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EQIP Subgroup

July Meeting

7/16/21

Agenda

- Administrative and Enrollment Updates
- EQIP Quality Methodology
- Statewide Opportunity Analysis

Administrative and Enrollment Updates

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

ALL CARE PARTNERS MUST BE ENTERED INTO EEP PRIOR TO SEPTEMBER 1 FOR PARTICIPATION IN 2022

- This is the deadline to submit all potential NPIs for PY1, there will not be an opportunity to add again until PY2
- Contracting will begin *after* CMMI vetting results return in early October
- Care Partners who were not practicing in 2019 or a part of the EQIP Entity may still be included in PY1 Care Partner rosters, so long as the EQIP Entity is meeting eligibility thresholds

- **A lead Care Partner is required to initiate enrollment**, after initiation the Care Partner can elect Administrative Proxy(ies) to continue enrollment
- Baseline data provided is to determine 1) Eligibility and 2) Participation Opportunity
  - This data should not be considered official Target Pricing
  - The Tiered Shared Savings ranking is based on episode elections

Interested EQIP Entities and lead Care Partners should contact EQIP@crisphealth.org for access to EEP

Additional Updates

- Now available on the HSCRC Website:
  - EEP Training and User Guide
  - EQIP Policy Technical User Guide
  - https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx
- Prometheus episode codes (Triggers, relevant diagnoses, relevant procedures) are now available upon request for EQIP Entities initiated in EEP
  - Contact EQIP@crisphealth.org
  - These are provided for illustrative purposes only, replication of EQIP episodes will not be possible
- HSCRC Staff are still available to meet one on one with interested participants and answer specific questions for your organization

EQIP Timeline

July 9th, 2021	• EEP opened for enrollment • Technical Policy and Portal User Guides available • Baseline Episode experience available in EEP
Sept. 1st, 2021	• Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP • 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 • Preliminary Target Prices available in EEP
Mar. 1, 2022	• Performance analytics available, updated
July 1, 2022	• PY2 (2023) Enrollment Opens
July 1, 2023	• Incentive Payments distributed

EQIP Quality Methodology

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 EQIP Entity
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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EQIP Quality Measure Selection for PY1

- EQIP Entity-specific quality adjustment to the final Incentive Payment after shared savings as a 5% ‘earn back’.
- For each attributed episode, the HSCRC will assess whether the three measures below were performed, by any physician, within 364 days preceding the end of the episode.

Measure Characteristics

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

CMS Quality Payment Program (QPP) Standards

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

HSCRC Priorities

- Alignment with CareFirst
- Agnostic to episode-type
- Maryland’s Statewide Integrated Health Improvement Strategy

Measure Name	CPT Codes for Claims Measurement	
Advance Care Plan (NQF #326)	99497 99498	1123F – tracking code, non-billable 1124F – tracking code, non-billable
Documentation of Current Medications in the Medical Record (NQF #419)	G8427 G8430	1159F – tracking code, non-billable
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)	G8422 G8938*	

* For the BMI measure, the denominator will be adjusted downward to account for documented exceptions (G8438). The numerator tabulation will also exclude these instances

Statewide Scaling and Performance Thresholds

- The HSCRC will assign quality points to each quality measure, or “score,” based on each EQIP Entity’s quality performance during the PY, relative to statewide thresholds.
- Performance thresholds will be determined based on data from the 2019 Baseline EQIP episodes
  - This baseline will hold constant for three years, similar to the Target Price baselines
  - For EQIP Entity’s entering in **PY2+, 2023,** the baseline utilized = Statewide 2022, or year preceding the PY
- For each quality measure, the distribution of performance rates for all Baseline Care Partners will be used to determine the performance thresholds specific to each quality measure
  - ***The 80th percentile value*** of the baseline distribution will constitute the top threshold, and performance year scores at the 80th percentile benchmark or above will receive the maximum points (10 points).
  - ***The 20th percentile value*** will constitute the bottom threshold, and performance year scores below the 20th percentile benchmark will receive zero points.

Composite Quality Score (CQS) Performance Assessment

The steps to determine what portion of the 5% of the Incentive Payment 'earned back' by each EQIP Entity are as follows:

1. **Score by Quality Measure:** Each quality measure will be scored at the EQIP Entity level
   - The performance rate for each measure is calculated as:

$$Perfomance\ Rate_{EQIP\ Entity} = \frac{\sum Measure\ Flag}{Total\ count\ of\ episodes} * 100$$

2. **Determine Aggregate Measure Score:** An EQIP Entity can receive up to 30 points (3 measures * 10 points each) for PY1.
   - The total PY points earned are determined by comparing each quality measure's performance rate with the baseline thresholds set
3. **Convert Aggregate Score to Percentile for CQS:** The CQS will equal the sum of the points earned on all applicable quality measures for the PY, divided by 30, the maximum number of points available.
   - The CQS will be calculated at the EQIP Entity level, and will be expressed as a percentage ranging from 0 to 100.

Removal for Minimal Quality Performance

- EQIP will be an AAPM for CMS's Quality Payment Program, including a potential 5% Part B bonus and MIPS exclusion
- It is imperative that the program has strict quality standards to ensure fidelity to the federal programs
- Therefore, EQIP will remove EQIP Entities who achieve minimal quality performance, that is:
  - If the PY performance rate for the EQIP Entity is below the 20th percentile benchmark threshold, the EQIP Entity will receive zero points for that measure and will receive notice that they are on 'probation', and,
  - Two consecutive PYs on probation will result in automatic removal of the Entity from EQIP.

Future Performance Year Quality Development

- Prometheus episode grouper “Potentially Avoidable Complications”
  - E.g. for the Colonoscopy episode, Prometheus will automatically flag codes indicating a Perforation, Peritonitis or Abdominal Abscess.
- Alignment with SIHIS (opioid measure), MDPCP and other physician touching programs
- Improving health equity and addressing health disparities
- Outpatient measures and ambulatory surgery centers
  - EQIP will incentivize shifts in site of service, facilities with poor quality performance should be dis-incentivized
- Physician-focused and episode-specific outcomes measures
- Patient reported outcomes measures (PROMS)

Statewide Opportunity Analysis

Baseline Episodes in CRISP

- Episode baselines available in the EQIP Entity Portal (EEP) will be used to:
  - Establish eligibility and the EQIP Entity,
  - Give EQIP Entities a sense of the cost per episode,
  - Set quality scoring thresholds, and,
  - Determine the Shared Savings Tiered Ranking.
- Target Prices will be available in EEP performance dashboards starting 1/1/2022
  - These will include inflated costs to ensure 2019 baselines are comparable to 2022 costs
  - The Target Prices will not be ‘final’ until the end of 2022, when reconciliation is performed, accounting for inflation throughout 2022.

Reminders for EQIP Episodes

- EQIP will only be for Maryland Medicare FFS beneficiaries enrolled in Parts A and B (no Medicare Advantage or ESRD beneficiaries)
- Episodes trigger on specific CPT codes from a professional claim accompanied by an ICD-10 code for a relevant diagnosis
- Episode are attributed to the rendering provider on the professional claim
- Only episodes that complete prior to 12/31 of the baseline/performance period will be included in counts, this includes episodes that initiate prior to the baseline/performance period
- The lowest and highest cost five percent of episodes are filtered from the data
- Inpatient colonoscopy and endoscopy episodes are excluded
- For episodes <90 days, if there is a gap of more than one day in a beneficiary's coverage, they will be filtered
- Episodes for which there is not enough data, claims or accompanying information to compare the episode are removed

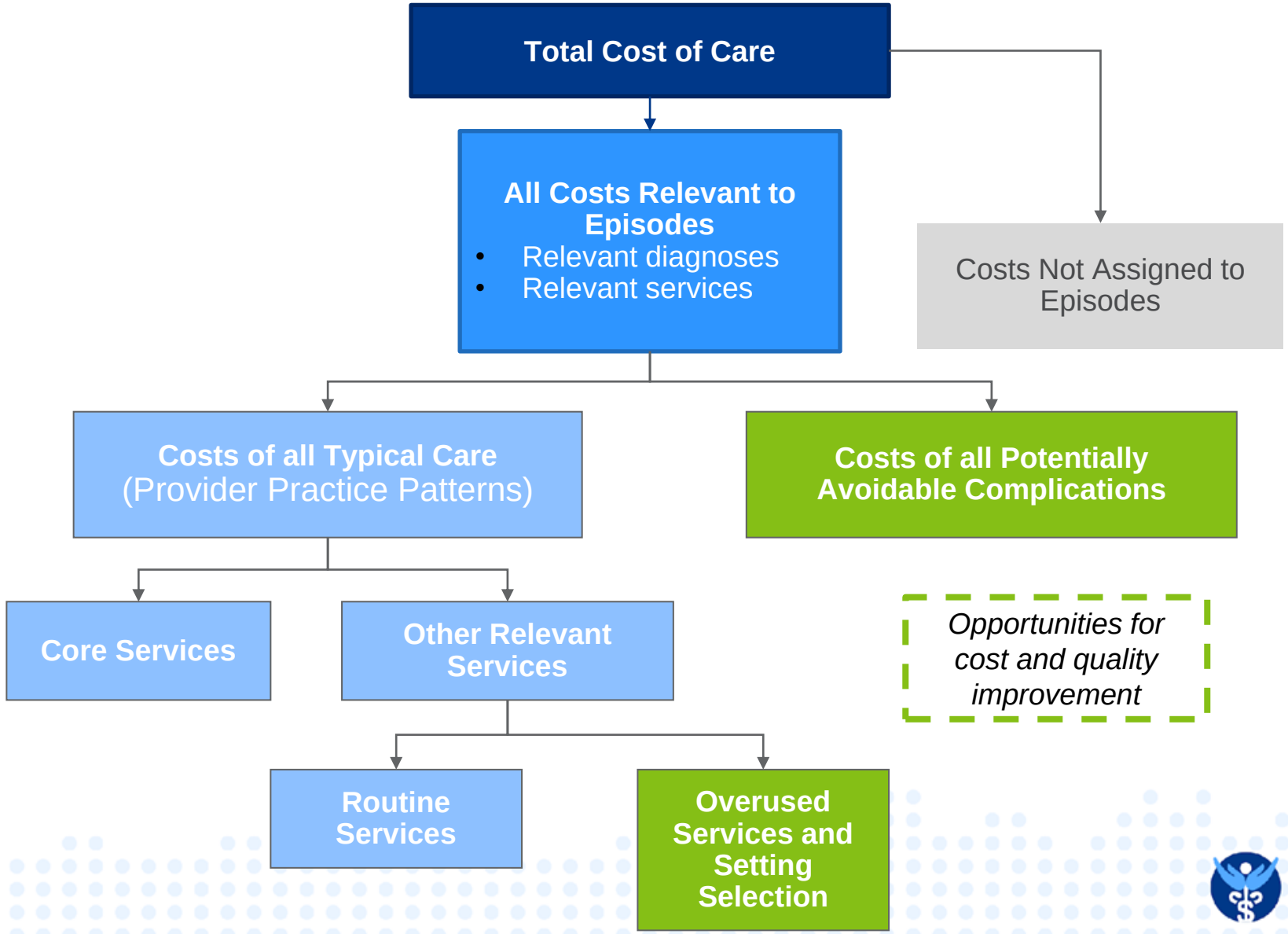
Statewide 2019 Baseline Episodes, Cardio and GI

Clinical Episode Category	Pre-Trigger Window Duration	Post-Trigger Window Duration	Statewide Episode Count	Statewide Average Episode Cost	Total Cost
Acute Myocardial Infarction	None, acute episode	30-Day	3,116	$24,925	$77,666,846
CABG &/or Valve Procedures	30-Day	90-Day	1,707	$64,185	$109,563,635
Coronary Angioplasty	30-Day	90-Day	3,853	$18,593	$71,637,404
Pacemaker / Defibrillator	7-Day	30-Day	3,908	$23,549	$92,028,833
		Grand Total	**12,584**		**$350,896,718**
Colonoscopy	3-Day	14-Day	15,995	$1,808	$28,922,505
Colorectal Resection	30-Day	90-Day	1,322	$35,556	$47,004,774
Gall Bladder Surgery	30-Day	90-Day	2,254	$12,670	$28,557,776
Upper GI Endoscopy	3-Day	14-Day	15,084	$2,337	$35,254,531
		Grand Total	**34,655**		**$139,739,586**

Statewide 2019 Baseline Episodes, Orthopedics

Clinical Episode Category	Pre-Trigger Window Duration	Post-Trigger Window Duration	Statewide Episode Count	Statewide Average Episode Cost	Total Cost
Hip Replacement & Hip Revision	30-Day	90-Day	3,402	$21,062	$71,653,679
Hip/Pelvic Fracture	None, acute episode	30-Day	4,357	$31,396	$136,794,460
Knee Arthroscopy	30-Day	90-Day	919	$4,535	$4,167,320
Knee Replacement & Knee Revision	30-Day	90-Day	6,791	$19,627	$133,288,453
Lumbar Laminectomy	30-Day	90-Day	1,255	$11,197	$14,052,763
Lumbar Spine Fusion	30-Day	180-Day	1,861	$46,619	$86,758,488
Shoulder Replacement	30-Day	90-Day	1,124	$24,682	$27,743,028
		Grand Total	**19,709**		**$474,458,190**

Prometheus Relevant Cost Analysis and Deriving EQIP Savings



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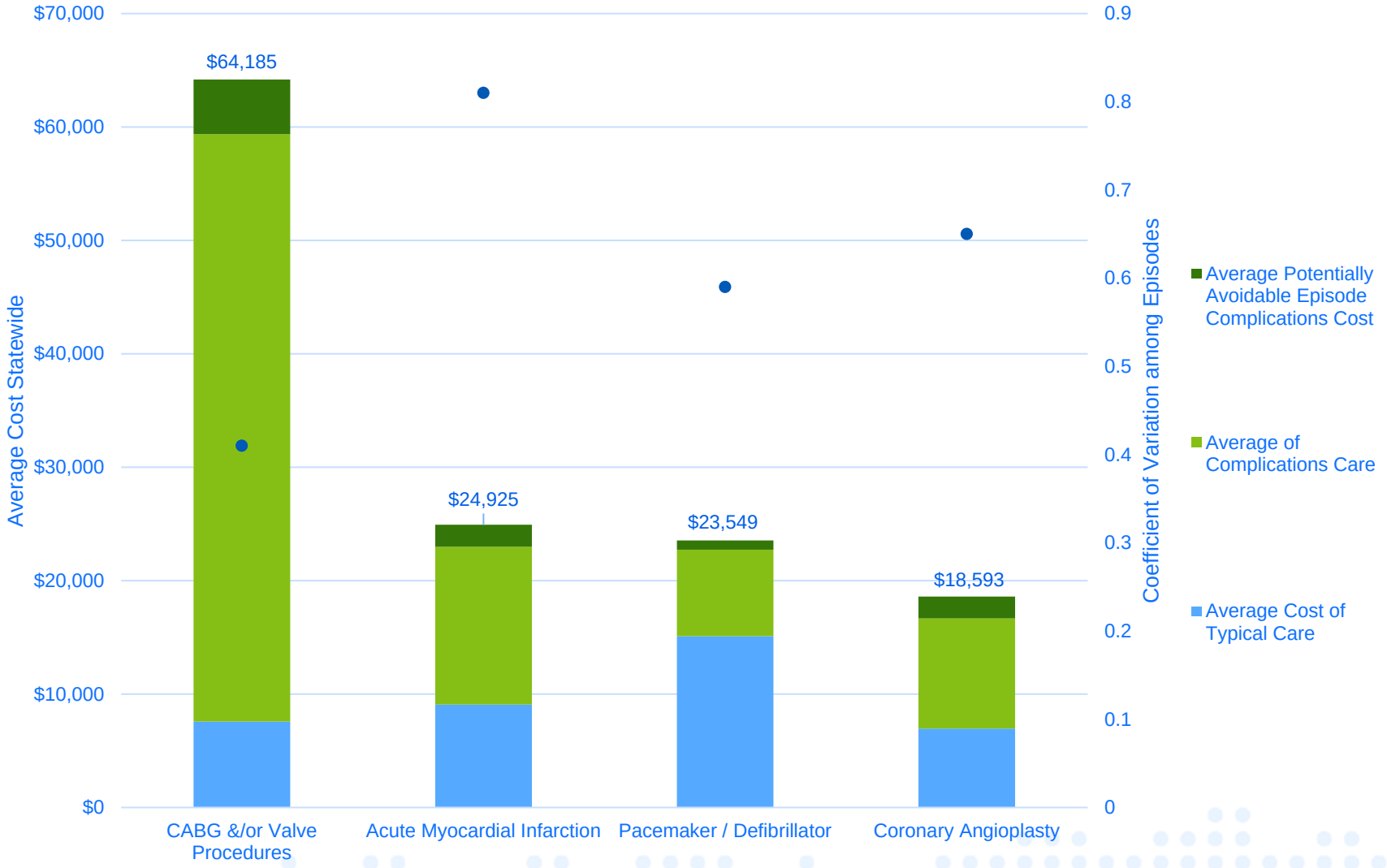
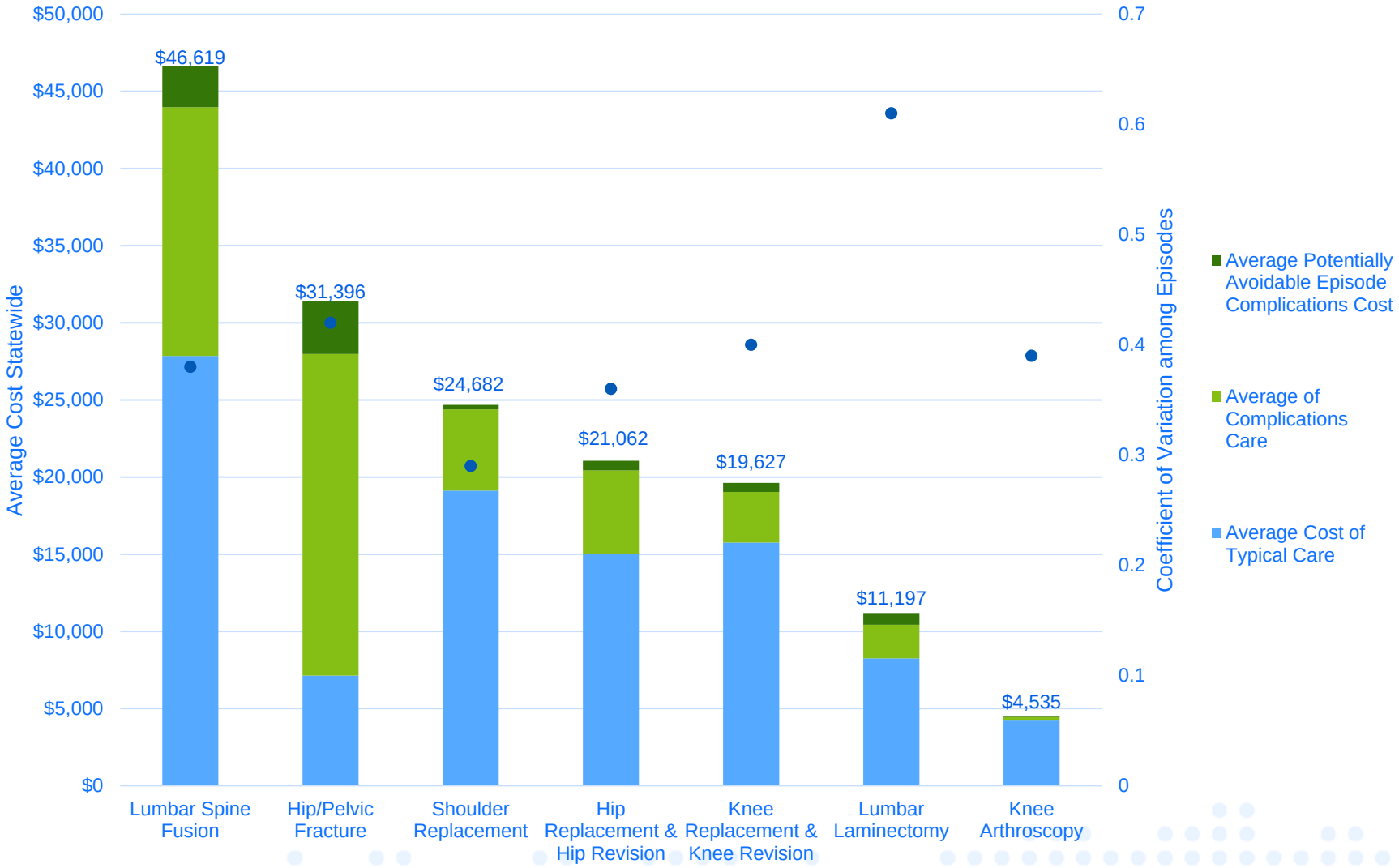
Cardiology Episode Costs and Opportunity for Savings



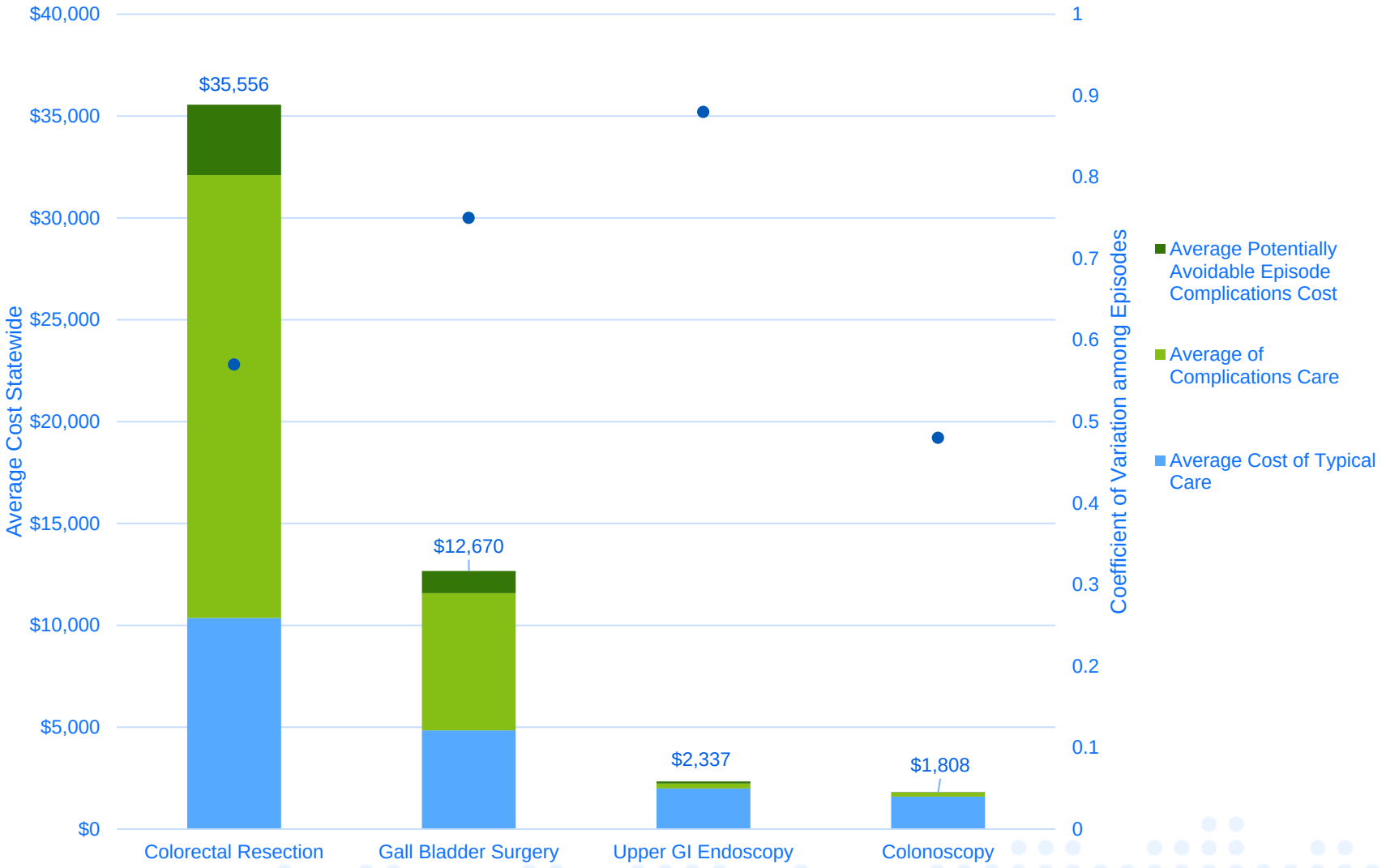
Clinical Episode Category	% of Costs from Complications	% Potentially Avoidable Episode Costs
CABG &/or Valve Procedures	81%	8%
Acute Myocardial Infarction	56%	8%
Pacemaker / Defibrillator	32%	3%
Coronary Angioplasty	52%	10%

Orthopedics Episode Costs and Opportunity for Savings



Clinical Episode Category	% of Costs from Complications	% Potentially Avoidable Episode Costs
Lumbar Spine Fusion	35%	6%
Hip/Pelvic Fracture	66%	11%
Shoulder Replacement	21%	1%
Hip Replacement & Hip Revision	26%	3%
Knee Replacement & Knee Revision	17%	3%
Lumbar Laminectomy	19%	7%
Knee Arthroscopy	5%	2%

Gastroenterology Episode Costs and Opportunity for Savings



Clinical Episode Category	% of Costs from Complications	% Potentially Avoidable Episode Costs
Colorectal Resection	61%	10%
Gall Bladder Surgery	53%	9%
Upper GI Endoscopy	11%	4%
Colonoscopy	11%	1%

Insights for Performance Reporting

- Care Partner level reporting will be available when feasible, in addition to aggregate EQIP Entity performance
  - Reconciliation is at the EQIP Entity level, though the HSCRC recognizes specific performance may be used to split incentives among Care Partners
  - The split of incentive payment is not dictated by EQIP policy
- Insights will be reported at the clinical episode category level, which may include PHI
  - EEP users will have to be credentialed for PHI access into CRISP if they would like performance dashboard
  - Reconciliation and Incentive Payments will be made across all clinical episode categories in which an Entity Participates

Developing Performance Insights

- EEP Performance dashboards will be available starting March of 2022 for PY participants
- Potential EEP Performance insights items like:
  - Potentially avoidable complication costs and rates
  - Place of service costs and rates
  - Quality baseline and performance
- CRISP also will likely develop raw datasets for EQIP Entities interested in performing their own analytics on their own episodes/performance
- The September EQIP Subgroup will further discuss performance opportunities and reporting.
- Please let us know what you would like to see in these report by providing feedback on the CRISP User Forum https://www.crisphealth.org/forums/forum/eqip/

Final Discussion and Thank You!

ALL CARE PARTNERS MUST BE ENTERED INTO EEP PRIOR TO SEPTEMBER 1 FOR PARTICIPATION IN 2022

Interested EQIP Entities and lead Care Partners should contact EQIP@crisphealth.org for access to EEP