maryland
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Episode Quality Improvement Program Subgroup

September 2022

Agenda

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1. MHCC Grant
2. Enrollment Next Steps
3. Care Partner Arrangement Walkthrough
4. Data Availability and Target Price
5. PY3 Episode Development

MHCC Grant

MedChi
Care Transformation Organization

We are pleased to announce the Maryland Health Care Commission has awarded a grant to MedChi Care Transformation Organization (MedChi CTO) to engage qualifying primary care and specialty practices in a practice transformation program. The program goal is to prepare small practices to participate in alternative care delivery models.

The MedChi CTO will assist practices in completing specific transformation milestones such as assessing their readiness for transformation, redesigning workflows, and providing training to practice staff.

Key Elements of Transformation

We would be happy to assist you in completing the application as well completing the care transformation milestones.

The practice will receive a $250 compensation for each of the first four milestones completed.

The application **will take no more than 15 minutes to complete.**

Administrative and Enrollment Updates

EQIP Enrollment Process

We are Here

September 2nd, 2022

- Deadline for Submission of Care Partners in EEP for CMS vetting

September 2022

- EQIP Entities finalize their episode and intervention selection
- EQIP Entities may split or combine with others if their Care Partners were included in vetting to CMS

October 2022

- CMS Vetting Results are available in EEP
- Care Partner Arrangements Distributed

October – December 2022

- EQIP Entities follow-up with their Care Partners to ensure Arrangement signature

December 31st , 2022

- All Care Partners who signed their Arrangement will be determined 'enrolled'
- Care Partners who do not sign their Arrangements are removed from EQIP Entities for Performance

Enrollment Update for Performance Year Two

Enrollment as of September 2nd:

- 8,300+ Care Partners submitted for CMS vetting*
- Representation from 43 specialties
- 66 EQIP Entities
- Participation in all 45 available EQIP Entities
- *Final participation will not be determined until 1/1/23

Through the end of 2022, the HSCRC and CRISP will work with participants to:

- Finalize CMS vetting status and eligibility
- Adjust Care Partner list as determined by eligibility audit
- Complete contracting and payment operations with UMMC

September - October 2022 Enrollment Activities

- De-duplication of Care Partners across EQIP Entities
  - Care Partners may only be in one EQIP Entity
  - HSCRC/CRISP will contact Lead Care Partner & Admin Proxys of duplicated Care Partners
  - If a Care Partner does not attest to a preference for one Entity and neither Entity claimed the Care Partner, the Care Partner will be assigned to the smallest volume Entity
- EQIP Entities will be audited to ensure at least 75% of Care Partners had at least one claim connected to a baseline episode
  - EQIP Entities who do not reach this threshold will be asked to edit their Care Partner lists
  - If your Entity is not contacted, the threshold will be met
- Results from PECOS audit from CMS will be posted in EEP (Late October)
  - Care Partners who did not pass PECOS screening are not permitted to participate in PY1
  - Program Integrity and Law Enforcement CMS vetting results will be returned late 2022, impact should be smaller

Care Partner Arrangement

Care Partner Arrangements

- As per the State and UMMC's Agreement with CMS, Incentive Payments may not be distributed to an "individual or entity other than a Care Partner with whom the Hospital has a fully executed written Care Partner Arrangement."
- For EQIP, the HSCRC has written a standardized Care Partner Arrangement **required for all Care Partners intending to participate in an EQIP Entity**
  - All Care Partners who pass vetting and are not removed from the Care Partner dashboard in EEP prior to November 1st , 2022* will have an Arrangement generated to digitally sign
  - Care Partners will have the opportunity to sign their Care Partner Arrangement through December 31st , 2022.
  - Care Partners who fail to sign prior to the start of the performance year will be removed from the EQIP Entity and will not be certified to CMS as participating in an AAPM.
  - *This timeline is dependent on when CMS returns results of vetting and the HSCRC will communicate any delays or changes to Lead Care Partners and Administrative Proxies.

Care Partner Arrangement – PY2 Requirement

- All new Care Partners joining in PY2 must sign a Care Partner Arrangement
- Most PY1 Care Partners do NOT need to re-sign a Care Partner Arrangement
- PY1 Care Partners will need to resign if:
  - Payment Remission Recipient Changes
  - Care Partner changes EQIP Entity
- Care Partner Arrangements will be sent out to EQIP Entity Lead Care Partners and Administrative Proxies starting 11/1
  - Contracts will be pre-filled and standardized across the state, no changes will be allowed
  - Email will come from the CRP Entity, University of Maryland Medical EQIP@umm.edu

Care Partner Arrangements must be signed and returned by December 31st, 2022

EQIP Timeline

Jul. 5th, 2022	• EEP opened for PY2 enrollment • Technical Policy and Portal User Guides available • Baseline Episode experience available in EEP
Sep. 2nd, 2022	• EEP closes for PY2 enrollment • Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP • Providers submitted to CMS for vetting
Oct/Nov 2022	• First PY1 quarterly data update available *(refer to Performance Data Release Schedule)* • CMS returns preliminary vetting results and status available in EEP • Contracting with CRP begins
Dec. 31st, 2022	• Care Partner Arrangement Contracting Deadline • Enrollment Status Finalized
Jan. 1, 2023 PY2 Start	• Care Partner participation opportunity will be annual • Preliminary Target Prices and Baseline Data available in EEP
Jan 23, 2023	• Second PY1 quarterly data update available *(refer to Performance Data Release Schedule)*
July 1, 2023	• PY3 (2024) Enrollment Opens
Q3 2023	• PY1 Incentive Payments distributed

Data Availability and Target Price

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Data Availability

At the last SIG Subgroup meeting, several participants requested incomplete data on their EQIP episodes earlier in the performance.

- Unfortunately, the Prometheus grouper will not work with incomplete data. Therefore, we will not be able to provide incomplete data.
- In general, the episodes will require 90 days of episode runout and 90 days of claims runout and will therefore be available 180 days after the episode starts. Data is available earlier for shorter episodes and later for longer episodes.
- We recognize that participants would benefit from earlier data. We are skeptical that claims data will be useful for this purpose. But we are willing to work with providers to see if there are other sources of possible data (e.g. ADT feeds).

If you have suggestions on sources or types of data that would be useful, please reach out to us at EQIP@crisphealth.org.

Final vs. Preliminary Target Prices

In the EQIP portal, participants see a ‘preliminary target price.’ Several participants asked when the target price will be finalized.

- The target price will be final after the end of the year.
- The preliminary target price is equal to the baseline costs in today’s dollars. E.g. baseline costs are multiplied by inflation that occurs between the end of the 2019 and today. You can compare the preliminary target price to an episode occurring today.
- But there are updates to the Medicare payments that occur during the performance year. For example, the IPPS update will take effect on October 1. The preliminary update target price will be updated to include the new inflation that occurs on October 1.
- The ‘final target price’ includes all the inflation that occurs during the year. Most of the fee schedules will be incorporated by the 4th quarter of the year. But the federal government occasionally does strange things at strange times (e.g. sequester) and so we do not consider inflation final until the end of the year.

PY3 Episode Development

Performance Year Three Episode Development Process

Fall/Winter 2022

- Stakeholder Input into Episodes of Interest
- Analytic Plan development

Winter 2023

- PY3 Episode Policy Design
- CMMI Approval of new Episodes

Spring 2023

- PY3 Recruitment and Episode Education

July 2023

- PY3 Enrollment Opens for new Care Partners and EQIP Entities

Additional Episode Development

- We welcome ideas from other stakeholders. In order to develop an episode, stakeholders will need to identify:
  - A list of triggering procedures or diagnosis
  - Included and excluded costs for the episode

- The HSCRC is committed to working with all interested stakeholders, but we have limited bandwidth.
  - We anticipate adding 1-2 new episodes per year
  - We will prioritize based on the number of interested physicians

Thank you!