



Episode Quality Improvement Program (EQIP): New Program Designed for Clinicians

1/16/2020

Agenda

- ▶ **EQIP Design**
 - ▶ Rationale and overview
 - ▶ Payment flow example
 - ▶ Potential episode categories
- ▶ **Operations and Schedule**
- ▶ **Discussion**

EQIP Design*

* State is currently in discussions/negotiations with CMMI on EQIP,
thus everything is subject to change.



Bad News: For years, CMMI has excluded Maryland from many of their models or limited take-up

- ▶ Bundled Payments for Care Improvement Advanced (BPCI Advanced)
- ▶ Oncology Care Model (OCM)
- ▶ New Radiation Oncology (RO) Model [proposed]
- ▶ Comprehensive Primary Care Plus (CPC+)

Good News: Maryland Model* now permits developing our own versions

- ▶ Maryland Primary Care Program (MDPCP started January 2019)
- ▶ **Episode Quality Improvement Program (EQIP)**
 - ▶ Expected RFA in Spring 2020
 - ▶ Expected start date January 2021
- ▶ Also, CMMI permitting Maryland providers into newest proposed kidney models (ETC [proposed], KCF, CKCC)
- ▶ CMMI will permit Maryland providers' participation in their models IF hospitals are not a substantial source of savings
 - ▶ CMMI can't calculate actual Medicare savings in hospitals because of hospitals' Global Budget Revenue (GBR)
 - ▶ For EQIP and similar programs, the State will calculate the savings obtained using a methodology approved by CMS

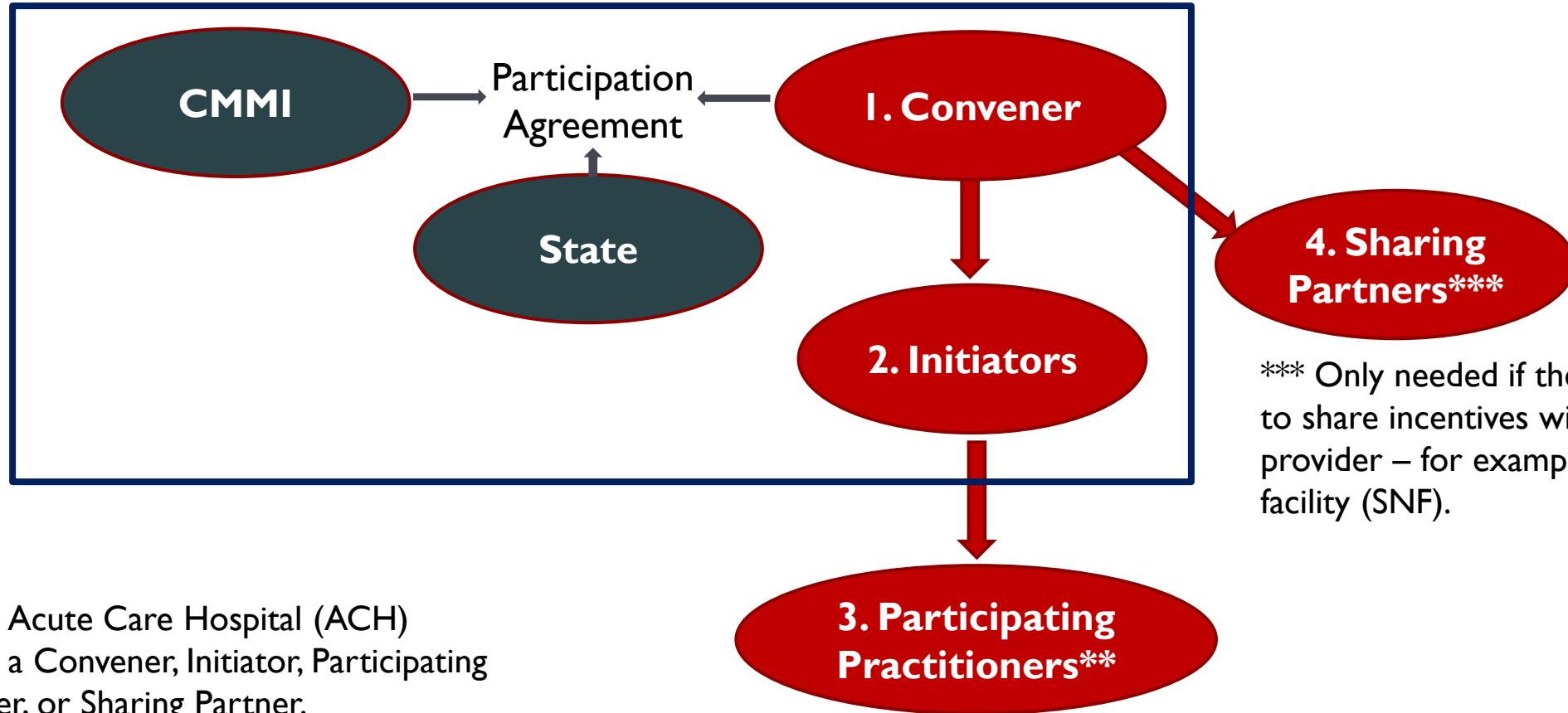
▶ 5 * Sometimes referred to as the All-Payer Model, the Total Cost of Care (TCOC) Model, or “the Waiver.” Of these alternatives, TCOC Model is most accurate.

Episode Quality Improvement Program (EQIP): Overview and goals

- ▶ EQIP is an episode-based payment program for non-hospital providers designed to:
 - ▶ Help the State meet the financial targets of TCOC Model
 - ▶ Include more providers in a value-based payment framework (that is, to have responsibility and share in rewards for reducing Medicare TCOC spending)
 - ▶ Encourage multi-payer alignment in a value-based payment framework
 - ▶ Include more episodes than in CMMI models
 - ▶ Broaden access to Medicare's 5% Advanced APM MACRA opportunity
- ▶ As with almost all Maryland Model programs, participants (Conveners in EQIP context) **must accept more-than-nominal downside risk**
 - ▶ Episode Initiators (e.g., physician partners) can participate through a Convener and agree on risk/reward arrangement
- ▶ Targeted start date of January 2021, with RFA Spring 2020
 - ▶ Can sign up or withdraw annually

EQIP's Types of "Participants"*

* Some attorneys prefer that the term "participants" only refers to those signing the Participation Agreement (PA). In EQIP, that would be only Conveners, plus CMMI and the State.



*** Only needed if the Convener wishes to share incentives with a non-Initiator provider – for example, a skilled nursing facility (SNF).

** Only needed if (1) the Initiator is a PGP or Facility, and (2) that Initiator wants to share payments with their practitioners.

NOTE: An Acute Care Hospital (ACH) cannot be a Convener, Initiator, Participating Practitioner, or Sharing Partner.

EQIP's Types of Participants: 1. Conveners

I. Episode Convener

- ▶ Entity that bears the risk (to CMMI an “Advanced APM Entity”)
- ▶ Legal entity like an ACO, CTO, or a Participant in BPCI-Advanced
- ▶ Respond to Request for Applications (RFA), sign Participation Agreement (PA), and submit Implementation Protocol (IP)
- ▶ Expecting no more than a couple dozen Episode Conveners (but no State/Federal restriction on number)
- ▶ Enter into agreement with Episode Initiators (EIs)
- ▶ Provide their Episode Initiators with resources and support, for example:
 - Technical assistance, outreach and education, enrollment support
 - Care management resources
 - Episode management and analytics

EQIP's Types of "Participants": 2. Initiators

2. Episode Initiators

- ▶ Do not sign PA with CMMI and State
- ▶ Medicare suppliers and providers (e.g., doctors) that:
 - Initiate clinical episodes,
 - Implement care intervention plans,
 - Treat patients
- ▶ Enter into agreement with Convener
 - CMMI and State not a party
- ▶ NPIs like those on:
 - ACO list,
 - MDPCP practice roster, or
 - CRP Certified Care Partner list
- ▶ NPIs must be submitted by potential Conveners to CMMI for vetting (program integrity). Once approved through vetting, can participate with ONE Convener

EQIP's Types of "Participants": 3. Participating Practitioners 4. Sharing Partners

3. Participating Practitioners

- ▶ If the Initiator is a PGP or a non-ACH facility, they may want to share payments with their individual downstream practitioners

4. Sharing Partners

- ▶ The Convener may want to share incentive payments with non-Initiator organizations (e.g., with a PAC facility that is helping reduce readmissions and TCOC but is not an Initiator)

EQIP: Simplified hypothetical example

Actual details TBD

- ▶ Convener elects to take responsibility for Medicare TCOC for:
 - ▶ Triggered by _[CPT code(s)]_
 - ▶ For spending over _[90]_ days
- ▶ The Convener's average Medicare TCOC is \$10,000 per beneficiary
 - ▶ CMS wants its 3% savings: Discount Factor → \$9,700 Target Price
 - ▶ Across the Convener's patients, if the Convener's average per beneficiary spending falls below \$9,700 (assuming certain quality metrics are met), Convener receives payment from Medicare
 - ▶ On the other hand, average Medicare TCOC above \$9,700* will require a payment from the Convener
- ▶ Because Maryland hospitals operate under global budgets, reductions in Medicare hospital utilization do not produce a one-for-one savings to Medicare
 - ▶ Convener payments linked to hospital spending will be discounted by ~50%
- ▶ BPCI Advanced has stop-loss/stop-gain of 20% of sum of Target Prices at the Episode Initiator level

▶ || * Consistent with CMMI's BPCI Advanced, which is the primary model for EQIP
Note: Care management fees, aka MEOS payments, not part of BPCI Advanced

Overview of EQIP episode elements

- ▶ Triggering Service identifiable through claims
- ▶ Duration of Episode
- ▶ Qualifications: Eligible Medicare providers
- ▶ Medicare spending included/excluded
 - ▶ Generally all Part A and Part B spending is included, with some exceptions and limitations
 - ▶ Some Part D may be included for oncology, similar to CMMI's Oncology Care Model (OCM)

EQIP Subgroup will provide State with input on:

- (a) Episodes to include (prioritization), and
- (b) Episode design,

recognizing there are annual opportunities for updates and participation.



State capacity for administering EQIP builds on current ECIP activities (hospital program), p. 1

The State currently administers a hospital-convened version of EQIP called the Episode Care Improvement Program (ECIP). Under ECIP:

- ▶ The State and CMMI developed a Participation Agreement (PA) for hospitals to sign
- ▶ The State developed a template for each hospital to fill out for their participation (Implementation Protocol), approved by CMMI
- ▶ The State and CMMI review hospitals' Implementation Protocol
- ▶ Hospitals send to the State a list of providers to be vetted, which the State uploads to CMS systems on behalf of the hospitals
- ▶ Hospitals are informed which providers passed vetting and can be Certified Care Partners
- ▶ Hospitals send to the State a list of providers to be Certified Care Partners, which the State uploads to CMS systems on behalf of the hospitals

State capacity for administering EQIP builds on current ECIP activities (hospital program), p. 2

- ▶ **Using Medicare claims data, the State and CRISP:**
 - ▶ Calculate Benchmark and Target Prices, similar to relevant CMMI Models but tweaked based on Maryland experience
 - ▶ Provide hospitals with powerful analytic tools to identify opportunities for TCOC improvement [Demo at next meeting?]
 - ▶ Calculate actual performance relative to Target Price + quality adjustments
 - ▶ Inform CMMI of the amount, if any, of reconciliation payments earned by hospital under ECIP, which CMMI then pays
 - ▶ State is NOT planning to do this for EQIP, but under ECIP: Inform hospital of the amount, if any, of incentive payments earned by clinicians, which the hospital is then required to pay
 - ▶ Under EQIP, State/CMMI do not plan to collect/administer the risk/reward payments between the Convener and their Initiators/Partners. However, the Convener will need to have those arrangements in writing and available to the State/CMMI upon request and to provide/receive payments according to those agreements

EQIP Documents

▶ **State/CMMI provide:**

1. Request for [Convener] Application (RFA) – along with attachment/template for vetting potential Episode Initiators, Participating Practitioners, and Sharing Partners
2. Participation Agreement (PA)
3. Implementation Protocol (IP) template – along with attachment/template for final certified Episode Initiators, Participating Practitioners, and Sharing Partners

▶ **Every Convener submits:**

1. Completed Application, including attachment for vetting list of potential Episode Initiators, Participating Practitioners, and Sharing Partners
2. Signed PA
3. Completed Implementation Protocol, including attachment for final certified Episode Initiators, Participating Practitioners, and Sharing Partners

D R A F T

BPCI-A vs. EQIP: Key documents with Conveners

BPCI-A (for effective date of 1/1/20)		EQIP (for effective date of 1/1/21)	
Request for Application (RFA) along with template for potential Episode Initiators (EIs) for vetting and for CMMI to produce preliminary target prices	4/18/19	RFA along with template potential Episode Initiators (EIs) for vetting and for State to produce preliminary target prices	Spring 2020
• Application submitted by Participants	Due 6/24/19	• Application submitted by Conveners	Due Summer
CMS provides preliminary Target Prices	September 2019	HSCRC provides preliminary Target Prices and flat file with non-PHI data	Fall 2020
Participation Agreement (PA) available	Sept. 2019	PA available	Fall 2020
• Signed PA submitted by Participants	Nov. 2020	• Signed PA submitted by Conveners	Fall 2020
Participant Profile template, Care Redesign Plan template, Financial Arrangement list	TBD	Implementation Protocol (IP) Template available, including Certified EI template	Fall 2020
• Participant Profile, Care Redesign Plan, and Financial Arrangement list submitted	Nov. 2019	• IP and Certified EIs submitted	Winter 2020



CMMI episode categories where Maryland is excluded

- ▶ **BPCI Advanced** (<https://innovation.cms.gov/initiatives/bpci-advanced#episodes>)
 - ▶ Ortho (e.g., major joint replacement of the lower extremity (MJRLE))
 - ▶ Cardio (e.g., cardiac defibrillator)
 - ▶ GI (e.g., GI obstruction)
- ▶ **OCM (oncology)**
 - ▶ However, CMMI is phasing out approaches with supplemental care management fees (e.g., MEOS), based on evidence and reductions in Medicare savings
 - ▶ Includes some effects on Part D
- ▶ **Draft: Radiation Oncology (RO)**

Ortho episodes under consideration: Begins with operation + 90 days post-discharge

- ▶ 1. Hip Replacement & Hip Revision*
- ▶ 2. Knee Arthroscopy
- ▶ 3. Knee Replacement & Knee Revision
- ▶ 4. Low Back Pain**
- ▶ 5. Lumbar Laminectomy
- ▶ 6. Lumbar Spine Fusion*
- ▶ 7. Osteoarthritis**
- ▶ 8. Shoulder Replacement
- ▶ 9. Anterior cervical discectomy and fusion (ACDF)

Note: For Y1 (CY21), CMS will not permit EQIP to have Inpatient-triggered episodes – so would exclude those marked with *

* Primarily/exclusively triggered in inpatient setting

** Chronic condition. Would rely more on ICD codes than on CPT codes

Besides Ortho, other episode categories from which Maryland providers excluded in CMMI Models

Cardiology	Gastrointestinal (GI)	Oncology
Acute Congestive Heart Failure / pulmonary edema	Colonoscopy	Breast Biopsy
Acute Myocardial Infarction*	Colorectal Resection*	Breast Cancer
Arrhythmia / Heart Block / Conduction Disorders	Crohn's Disease	Colon Cancer
CABG &/or Valve Procedures*	Diverticulitis*	Gynecological Cancers
Coronary Angioplasty	Gall Bladder Surgery	Lung Cancer
Coronary Artery Disease	Gastro-Esophageal Reflux Disease	Mastectomy
Heart Failure	GI Bleed*	Prostate Cancer
Pacemaker / Defibrillator	Intestinal Obstruction*	Prostatectomy
Shock / Cardiac Arrest (SRF)	Pancreatitis	Rectal Cancer
	Ulcerative Colitis	
	Upper GI Endoscopy	



Discussion

- ▶ Effect of excluding inpatient-triggered episodes in YI?
- ▶ Provider interest in participating?
- ▶ Other thoughts, questions, concerns?