



maryland
health services
cost review commission

The Episode Quality Improvement Program

Value-Based Medicare Incentive Payment Opportunity for Maryland Physicians

04/06/2022

MedChi and The Maryland Society of Eye Physicians and Surgeons



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		Your Resource.
		Your Profession.

Agenda

- EQIP Overview
- EQIP Policy and Methodology
 - Prometheus Episode Grouper
 - Target Price Methodology
 - Quality Measures
- Timeline and Next Steps



EQIP Overview

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.**



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

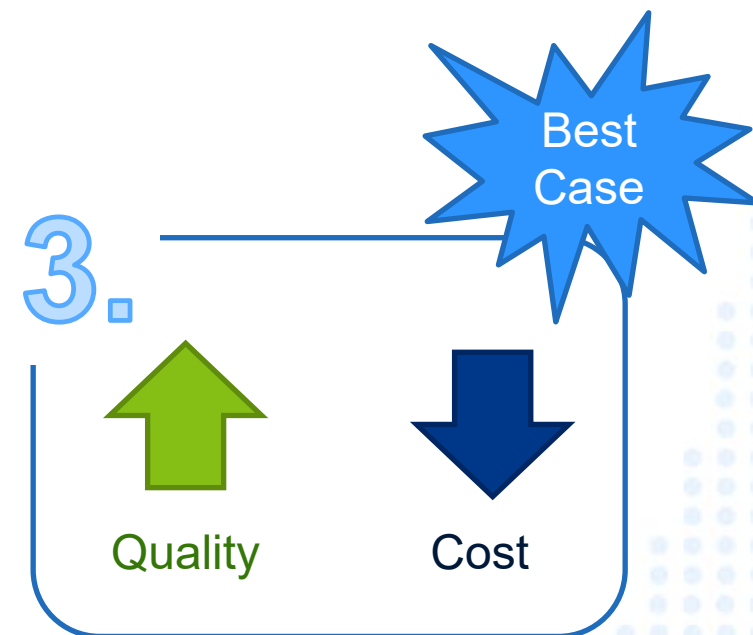
AAPM/value-based
payment participation
opportunities for MD
physicians

- 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



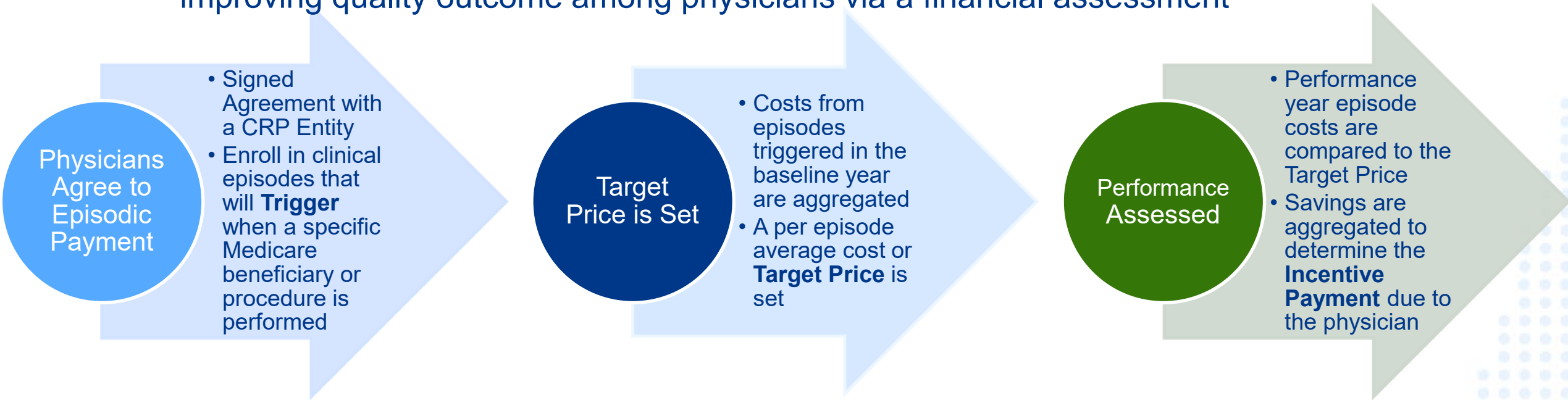
Moving Healthcare to Value-Based Payment

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



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





EQIP Overview

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.



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



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.

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.*

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

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

Proposed Prometheus Episodes – PY 2

Specialty	Episode Name	Episode Type
Allergist	Allergic Rhinitis/Chronic Sinusitis	Chronic
	Asthma	Chronic
Dermatologist	Cellulitis, Skin Infection	Complications
	Dermatitis, Urticaria	Complications
	Decubitus Ulcer	Complications
Ophthalmologist	Cataract Surgery, 14	Procedural
	Glaucoma	Chronic
Orthopedist/Orthopedic Surgeon	Low Back Pain	Chronic
	Osteoarthritis	Chronic
	Accidental Falls	Complications
Urologist	Catheter Associated UTIs	Complications
	Urinary Tract Infection	Complications
	Transurethral resection prostate	Complications
	Prostatectomy, 90	Procedural

Proposed ED Episodes

ED Episodes	
Chest Pain	Pneumonia
Hypertension	Asthma/COPD
Atrial Fibrillation	Skin & Soft Tissue Infection
Deep Vein Thrombosis	Syncope
Abdominal Pain & Gastrointestinal Symptoms	Fever, Fatigue or Weakness
Diverticulitis	Shortness of Breath
Hyperglycemia with Diabetes Mellitus	Hyperglycemia
Dehydration & Electrolyte Derangements	Skin and soft tissue infections
Urinary Tract Infection	Deep vein thrombosis
Nephrolithiasis	

New Episodes for PY3+

HSCRC staff selected episodes that most closely fit with additional specialties (allergy, dermatology, ophthalmology, and urology).

- We identified the Prometheus episodes that were closest to the specialty.
- However, many of these episodes may be performed by other specialties (internal medicine, etc).

HSCRC staff are happy to work with physicians to create additional episodes tailored to the specialty.

- For example, we created additional emergency department episodes by working with ED physicians.
- These episodes will not be limited to Prometheus episodes. However, this process will take a significant amount of time.

Episode Design Requirements

Physicians that are interested in developing their own episodes will need to provide the following:

1. ICD-10 codes (procedural codes) that will be used to identify when an episode begins.
2. An attribution rule to determine which physician the episode will be assigned to.
 - A. This could be straightforward (e.g. the rendering physician on the claim).
 - B. Or it could be more complex (e.g. attributing to the physician that provides that majority of the E&M claims to the beneficiary over a give time period).
 - C. Or any other method, as described by the physician.
3. ICD-10 codes (diagnosis codes) that identify which costs are relevant to the episode.



EQIP Policy and Methodology

Prometheus Model and Episode Types

EQIP Policy: Where is each methodology determined?

Prometheus Episode Definition




- Episode Definitions and Triggers
- Relevant Cost Methodology

HSCRC/CMS Policy

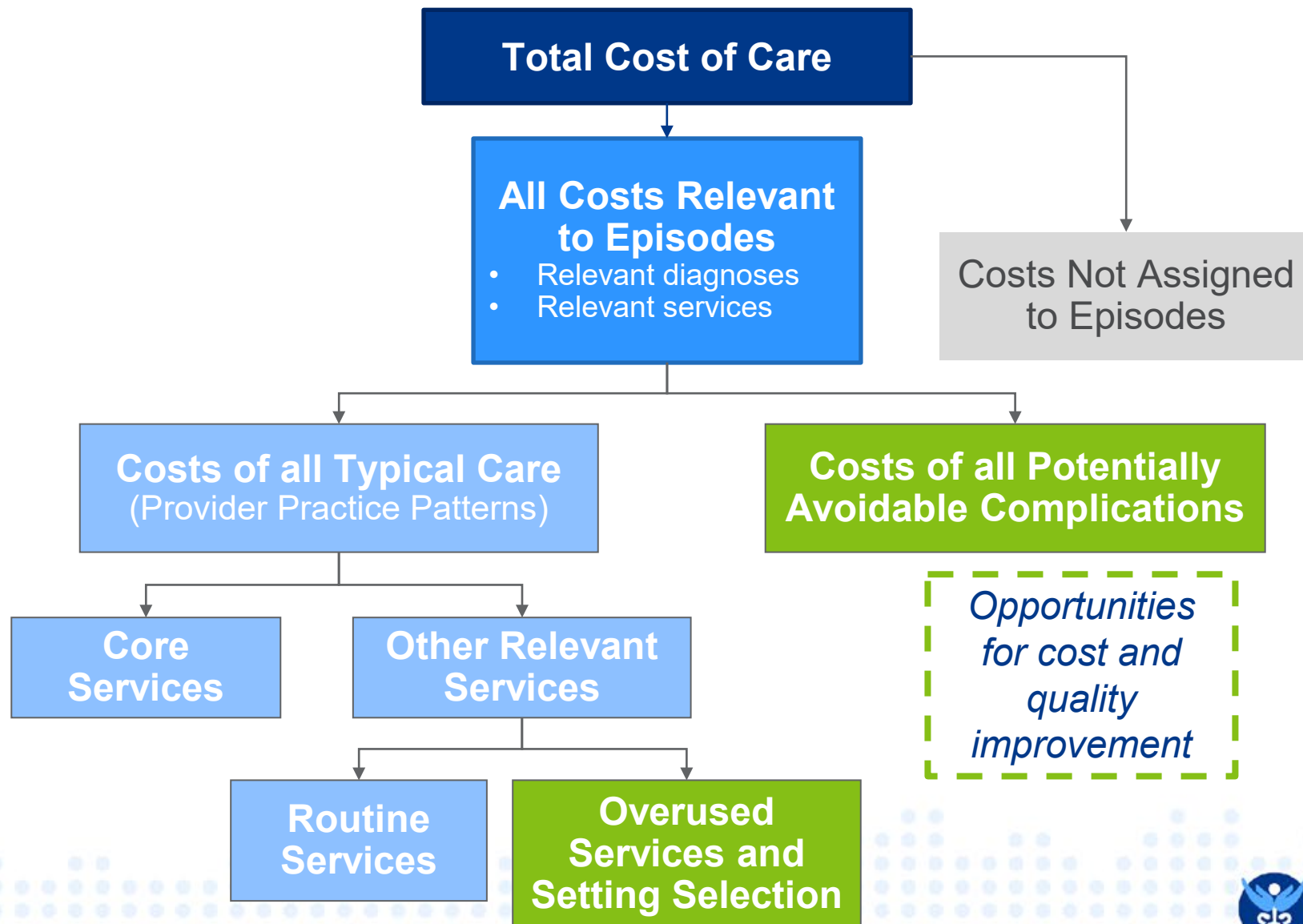
- Target Price Methodology
- Shared Savings/Incentive Payment Methodology
- Quality Measures
- Reporting and Monitoring (via CRISP)
- Participation Specialty Areas
- CMS Policy (including QP status)



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

PROMETHEUS Relevant Cost Analysis



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



Chronic Episodes

The previous episodes trigger based on a discrete event. Chronic Episodes do not have the same discrete triggering event. Therefore, we have to develop alternative attribution rules.

We are considering two attribution rules for Chronic Episodes:

- Attributing the Chronic Episode to the Physician with the Plurality of E&M Claims;
- Attributing the Chronic Episode to the Physician with the Highest E&M Costs.

Implications of the Attribution Rules

The Chronic Episodes will be attributed retrospectively after the end of the episode, based on the claims that occurred during the Episode.

- This means that Physicians will not know whether a patient is attributed to them until after the course of the episode has completed.
- However, episodes will be attributed to the physician most responsible for the Episode.
- All other aspects of the episodes will function as per a procedural episode.

We welcome stakeholder's perspectives on the attribution of the Chronic Episodes and will decide on whether to include those Episodes based on stakeholders' interest.

Target Price and Incentive Payment

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.

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, following calendar year 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.

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

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

AAPM Status and Quality Metrics

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.

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)	✓	✓	✓



Timeline and Next Steps

CRISP EQIP Entity Portal

- The State has developed a one-stop shop, or EQIP Entity Portal to support participation with:
 - Enrollment and opportunity analysis,
 - CMS vetting and required activities (including reporting),
 - CRP Entity Contracting and operations support, and,
 - Performance analytics, learning system and program communications.
- Access to EEP is a requirement for participation
 - Organizations will need access to the CRISP Reporting Services (CRS) Portal Login Page (separate from ULP and ENS)
 - For organizations new to CRS, you must sign a CRISP Participation Agreement (PA) and update their Notice of Privacy Practices documents (**this can be done NOW, Contact: EQIP@CRISPhealth.org**)
 - CRISP will hold webinars for training later in June and early July

EQIP Entity Enrollment

- Individual or Group Participation
- Provider Information
- Administrative Proxy Election
- Status Tracker

Participation Management

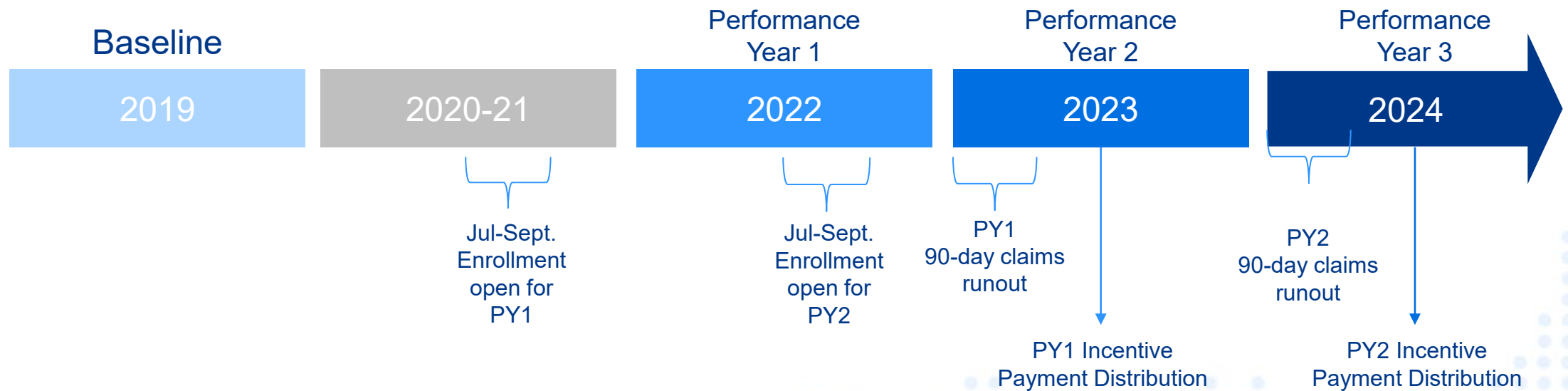
- Episode Selection
- Intervention Selection
- Baseline Data

Program Data

- Incentive Payments and Savings Summaries
- Monthly Performance Analytics

EQIP Timeline

- 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



EQIP Timeline

Late Spring 2022	<ul style="list-style-type: none"> • Operations, monitoring and learning system development finalized
May-June, 2022	<ul style="list-style-type: none"> • EQIP Recruitment and information sessions • CRISP Credentialing and Enrollment for EEP
July 9th, 2022	<ul style="list-style-type: none"> • EEP opens for enrollment • Technical Policy and Portal User Guides available • Baseline Episode experience available in EEP
Sept. 1st, 2022	<ul style="list-style-type: none"> • Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP • Providers submitted to CMS for vetting
Dec. 1, 2022	<ul style="list-style-type: none"> • Care Partner Arrangements and Payment Operations Finalized • CMS Vetting Status Available, Enrollment Finalized
Jan. 1, 2023 PY2 Start	<ul style="list-style-type: none"> • Care Partner participation opportunity will be annual • Preliminary Target Prices available in EEP
<i>July 1, 2023</i>	<ul style="list-style-type: none"> • PY3 (2024) Enrollment Opens
<i>Mid/late 2024</i>	<ul style="list-style-type: none"> • PY2 Incentive Payments distributed

Learning More about EQIP and Enrollment

- Please reach out if you would like to schedule a one-on-one demo or meeting about EQIP with your organization. Staff will be available to:
 - Walk through opportunity analysis, specific to your organization
 - Discuss any episode definitions
 - Answer specific questions
- EQIP Subgroup Schedule
 - Monthly every third Friday, 9-11am
 - Next meeting: May 20th, To be added to distribution list, email: bfitzgerald@medchi.org
- **Enrollment Inquiries:** EQIP@crisphealth.org
- Website: <https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx>
- Key Dates
 - July 9, 2022: Enrollment Opens
 - September 1, 2022 Deadline for Care Partner submission into EEP for 1/1/23 start (CMS Vetting)
 - October-December, 2022: Contracting, Episode and Intervention Selection
 - January 2023: Performance Year 2 Start



Thank you!