



maryland
health services
cost review commission

Episode Quality Improvement Program Subgroup

January 2023



Agenda

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1. Final Enrollment Statistics and Updates
2. EQIP Timeline
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

Enrollment Summary

EQIP entities enrolled:	62
Total Care Partners:	2,787
Specialties represented:	43
Participation in all 45 available EQIP Episodes	
Smallest Entity:	1 CP
Largest Entity:	994 CPs
Entities participating in more than 2 episodes:	36

Clinical Episode Categories	Number of EQIP Entities	Number of Care Partners
Allergy	14	1461
Cardiology	24	1570
Dermatology	5	1201
Emergency Care	11	1703
Gastroenterology	21	1545
Ophthalmology	7	1171
Orthopedics	33	2097
Urology	6	238

EQIP Final Eligibility Audit and Probation Status

- Volume Thresholds: Due to the composite of final Care Partner lists, some entities fell below threshold for certain episodes. Participation in those episodes will be terminated, other episodes participation will continue.
- Claim Threshold: EQIP Entities must have at least 75% of their enrolled Care Partners with at least one claim included in an episode's window for the baseline period (CY 2019). Care Partners who do NOT touch a claim in baseline are considered on probation and must touch a claim in PY2 to be eligible for PY3.
- Quality Metrics: If Entity did NOT meet minimal quality performance during baseline period, entity will be placed on probation. Two consecutive performance years on probation will result in automatic removal of the Entity from EQIP.

EQIP Timeline

Jul. 20220	• EEP opened for PY2 enrollment
Sep. 2022	• EEP closes for PY2 enrollment • Providers submitted to CMS for vetting
Oct/Nov 2022	• Contracting with CRP begins
Dec. 31 st , 2022	• Care Partner Arrangement Contracting Deadline
<u>Calendar Year 2023</u>	
Early Jan 2023	• Enrollment Finalized
Jan 1, 2023	• Performance Year 2 Starts
Feb 24, 2023	• PY1 Q2 data available in EEP • PY2 Preliminary Target Prices and Baseline Data available in EEP
April 28, 2023*	• PY1 Q3 data available in EEP
July 1, 2023	• PY3 (2024) Enrollment Opens
July 28, 2023*	• PY1 Q4 data available in EEP
Q3 2023	• PY1 Incentive Payments distributed
Oct 27, 2023*	• PY2 Q1 data available in EEP

* Performance Data Release Schedule may vary to ensure QA

Additional Updates

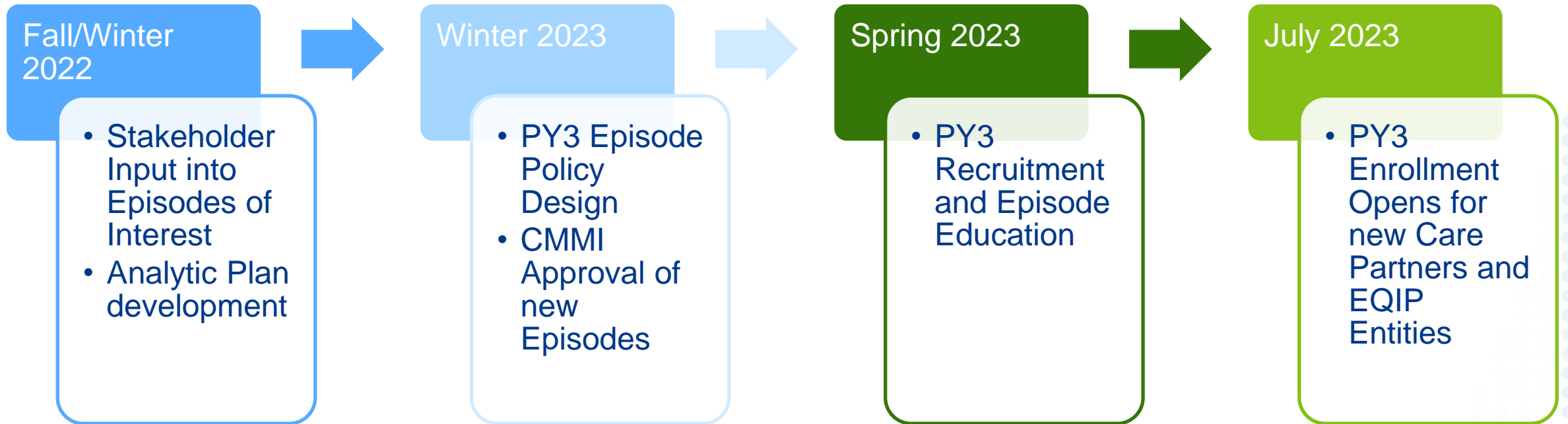
- Available on the CRISP Learning System:
 - EEP Training and User Guide
 - EQIP Policy Technical User Guide
 - <https://www.crisphealth.org/learning-system/eqip/>
- HSCRC Staff are still available to meet one on one with interested participants and answer specific questions for your organization
- Contact: eqip@crisphealth.org

Target Price Adjustment

- HSCRC staff have been assessing the EQIP target prices to validate current methodology. In our review, we noticed higher than expected SNF payments; in essence, actual inflation exceeded the expected inflation in SNF payments.
- On October 1, 2019, CMS implemented the Patient Driven Payment Model (PDPM), which makes substantial changes to the payment system.
 - SNF Payments are now based on six components of a patient's conditions: nursing, physical therapy, occupational therapy, speech–language pathology, NTA items, and room and board, which are summed to establish a daily.
 - The change in the payment system included SNF 'parity adjustment' which is intended to ensure that changes to the SNF payment system was budget neutral.
- CMS recognized the excess inflation and announced that they were revising the parity adjustment for future years.
- We will be revising the target pricings for 2022 in order to increase the target prices to account for the unrecognized inflation.

PY3 Episode Development

Performance Year Three Episode Development Process



Potential New Episodes

- Additional Prometheus episodes
 - Acute CHF / Pulmonary Edema
 - Chronic Obstructive Pulmonary Disease
 - Deep Vein Thrombosis / Pulmonary Embolism
 - Pneumonia
 - Sepsis
 - Oncology Episodes
- New Episode Development
 - Chronic Kidney Disease (CKD)
 - Muscularskeletal (MSK)
 - Behavioral Health

Chronic Kidney Disease (CKD) – Episode Specs and Development

Inclusion

- Maryland Medicare FFS beneficiaries

Episode Trigger

- Stage IV CKD (N18.4)

Episode Length/End Date

- The Episode will last until 90 days after the beneficiary progresses to ESRD.

Additional Specifications

- Unlike a fixed episode length, a variable length episode will require an alternative target pricing methodology.
 - Panel based target pricing
 - PBPM target pricing
- Exclusions

Musculoskeletal (MSK) – Episode Specs and Development

Inclusion

- Maryland Medicare FFS beneficiaries

Exclusions

- MSK Surgery within 6 months
- Active Oncology
- ESRD
- Long term opiates
- Substance Abuse
- Trauma
- Neuro

Episode Trigger

- PT Evaluation (CPT: '97161, 97162, 97163') *with*
- MSK Diagnosis (ICD10: M00-M27, M30-M36, M40-M54, M60-M96.89, M97-M97XXS, M99-M99.9, S00-S99)

Additional Specifications

- Episode Length
- Provider Attribution

Behavioral Health – Episode Specs and Development

Beneficiary Inclusion

- Maryland Medicare FFS beneficiaries
- Severe Mental Illness within the past 2 years. SMI includes:
 - Bipolar Disorder
 - Schizoaffective Disorder
 - Major Depressive Disorder
 - And others

Eligible Participants

- Psychiatrists (e.g., MD, DO) and Psychiatric Mental Health Nurse Practitioners (PMHNP)
- Includes therapists like LCSW, LCPC, LMHC, etc.

Episode Attribution

- If a member has a diagnosed Severe Mental Illness (SMI) and has been seen by at least 1 BH provider in the last **year**, they are attributed to the BH Co-Op of their BH provider.
- Beneficiaries are assigned to the BH providers for the entire year.



Thank you!