

Agenda

- EQIP Primary Care
- Episode Lengths Comparison
- PROMETHEUS / PACES Entity Performance
- Playbook Review



EQIP Primary Care Subgroup

- Program is to provide incremental funding for primary care in underserved areas.
- Program was approved by the Commission and CMS at the end of last year. Staff is working on implementation targeting a 2025 go-live
 - RFI was completed in January and responses are being compiled
 - Stakeholder sub-group will be hosted by MedChi
 - Initial meeting tentatively schedule at 11 Am on February 28th.
 - For more information or to be included on the relevant distribution, email: hscrc.tcoc@maryland.gov



Episode Specifications – PY1 Episode Categories

* Currently under consideration for parameter modification for closer alignment with current program

Episode Category	Look Back Period (Prometheus)	Episode Length (Prometheus)	Look Back Period (PACES)	Close Period (PACES)	Episode Length (PACES)
Colonoscopy*	3	14	30	90	120
Pacemaker / Defibrillator	7	30	30	90	120
Acute Myocardial Infarction*	-	30	3	90	93
Coronary Angioplasty	30	90	30	90	120
Colorectal Resection	30	90	30	90	120
Gall Bladder Surgery	30	90	30	90	120
Upper GI Endoscopy*	3	14	30	90	120
Hip Replacement & Revision	30	90	30	90	120
Knee Arthroscopy	30	90	30	90	120
Knee Replacement & Revision	30	90	30	90	120
Shoulder Replacement	30	90	30	90	120
CABG &/or Valve Procedures	30	90	30	90	120
Hip/Pelvic Fracture	-	30	3	90	93
Lumbar Laminectomy	30	90	30	90	120
Lumbar Spine Fusion	30	180	30	90	120



Episode Specifications – PY2 Episode Categories

The HSCRC is currently finalizing a PY2 evaluation analysis similar to that which was previously presented for PY1

Episode Category	Look Back Period (Prometheus)	Episode Length (Prometheus)	Look Back Period (PACES)	Close Period (PACES)	Episode Length (PACES)
Asthma	30	End of Study	30	End of Study	End of Study
Chronic Obstructive Pulmonary Disease	30	End of Study	30	End of Study	End of Study
Glaucoma	30	End of Study	30	End of Study	End of Study
Low Back Pain	30	End of Study	30	End of Study	End of Study
Osteoarthritis	30	End of Study	30	End of Study	End of Study
Allergic Rhinitis/Chronic Sinusitis	30	End of Study	30	End of Study	End of Study
Cataract Surgery	3	14	30	90	120
Prostatectomy	30	90	30	90	120
Transurethral resection prostate	30	90	30	90	120
Acute CHF / pulm edema (SRF)	0	30	3	90	93
Cellulitis Skin Infection (SRF)	0	30	3	90	93
Catheter Associated UTIs (SRF)	0	30	3	90	93
Decubitus Ulcer (SRF)	0	30	30	End of Study	End of Study
Dermatitis Urticaria (SRF)	0	30	3	90	93
Deep Vein Throm/Pulm Embolism (SRF)	0	30	3	90	93
Sepsis (SRF)	0	30	3	90	93
Urinary Tract Infection (SRF)	0	30	3	90	93



•••••

PY1 Modeled Performance Summary

Note that these numbers do not fully account for all required associated enrollment changes for a complete mapping and only assume a 'basic' translation of one episode set to another; some episodes with more substantive differences (e.g., spinal procedures) drive much of the observed change below.

Base Episodes Only

Performance Level	# of Entities (PROMETHEUS)	# of Entities (PACES)	Total Savings (PROMETHEUS)	Total Savings (PACES)
Met MSR and received shared savings	19	27	\$12,866,693.12	\$15,309,097.20
Generated savings but did not meet MSR	8	3	\$716,195.96	\$64,377.26
Negative savings	23	19	(\$8,388,109.74)	(\$8,519,584.39)

Including Combinations

Performance Level	# of Entities (PROMETHEUS)	# of Entities (PACES)	Total Savings (PROMETHEUS)	Total Savings (PACES)
Met MSR and received shared savings	19	24	\$12,866,693.12	\$13,017,033.28
Generated savings but did not meet MSR	8	6	\$716,195.96	\$1,145,387.56
Negative savings	23	20	(\$8,388,109.74)	(\$8,293,143.00)

Including Combinations & Sequelae

Performance Level	# of Entities (PROMETHEUS)	# of Entities (PACES)	Total Savings (PROMETHEUS)	Total Savings (PACES)
Met MSR and received shared savings	19	24	\$12,866,693.12	\$14,103,380.76
Generated savings but did not meet MSR	8	6	\$716,195.96	\$854,349.83
Negative savings	23	20	(\$8,388,109.74)	(\$10,938,312.06)



Episode Definition Workbooks

- **Episode Id** Starts with 'TP' for Procedure episodes, 'CA' for Acute and 'CC' for Chronic episodes
- **Type** Treatment or Condition
- Category Acute, Chronic or Procedure
- Rule The rule corresponding to this ID will determine how an episode identification takes place (details available in full business rules documentation)
- Lookback Lookback period part of episode length
- Close ID The rule corresponding to this ID will determine the episode end date (details available in full business rules documentation)
- **Close Period** Used to calculate the episode window
- **Triggers** A list of codes used to possibly trigger the subject episode.
- RelevantDX A list of ICD-10 diagnosis codes considered "relevant" to the subject episode.
- **RelevantPX** A list of CPT, HCPCS, or ICD-10 procedure codes considered "relevant" to the subject episode, where applicable.
- **RelevantRX** This child node of each episode node contains a list of NDC drug codes considered "relevant" to the subject episode. The HSCRC does not currently receive the program data required to include RX codes currently. For informational purposes only

Associations

Episodes that are clinically related and that can be linked together for purposes of service assignment. Two types of Associations:

Episode Sequelae – The function sequelae suggests that one episode is a complication of another episode. In the following example, Sepsis is a complication of Knee Replacement episode.

Knee Replacement (Parent)

Sepsis (Child)

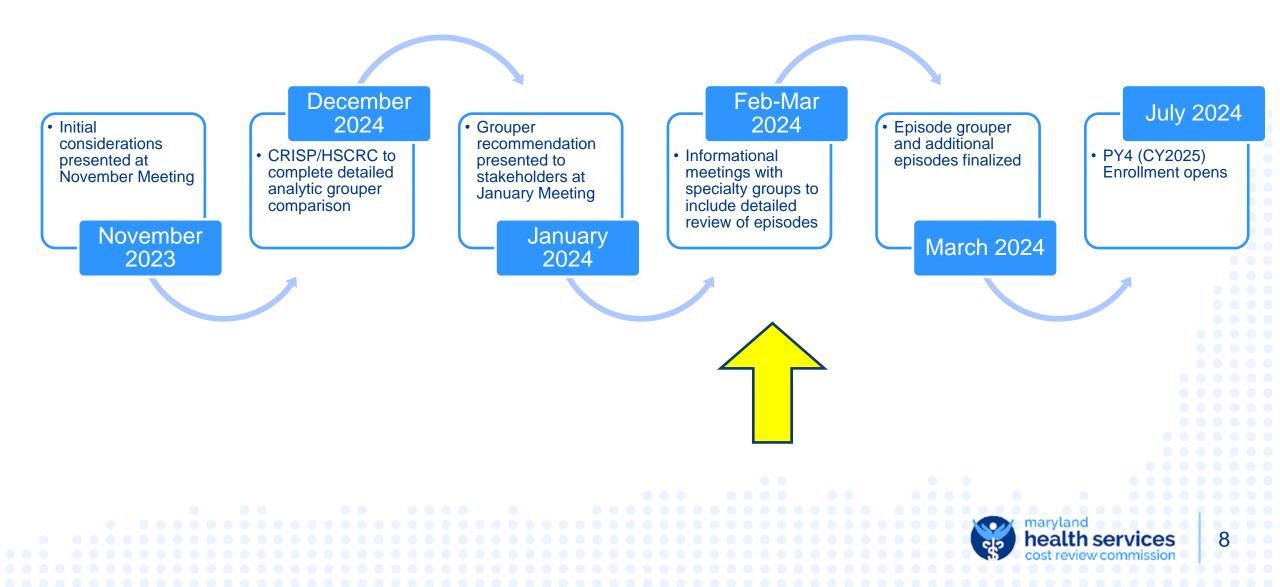
Episode Indication - The Conditions that are indications (reasons) for a Procedure Episode type. In the following example, Osteoarthritis is ٠ the reason for Knee replacement procedure.

> **Osteoarthritis(Parent) Knee Replacement (Child)**

Note that the definition workbooks include associations directly tied to each episode, but the full grouper logic is used to determine which of the possible associations are applied for a specific episode based on the claims data available.



Episode Grouper Decision Timeline



Upcoming Webinars

• Orthopaedics - Friday, February 16, 2024 10:00 AM-11:00 AM

• Cardiology - Tuesday, February 20, 2024 6:00 PM-7:00 PM

• <u>Urology</u> - Tuesday, February 27, 2024 6:00 PM-7:00 PM

• Next Subgroup Meeting: Friday, March 15, 2024 9:00AM-11:00AM





Thank you!

Next Meeting: March 15, 2024

