



maryland
health services
cost review commission

Episode Quality Improvement Program Subgroup

November 2022

Agenda

Agenda

1. Administrative and Enrollment Updates
2. PY1 Performance Data Overview
3. PY3 Episode Development

Administrative and Enrollment Updates

EQIP Enrollment Process

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

November –
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

We are
Here

Enrollment Update for Performance Year Two

Enrollment as of November 18th:

- 3,558 Care Partners*
- Representation from 43 specialties
- 68 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
- Complete contracting and payment operations with UMMC

November - December 2022 Enrollment Activities

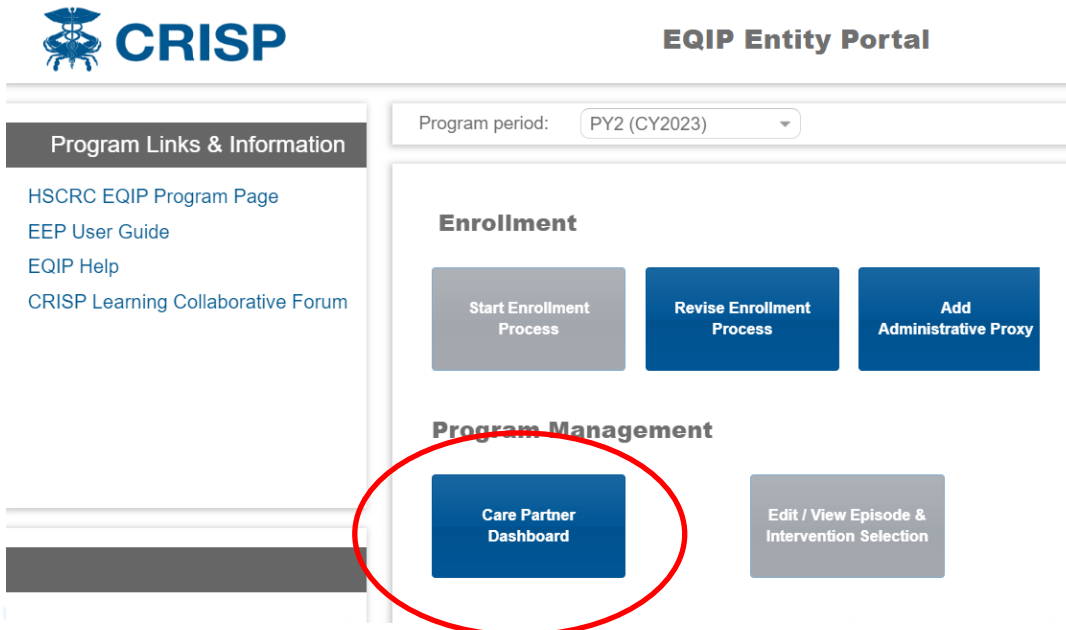
- Results from initial CMS vetting was posted in EEP
 - 25 Care Partners did not pass vetting and are not permitted to participate in PY2
 - Program Integrity and Law Enforcement CMS vetting results will be returned late 2022, impact should be small
- Care Partner Arrangements distributed 11/10
 - Lead Care Partners and Administrative Proxies received a link to access the SharePoint folder created for your Entity. You will be able to download all Care Partner Agreement PDFs for your entity.
 - LCPs and APs are responsible for disseminating the Agreements, obtaining signatures of the individual Care Providers, and sending back signed copies prior to Dec 31st
 - Signed copies must be sent to EQIP@umm.edu
 - Only new providers and those who changed entities, are required to sign a CPA for PY2. PY1 Providers who remain with the same entity do not need to re-sign, their participation is automatically renewed

Renewal of Care Partner Arrangements

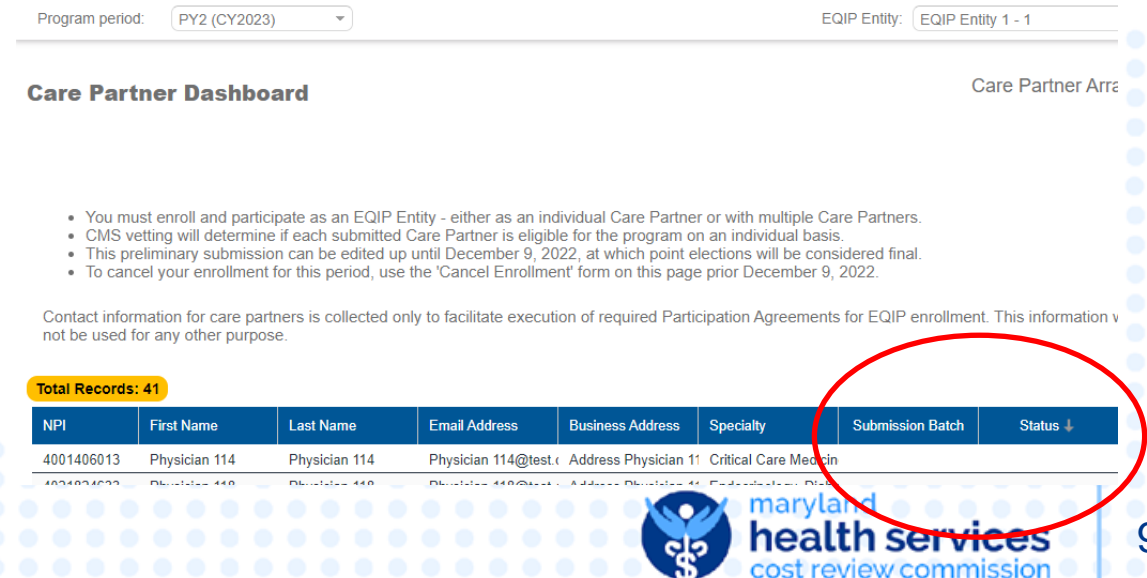
- Renewal of the Care Partner Agreements (CPA) is automatic for subsequent measurement periods, including the next period.
- To ensure the listed providers are registered under the correct entity, we are asking you to confirm in the '[EEP Care Partner Dashboard](#)' that the providers registered under your EQIP entity are still participating.
- If a Care Partner is no longer enrolled with your EQIP entity or if a Care Partner wishes to terminate participation for PY2, email EQIP@crisphealth.org prior to December 31st.

Care Partner Arrangement Status

- Log into EEP, navigate to your Care Partner Dashboard and reference the column “Care Partner Arrangement Status”
- “Signed” indicates the Care Partners that have an existing CPA on file
- Those with no CPA on record (blank) will need to sign to participate in PY2.
- Dashboard will be updated weekly to reflect newly executed CPAs



The screenshot shows the CRISP EQIP Entity Portal. On the left is a sidebar with 'Program Links & Information' including HSCRC EQIP Program Page, EEP User Guide, EQIP Help, and CRISP Learning Collaborative Forum. The main content area has a 'Program period' dropdown set to 'PY2 (CY2023)'. Below this are two sections: 'Enrollment' with buttons for 'Start Enrollment Process', 'Revise Enrollment Process', and 'Add Administrative Proxy'; and 'Program Management' with a 'Care Partner Dashboard' button (circled in red) and an 'Edit / View Episode & Intervention Selection' button.



The screenshot shows the 'Care Partner Dashboard' for 'EQIP Entity 1 - 1' in 'PY2 (CY2023)'. It includes instructions for enrollment and a table of records. The 'Status' column in the table is circled in red.

Program period: PY2 (CY2023) EQIP Entity: EQIP Entity 1 - 1

Care Partner Dashboard Care Partner Arr

- You must enroll and participate as an EQIP Entity - either as an individual Care Partner or with multiple Care Partners.
- CMS vetting will determine if each submitted Care Partner is eligible for the program on an individual basis.
- This preliminary submission can be edited up until December 9, 2022, at which point elections will be considered final.
- To cancel your enrollment for this period, use the 'Cancel Enrollment' form on this page prior December 9, 2022.

Contact information for care partners is collected only to facilitate execution of required Participation Agreements for EQIP enrollment. This information v not be used for any other purpose.

Total Records: 41

NPI	First Name	Last Name	Email Address	Business Address	Specialty	Submission Batch	Status ↓
4001406013	Physician 114	Physician 114	Physician 114@test.c	Address Physician 11	Critical Care Medicin		
4001406023	Physician 114	Physician 114	Physician 114@test.c	Address Physician 11	Critical Care Medicin		

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EQIP Timeline

Jul. 5th, 2022	<ul style="list-style-type: none">• EEP opened for PY2 enrollment• Technical Policy and Portal User Guides available• Baseline Episode experience available in EEP
Sep. 2nd, 2022	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• First PY1 quarterly data update available (<i>refer to Performance Data Release Schedule</i>)• CMS returns preliminary vetting results and status available in EEP• Contracting with CRP begins
Dec. 31st, 2022	<ul style="list-style-type: none">• Care Partner Arrangement Contracting Deadline• Enrollment Status Finalized
Jan. 1, 2023 PY2 Start	<ul style="list-style-type: none">• Care Partner participation opportunity will be annual• Preliminary Target Prices and Baseline Data available in EEP
<i>Jan 23, 2023</i>	<ul style="list-style-type: none">• Second PY1 quarterly data update available (<i>refer to Performance Data Release Schedule</i>)
<i>July 1, 2023</i>	<ul style="list-style-type: none">• PY3 (2024) Enrollment Opens
Q3 2023	<ul style="list-style-type: none">• PY1 Incentive Payments distributed

PY1 Performance Data

1st Quarter Data Availability

- The EQIP portal has been updated to include data on episodes ending in the first quarter of 2022.
 - This allows participants to see how they are performing on the initial tranche of EQIP episodes.
 - We encourage participants not to over interpret the results that are based on relatively small sample sizes.
- Participants can view the performance data through the EQIP Portal.

Program Links & Information

[HSCRC EQIP Program Page](#)
[EEP User Guide](#)
[EQIP Help](#)
[CRISP Learning Collaborative Forum](#)

Program period: **PY1 (CY2022)**EQIP Entity: **UMOA - 9****Enrollment**[Start Enrollment Process](#)[Revise Enrollment Process](#)[Add Administrative Proxy](#)**Program Management**[Care Partner Dashboard](#)[Edit / View Episode & Intervention Selection](#)**Program Data**[View Baseline Data](#)[View Performance/ Savings Summary](#)[Performance Dashboard
\(requires PHI Access\)](#)

The Performance Dashboard shows details breakdowns of episodes and other data.

The Performance Summary shows a summary of EQIP Entity Performance.

Enrollment Status TrackerEnrollment: **Not Started**Care Partner Vetting: **Not Started**Care Partner Contracting: **Not Started****Enrollment is now closed**

Enrollment for the next performance period will open July 1st next year.

Report Navigation

EQIP Summary

EQIP Performance Summary

EQIP Dashboard

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Revert

EQIP Perform

EQIP Entity

(All)

EQIP Entity

Episode Name

 Episodes
Initiated

Total Payments

 Preliminary
Target Price

 Preliminary
Aggregate
Target Price

Anne Arundel Gastroenterology Associates - 10

Colonoscopy

741

\$647,721

\$947

\$701,561

Upper GI Endoscopy

420

\$640,157

\$1,434

\$602,472

Ascension Saint Agnes Hospital - 13

Acute Myocardial Infarction

13

\$323,672

\$30,653

\$398,488

Coronary Angioplasty

48

\$1,637,810

\$27,322

\$1,311,440

Hip Replacement & Hip Revision

<11

<11

\$24,350

<11

Hip/Pelvic Fracture

<11

<11

\$36,349

<11

Knee Arthroscopy

<11

<11

\$7,809

<11

Knee Replacement & Knee Revision

<11

<11

\$26,802

<11

Lumbar Laminectomy

<11

<11

\$14,094

<11

Lumbar Spine Fusion

<11

<11

\$38,485

<11

Associates in Cardiology - 15

Pacemaker / Defibrillator

22

\$825,192

\$32,191

\$708,204

Bethesda Chevy Chase Orthopaedic Associates, LLC - 20

Hip Replacement & Hip Revision

36

\$892,262

\$20,881

\$751,714

Hip/Pelvic Fracture

22

\$683,197

\$30,839

\$678,459

Knee Arthroscopy

<11

<11

\$3,924

<11

Knee Replacement & Knee Revision

90

\$2,131,366

\$20,114

\$1,810,268

Lumbar Laminectomy

<11

<11

\$12,030

<11

Lumbar Spine Fusion

13

\$638,191

\$53,390

\$694,065

Shoulder Replacement

17

\$685,137

\$21,221

\$360,758

Capital Digestive Care, LLC - 7

Colonoscopy

1,981

\$1,999,710

\$1,069

\$2,118,430

Upper GI Endoscopy

936

\$1,251,838

\$1,446

\$1,353,552

Capitol Cardiology Associates PA - 38

Coronary Angioplasty

<11

<11

\$21,852

<11

Pacemaker / Defibrillator

23

\$841,264

\$28,816

\$662,778

Cardiology/CABG/JHH - 48

CABG &/or Valve Procedures

14

\$919,778

\$69,777

\$976,873

Cardiology/CABG/Suburban - 55

CABG &/or Valve Procedures

<11

<11

\$74,395

<11

Cardiology/Mitral Valve Surgery - 50

CABG &/or Valve Procedures

12

\$1,013,956

\$72,879

\$874,550

Cardiology/Pacemaker/JHCP - 52

Pacemaker / Defibrillator

45

\$1,144,122

\$24,744

\$1,113,474

Cardiology/Pacemaker/JHRP - 42

Pacemaker / Defibrillator

17

\$464,616

\$25,419

\$432,121

Cardiology/Pacemaker/JHUSOM - 43

Pacemaker / Defibrillator

70

\$2,781,955

\$32,023

\$2,241,599

The difference between the target price and the total payments indicates how much savings the entity has produced. It is **not** a measure of the entity's savings. The quality adjustment, shared savings percent, and minimum savings rate has not yet been applied.



EQIP Entity Portal

The Target Price Summary breaks down the target prices for each individual episode individual episode category.

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Target Price Summary

EQIP Entity

(All)

Attributed Care Partner

(All)

Episode Name

(All)

Base/Perf Period

Perf Y1

Episode Time Period

(All)

Trigger Place of Service	Episode Volume	Total Episode Cost	Avg. Total Episode Cost	Target Price
Ambulatory Surgical Center	170	\$562,651	\$3,310	\$6,504
Inpatient Hospital	76	\$2,402,657	\$31,614	\$26,842
On Campus-Outpatient Hospital	298	\$5,870,441	\$19,699	\$14,419
Grand Total	544	\$8,835,749	\$16,242	\$13,681

Episode Name	Episode Volume	Total Episode Cost	Avg. Total Episode Cost	Target Price	Episodes above Target Price	% Episodes above Target Price
Acute Myocardial Infarction	16	\$548,729	\$34,296	\$29,444	6	37.50%
Colonoscopy	138	\$220,555	\$1,598	\$1,210	63	45.65%
Coronary Angioplasty	43	\$1,303,734	\$30,319	\$28,305	19	44.19%
Hip Replacement & Hip Revision	61	\$1,706,588	\$27,977	\$23,933	40	65.57%
Hip/Pelvic Fracture	11	\$466,782	\$42,435	\$35,811	10	90.91%
Knee Arthroscopy	21	\$60,303	\$2,872	\$3,339	3	14.29%
Knee Replacement & Knee Revision	155	\$4,311,247	\$27,814	\$22,545	120	77.42%
Upper GI Endoscopy	99	\$217,812	\$2,200	\$1,706	53	53.54%
Grand Total	544	\$8,835,749	\$16,242	\$13,681	314	57.72%

The Price Summary shows the percentage of episodes exceeding the target price.

Average Episode Cost Vs. Target Price

The Place of Service Report breaks down the average cost of each episode based on the Trigger place of service and the first setting post-trigger.

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- Provider Comparison Tool
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- Post-Trigger Hospitalizations – Clinical ...
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- Composite Quality Score
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Trigger and First Post-Trigger Place of Service Summary

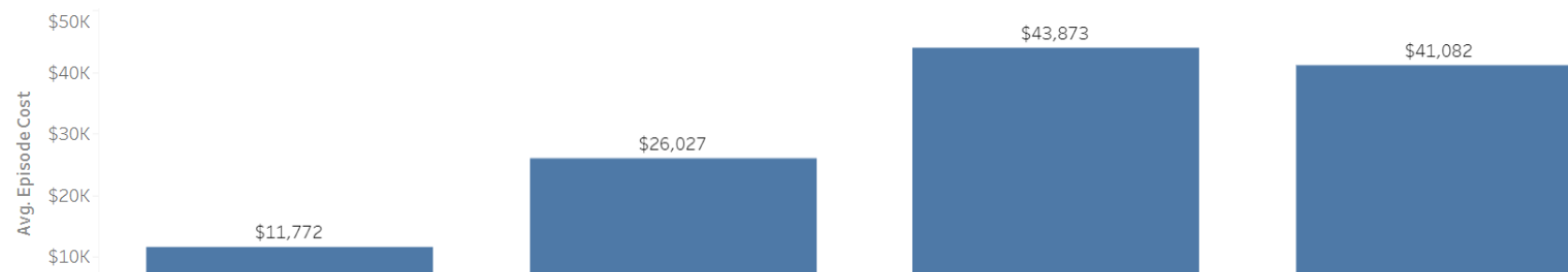
EQIP Entity (All) Attributed Care Partner (All) Episode Name (All) Base/Perf Period Perf Y1 Episode Time Period (All)

Trigger Place of Service	Episode Volume	% of Total Episodes	Total Episode Cost	Avg. Total Episode Cost	Avg. Pre-Trigger Amount	Avg. Trigger Amount	Avg. Post-Trigger Amount
Ambulatory Surgical Cent..	170	31.25%	\$562,651	\$3,310	\$26	\$2,679	\$605
Inpatient Hospital	76	13.97%	\$2,402,657	\$31,614	\$1,043	\$22,597	\$7,974
On Campus-Outpatient H..	298	54.78%	\$5,870,441	\$19,699	\$998	\$14,336	\$4,365

First Post-Trigger Setting

First Post-Trigger Setting	Episode Volume	% of Total Episodes	Total Episode Cost	Avg. Total Episode Cost	Avg. Pre-Trigger Amount	Avg. Trigger Amount	Avg. Post-Trigger Amount
Community	406	74.63%	\$4,779,517	\$11,772	\$2,732	\$9,465	\$3,496
Home Health	109	20.04%	\$2,836,939	\$26,027	\$4,365	\$17,983	\$6,522
Inpatient Hospital	10	1.84%	\$438,733	\$43,873	\$114	\$18,317	\$25,534
Skilled Nursing Facility	19	3.49%	\$780,559	\$41,082	\$511	\$24,153	\$16,822

Avg. Episode Cost by First Post-Trigger Setting





EQIP Entity Portal

The Sequence of Care Report shows settings of care that episodes fall into.

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User Guide

Episode Care Sequence from Trigger Place of Service

EQIP Entity

Attributed Care Partner

Episode Name

Base/Perf Period

Episode Time Period

(All)

(All)

(All)

Perf Y1

(All)

Trigger Place of Service	Episode Sequence	Episode Volume	Total Episode Cost	Avg. Total Episode Cost	Avg. Pre-Trigger Amount	Avg. Trigger Amount	Avg. Post-Trigger A..
Ambulatory Surgical Center	C	158	\$432,771	\$2,739	\$22	\$2,367	\$351
	C-H-C	7	\$80,030	\$11,433	\$21	\$8,658	\$2,754
	C-E-C	2	\$13,770	\$6,885		\$4,560	\$2,324
	E-C	1	\$2,948	\$2,948	\$915	\$1,553	\$481
	C-I-H-C	1	\$31,997	\$31,997		\$9,175	\$22,822
	C-E	1	\$1,135	\$1,135		\$985	\$150
Inpatient Hospital	A-C	19	\$519,024	\$27,317	\$1,859	\$24,089	\$1,368
	A-H-C	8	\$215,548	\$26,944		\$22,824	\$4,120
	A-S	7	\$287,493	\$41,070		\$23,172	\$17,898
	A-S-C	3	\$128,557	\$42,852		\$27,387	\$15,465
	A-C-E-C	3	\$162,931	\$54,310		\$42,487	\$11,823
	A	3	\$82,525	\$27,508	\$11,563	\$15,938	\$7
	A-C-A	2	\$60,412	\$30,206		\$15,794	\$14,413
	H-A-H-H-E-C	1	\$22,789	\$22,789	\$2,409	\$18,882	\$1,498
	H-A-H-H-C	1	\$42,539	\$42,539	\$2,682	\$37,362	\$2,494
	E-C-H	1	\$3,443	\$3,443	\$2,200	\$896	\$348
	C-S-C	1	\$7,218	\$7,218	\$862	\$2,619	\$3,737
	C-A-S-H-C	1	\$39,150	\$39,150	\$3	\$20,013	\$19,134
	C-A-S-C	1	\$30,973	\$30,973	\$10	\$20,389	\$10,575
	C-A-H-C	2	\$52,296	\$26,148	\$85	\$10,842	\$15,221
	C-A-E-C	1	\$46,790	\$46,790	\$114	\$31,501	\$15,175
	C-A-C-E-C	1	\$26,207	\$26,207	\$515	\$23,157	\$2,535
	C-A-C	5	\$138,770	\$27,754	\$42	\$17,580	\$10,133
	C	1	\$2,154	\$2,154	\$116	\$300	\$1,737
	A-S-H	1	\$36,177	\$36,177		\$18,363	\$17,814
	A-S-E-E	1	\$44,163	\$44,163		\$25,029	\$19,134
On Campus-Outpatient Hospital	C	226	\$3,509,061	\$15,527	\$319	\$12,808	\$2,400
	C-H-C	27	\$1,217,722	\$45,101	\$29	\$22,789	\$10,891

The Care Partner and Episode Level Summary allows the EQIP entity to compare individual care partners to the average of the entire EQIP entity.

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Care Partner and Episode Level Cost Summary

EQIP Entity

EQIP Entity 3, 3

Episode Name

Acute Myocardial Infarction

Base/Perf Period

Perf Y1

Episode Time Period

(All)

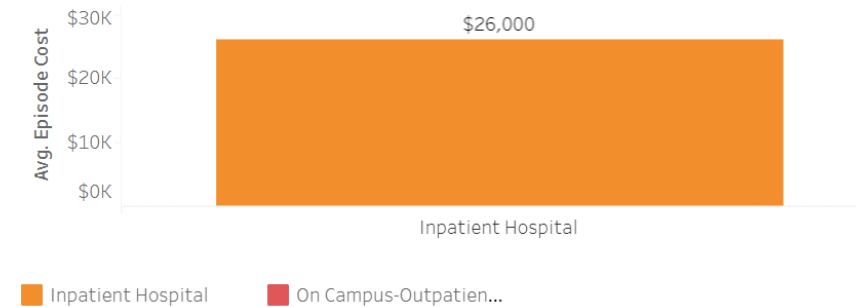
Select a care partner and / or episode above to compare their performance in the tables on the left to all your attributed care partners in the tables on the right.

Attributed Care Partner

Physician 1 - 4495657221

Trigger Place of Service : Physician 1 - 4495657221

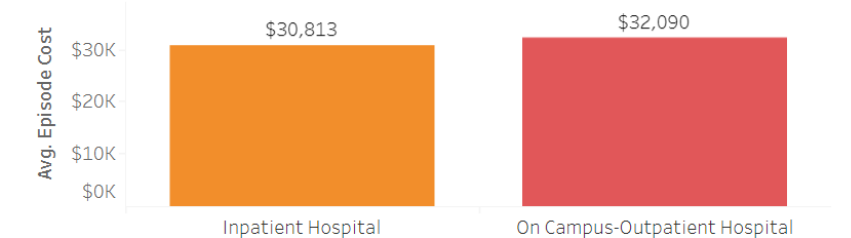
Trigger Place of Service	Episode Volu..	% of Total Epi..	Total Episode ..	Avg. Total Epi..
Inpatient Hospital	1	100.00%	\$26,000	\$26,000


First Post-Trigger Setting : Physician 1 - 4495657221

First Post-Trigger Setting	Episode Volume	% of Total Episodes	Total Episode Cost	Avg. Total Episode Cost
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Trigger Place of Service : All Attributed Care Partners

Trigger Place of Service	Episode Volu..	% of Total E..	Total Episod..	Avg. Total E..
Inpatient Hospital	32	54.24%	\$986,027	\$30,813
On Campus-Outpatient Hos..	27	45.76%	\$866,436	\$32,090


First Post-Trigger Setting: All Attributed Care Partners

First Post-Trigger Setting	Episode Volume	% of Total Episodes	Total Episode Cost	Avg. Total Episode Cost
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The Post-Trigger Hospitalization Summary shows the number of episodes that have a hospitalization post-trigger.

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Post-Trigger Hospitalization Summary

Episodes are broken down by the first post-acute setting of care.

First Post-Trigger Setting		Episode Volume	Episodes with Post-Trigger Hospitalization	Post-Trigger Hospitalization Rate	Post-Trigger Hospitalization Count*	Post-Trigger Hospitalization Amount	Avg. Post-Trigger Hospitalization Amount	Total Episode Cost	Avg. Total Episode Cost	Avg. Post-Trigger Hospitalization Length of Stay
Community		406	9	2.22%	9	\$117,247	\$13,027	\$4,779,517	\$11,772	6.0
Home Health		109	2	1.83%	2	\$28,117	\$14,058	\$2,836,939	\$26,027	2.5
Inpatient Hospital		10	10	100.00%	10	\$205,075	\$20,508	\$438,733	\$43,873	8.7
Skilled Nursing Facility		19	2	10.53%	3	\$25,660	\$12,830	\$780,559	\$41,082	5.0
Grand Total		544	23	4.23%	24	\$376,099	\$16,352	\$8,835,749	\$16,242	6.8

Post-Trigger Hospitalization by Attributed Care Partner

Attributed Care Partner Name	Episode Volume	Episodes with Post-Trigger Hospitalization	Post-Trigger Hospitalization Rate	Post-Trigger Hospitalization Count*	Post-Trigger Hospitalization Amount	Avg. Post-Trigger Hospitalization Amount	Total Episode Cost	Avg. Total Episode Cost	Avg. Post-Trigger Hospitalization Length of Stay
Physician 1	1	0	0.00%				\$26,000	\$26,000	
Physician 2	5	0	0.00%				\$95,389	\$19,078	
Physician 3	2	0	0.00%				\$44,982	\$22,491	
Physician 4	1	0	0.00%				\$38,800	\$38,800	
Physician 5	2	0	0.00%				\$49,813	\$24,906	
Physician 6	2	0	0.00%				\$5,725	\$2,863	
Physician 7	7	0	0.00%				\$5,708	\$815	
Physician 8	11	0	0.00%				\$328,751	\$29,886	
Physician 9	1	0	0.00%				\$7,490	\$7,490	
Physician 10	1	0	0.00%				\$23,608	\$23,608	
Physician 11	2	0	0.00%				\$41,142	\$20,571	
Physician 12	1	0	0.00%				\$8,861	\$8,861	
Physician 13	5	1	20.00%	1	\$25,173	\$25,173	\$185,111	\$37,022	17.0
Physician 14	2	0	0.00%				\$18,225	\$9,113	

The Post-Trigger Hospitalization Summary shows the number of episodes that have a hospitalization post-trigger.

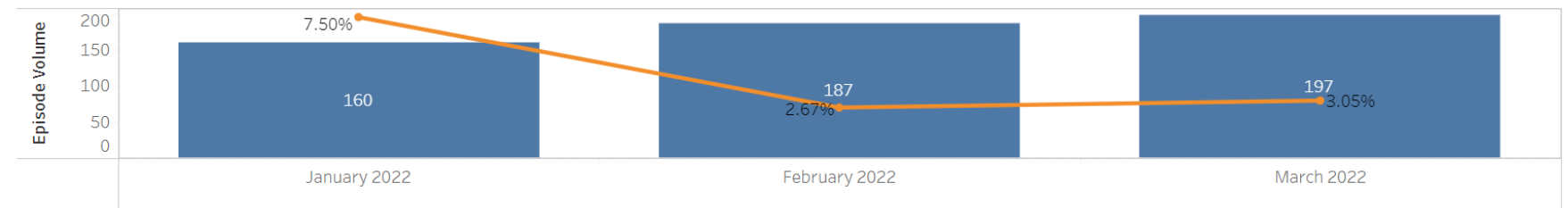
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Post-Trigger Hospitalization Summary

EQIP Entity	Attributed Care Partner					Episode Name	Base/Perf Period	Episode Time Period	
(All)	(All)					(All)	Perf Y1	(All)	
Episode Name	Episode Volume	Episodes with Post-Trigger Hospitalization	Post-Trigger Hospitalization Rate	Post-Trigger Hospitalization Count*	Post-Trigger Hospitalization Amount	Avg. Post-Trigger Hospitalization Amount	Total Episode Cost	Avg. Total Episode Cost	Avg. Post-Trigger Hospitalization Length of Stay
Acute Myocardial Infarction	16	5	31.25%	6	\$84,610	\$16,922	\$548,729	\$34,296	6.6
Colonoscopy	138	0	0.00%				\$220,555	\$1,598	
Coronary Angioplasty	43	3	6.98%	3	\$62,926	\$20,975	\$1,303,734	\$30,319	9.0
Hip Replacement & Hip Revision	61	4	6.56%	4	\$62,246	\$15,562	\$1,706,588	\$27,977	8.3
Hip/Pelvic Fracture	11	0	0.00%				\$466,782	\$42,435	
Knee Arthroscopy	21	0	0.00%				\$60,303	\$2,872	
Knee Replacement & Knee Revisi..	155	11	7.10%	11	\$166,317	\$15,120	\$4,311,247	\$27,814	5.7
Upper GI Endoscopy	99	0	0.00%				\$217,812	\$2,200	
Grand Total	544	23	4.23%	24	\$376,099	\$16,352	\$8,835,749	\$16,242	6.8

Episodes are broken down by episode type.

Episode Volume and Rate of Post-Trigger Hospitalization by Month




EQIP Entity Portal

This page shows the number of Potentially Avoidable Episode Complications.

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Potentially Avoidable Episode Complication Summary

EQIP Entity			Attributed Care Partner			Episode Name		Base/Perf Period		Episode Time Period	
(All) ▾			(All) ▾			(All) ▾		Perf Y1 ▾		(All) ▾	
Episode Name	Episode Volume	Total Episode Cost	Avg. Total Episode Cost	Total PAEC Episodes	% of Total PAEC Episode	Total Episode PAEC Cost	Avg. Total Episode PAEC Cost	Total Typical Complication Episodes	% of Total Typical Complication Episodes	Total Episode Typical Complication Cost	Avg. Total Episode Typical Complication Cost
Acute Myocardial Infarction	16	\$548,729	\$34,296	12	75.00%	\$91,766	\$5,735	12	75.00%	\$368,771	\$23,048
Colonoscopy	138	\$220,555	\$1,598	5	3.62%	\$367	\$3	9	6.52%	\$12,975	\$94
Coronary Angioplasty	43	\$1,303,734	\$30,319	28	65.12%	\$61,891	\$1,439	25	58.14%	\$708,012	\$16,465
Hip Replacement & Hip Revision	61	\$1,706,588	\$27,977	20	32.79%	\$46,041	\$755	11	18.03%	\$258,134	\$4,232
Hip/Pelvic Fracture	11	\$466,782	\$42,435	9	81.82%	\$7,500	\$682	10	90.91%	\$329,426	\$29,948
Knee Arthroscopy	21	\$60,303	\$2,872	3	14.29%	\$190	\$9	0	0.00%	\$0	\$0
Knee Replacement & Knee Revis..	155	\$4,311,247	\$27,814	41	26.45%	\$110,127	\$710	27	17.42%	\$471,398	\$3,041
Upper GI Endoscopy	99	\$217,812	\$2,200	8	8.08%	\$1,053	\$11	3	3.03%	\$1,036	\$10
Grand Total	544	\$8,835,749	\$16,242	126	23.16%	\$318,936	\$586	97	17.83%	\$2,149,752	\$3,952

Potentially Avoidable Complication Details

Complication Type	Complication Group	PAC			TypicalWithComplication		
		Episode Volume	PAEC Claim Count	PAEC Cost	Episode Volume	PAEC Claim Count	PAEC Cost
1 - PACs related to the index stay(s)	Atrial Flutter / Fibrillation	10	26	\$6,237	22	44	\$341,091
	Compl of joint prosthesis orthopedic proced	16	53	\$31,774	11	25	\$312,187
	Hypotension / Syncope	9	23	\$13,105	9	15	\$229,390
	Fluid Electrolyte Acid Base Problems	10	32	\$22,858	7	12	\$40,669



EQIP Entity Portal

This sheet shows each EQIP entity's performance on meeting each of the quality measures.

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Quality Score Summary

EQIP Entity		Attributed Care Partner			Base/Perf Period		Episode Name	
(All)		(All)			Perf Y1		(All)	
EQIP Entity	EQIP Probation	Advance Care Performance Rate	Advance Care Score	Current Medications Perfo..	Current Medications Score	BMI Performance Rate	BMI Performance Score	Composite Quality Score
EQIP Entity 1 - 1	No	39.71%	10	40.28%	9	14.99%	7	86.67
EQIP Entity 2 - 2	No	42.71%	10	32.32%	6	13.47%	6	73.33
EQIP Entity 3 - 3	No	47.26%	10	38.31%	8	12.94%	5	76.67

EQIP Entity	EQIP Probation	Advance Care Numerator	Advance Care Denominator	Current Medications Numerator	Current Medications Denominator	BMI Numerator	BMI Denominator
EQIP Entity 1 - 1	No	486	1,224	493	1,224	183	1,221
EQIP Entity 2 - 2	No	337	789	255	789	106	787
EQIP Entity 3 - 3	No	95	201	77	201	26	201

Care Partner Level Quality Score Summary

Advance Care	Advance Care	Advance Care	Advance Care	Current	Current	Current Medications	Current	BMI	BMI	BMI	BMI
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This sheet shows also shows how each Care Partner is performing on each of the quality measures.

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Care Partner Level Quality Score Summary

Attributed Care Partner	Advance Care Numerator	Advance Care Denominator	Advance Care Performance Rate	Advance Care Score	Current Medications Numerator	Current Medications Denominator	Current Medications Performance Rate	Current Medications Score	BMI Numerator	BMI Denominator	BMI Performance Rate	BMI Performance Score
Physician 1 - 4495657221	0	1	0.00%	0	0	1	0.00%	0	0	1	0.00%	0
Physician 2 - 4405307286	6	21	28.57%	9	6	21	28.57%	4	2	21	9.52%	3
Physician 3 - 4425715198	5	9	55.56%	10	6	9	66.67%	10	2	9	22.22%	10
Physician 4 - 4425867584	4	4	100.00%	10	4	4	100.00%	10	1	4	25.00%	10
Physician 5 - 4435645385	0	12	0.00%	0	0	12	0.00%	0	0	12	0.00%	0
Physician 6 - 4455869716	0	10	0.00%	0	4	10	40.00%	9	1	10	10.00%	3
Physician 7 - 4455017827	23	24	95.83%	10	23	24	95.83%	10	1	24	4.17%	0
Physician 8 - 4475027186	67	69	97.10%	10	14	69	20.29%	0	3	69	4.35%	0
Physician 9 - 4475068297	2	4	50.00%	10	0	4	0.00%	0	0	4	0.00%	0
Physician 10 - 4485163328	11	20	55.00%	10	12	20	60.00%	10	11	20	55.00%	10
Physician 11 - 4485178912	4	17	23.53%	8	4	17	23.53%	1	2	17	11.76%	5
Physician 12 - 4596204608	3	11	27.27%	9	5	11	45.45%	10	1	11	9.09%	2
Physician 13 - 4596222378	1	15	6.67%	0	1	15	6.67%	0	0	15	0.00%	0
Physician 14 - 4506484175	2	10	20.00%	6	7	10	70.00%	10	7	10	70.00%	10
Physician 15 - 4506565553	9	11	81.82%	10	7	11	63.64%	10	1	11	9.09%	2
Physician 16 - 4526597940	5	10	50.00%	10	8	10	80.00%	10	7	10	70.00%	10
Physician 17 - 4536614131	18	20	90.00%	10	20	20	100.00%	10	19	20	95.00%	10

This sheet shows the calculation of the Shared Savings Payments for each of the EQIP entities.

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Reconciliation

PY1 (CY2022) Reconciliation Summary

Jan 2022 - Mar 2022

All numbers displayed in this report are considered preliminary until the final reconciliation after a performance period ends and may change substantively as additional episodes complete and data becomes available.

Click on an EQIP Entity in the table below to display a detailed episode category breakdown.

EQIP Entity	Total Participating Episode Categories	Total Volume	Aggregate Target Price	Aggregate Episode Payments	Minimum Savings Threshold	Total Savings (Dissavings) Generated	Shared Savings Tercile*	Participant Savings Share
EQIP Entity 1 - 1	3	289	\$1,450,823	\$1,914,675	\$43,525	(\$463,851)	2	\$0
EQIP Entity 2 - 2	4	196	\$4,303,521	\$5,068,611	\$129,106	(\$765,091)	2	\$0
EQIP Entity 3 - 3	2	59	\$1,688,191	\$1,852,463	\$50,646	(\$164,272)	2	\$0

Reminder: Participants earn a share of the difference between the target price and the episode costs based on their relative cost in the baseline period.

* Tercile 1 (1st – 33rd percentiles): 50% savings paid to EQIP Entity / 50% savings paid to Medicare
 Tercile 2 (34th – 66th percentiles): 65% savings paid to EQIP Entity / 35% savings paid to Medicare
 Tercile 3 (67th – 100th percentiles): 80% savings paid to EQIP Entity / 20% savings paid to Medicare

Participants only earn savings if they exceed the minimum savings threshold.

Quality Adjusted Savings

This sheet also shows the application of quality adjustment.

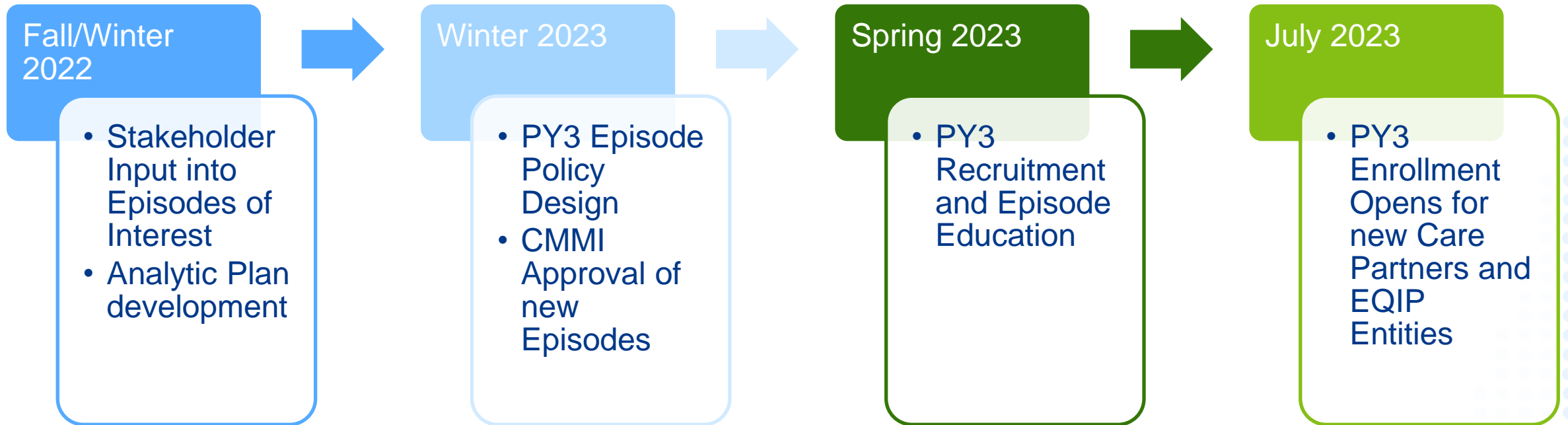
EQIP Entity	Quality Score(%)	Quality Withholding	Earned Quality Adjustment	Quality Adjusted Shared Savings	Prior Year Dissavings	Aggregate Incentive Payment Cap	Final Shared Savings Total
EQIP Entity 1 - 1	86.67	\$0	\$0	\$0	\$0	\$13,102,780	\$0
EQIP Entity 2 - 2	73.33	\$0	\$0	\$0	\$0	\$15,462,127	\$0
EQIP Entity 3 - 3	76.67	\$0	\$0	\$0	\$0	\$3,926,742	\$0

Additional Data Availability to Come

- More data is available through DEX. This includes:
 - Summary data on each episode.
 - Claims level detail on each episode.
- HSCRC will be holding a webinar to walkthrough the EQIP Portal Data and the DEX files in December.
- Additional data will be added to the EQIP Portal on a quarterly basis.

PY3 Episode Development

Performance Year Three Episode Development Process



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

Potential New Episodes

We have been discussing adding the following episodes:

- Additional Prometheus episodes
 - Acute CHF / Pulmonary Edema
 - Chronic Obstructive Pulmonary Disease
 - Deep Vein Thrombosis / Pulmonary Embolism
 - Pneumonia
 - Sepsis
 - Oncology Episodes
- Chronic Kidney Disease / ESRD
- Behavioral Health Episodes

We would be happy to discuss additional episodes. But we need to begin discussions prior to the end of the year.

Thank you!