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EQIP and PY2 Episodes

March 2022

Agenda

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1. Overview
2. New Episodes and Policy Decisions
3. Performance Data Release Schedule

Brief Overview of EQIP

THE EPISODE QUALITY IMPROVEMENT PROGRAM

Informational Call

April 6th
7:00-8:00pm
Zoom

Join this call to learn more about the Value-Based Medicare Incentive Payment Opportunity for Maryland Physicians

Hear from The Maryland Health Service Cost Review Commission, CRISP, and MedChi on how EQIP could help you

Register Here
Questions?
gtinsley@medchi.org

MedChi
The Maryland State Medical Society
Your Advocate. Your Resource. Your Profession.

Maryland Society of Eye Physicians & Surgeons
EyeM.D.

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The Episode Quality Improvement Program – EQIP

The HSCRC began a voluntary, episodic incentive payment program for specialist physicians in Medicare in January 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 (mostly) utilize the Prometheus Episode Grouper to construct episodes. This allows for alignment with other payers (including CareFirst).

However, there are some clinical areas that Prometheus does not cover. We have been working with stakeholders to develop new episodes for ED physicians.

EQIP Episodes for Year 1

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

Outreach Opportunity

If you are interested in learning more, please reach out to equip@crisphealth.org or gtinsley@medchi.org

- We would be happy to answer any questions that you may have.
- We would also be happy to discuss opportunities for future episodes.

New Episodes for EQIP Year 2

Proposed Prometheus Episodes

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 Mullitus	Hyperglycemia
Dehydration & Electrolyte Derangements	Skin and soft tissue infections
Urinary Tract Infection	Deep vein thrombosis
Nephrolithiasis	

These Episodes fall within four different types of episodes

1. Procedure Based Episodes – These episodes are triggered by one of a physician that performs one of the trigging procedures.
2. Emergency Department Episodes –These episodes are triggered by an ED visit with one of the triggering diagnosis.
3. Complications Episodes – These episodes are triggered by a procedure that is typically part of or closely related too another episode.
4. Chronic Episodes – These episodes are triggered by a patient with a chronic condition that has seen the physician.

Overview of Procedural Episodes

The Episode begins with a Triggering procedure…

AND

Performed by one of the EQIP entities' Care Partners

The Physician is responsible for care that occurs during the episode window…

The Episode Costs are compared to a Target Price for that Episode

Unrelated costs will be excluded from the Episode.

Overview of ED Episodes

The Episode begins with an ED visits and…

The ED Physician is responsible for care lasting 14 days

The Episode Costs are compared to a Target Price for that Episode

A service provided by one of the EQIP entities' Care Partners

A diagnosis with one of the ICD codes for the episodes that the EQIP Entity has chosen to participate in

An ED visit may be followed by another Prometheus episode

Unrelated costs will be excluded from the Episode. HSCRC is working with Stakeholders to develop the list of excluded costs.

Overlap with other Episodes

The overlap between an ED Episode and Procedural Episode is potentially problematic because…

- Savings that are produced in the Procedural Episode will be double counted;
- The accountability for managing the patient is split between different physicians.

We could resolve this by excluding overlapping episode from the ED care.

- This would prevent double payments to physicians; BUT…
- This would limit the savings that an ED physician could earn from avoiding downstream procedures.

Resolving Overlap between ED and Procedural Episodes

In the ED Episode: We will remove any costs associated with a downstream ED episode and replace those costs with the average target price of that episode.

- This allows the ED physician to earn shared savings by avoiding an episode.
- But the ED physician will not be responsible for costs in an episode triggered by another physician.

In the downstream Procedural Episode: The episode will run as usual.

- The physician responsible for that episode will be accountable for managing costs associated with the downstream episode.
- They (not the ED physician) will receive any savings associated with the downstream episode.

Overview of ED Episodes

The Episode begins when a patient comes to the ED with chest pain…

The Average Cost of the AMI Episode will be included in the ED Episode

The ED physician is accountable for managing all costs other than the Procedural AMI Episode

If the physician avoids an AMI Episode, then the ED physician will earn savings. But the cardiologist will be accountable for managing AMI cost if the episode occurs…

An AMI Episode is triggered with a cardiologist…

The cardiologist is accountable of managing the AMI Episode

Next Steps…

We would appreciate thoughts from Stakeholders about this approach.

- It may not be necessary if there is little overlap between episodes.
- For example, if ED physicians treating chest pains in the ED are also responsible for the AMI Episode, then there is no need to separate the episodes.
- We would then need to establish precedence rules. E.g. the ED episode will trigger but not the cardiology episode.

Overview of Complications Episodes

The Episode begins with a Triggering procedure…

Performed by one of the EQIP entities' Care Partners

The Physician is responsible for care that occurs during the episode window…

The Episode Costs are compared to a Target Price for that Episode

A complications Episode may trigger concomitant with another Procedural Episode.

Unrelated costs will be excluded from the Episode. HSCRC is working with Stakeholders to develop the list of excluded costs.

Overlap with other Episodes

The same problem exists with the Complications Episodes…

- Savings that are produced in the Procedural Episode will be double counted;
- The accountability for managing the patient is split between different physicians.

We could resolve this by excluding the complications episode from the procedural episode.

- This would prevent double payments to physicians; BUT…
- This would limit the savings that the physician responsible for the procedural episode could earn from avoiding complications.

We are considering using the same approach as with the ED Episodes.

- The Procedural Episode will include the Average Target Price of any Complications Episode.
- The Complications Episode will trigger with a different physician.

The physician triggering the Procedural Episode will be accountable for managing the procedural Episode. But another physician will be responsible for managing the Complications Episode.

Overview of Complications Episodes

The Episode begins with a Gall Bladder Surgery

The Average Cost of the UTI will be included in the Gall Bladder Episode

Surgeon is accountable for managing all costs other than the UTI Complications

If the physician avoids an UTI Episode, then the surgeon will earn savings. But the urologist will be accountable for managing UTI costs if the episode occurs…

A UTI Complications Episode

A Urologist is accountable of managing the UTI Episode

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.

Reminder on 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 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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Target Price Methodology

- 2019* will serve as the baseline for the first three performance years for all new episodes.
  - 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 EQIP Entity will have a singular Target Price
  - The target price will be the weighted average of the episodes initiated by the participating physicians in the baseline period.
  - An EQIP entity must have at list 50 episodes total and 11 episodes in each episode category they choose to participate in.

* HSCRC is exploring the possibility of using a later baseline period.

PY1: Performance Data Timeline

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Completed Episode Timeline

Episodes are complete 90 days after the end of the post-trigger window:

- A 14-day episode will complete 104 days after it is triggered
- A 30-day episode will complete 120 days after it is triggered
- A 90-day episode will complete 180 days after it is triggered
- A 180-day episode will complete 270 days after it is triggered

The Prometheus algorithm is run quarterly on completed episodes only. Therefore, episodes (including claims run out) must be completed by end of prior quarter to be included in performance data.

EQIP: PY1 Episodes – Performance Data Release Schedule

Dates correspond to episode trigger dates included in release, e.g., 2/28 includes episodes triggered up through February 28th of PY1

Episode	Length	Apr ’22	Jul ’22	Oct ’22	Jan ‘23	Apr ’23	Jul’23
Colonoscopy	14	-	1/01 - 1/17	1/01 - 4/16	1/01 – 7/17	1/01 – 10/17	01/01 - 12/31
Upper GI Endoscopy							
Acute Myocardial Infarction (AMI)	30	-	1/01	1/01 – 3/31	1/01 – 7/01	1/01 – 10/01	01/01 - 12/31
Hip/Pelvic Fracture							
Pacemaker / Defibrillator							
CABG &/or Valve Procedures	90	-	-	1/01 - 1/30	1/01 - 5/02	1/01 - 08/02	01/01 - 11/02
Colorectal Resection							
Coronary Angioplasty							
Gall Bladder Surgery							
Hip Replacement & Hip Revision							
Knee Arthroscopy							
Knee Replacement & Knee Revision							
Lumbar Laminectomy							
Shoulder Replacement							
Lumbar Spine Fusion	180	-	-	-	1/01 - 2/01	1/01 - 5/04	01/01 - 9/30

Implications of the Data Availability Timeline

Participants will have relatively little data by the end of August, when the application window for EQIP Year 2 closes.

- The timeline is driven by CMS' vetting process.
- Participants that are not vetted cannot join EQIP.
- Vetted participants will be allowed to drop up until the start of the year.

Therefore, we recommend that all interested providers complete the application process by August. More data will be available before the final decision to participate needs to be made.

Questions?

Next Steps

Our next steps on EQIP will be:

- Stakeholders that have questions or comments should email us at eqip@crisphealth.org
- The next EQIP subgroup meeting with be May 20th. We will finalize the available EQIP Episodes for Year 2 during that meeting.
- Participants that want to develop their own (non-Prometheus episodes) for Year 3 should start now.