maryland
health services
cost review commission

EQIP Subgroup

May Meeting

05/16/2025

Agenda

- AHEAD Update
- CRISP Reports Migration
- Data Release Schedule
- 75% Threshold for NPIs
- Quality Incentive Bonus
- PY5 Episode Development/Finalization
- Understanding Payment Cycle for 2023 AAPM (2-Year lag)
- Enrollment Updates
- Quality Measures

AHEAD Update

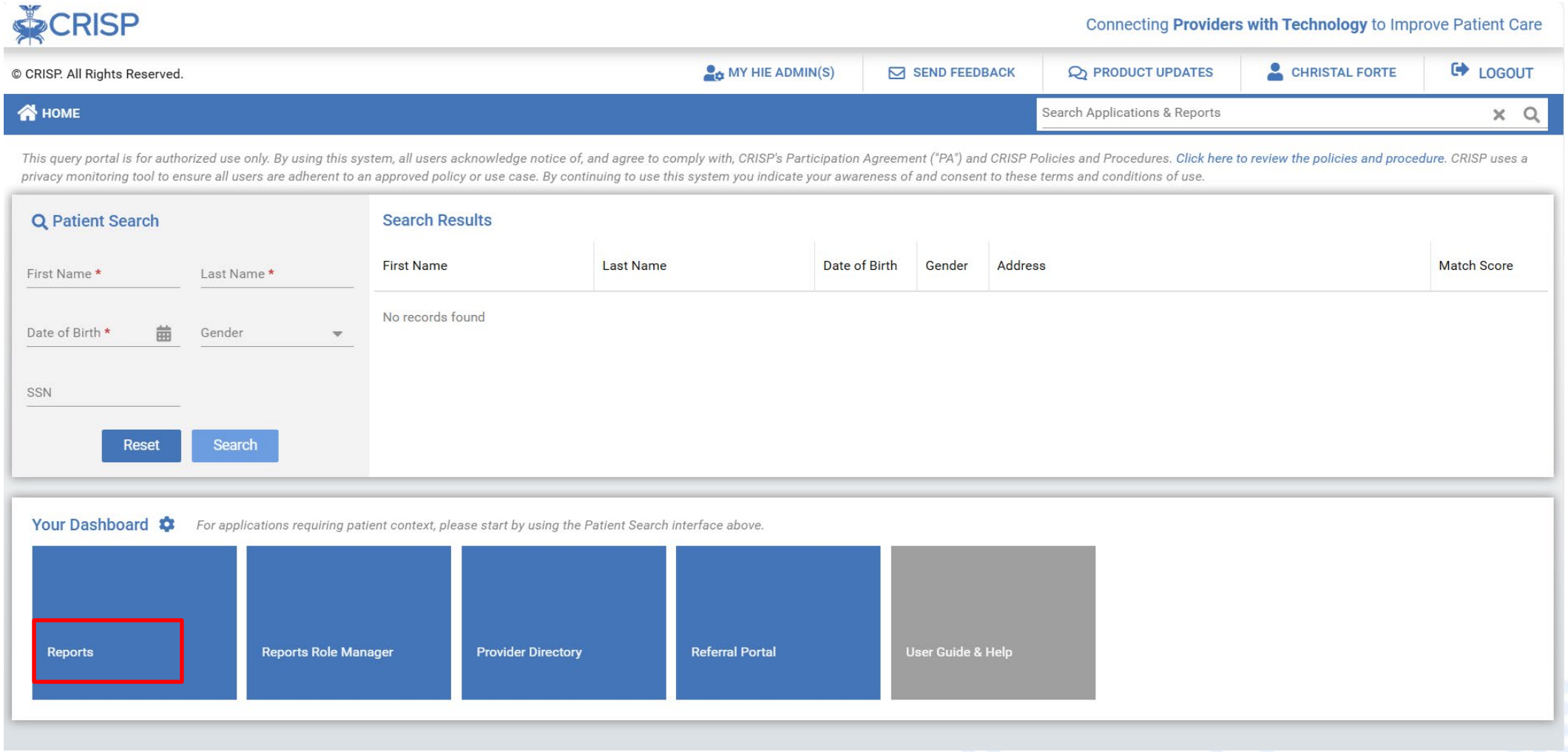
CRS Migration to CRISP Portal

EQIP Entity Portal Migrating to CRISP Portal

- All EQIP users (administrative proxies and lead care partners) will be accessing EEP through the CRISP Portal following **June 9, 2025**.
- Currently the CRISP technical team is working to create CRISP Portal user accounts for all EQIP participants
- In the coming weeks, you will receive an email to activate your CRISP Portal account and set up a password
  - Please follow the activation steps and reach out to EQIP@crisphealth.org if you have any issues
- There will also be an email sent from the EQIP team once your accounts have been activated
- **Please do not add or change your administrative proxies until after the migration.**

- **NOTE: This will be the only method to access the EEP portal following June 30,2025 so it is necessary to activate your portal account immediately!**

EQIP Entity Portal Migrating to CRISP Portal



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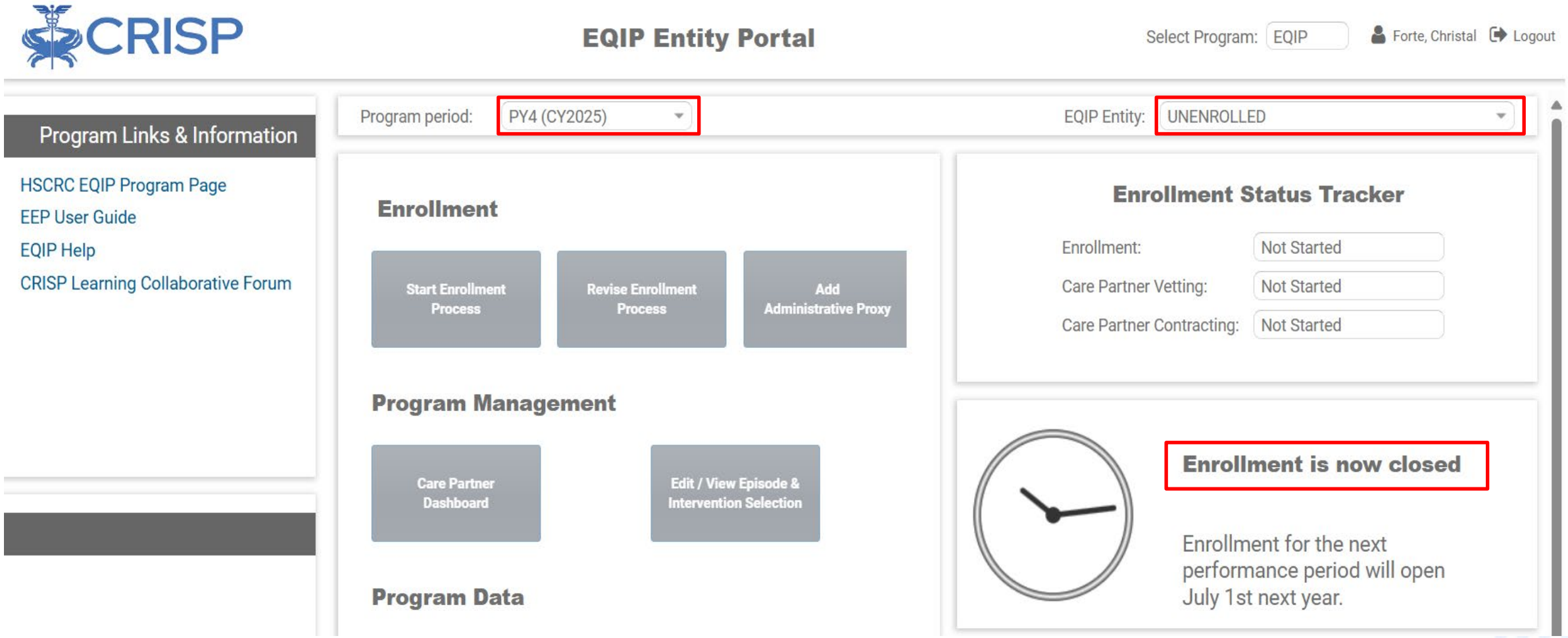


Data Release Schedule

EEP - Tentative Release Date Schedule

PY3 Data (Prometheus)	Proposed Release Date
Episodes Ending Q4	June 2025

PY4 Data (PACES)	Proposed Release Date
PY4 – Episodes Ending January	June 2025
PY4 – Episodes Ending February	July 2025
PY4 – Episodes Ending March	Aug 2025
PY4 – Episodes Ending April	Sep 2025

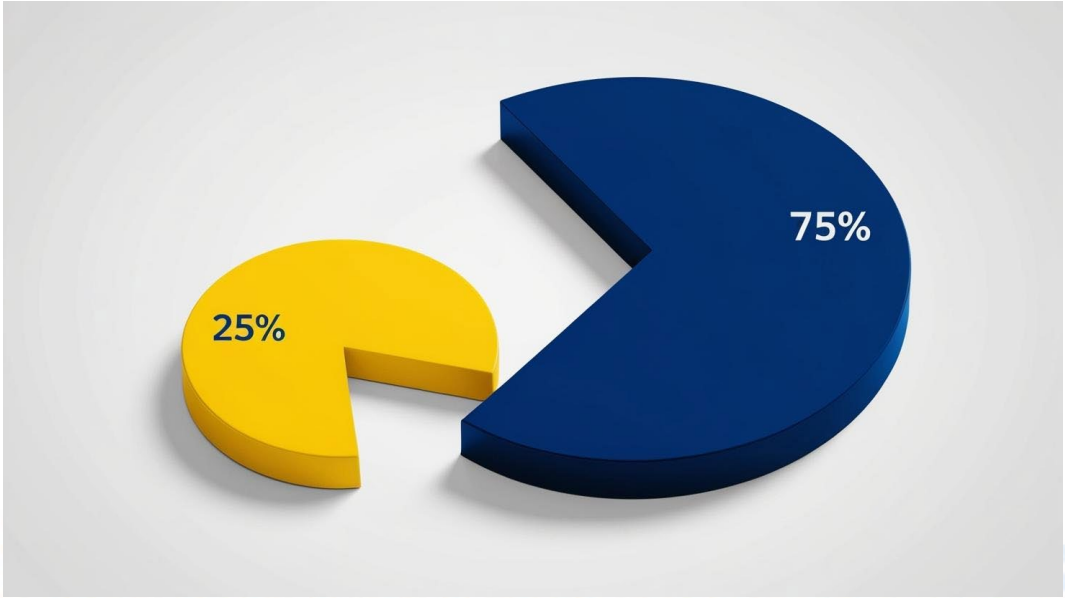
Note: All release dates are proposed and subject to change

75% Threshold for NPIs

The EQIP 75% Participation Rule for NPIs

What It Means:
In the EQIP, an EQIP Entity (i.e., a group or individual care partners) must meet this key eligibility requirement:

- At least 75% of the NPIs that make up the EQIP Entity must have at least one claim with a non-excluded beneficiary who triggered a clinical episode in each clinical episode category chosen during the baseline period.
- This requirement is reduced to 50% for EQIP Entities with 10 or fewer Care Partners.
- Failure to meet this threshold means the EQIP Entity must remove NPIs until the threshold is met.



Why does EQIP Require 75% NPI Participation?

- **Rationale:**
  This rule ensures EQIP participation is meaningful and valid for assessing performance and keeping things balanced. It is designed to:

- **Promote Engagement**: Ensures a majority of care partners in a group are engaged in care redesign, not just a few high-performing outliers.
- **Maintain Statistical Validity**: Prevents data distortion by requiring sufficient episode volume for stable target price calculations.
- **Support Accountability:** Encourages entities to drive collective behavior change rather than selective participation.
- **Ensure Fairness:** All EQIP Entities are held to consistent performance standards.

Addressing The Concerns

2019 Baseline

- Yes, the baseline may not be reflective of your current team. But EQIP uses 2019 data to create a consistent validating starting point for pricing and evaluation. It's not judgement of current care, it is a technical necessity.

New Providers

- Those who weren't practicing in 2019 can still participate. They're labeled as probationary but can be fully included in future years of they trigger just one eligible episode in the first half of the program year.

Focus on the Long Game

- We cannot change the baseline year for this next program year, but we are behind the scenes working to see how it will benefit all to do so in the future.
- In the meantime, the care your team is delivering now becomes part of future calculations and it will matter.

**The EQIP Structure, including the shared savings, still benefits your new providers.*

Quality Incentive Bonus

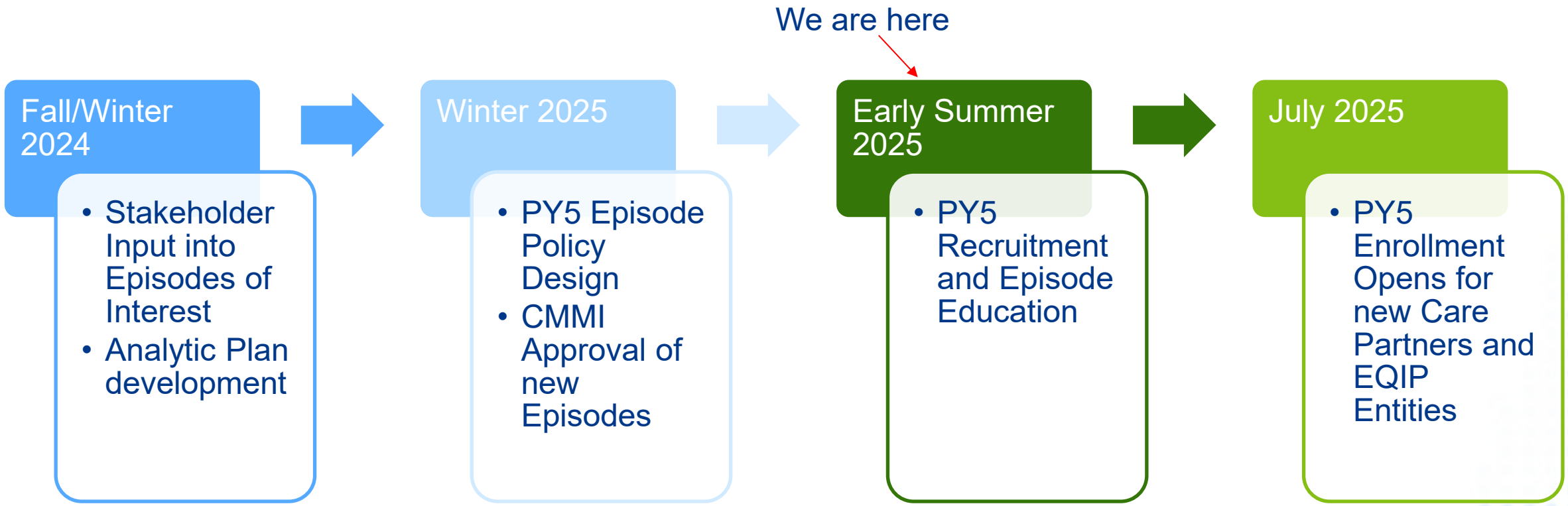
APM Incentive Payment

- After the 2024 performance year/2026 payment year, the APM Incentive Payment will end.
- Also beginning with the 2024 performance year/2026 payment year, QPs will receive a higher Medicare Physician Fee Schedule (PFS) update ("qualifying APM conversion factor") than non-QPs.
    - For payment years 2026 and beyond, payments made to QPs for Medicare covered professional services under the PFS will be updated annually by the 0.75 percent qualifying APM conversion factor. Payments to non-QPs will be updated annually by a 0.25 percent conversion factor.

- Bipartisan legislation was introduced in the U.S. Senate to renew incentive-based funding models.
    - The Preserving Patient Access to Accountable Care Act will extend the incentive payments for qualifying participants (QPs) in advanced alternative payment models (APMs) through payment year 2027 based on performance year 2025, at an adjusted amount of 3.53 percent, and extends the QP eligibility thresholds in effect for performance year 2023 through payment years 2027.

PY5 Episodes

Performance Year Five (CY2026) Episode Development Process



PY5 Episode Development

- PACES Episodes for PY5
  - Analysis is almost complete
    - Final Episode list will be distributed via email to all entities point of contact.
  - Potential PY 5 Episodes
    - Complete list on next two slides
- Reminder PY4 PACES Episodes
  - **Playbook for PY 4 Episodes** on our website

PACES Episodes

Clinical Category	Episode Name
Blood and Blood Forming Organs	anemia chronic
	aplastic anemia
	neutropenia (acute)
Burns	1st/2nd degree burn
Circulatory System, Cardiology	acute myocardial infarction
	atrial fibrillation/flutter (chronic)
	AV fistula creation and revision
	CABG and/or valve procedures
	heart failure (acute)
	heart failure (chronic)
	hypertension complic, malig acute
	hypertension essential (chronic)
	hypertension secondary (chronic)
	leg vein angioplasty
	pacemaker/defibrillator
	percutaneous cardiac intervention
	pericarditis, inflammatory
Digestive System, Hepatobiliary, Gastroenterology	anal/rectal fissur/ulcer
	Bariatric surgery
	Cholecystectomy
	Colectomy
	Colonoscopy
	crohn's disease
	diverticulitis of colon
	diverticulosis of intestine(chronic)
	EGD endoscopy
	ERCP
	esophageal varices(chronic)
	esophagitis (chronic)
	Sigmoidoscopy
	small bowel resection
Ear, Nose, Mouth & Throat, Allery	asthma
	allergic rhinitis/chronic sinusitis
	epistaxis
	sinusitis acute

Clinical Category	Episode Name
Endocr, Nutritional & Metabolic	diabetes
	diabetic circulatory complications
	diabetic ketoacidosis dka (acute)
	diabetic neuropathy
	diabetic retinopathy
	ds of lipoid metabolism
	hemochromatosis
	hyperosmolarity non-ketotic coma (acute)
	Hypoglycemia (acute)
	Obesity hypoventilation syndrome
	osteoporosis
Eye, Ophtalmology	Cataract surgery IOL
	Glaucoma
	Glaucoma surgery
	macular degeneration
	macular pucker
Female Reproductive System	breast biopsy
	Breast reconstruction
General	Appendectomy
	Repair inguinal hernia
	repair umbilical or ventral hernia
	Repair ventral hernia
Infectious Disease	cellulitis, trunk and extremities
Kidney and Urinary Tract Disease, Urology	acute kidney failure
	chronic kidney disease - dialysis dependent (chronic)
	chronic kidney disease - not dialysis dependent (chronic)
	TURP
	Gu device/catheter complications
	uti
	prostatectomy
Mental Behavioral Health, Behavioral Health	anxiety ds (chronic)
	recurrent depression
	single manic episode

All episodes highlighted blue are current PY4 episodes*

PACES Episodes (cont.)

Clinical Category	Episode Name
Muscoskeletal System & Connect, Orthopedics	carpal tunnel surgery
	Cervical Fusion
	Cervical Replacement
	Fracture/dislocation treatment arm/wrist/hand
	Fracture/dislocation treatment knee
	HIP Replacement
	hip/femur/pelvis fracture repair
	joint nos ganglion/cyst
	Knee arthroscopy
	Knee replacement
	low back pain
	Lumbar and sacral spine surgery OTHER
	Lumbar and sacral spine surgery OTHER
	lumbar decompression
	lumbar fusion
	osteoarthritis
	paraplegia
	rheumatoid arthritis
	rotator cuff repair
	Shoulder Arthroscopy/Tendon Repair
Neoplasms and Myeloproliferativ	Mastectomy
Nervous System	acute ischemic stroke
	dementia
	parkinsons ds
	transient ischemic attack
Respiratory System, Pulmonary/Critical Care	deep vein throm/pulm embolism
	pneumonia
	sepsis
	copd
	acute uri simple
Skin, Subcutaneous Tissue, Dermatology	dermatitis, urticaria
	decubitus ulcer, unspecified
	cellulitis, skin infection

All episodes highlighted blue are current PY4 episodes*

Understanding Payment Cycle

Overview of EQIP Payment Process

- Payments are tied to:
  - Performance on quality measures
  - Cost savings against the expected benchmark
    - 2019 baseline + inflation
- Must meet or exceed:
  - 75% Composite Quality Score Threshold
  - A 3% Minimum Savings Threshold
- Payments are distributed
  - Payments go to EQIP entities, not the individual practice or NPIs.

Key Milestones in the EQIP Payment Cycle

Milestone	Timing
Performance Period Begins	January 1
Program Year Ends	December 31 (of same year)
Claims Runout	January-June
Reconciliation	After runout ends (June/July)
Payment Distribution	9-12 months after year-end

Note: *Timeline may shift slightly each year.*

Claims Runout and Final Payment

- **Claims Runout Period:**
  - Captures late-submitted claims
  - Ensures a complete and accurate cost picture
  - Helps EQIP fairly evaluate your performance.

- **Reconciliation Period**
  - EQIP Team calculates results
  - CMS & HSCRC validate findings

- **Incentive Payments Issued**
  - Directly to EQIP Entities (not specific providers or individual practices)
  - EQIP Entity designates the Payment Remission Recipient via the portal
  - The Entity decides how payments are distributed among participating NPIs.

What You Can Do Now to Maximize Payment Potential

- Ensure accurate and timely claims submissions
- Track your Composite Quality Score and performance measures
- Coordinate with your EQIP Entity Team regularly
  - Review Stats
  - Review Workflows
  - Make necessary adjustments
- Use CRISP Tools and dashboards to monitor performance and costs
  - Use the CRISP HIE to track hospitalizations and ED visits
  - Use EEP to keep an eye on your performance.

Enrollment Updates

Get Ready for EQIP PY5 Enrollment

- EQIP Open Enrollment Webinar
  - June 18, 2025 at 12:00PM
  - **Please Register**
- The EQIP Entity Portal (EEP)
  - Will be open for enrollment on July 1, 2025
  - Will close enrollment on August 30, 2025.
- Review Your Current Participants
  - Confirm your current Care Partner list is accurate and up to date
  - Review your PY4 episode performance and consider whether you want to keep, add, or drop any clinical episode categories
- Meet Internally with Care Partners
  - Align on strategic goals, transformation opportunities and participation expectations for PY5.

Getting Ready for EQIP PY5

Designate an Administrative Lead

- Identify the point of contact responsible for managing EQIP enrollment through the EQIP Entity Portal.

Plan Ahead for CMS Vetting

- Ensure each Care Partner has an active PECOS record and is in good standing with CMS.

To enroll and participate in PY5:

- 50 or more total episodes across all clinical episode categories (baseline year)
- 11 or more episodes per selected category to receive reporting for that category
- 75% of NPIs in the entity must have triggered at least one episode in each selected category *(50% for entities with 10 or fewer NPIs)*

Key Enrollment Period Dates

Date	Action
June 18, 2025 at 12:00 PM	Enrollment Webinar (**Link**)
July 1, 2025	EEP Opens for PY Enrollment
August 30, 2025	Enrollment Closes (Care partner list and episode selections are DUE)
September 30, 2025	CMS Vetting begins
October – December of 2025	Vetting results and Care Partner Agreements due
January 1, 2026	PY5 Performance period begins

Quality Metrics

Quality Metrics

Advanced Care Plan	*#326 - Ensures that patients have an advanced care plan documented in their medical record.*
Documentation of Current Medications in Medical Record	*#130 - Requires accurate documentation of current medications in a patient's medical record.*
Body Mass Index (BMI) Screening and Follow-Up	*#128 - Monitors and promotes regular BMI screening and appropriate follow-up care.*

Thank you!