



maryland  
**health services**  
cost review commission

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## EQIP Subgroup

May Meeting

5/19/2023

# Agenda

- Physician Alignment Update
- Performance Year 3 – Episode Development
- Performance Year 3 – Enrollment Timeline and Training

# Physician Alignment Update

# Physician Engagement and Alignment Workgroup Written Recommendation

- Draft Recommendation:

<https://hscrc.maryland.gov/Documents/Modernization/Progression/Physician%20Engagement%20%26%20Alignment%20Workgroup%20Written%20Recommendations%205.12.2023.pdf>

# Performance Year 3 – Episode Development

# Overview of New PY3 Episodes

We have nearly finalized newly created episodes that will be included in Year 3 of the EQIP program.

- Musculoskeletal (MSK)\* and Chronic Kidney Disease (CKD)\*

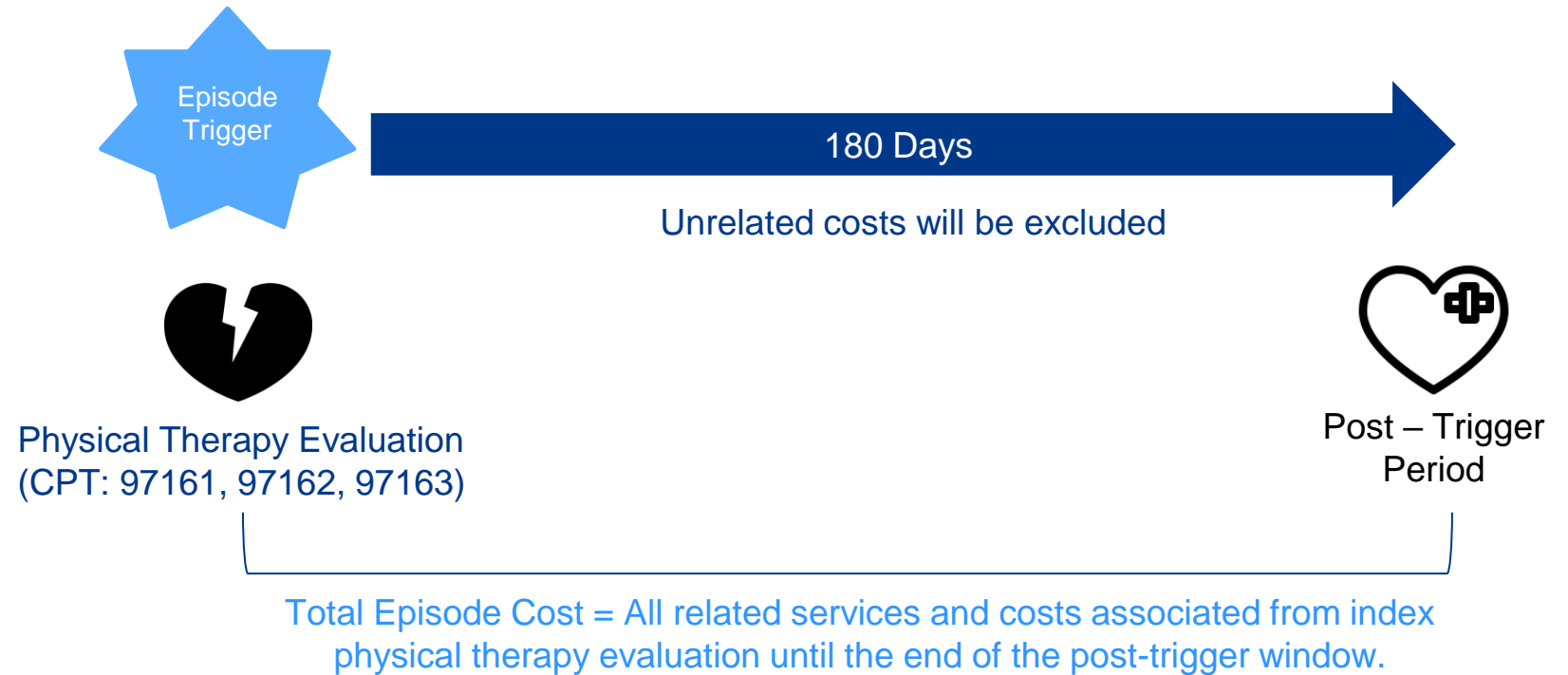
We will also add additional Prometheus episodes:

- Acute CHF / Pulm Edema (ACCHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Deep Vein Throm/Pulm Embolism (DVTPE)
- Pneumonia (PNE)
- Sepsis (SEPSIS)

We will provide the triggering diagnosis codes and relevant costs to interested physicians upon request. Please email: [equip@crisphealth.org](mailto:equip@crisphealth.org)

*\* Episodes may have minor changes and final specs will be published prior to the Enrollment period*

# Musculoskeletal (MSK) – Non-Prometheus Episode



*Note: Beneficiaries with a MSK surgery within prior 6 months of trigger are excluded from episode*

\* Episodes may have minor changes and final specs will be published prior to the Enrollment period



# Episode Triggers – MSK

| Trigger Group Name          | Code Type | Codes   |
|-----------------------------|-----------|---|
| Physical Therapy Evaluation | CPT       | 97161<br>97162<br>97163   |
| Musculoskeletal             | ICD10     | M13, M15-M19, M20-M25, M40-M43, M47, M48.0-M48.1, M49, M50.1 - M50.9, M51.1 - M51.9, M54, M62.0-M62.1, M62.81, M62.83, M62.89, M62.9, M63, M65.2 - M65.9, M70--M71, M75-M79, M80 - M81, M94<br><br>S33,S43, S46, S53, S56, S63, S66, S73, S76, S83, S86, S93, S96 |

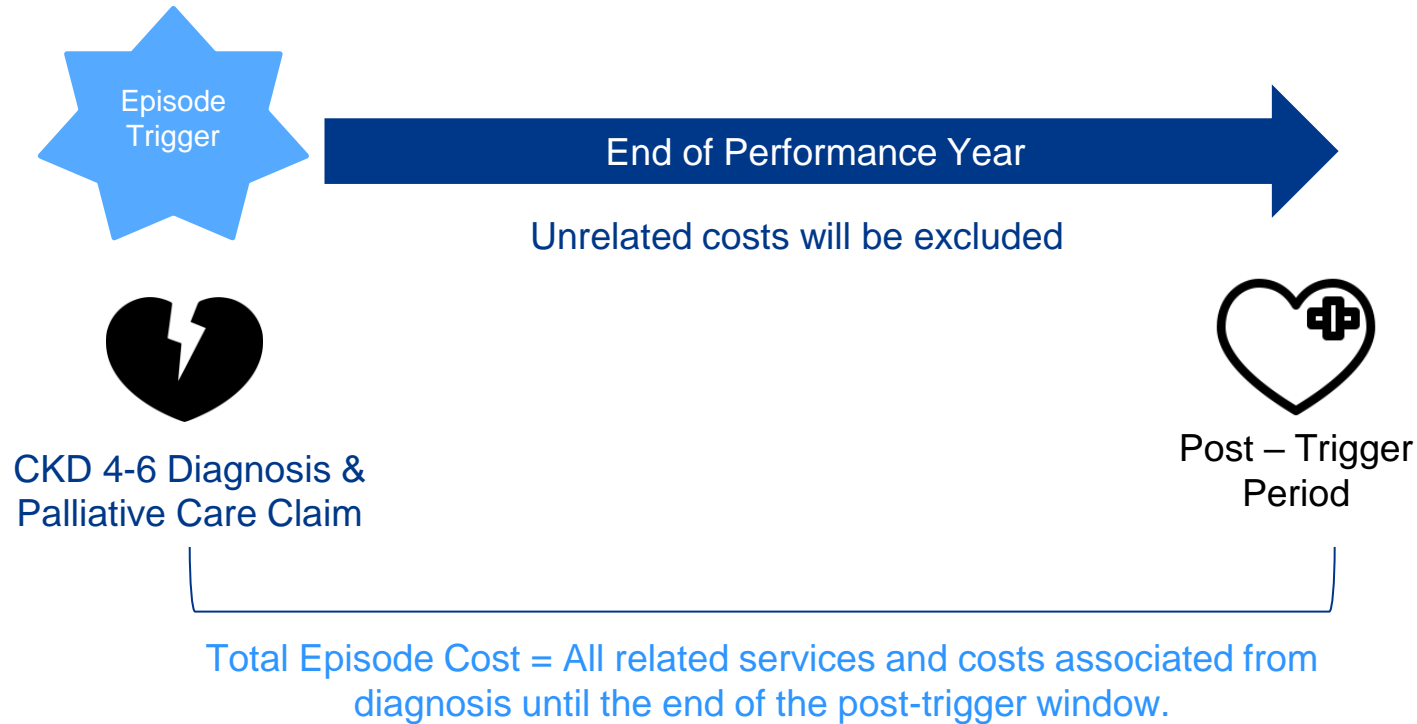
Excluded Diagnoses associated with the following:

- Active and Malignant Cancer
- ESRD
- Blood Clotting Disorders
- Transplants
- Prior Orthopedic Surgery
- HIV
- Trauma (Fractures)
- Multiple Sclerosis
- High Cost Specialty Drugs

\* Episodes may have minor changes and final specs will be published prior to the Enrollment period



# Chronic Kidney Disease (CKD) – Non-Prometheus Episode



## Panel-based approach:

- Target price will be equal to the average Per-Beneficiary Per-Month (PBPM) cost of the attribution beneficiaries in the base year, updated for inflation.
- Beneficiaries will be attributed to Entity throughout the performance year
- Calculate savings by comparing the average PBPM cost of the attributed beneficiaries in the performance year to the target price.

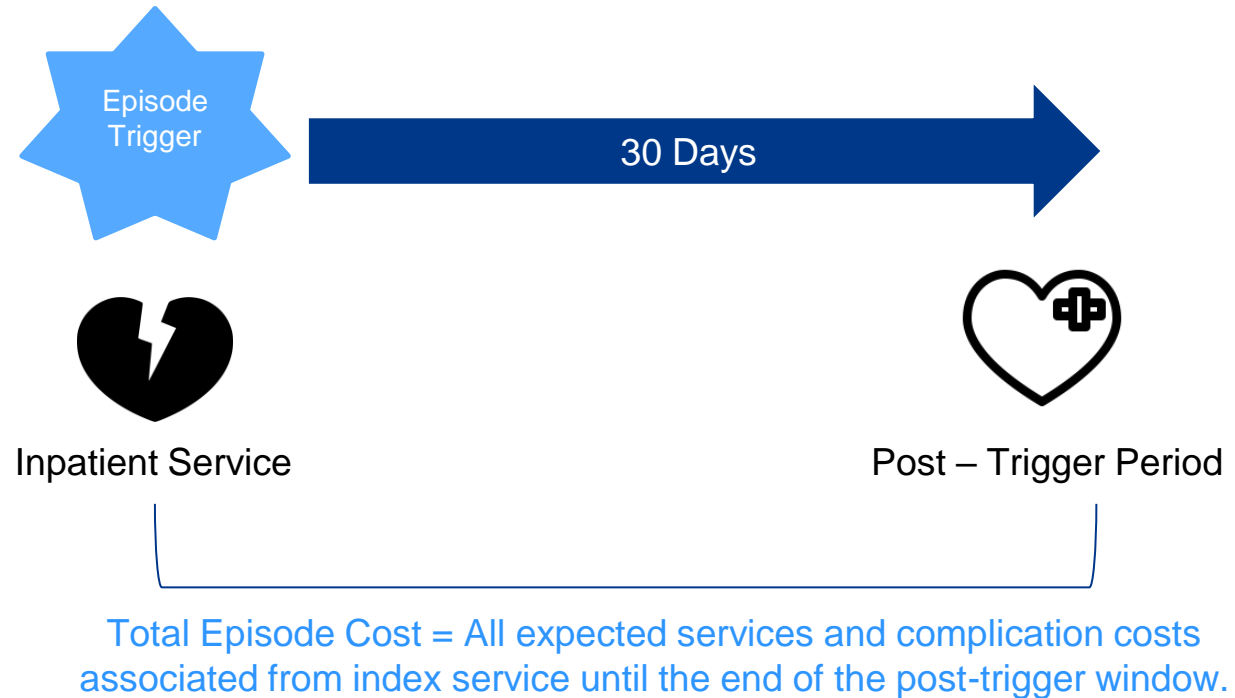
\* Episodes may have minor changes and final specs will be published prior to the Enrollment period

# Episode Triggers – CKD

| Trigger Group Name     | Code Type | Codes   |
|------------------------|-----------|---|
| Palliative Care        | CPT       | 99487, 99489, 99490, 99439, 99426, 99427<br>99341 – 99350, 99202 – 99205, 99212 – 99215<br>99497, 99498, 99358, 99359, 99441 – 99443, 99491,<br>99437, 99424, 99425 |
| Chronic Kidney Disease | ICD10     | N18.4, N18.5, N18.6   |

*\* Episodes may have minor changes and final specs will be published prior to the Enrollment period*

# Acute CHF / Pulm Edema (ACCHF)

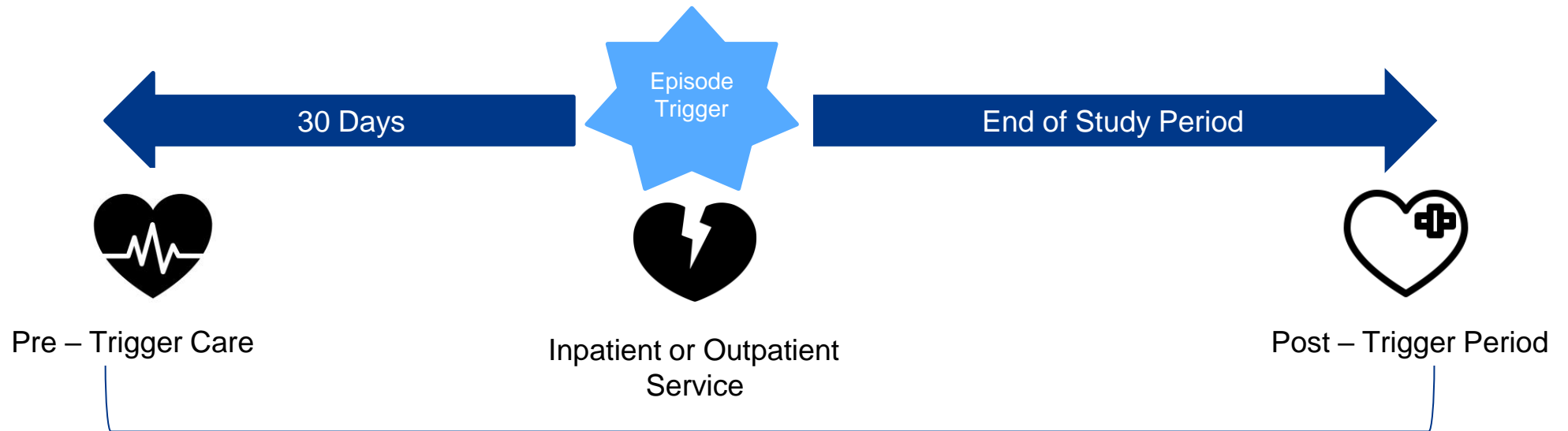


Acute CHF/Pulm Edema is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.

# Episode Triggers – ACCHF

| Trigger Group Name     | Code Type | Codes   |
|------------------------|-----------|---|
| Acute CHF / pulm edema | ICD10     | I5021, I5023, I5031, I5033, I5041, I5043, J810, R0601 |
| Other Lung Problems    | ICD10     | J182  |

# Chronic Obstructive Pulmonary Disease (COPD)



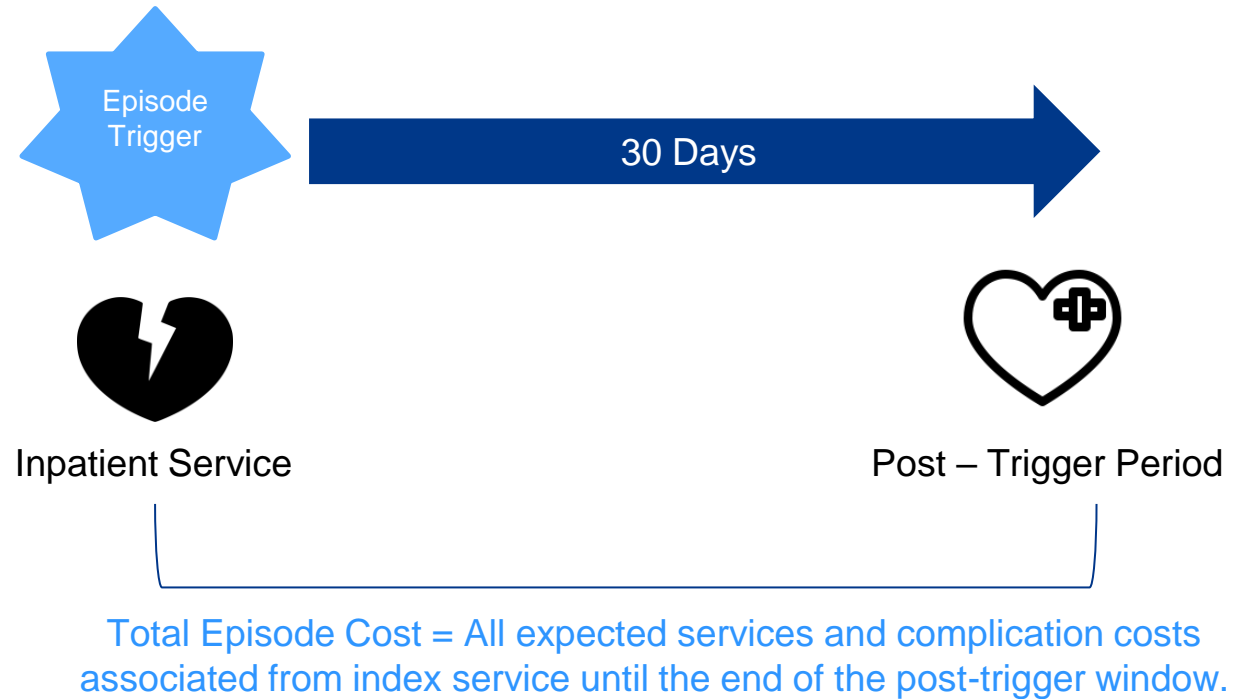
Total Episode Cost = All expected services and complication costs associated from index service until the end of the post-trigger window.

COPD is a chronic condition open from 30 days prior to the date of the trigger service until the end of the study period. The trigger service can be an inpatient service with a COPD-specific principal diagnosis code or an outpatient or professional E&M service with a COPD-specific diagnosis. The professional trigger also requires a confirming inpatient, outpatient or professional COPD-related E&M service at least 30 days later.

# Episode Triggers – COPD

| Trigger Group Name                 | Code Type | Codes                                |
|------------------------------------|-----------|--------------------------------------|
| acute exacerbation of copd, asthma | ICD10     | J440<br>J441                         |
| Chronic Bronchitis                 | ICD10     | J40<br>J410<br>J418<br>J42           |
| Emphysema                          | ICD10     | J430<br>J431<br>J432<br>J438<br>J439 |
| Obstructive Chronic Bronchitis     | ICD10     | J411<br>J449                         |

# Deep Vein Throm/Pulm Embolism (DVTPE)



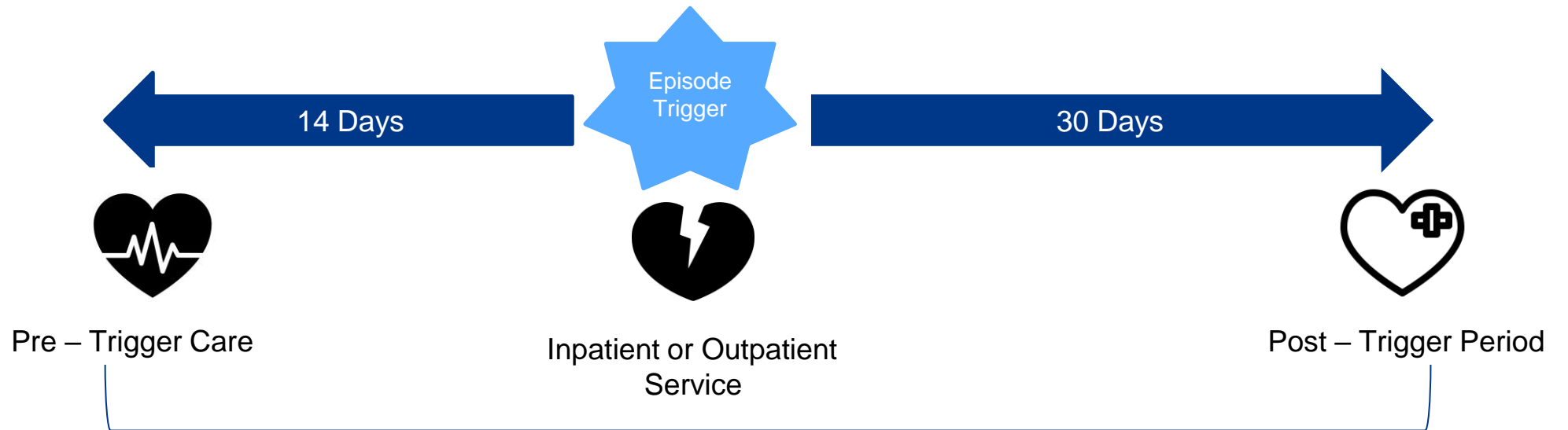
Deep Vein Throm/ Pulm Embolism is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.



# Episode Triggers – DVTPE

| Trigger Group Name                      | Code Type | Codes   |
|---|-----------|---|
| Acute cor pulmonale                     | ICD10     | I2601, I2602, I2609   |
| IVC & other intra-abd venous thrombosis | ICD10     | I82220, I82221, I823  |
| Other Phlebitis, Lymphangitis, varices  | ICD10     | I808, I8291   |
| Phlebitis, Deep vein thrombosis (DVT)   | ICD10     | I8000, I8001, I8002, I8003, I8010, I8011, I8012, I8013, I80201, I80202, I80203, I80209, I80211, I80212, I80213, I80219, I80221, I80222, I80223, I80229, I80231, I80232, I80233, I80239, I80241, I80242, I80243, I80249, I80251, I80252, I80253, I80259, I80291, I80292, I80293, I80299, I803, I809, I821, I82401, I82402, I82403, I82409, I82411, I82412, I82413, I82419, I82421, I82422, I82423, I82429, I82431, I82432, I82433, I82439, I82441, I82442, I82443, I82449, I82451, I82452, I82453, I82459, I82461, I82462, I82463, I82469, I82491, I82492, I82493, I82499, I824Y1, I824Y2, I824Y3, I824Y9, I824Z1, I824Z2, I824Z3, I824Z9, I82501, I82502, I82503, I82509, I82511, I82512, I82513, I82519, I82521, I82522, I82523, I82529, I82531, I82532, I82533, I82539, I82541, I82542, I82543, I82549, I82551, I82552, I82553, I82559, I82561, I82562, I82563, I82569, I82591, I82592, I82593, I82599, I825Y1, I825Y2, I825Y3, I825Y9, I825Z1, I825Z2, I825Z3, I825Z9, I82811, I82812, I82813, I82819, I82890, I8290, I87001, I87002, I87003, I87009, I87011, I87012, I87013, I87019, I87021, I87022, I87023, I87029, I87031, I87032, I87033, I87039, I87091, I87092, I87093, I87099 |
| Pulmonary Embolism                      | ICD10     | I2690, I2692, I2693, I2694, I2699, I2782  |

# Pneumonia (PNE)



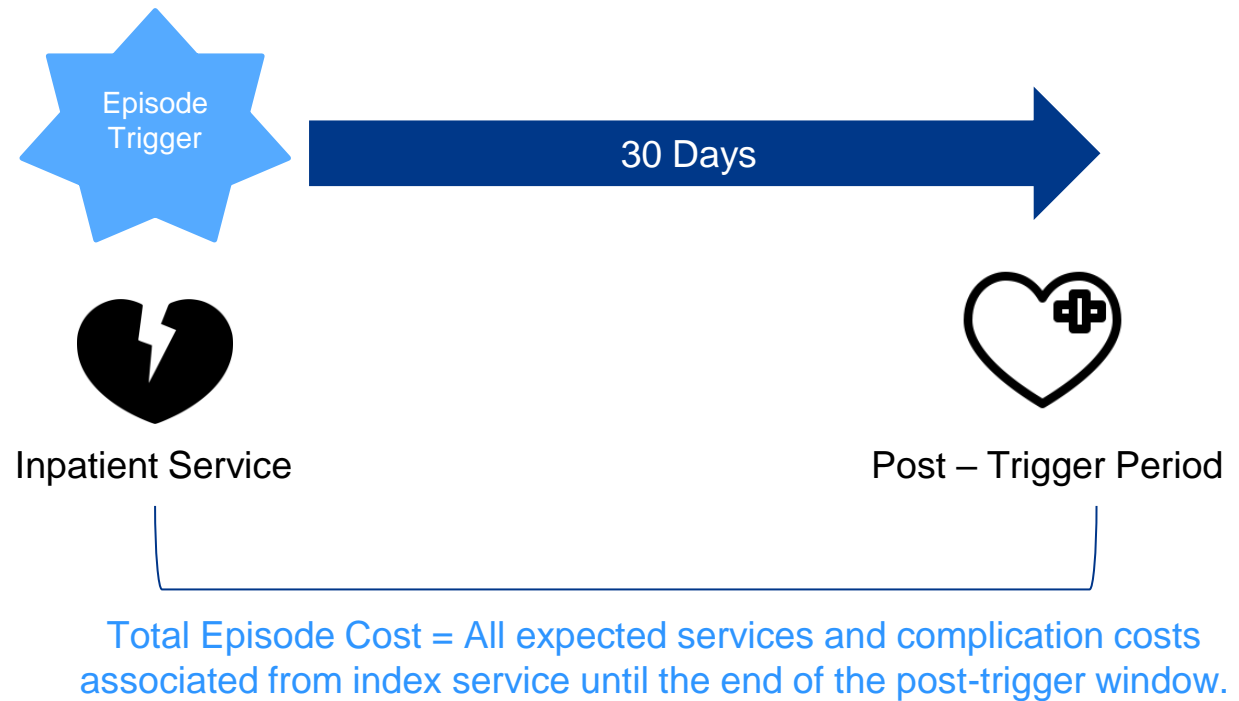
Total Episode Cost = All expected services and complication costs associated from index service until the end of the post-trigger window.

Pneumonia (PNE) is an acute episode with 30-day look forward window and a 14-day look back period. Within the Pneumonia population, there are patients that have the index trigger event in an inpatient setting and others who are diagnosed and initially, or completely, managed in an outpatient setting.

# Episode Triggers – PNE

| Trigger Group Name                  | Code Type | Codes                                    |
|-------------------------------------|-----------|--|
| Chronic Fungal and Other Pneumonias | ICD10     | J160, B052                               |
| Community Acquired Pneumonia        | ICD10     | J13, J14, J153, J154, J157, J181         |
| Gram Negative Pneumonia             | ICD10     | J155, J156, J157, J150, J151             |
| Influenza with Pneumonia            | ICD10     | J1000, J1001, J1008, J1100, J1108        |
| MRSA Pneumonia                      | ICD10     | J15212                                   |
| Other Bacterial Pneumonia           | ICD10     | J158, J159, J168, J180, J181, J188, J189 |
| Other Staph Pneumonia               | ICD10     | J1520, J15211, J1529                     |
| Viral Pneumonia                     | ICD10     | J120, J122, J1289, J129, J123            |

# Sepsis (SEPSIS)



Sepsis is a complication episode. For a complication episode to trigger, it needs the trigger diagnosis code to be present in the principal position of an inpatient claim. The episode window for a complication episode is equal to the length of an inpatient stay with a zero day look back and a 30-day look forward period.

# Episode Triggers – SEPSIS

| Trigger Group Name                     | Code Type | Codes  |
|--|-----------|--|
| Bacteremia, SIRS, no organ dysfunction | ICD10     | R6510, R7881   |
| Necrotising Fasciitis                  | ICD10     | M726   |
| Sepsis                                 | ICD10     | A021, A227, A267, A327, A392, A393, A394, A400, A401, A403, A408, A409, A4101, A4102, A411, A412, A413, A414, A4150, A4151, A4152, A4153, A4159, A4181, A4189, A419, A427, A5486, B007, B377 |
| Severe Sepsis                          | ICD10     | A483, R6511, R6520, R6521  |

# Additional HSCRC Episodes for PY3

## Allergy

Allergic Rhinitis/Chronic Sinusitis, Asthma

## Cardiology

Pacemaker / Defibrillator, Acute Myocardial Infarction, CABG &/or Valve Procedures, Coronary Angioplasty

## Dermatology

Cellulitis, Decubitus Ulcer, Dermatitis

## Gastroenterology

Colonoscopy, Colorectal Resection, Gall Bladder Surgery, Upper GI Endoscopy

## Ophthalmology

Cataract Surgery, Glaucoma

## Orthopedics

Accidental Falls, Hip Replacement & Hip Revision, Hip/Pelvic Fracture, Knee Arthroscopy, Knee Replacement & Knee Revision, Low Back Pain, Lumbar Laminectomy, Lumbar Spine Fusion, Osteoarthritis, Shoulder Replacement

## Urology

Catheter Associated UTIs, Prostatectomy, Transurethral Resection Prostate, UTI

## Emergency Department

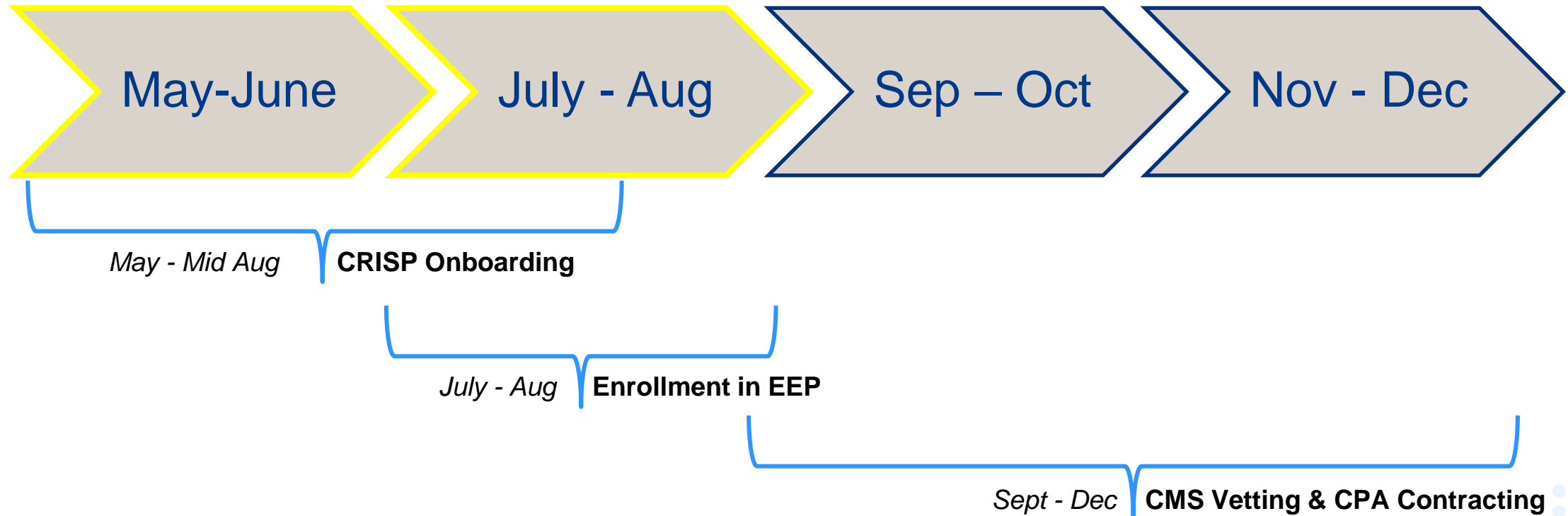
Abdominal Pain & Gastrointestinal Symptoms, Asthma/COPD, Atrial Fibrillation, Chest Pain, Deep Vein Thrombosis, Dehydration & Electrolyte Derangements, Diverticulitis, Fever, Fatigue or Weakness, Hyperglycemia, Nephrolithiasis, Pneumonia, Shortness of Breath, Skin & Soft Tissue Infection, Syncope, Urinary Tract Infection

Full Episode Playbook can be found [here](#)

# Performance Year 3 – Enrollment Timeline and Training



# Performance Year 3: Enrollment Timeline



# EQIP Entity Portal (EEP)




- EQIP Enrollment will be completed within the EQIP Entity Portal (EEP), a module within CRISP's Reporting Services (CRS)
- For organizations new to CRS, you must sign a CRISP Participation Agreement (PA) and update their Notice of Privacy Practices documents
  - Organizations with multiple sites only require a single PA
  - This process can be started **today**, email [EQIP@crisphealth.org](mailto:EQIP@crisphealth.org)
- For organizations with existing CRS access, the EQIP Primary Care Partner Contact should contact the organization's Point of Contact.
  - If you do not know your organization's POC please reach out to: [EQIP@crisphealth.org](mailto:EQIP@crisphealth.org)
  - The admin proxy would follow same process to gain access
- EQIP Enrollment will open **Friday, July 7<sup>th</sup>** and close **Friday, September 1<sup>st</sup>**

# Enrollment Process

- **New Entities:**
  - New enrollment into the EQIP program must be initiated by the Lead Care Provider for the Entity
  - An Administrative Proxy can be granted access during the initial steps, but a Proxy *cannot* start enrollment
- **Existing Entities:**
  - Approved Administrative Proxies for EQIP Entities participating in PY2, can complete the entire PY3 enrollment process
  - Information will be pre-populated with providers and participation selection in PY2
  - All EQIP Entities are required to verify their enrollment from the prior year by navigating through the enrollment workflow.

# CRS Portal Login Page - <https://reports.crisphealth.org>

Log in to CRISP Reporting Services (CRS) Portal 

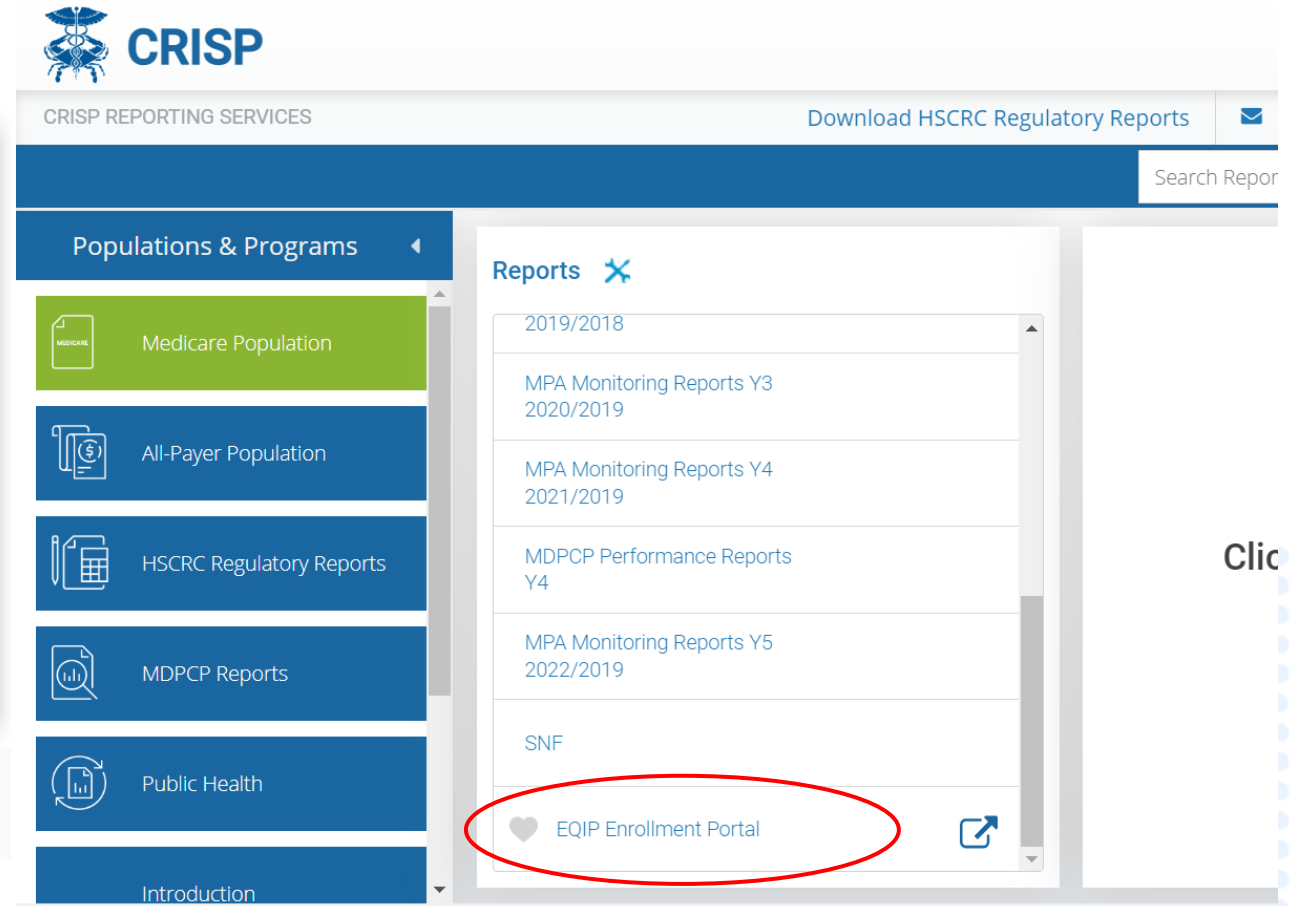
[Reset your password?](#)

Warning: CRISP policy prohibits username and password sharing.  
Violation could result in account termination.

Questions or Concerns? Please contact the [CRISP Customer Care Team](#) at support@crisphealth.org or 877-952-7477.

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CRISP

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- MPA Monitoring Reports Y4 2021/2019
- MDPCP Performance Reports Y4
- MPA Monitoring Reports Y5 2022/2019
- SNF
- EQIP Enrollment Portal

Click

# EQIP Entity Portal (EEP) Homepage



## EQIP Entity Portal

Select Program: EQIP

Lo

**Program Links & Information**

- ISCRC EQIP Program Page
- EQIP User Guide
- EQIP Help
- CRISP Learning Collaborative Forum

Program period: PY3 (CY2024)

Period Selection

EQIP Entity: Test EQIP Entity - 62

Entity Selection

**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

**Enrollment Status Tracker**

Enrollment:

Care Partner Vetting:

Care Partner Contracting:

**Enrollment Deadline**

Enrollment closes at 11.59 PM Eastern on September 1, 2023

(58 days remaining)

Quicklinks

EEP Pages/Functions

Tracker & Countdown Clock



# Requirements for Lead Care Partner if using Administrative Proxy

## 1. Lead Care Partner Contact Info



|   |  |
|---|--|
| Primary Care Partner Contact First Name   | <input type="text" value="John"/>              |
| Primary Care Partner Contact Last Name    | <input type="text" value="Doe"/>               |
| Primary Care Partner Contact Email        | <input type="text" value="johndoe@gmail.com"/> |
| Primary Care Partner Contact Phone Number | <input type="text" value="(999) 999-9999"/>    |

## 2. Enrollment Type

Will you be enrolling as an individual or group of care partners?

▾

## 3. EQIP Entity Name

EQIP Entity Name

This EQIP Entity Name is only used for identification as a participating entity in EQIP. It can but does not need to correspond to an actual physician group practice or other aggregate entity.

## 4. Administrative Proxy Contact



Do you want to allow an administrative entity access to review, submit, and manage data on your behalf for the selected EQIP performance period?

▾

*If EQIP Entity is not using Administrative Proxy, the Lead Care Partner will be required to complete full enrollment*

# Enrollment Process – Contact & Enrollment Type



EQIP Enrollment Data Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back

Next

★ Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

## Program Contact & Enrollment Type

- 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 September 1, 2023, at which point elections will be considered final.

Please provide current information for the **primary point of contact** for EQIP enrollment. This must be an eligible clinician who will be participating as a care partner. You will be given the option to enter additional participant and additional administrative contact information on the next page. All fields are required.

Primary Contact First Name:

Primary Contact Last Name:

Primary Contact Email:

Primary Contact Phone Number:

Are you enrolling an individual care partner or multiple care partners for participation in EQIP for 2024?

Enrollment Type



# Enrollment Process – Entity Information



EQIP Enrollment Data Submission

Performance Period 3 (CY2024) Save & Continue Later ←

### Entity Information: Multiple Care Partners

- 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 September 1, 2023, at which point elections will be considered final.

Contact information for care partners is collected only to facilitate execution of required Participation Agreements for EQIP. This information will not otherwise be shared or disseminated and will not be used for any other purpose.

EQIP Entity Name:  Enter Name

Upload New Care Partner Lists (Overwrite Existing) Upload Care Partner Lists (Append to Existing) Manually Add Care Partners (Grid View)

Download submission template

# Enrollment Process – Administrative Proxy



- EQIP Enrollment Data Submission
- Entity Type
- Entity Information
- Administrative Proxy**
- Episode & Intervention Selection
- Payment Remission
- Finalize

Performance Period 3 (CY2024)

Save & Continue Later

Back Next

## Administrative Proxy

You may use this page to designate an administrative proxy to assist with EQIP performance and analytics. Once submitted, the designated administrator will receive notification to log in and create an account. The HSCRC will review and approve all administrative proxies to ensure that the program criteria are met. Administrative proxy approval status can be viewed on the Landing Page.

**Note:** If you are requesting an administrative proxy complete enrollment on your behalf, you can save and exit the application after completing this form. Your designated administrator will receive a notification email to log in and complete your enrollment process.

Select "Yes" to initiate Administrative Proxy Access

Do you want to allow an administrative entity access to review, submit and manage data on your behalf for the selected EQIP performance period ?

Total Records: 0

Double click to edit + Add Proxy Undo

| First Name | Organization |
|------------|--------------|
|------------|--------------|

**Administrative Proxy Details**

Administrator First Name:

Administrator Last Name:

Administrator Contact Email:

Administrator Organizational Affiliation:

Save Cancel

Click "Add Proxy" to get popup window and complete Admin Proxy Details

# Enrollment Process – Multiple Care Partners



Admin Proxy  
can  
Complete

- EQIP Enrollment Data Submission
- Entity Type
- Administrative Proxy
- Care Partner Information: Multiple**
- Episode & Intervention Selection
- Payment Remission
- Finalze

Performance Period 3 (CY2024)

Back

Save & Continue Later

## Entity Information: Multiple Care Partners

- You must enroll in EQIP as the entity you intend to participate as - either an individual or multiple care partners.
- CMS vetting will determine if each submitted care partner participant eligible for the program on an individual basis.
- This preliminary submission can be edited up until September 1, 2021, at which point elections will be considered final.

Next

EQIP Entity Name

Sample Practice, LLC

*This EQIP Entity Name is only used for identification as a participating entity in EQIP. It can but does not need to correspond to an actual physician group practice or other aggregate entity.*

Upload New Care Partner List  
(Overwrite Existing)

Upload Care Partner List  
(Append to Existing)

Manually Add Care Partners  
(Grid View)

Add Care Partners

- Upload an excel sheet
- Or you can manually enter in the care partners

# Enrollment Process – Episode & Intervention Selection

Admin Proxy can Complete

EQIP Enrollment Data Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back

Next

Entity Type

Entity Information

Administrative Proxy

**Episode & Intervention Selection**

Payment Remission

Finalize

## Episode & Intervention Selection

Intervention Examples

- You must select at least one intervention for each episode category in which the EQIP entity is participating.
- To be eligible for a given episode, the EQIP Entity must meet the minimum threshold of 11 episodes for that category during the baseline.
- Participation is contingent on meeting a total episode threshold volume of 50 across all selected episodes.
- If your EQIP Entity consists of multiple care partners, episode and intervention selections must be made for the EQIP Entity as a whole.

Indicate your selections by selecting 'Yes' for the appropriate rows and columns in the table below

Double click to edit Save Undo

| Episode Group | Episode Category                 | Baseline Volume | Eligible?  | Participating? | Interventions                 |                                    |                                      |
|---------------|----------------------------------|-----------------|------------|----------------|-------------------------------|------------------------------------|--------------------------------------|
|               |                                  |                 |            |                | Clinical Care / Care Redesign | Beneficiary / Caregiver Engagement | Care Coordination & Care Transitions |
| Ophthalmology | Glaucoma                         | 0               | Ineligible |                |                               |                                    |                                      |
| Orthopedics   | Hip Replacement & Hip Revision   | 38              | Eligible   |                |                               |                                    |                                      |
| Orthopedics   | Hip/Pelvic Fracture              | 0               | Ineligible |                |                               |                                    |                                      |
| Orthopedics   | Knee Arthroscopy                 | 213             | Eligible   | Yes            | No                            | Yes                                | No                                   |
| Orthopedics   | Knee Replacement & Knee Revision | 149             | Eligible   |                |                               |                                    |                                      |
| Orthopedics   | Low Back Pain                    | 25              | Eligible   |                |                               |                                    |                                      |
| Orthopedics   | Lumbar Laminectomy               | 0               | Ineligible |                |                               |                                    |                                      |
| Orthopedics   | Lumbar Spine Fusion              | 0               | Ineligible |                |                               |                                    |                                      |

If there are questions about baseline volume and/or eligibility status, please reach out to [EQIP@crisphealth.org](mailto:EQIP@crisphealth.org)

Editable Columns: Select Yes or No

# Enrollment Process – Payment Remission Recipient



Admin Proxy  
can  
Complete



EQIP Enrollment Data  
Submission

Performance Period 3 (CY2024)

Save & Continue Later

Back

Next

Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

## Payment Remission Recipient

Please indicate where your EQIP Entity will receive incentive payments.

- This information will be used to generate a Care Partner Arrangement for each NPI, or Care Partner, included in the EQIP Entity.
- The Payment Remission Recipient for an EQIP Entity can be an individual care partner, a group or one of the convener entities (even if they are not acting as a Convener).
- The Payment Remission Recipient has no formal relationship with the HSCRC and EQIP policy. Care Partners will attest to the external relationship in their Care Partner Arrangement.
- The Payment Remission Recipient for an EQIP Entity can be an individual care partner, a designated practice entity or institutional provider, or one of the EQIP Entity's administrative proxies.
- Only one Payment Remission Recipient is allowed per EQIP Entity.

Payment Recipient Organization Name

Payment Recipient Street

Payment Recipient City

Payment Recipient State

Payment Recipient ZIP

Payment Point of Contact (First Name)

Payment Point of Contact (Last Name)

Payment POC Email

Payment POC Phone Number

# Finalize Selection



Admin Proxy  
can  
Complete

EQIP Enrollment Data  
Submission

Performance Period 3 (CY2024)

← Back

Entity Type

Entity Information

Administrative Proxy

Episode & Intervention Selection

Payment Remission

Finalize

## Enrollment Intake Complete!

That's it! Thank you for completing the enrollment process. Please review all data entered for accuracy. These forms will be editable until September 1, 2023. Simply use the navigation buttons on the landing page to return to the workflow at any time. Submissions will automatically close and be submitted to HSCRC on September 1, 2023.

Download PDF for Enrollment Data

Return to Landing Page



# Baseline Data

Performance Period:  EQIP Entity:  [Info](#) [PDF](#) [Excel](#) [Home](#)

## Baseline Data

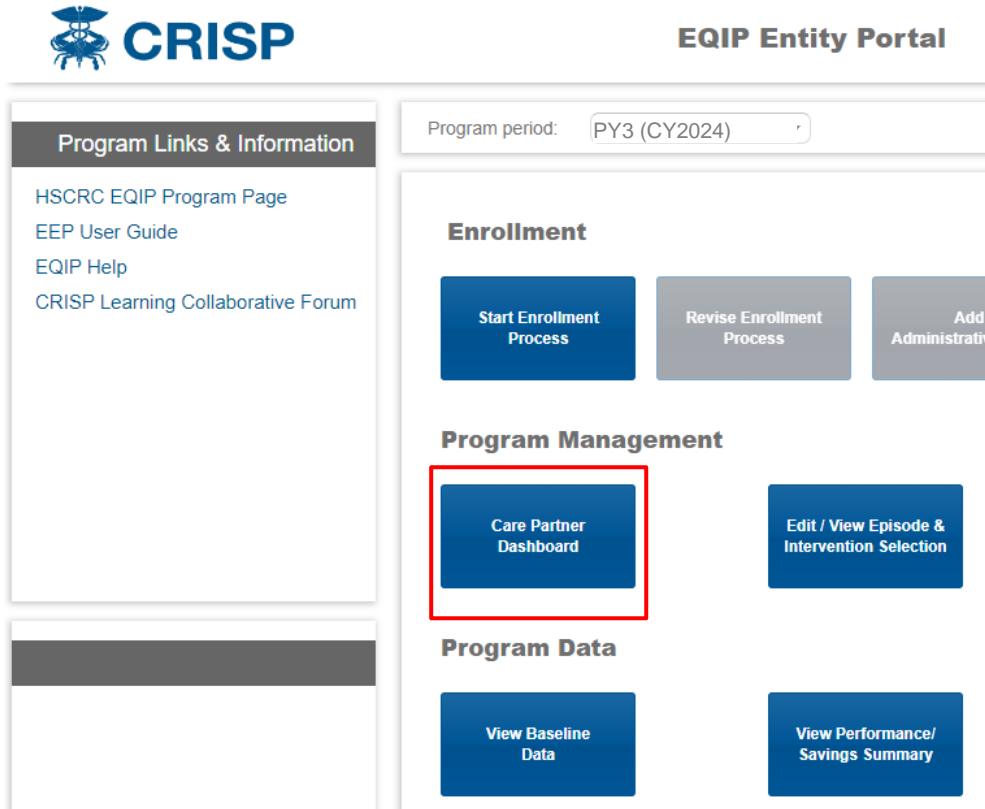
- Target prices, savings thresholds, and performance evaluation will be based on comparison to a baseline period. For 2024, this baseline period is CY2019 (Jan-Dec). Aggregate baseline data for all episode categories shown below. Dashes indicate data unavailable or insufficient volume for participation.
- Preliminary episode selections can be edited up until September 1, 2023, at which point elections will be considered final.
- In order to participate in an episode, the minimum baseline volume threshold must be met (11 in any individual episode category and 50 total during the baseline period)
- Note that the Statewide Episode Percentile rank is calculated across all participating episodes, so is expected to be the same for all rows in this report.

**Total Records: 45**

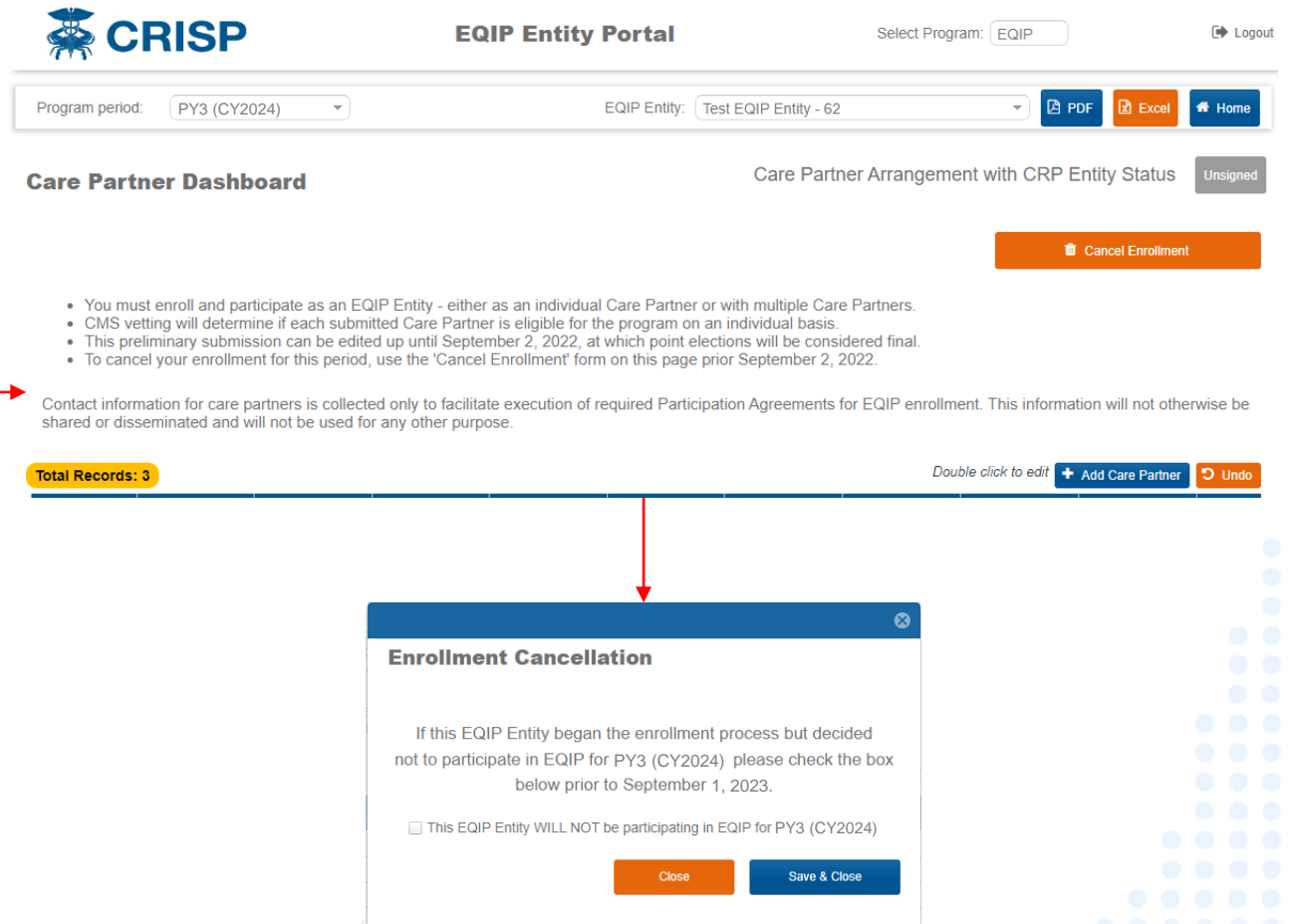
| Episode Group | Episode Category                 | Baseline Volume | Statewide Episode Percentile Rank | Total Episode Payment |
|---------------|----------------------------------|-----------------|-----------------------------------|-----------------------|
| Orthopedics   | Knee Arthroscopy                 | 107             | 36.59%                            | \$359,822.69          |
| Orthopedics   | Knee Replacement & Knee Revision | 74              | 36.59%                            | \$1,674,034.66        |
| Orthopedics   | Low Back Pain                    | 25              | 36.59%                            | \$10,469.52           |



# Canceling Enrollment



The screenshot shows the CRISP EQIP Entity Portal interface. 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 'PY3 (CY2024)'. Below this are three sections: 'Enrollment' with buttons for 'Start Enrollment Process', 'Revise Enrollment Process', and 'Add Administrative'; 'Program Management' with a 'Care Partner Dashboard' button highlighted by a red box, and 'Edit / View Episode & Intervention Selection'; and 'Program Data' with buttons for 'View Baseline Data' and 'View Performance/ Savings Summary'.



The second screenshot shows the 'Care Partner Dashboard' for 'Test EQIP Entity - 62'. It includes a 'Cancel Enrollment' button, a list of instructions for enrollment, and a table of records. A red arrow points from the 'Care Partner Dashboard' button in the first screenshot to the 'Care Partner Dashboard' section here. Below the table, a modal window titled 'Enrollment Cancellation' is open, with a red arrow pointing to it from the table. The modal contains a checkbox for 'This EQIP Entity WILL NOT be participating in EQIP for PY3 (CY2024)' and buttons for 'Close' and 'Save & Close'.

**Care Partner Dashboard** Care Partner Arrangement with CRP Entity Status Unsigned

[Cancel Enrollment](#)

- 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 September 2, 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 September 2, 2022.

Contact information for care partners is collected only to facilitate execution of required Participation Agreements for EQIP enrollment. This information will not otherwise be shared or disseminated and will not be used for any other purpose.

**Total Records: 3** Double click to edit [+ Add Care Partner](#) [Undo](#)

### Enrollment Cancellation

If this EQIP Entity began the enrollment process but decided not to participate in EQIP for PY3 (CY2024) please check the box below prior to September 1, 2023.

This EQIP Entity WILL NOT be participating in EQIP for PY3 (CY2024)

[Close](#) [Save & Close](#)

# EQIP PY3 Timeline

|                                  |  |
|----------------------------------|--|
| Jul. 7 <sup>th</sup> 2023        | <ul style="list-style-type: none"><li>• EEP opened for PY2 enrollment</li></ul>                                    |
| Sep. 1 <sup>st</sup> 2023        | <ul style="list-style-type: none"><li>• EEP closes for PY2 enrollment</li></ul>                                    |
| Sep-Dec 2023                     | <ul style="list-style-type: none"><li>• CMS Vetting &amp; Contracting</li></ul>                                    |
| Dec. 31 <sup>st</sup> , 2023     | <ul style="list-style-type: none"><li>• Care Partner Arrangement Contracting Deadline</li></ul>                    |
| <b><u>Calendar Year 2024</u></b> |  |
| Jan 1, 2024                      | <ul style="list-style-type: none"><li>• Performance Year 3 Starts</li></ul>  |
| Jan, 2024                        | <ul style="list-style-type: none"><li>• PY3 Preliminary Target Prices and Baseline Data available in EEP</li></ul> |
|                                  |  |
| Q3 2025                          | <ul style="list-style-type: none"><li>• PY3 Incentive Payments distributed</li></ul>                               |

\* Performance Data Release Schedule may vary to ensure QA

# Final Discussion and Thank You!