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The Episode Quality Improvement Program

Value-Based Medicare Incentive Payment Opportunity for Maryland Physicians

EQIP Subgroup

April 23rd, 2021

Agenda for Today – April 23rd, 2021

- Administrative Updates
  - Key Dates
  - EQIP Subgroup through 2021
  - Multi-Payer Demonstration
- EQIP Participation, Performance Year 1
- EQIP Policy and Methodology
  - Final Incentive Payment Methodology – Performance Year 1
  - Quality Policy – Performance Year 1

Update on EQIP Timeline

- EQIP Subgroup Schedule
  - Monthly every third Friday, 9-11am
  - Next meeting: May 21st, 2021, To be added to distribution list, email: bfitzgerald@medchi.org
  - Additional meetings, outreach and information will also be developed to inform the physician community
- Key State Point of Contact: EQIP@crisphealth.org
- Key Dates*
  - July 9, 2021: Enrollment Opens
  - August 2021: Submission of Care Partners for CMS Vetting
  - September 1, 2021: Deadline for physician participation start 1/1/22
  - October-December, 2021: Contracting, Episode and Intervention Selection
  - January 2022: Program Start

*Note: These dates are based on preliminary planning and do not reflect final clearance from CMMI

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 Grouper** and methodologies will be utilized in both programs
  - Incentive Payment and other **policy decisions will remain separate** where appropriate
  - Specialist's opportunity to receive **rewards on control cost and quality will be across Medicare and CareFirst patients,** thus increasing program outcomes
- The HSCRC hopes this will encourage other payers to start programs similar to EQIP in Maryland



EQIP Participation
Performance Year One (PY1), 2022

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EQIP as Part of Maryland's Care Redesign Program

- The Maryland Care Redesign Program (CRP) is a voluntary program that started in 2017 under the Maryland All-Payer Model
  - CRP provides Maryland hospitals the opportunity to provide incentives and resources to other providers, in exchange for performance improving quality of care and reducing growth in total cost of care for Maryland Medicare beneficiaries.
  - EQIP will be a 'Track' underneath CRP
- HSCRC and CMS determined CRP was preferable for EQIP due to delays with clearing a new model program through the federal government during COVID
  - A 'CRP Entity' or Maryland hospital will be the vehicle for contracting and payment of Care Partners
  - **However, the HSCRC is responsible for all EQIP policy and administration, including Incentive Payment calculation**

EQIP Roles and Responsibilities

“CRP Entity” or a Maryland hospital

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

“Care Partners” or Specialty Physicians/Physician Groups

- **Triggers episodes** and **performs EQIP care interventions**
- Sign a **Care Partner Arrangement** with the CRP Entity
- Receives normal PFS payments from Medicare and a potential “Incentive Payment” from the CRP Entity via the EQIP Entity
- Will participate as an **EQIP Entity** either individually or with multiple Care Partners
- 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 **Care Partner Enrollment**, Reporting and Learning Systems

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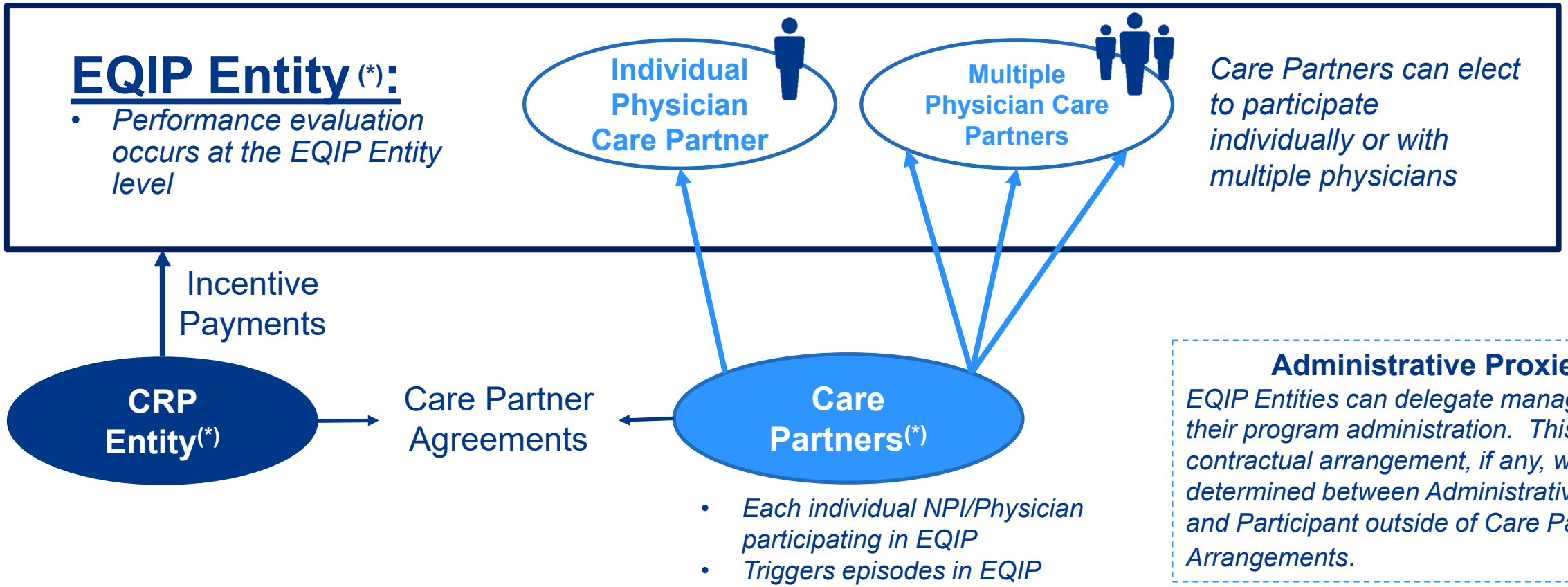
EQIP Roles and Definitions



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.

(*) Denotes an official EQIP role/definition

Administrative Proxies in EQIP

- Administrative Proxies will not be parties to the CRP Participation Agreement or formal participants in EQIP.
  - Per the CRP structure, payments must flow from a hospital to an EQIP Entity
- **Physicians and Physician Group Practices may still independently contract with organizations that will support their performance in value-based payment models**
- **Administrative proxy roles may include:**
  - Data analytics and opportunity analysis,
  - Quality improvement, and,
  - Other clinical, financial or operational optimization practices.
- HSCRC is committed to implementing reporting and program participation in a way that will facilitate Administrative Proxy support to participating providers

Participation Requirements

Qualify as a Care Partner with CMS

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

Enroll in EQIP

- Determine **EQIP Entity** either participate **individually** or with **multiple physicians**
- **Elect Episodes and Interventions,** agree to quality metrics*
- Each physician must **sign a Care Partner Arrangement**
- Determine **Payment Remission Recipient***

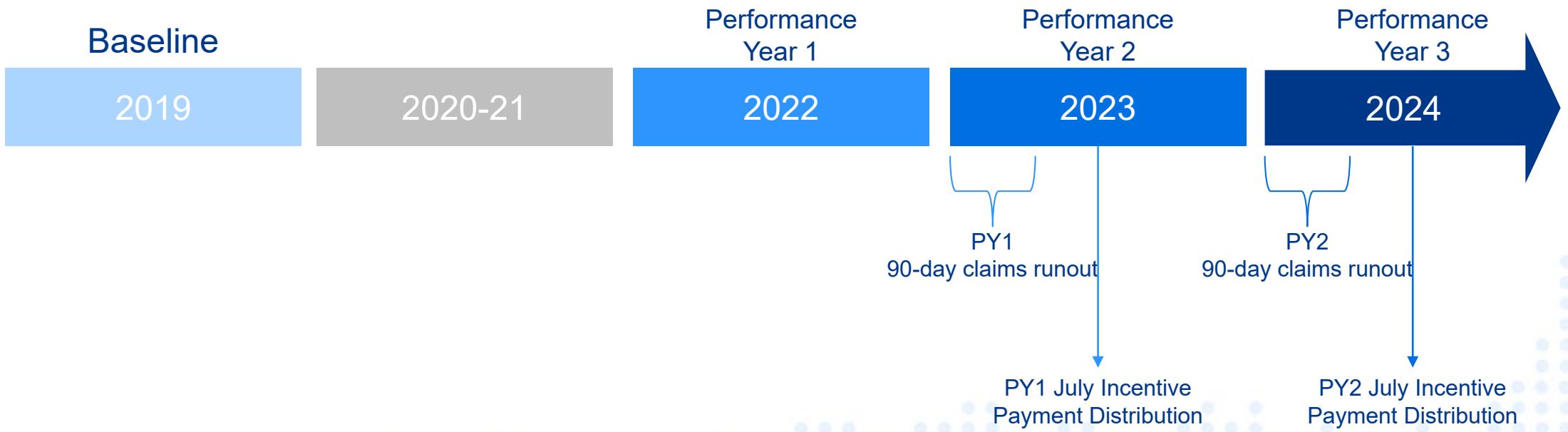
Meet Episode Thresholds

- 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.*

Participation Timeline

- EQIP will have an annual opportunity for participation, open from **July to September first** of the year prior to the performance year.
- The policy may be updated and participation opportunities increased year to year through the HSCRC's stakeholder engagement process



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HSCRC Staff Proposed Episodes for PY1, Episode Type, Length

Cardiology	Gastroenterology	Orthopedics
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

EQIP Policy and Methodology

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EQIP Policy and Methodology

Prometheus Episode Grouper

- 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)

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** are the 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	Split of Savings to due Care Partner
Up to 33rd percentile	50 percent
34th – 66th percentile	65 percent
66th + 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'

4. Incentive Payment Cap

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

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.

**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 Care Partner episode payment benchmarks	$15,000	$10,000	*Prometheus Grouper*
B	**Episode Target Price**	$15,000 (**35th percentile in State**)	$10,000 (**67th percentile in State**)	*A X 100% X Inflation Adjustment *** (**no discount**)*
C	Episode Volume, Performance Year	25	50	*Prometheus Grouper*
D	Performance Year episode cost	$14,300	$9,500	*Prometheus Grouper*
E	Aggregate actual performance year episode costs	$357,500	$475,000	*D X C*
F	Aggregate Savings/Dissavings Achieved	$17,500	$25,000	*(B-D) X C*
G	At least 3% savings achieved?	Yes	Yes	*0.03 X E < F*
H	**Tiered shared savings rate**	73%		*HSCRC Methodology*
I	**Total Incentive Payment Due****	**$31,025**		*Ep. A (F X H) + Ep. B (F X H)*

**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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Dissaving 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.
- **The Dissavings Policy in EQIP** 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. If an EQIP Entity's 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, this will result in removal from EQIP.

EQIP Quality Policy

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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, additional 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.

Overview – EQIP Quality Measure Selection

- EQIP will include a Care Partner-specific quality adjustment to the final Incentive Payment
  - Will apply to the final Incentive Payment after shared savings as a 5% ‘earn back’
- When choosing measures, the State aimed to:
  - Align with CRP Participation Agreement and QPP qualification,
  - Align, where possible, with the CareFirst Episodes of Care Program, and,
  - Tie into Maryland’s Statewide Integrated Health Improvement Strategy.
- **In lieu of physician-level, outcomes measures** (per QPP AAPM standards) the HSCRC aimed to select:
  - Measures that would maximize utilization of Part B claims measures to reduce provider reporting burden,
  - At least 3 measures per specialty area (BPCI-A and ECIP), maximum of 6 (MIPS standard), and,
  - A **high-priority measure** ([§ 414.1415(b)(3)] indicates if no applicable outcomes measures are available, this is suitable).

Care Redesign Program Quality Measures

	HCIP	ECIP	EQIP
Application	Hospital-Level	Hospital-Level, Episode Specific	Physician-Level, Episode agnostic
Selection	HSCRC	HSCRC	HSCRC
Measure Creation	Process, HSCRC	National Quality Forum (NQF)	Merit-based Incentive Payment System (MIPS), including NQF
Payment Adjustment to Care Partners	Based on hospital results	Potential max -5% Incentive Payment CQS Adjustment	Potential max -5% Incentive Payment CQS Adjustment
Reporting	State Monitoring Report	State Monitoring Report	CRP Reports and State Monitoring Report
QPP Eligibility?	Yes	Yes	Yes

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)	✓	✓	✓

Episode Definitions and Parameters

- For each triggered episode, the HSCRC will assess if the three measures were **performed 365 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

Composite Quality Score Next Steps

- The HSCRC will update this group on the final CQS performance calculation after discussions with CMS.
- This will include:
  - Physician level of measurement: Care Partner or CRP Entity
  - Episode level of measurement: for each episode of participation or within on ‘episode area’
  - Statewide scaling methodology
- In future performance years, the HSCRC will work with stakeholders to refine the CQS adjustment and add measures tailored to episodes, potentially including:
  - Prometheus episode grouper “Potentially Avoidable Complications”
  - Outpatient and ambulatory surgery center quality measures
  - Physician-focused outcomes measures
  - Appropriate opioid use measures

EQIP Operations and Timeline

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CRISP EQIP Care Partner Portal

- To support and streamline enrollment, HSCRC staff are working with CRISP/hMetrix staff to develop a Care Partner Portal to support physicians, the HSCRC and CRP Entity with:
  - Enrollment and Opportunity Analysis
  - CMS Vetting and CRP required activities (including reporting)
  - Hospital/CRP Entity Contracting and Operations Support
  - Performance Analytics, Learning System Engagement and Program Communications

Enrollment	Participation Management	Program Data
• Individual or Group Participation • Provider Information • Administrative Proxy Election • Status Tracker	• Episode Election • Intervention Selection • Baseline Data	• Incentive Payments and Savings Summaries • Monthly Performance Analytics

EQIP Next Steps and Timeline

Late Spring 2021	• Operations, monitoring and learning system development finalized
May-June, 2021	• EQIP Recruitment and information sessions • CRISP Credentialing and Enrollment
July 9th, 2021	• EQIP Care Partner Portal opens for enrollment • Baseline Episode experience available
Sept. 1st, 2021	• Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EQIP Care Partner Portal • Providers submitted to CMS for vetting
Dec. 1, 2021	• Care Partner Arrangements and Payment Operations Finalized • CMS Vetting Status Available, Enrollment Finalized
Jan. 1, 2022 PY1 Start	• Care Partner participation opportunity will be annual • Performance analytics start March 2022
Mar. 1, 2022	• Performance analytics available, updated
July 1, 2023	• Incentive Payments distributed

Thank you!

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- **Enrollment Inquiries:**
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- Website: https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx

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