries ‘touched’ by a Care Partner participating in an EQIP Entity will be attributed to the AAPM.



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EQIP Quality Measure Selection for PY1

Measure Characteristics

- Measures within the PY2021 MIPS Set
- Applicable at physician-level
- Part B claims measurable

Applicable CMS Quality Payment Program (QPP) Standards

- High Priority or Outcomes Measure
- 3-6 measures available

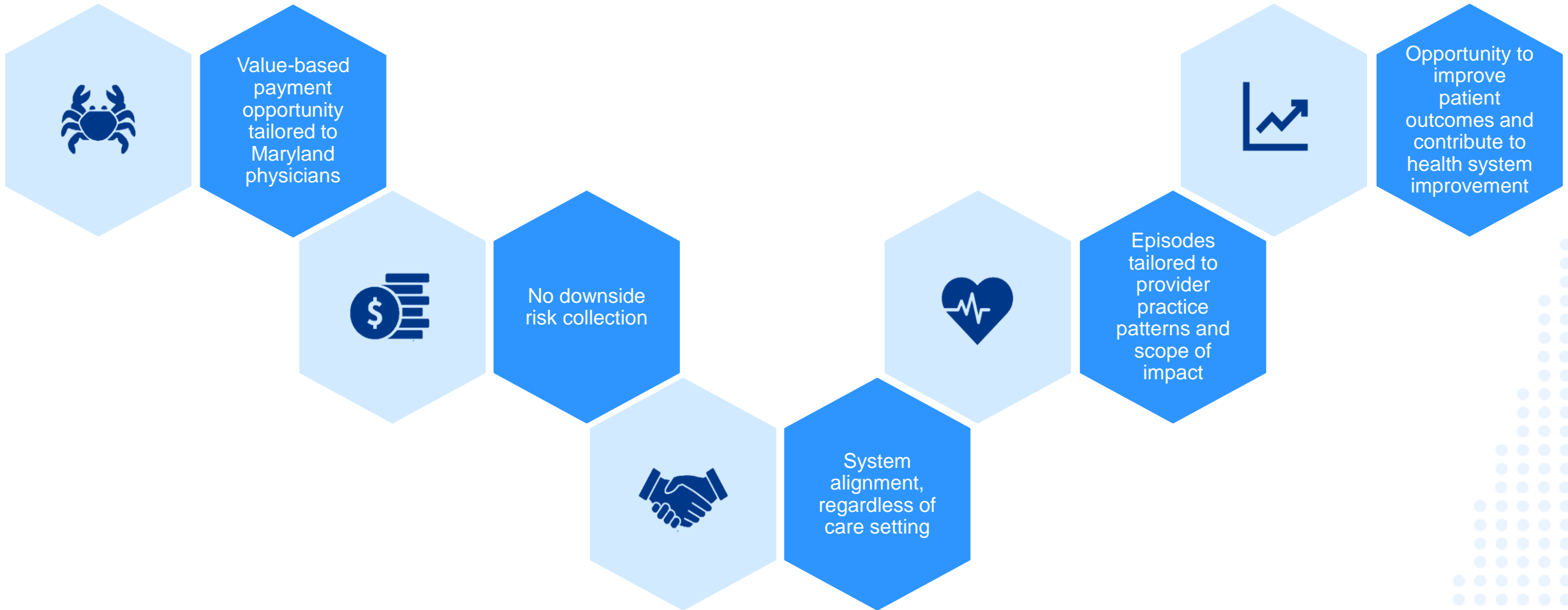
HSCRC Priorities

- Alignment with CareFirst
- Agnostic to episode-type, to avoid low cell size variability
- Alignment with Maryland's Statewide Integrated Health Improvement Strategy

Measure Name	Orthopedics	Gastroenterology	Cardiology
Advance Care Plan (NQF #326)	✓	✓	✓
Documentation of Current Medications in the Medical Record (NQF #419)	✓	✓	✓
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)	✓	✓	✓



The Benefits of EQIP



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Glossary

- **HSCRC** - Health Services Cost Review Commission
- **CRISP** - Chesapeake Regional Information System for our Patients
- **CMS** - Centers for Medicare & Medicaid Services
- **TCOC** - Total Cost of Care
- **CRP** - Care Redesign Program
- **EQIP** - Episode Quality Improvement Program
- **EEP** – EQIP Entity Portal
- **CMMI** - Center for Medicare and Medicaid Innovation
- **AAPM** - Advanced Alternative Payment Models
- **GBR** - Global Budget Revenues
- **CPA** - Care Partner Agreement
- **QP** - Qualifying Participant
- **QPP** - Quality Payment Program
- **MIPS** - Merit-based Incentive Payment System
- **HIE** - Health Information Exchange
- **PAEC** - Potentially Avoidable Episode Complications
- **MST** - Minimum Savings Threshold
- **ATP** - Aggregate Target Price
- **CQS** - Composite Quality Score



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Cardiology Episodes for PY1, Episode Type, Length

Cardiology Episode	Triggering Procedures (CPT)
Pacemaker / Defibrillator <i>Procedure, 30</i>	Insertion of Pacemaker Insertion of Generator Alone Insertion of Leads Insertion of Defibrillator
CABG &/or Valve Procedures <i>Procedure, 90</i>	Heart Valve Repair, Outflow Reconstruction Heart Valve Replacement Coronary Artery Bypass Graft (CABG) Re-Do Coronary Artery Bypass Graft (CABG)
Coronary Angioplasty <i>Procedure, 90</i>	PCI with stents, atherectomy Procedure - coronary - ptca – angioplasty Procedure - coronary - thrombectomy
Acute Myocardial Infarction (AMI) <i>Acute, 30</i>	Triggered on diagnosis (ICD-10) STEMI Subendocardial Infarction *may also include above episodes



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Ortho/Neuro Episodes for PY1, Episode Type, Length

Ortho/Neuro Episode	Triggering Procedures (CPT)
Hip Replacement & Hip Revision Procedure, 90	Partial and Total Hip Replacement Partial and Total Hip Revision Total Hip Resurfacing
Hip/Pelvic Fracture Acute, 30	Triggered on diagnosis (ICD-10) Closed and open Fracture Neck of Femur, Pelvis Stress Fracture Femur, Pelvis Other Closed Fracture Femur, Pelvis Completion of Joint Prosthesis, orthopedic procedure *may also include above episodes
Knee Arthroscopy Procedure, 90	Posterior Cruciate Ligament Repair Knee Arthroscopy Knee Meniscal Transplant / Graft Knee Arthroscopy without ligament repair ACL Repair Knee
Knee Replacement & Knee Revision Procedure, 90	Partial and Total Knee Replacement (primary) Partial and Total Knee Revision
Lumbar Laminectomy Procedure, 90	Decompression / Discectomy Laminectomy
Lumbar Spine Fusion Procedure, 180	Spinal Fusion
Shoulder Replacement Procedure, 90	Partial and Total Shoulder Replacement Revision of Shoulder Replacement

Gastroenterology Episodes for PY1, Episode Type, Length

Gastroenterology Episode	Triggering Procedures (CPT)	
Colonoscopy <i>Procedure, 14</i>	Colonoscopy Sigmoidoscopy w biopsy, polypectomy Colonoscopy thru stoma w biopsy, polypectomy Colonoscopy w biopsy, polypectomy Sigmoidoscopy	Flexible Sigmoidoscopy /Colonoscopy Colonoscopy/Sigmoidoscopy ColorectalCa Screen Colonoscopy through Stoma Other therapeutic Sigmoidoscopy
Colorectal Resection <i>Procedure, 90</i>	Colectomy with proctectomy Laparoscopic colectomy with proctectomy Laparoscopic partial colectomy Laparoscopic total intra-abd colectomy Partial Colectomy Total intra-Abdominal colectomy	Abdominoperineal Resection Abdominoperineal Resection Rectal Resection Pelvic Exenteration Procedure - colorectal resection – other Procedure - other anal / rectal procedures
Gall Bladder Surgery <i>Procedure, 90</i>	Laparoscopic Cholecystectomy Open Cholecystectomy w/wout CBD expl	
Upper GI Endoscopy <i>Procedure, 14</i>	Flexible Esophagoscopy Esophagoscopy w additional procedures Upper GI endoscopy w additional procedures Esophagoscopy w treatment of varices	Upper GI endoscopy Esophagoscopy w Dilatation Flexible Esophagoscopy w biopsy EGD w biopsy EGD w Dilatation Barrett's ablation



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Quality Metric Definitions and Parameters

- For each triggered episode, the HSCRC will assess if the three measures were **performed 364 days prior to the end of the episode**, by any physician.

Defined by:

- **Advance Care Plan (NQF #326)** : Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record **or** documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
- **Documentation of Current Medications in the Medical Record (NQF #419)**: Percentage of visits for patients aged 18 years and older for a clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter
- **Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)**: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months **AND** with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter



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Episodes of Care Definitions

97 Standardized Prometheus Definitions

Acute	Procedural		Other
Acute Myocardial Infarction	Bariatric Surgery	Knee Replacement & Knee Revision	Breast Cancer
Hip/Pelvic Fracture	Breast Biopsy	Lung Resection	Colon Cancer
Pneumonia	CABG, Valve Rep, Complex Heart Surg	Lumbar Laminectomy	Gynecological Cancers
Stroke	Cataract Surgery	Lumbar Spinal Fusion	Low and High Risk Pregnancy
Upper Respiratory Infection	Colon Resection	Mastectomy	Lung Cancer
	Colonoscopy	Pacemaker / Defibrillator	Newborn
	Coronary Angioplasty	Prostatectomy	Preventive Care
	C-Section	Shoulder Replacement	Prostate Cancer
	Gall Bladder Surgery	Tonsillectomy	Rectal Cancer
	Hip Replacement & Hip Revision	Transurethral resection prostate	
	Hysterectomy	Upper GI Endoscopy	
	Knee Arthroscopy	Vaginal Delivery	
Chronic			
Allergic Rhinitis/Chronic Sinusitis	Chronic Obstructive Pulmonary Disease	Gastro-Esophageal Reflux Disease	Schizophrenia
Arrhythmia / Heart Block / Condn Dis	Congestive Heart Failure	Glaucoma	Substance Abuse Disorder
Attention Deficit/Oppositional	Coronary Artery Disease	Hepatitis C	Trauma & Stressors Disorders
Asthma	Depression	Hypertension	Ulcerative Colitis
Bipolar Disorder	Diverticulitis	Low Back Pain	
Crohn's Disease	Diabetes	Osteoarthritis	