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EQIP Subgroup

July 18, 2025

Agenda

1. AHEAD Update
2. Data Release Schedule
3. Migration Updates and Q&A
4. Enrollment Updates
 - Enrollment Next Steps
 - How to Enroll in EQIP
 - EQIP Timeline
 - PY5 Episodes
 - Quality Metrics
 - EQIP Curriculum
 - EQIP Timeline
5. Q&A Session
 - Submitted Questions
 - Live Questions

AHEAD Updates



Data Release Schedule

EEP - Tentative Release Date Schedule

PY3 Data (Prometheus)	Proposed Release Date
Episodes Ending Q4	Already in Portal
Final Reconciliation Data	Final in Portal

PY4 Data (PACES)	Proposed Release Date
PY4 – Episodes Ending January	Already in Portal
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


Migration Updates and Q&A

EQIP Entity Portal Migrated to CRISP Portal

- All EQIP users (*administrative proxies and lead care partners*) should be accessing EEP through the **CRISP Portal** as of **June 30, 2025**.
- If you are an existing entity, your CRISP Portal user account has already been created.
- You should have received 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

Please note: all new administrative proxies must have a CRISP Portal account prior to being included on an enrollment application!

EQIP Entity Portal Migrating to CRISP Portal



Connecting **Providers with Technology** to Improve Patient Care

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MY HIE ADMIN(S)

SEND FEEDBACK

PRODUCT UPDATES

CHRISTAL FORTE

LOGOUT

HOME

Search Applications & Reports

This query portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, CRISP's Participation Agreement ("PA") and CRISP Policies and Procedures. [Click here to review the policies and procedure.](#) CRISP uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Q Patient Search

First Name *

Last Name *

Date of Birth *

Gender

SSN

Reset

Search

Search Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
No records found					

Your Dashboard

For applications requiring patient context, please start by using the Patient Search interface above.

Reports

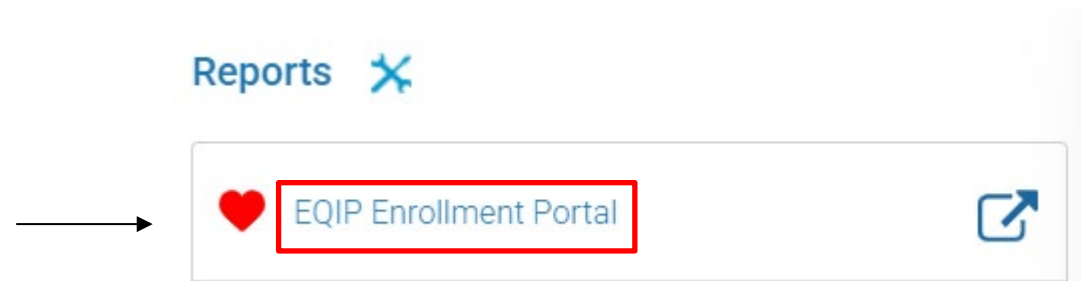
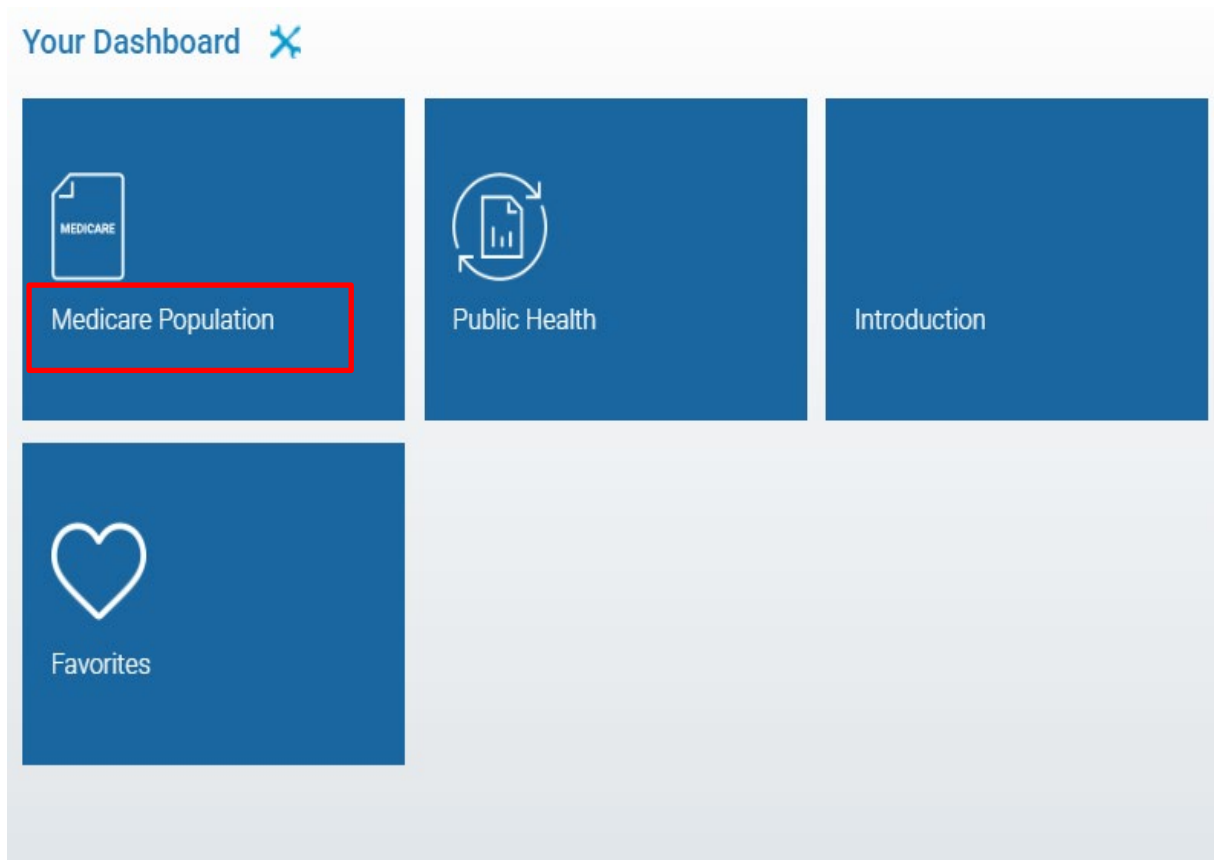
Reports Role Manager

Provider Directory


Referral Portal

User Guide & Help

EQIP Entity Portal Migrating to CRISP Portal



EQIP Entity Portal Migrating to CRISP Portal



EQIP Entity Portal

Select Program: EQIP

Program Links & Information

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

Program period: PY5 (CY2026)

EQIP Entity:

Enrollment

Start Enrollment Process

Revise Enrollment Process

Add Administrative Proxy

Program Management

Care Partner Dashboard

Edit / View Episode & Intervention Selection

Program Data

Enrollment Status Tracker


Enrollment:

Care Partner Vetting:

Care Partner Contracting:

Save Status


Bulk Status Update



Enrollment Deadline

Enrollment closes at 11.59 PM Eastern on August 29, 2025

(43 days remaining)

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Enrollment Updates

EQIP Timeline

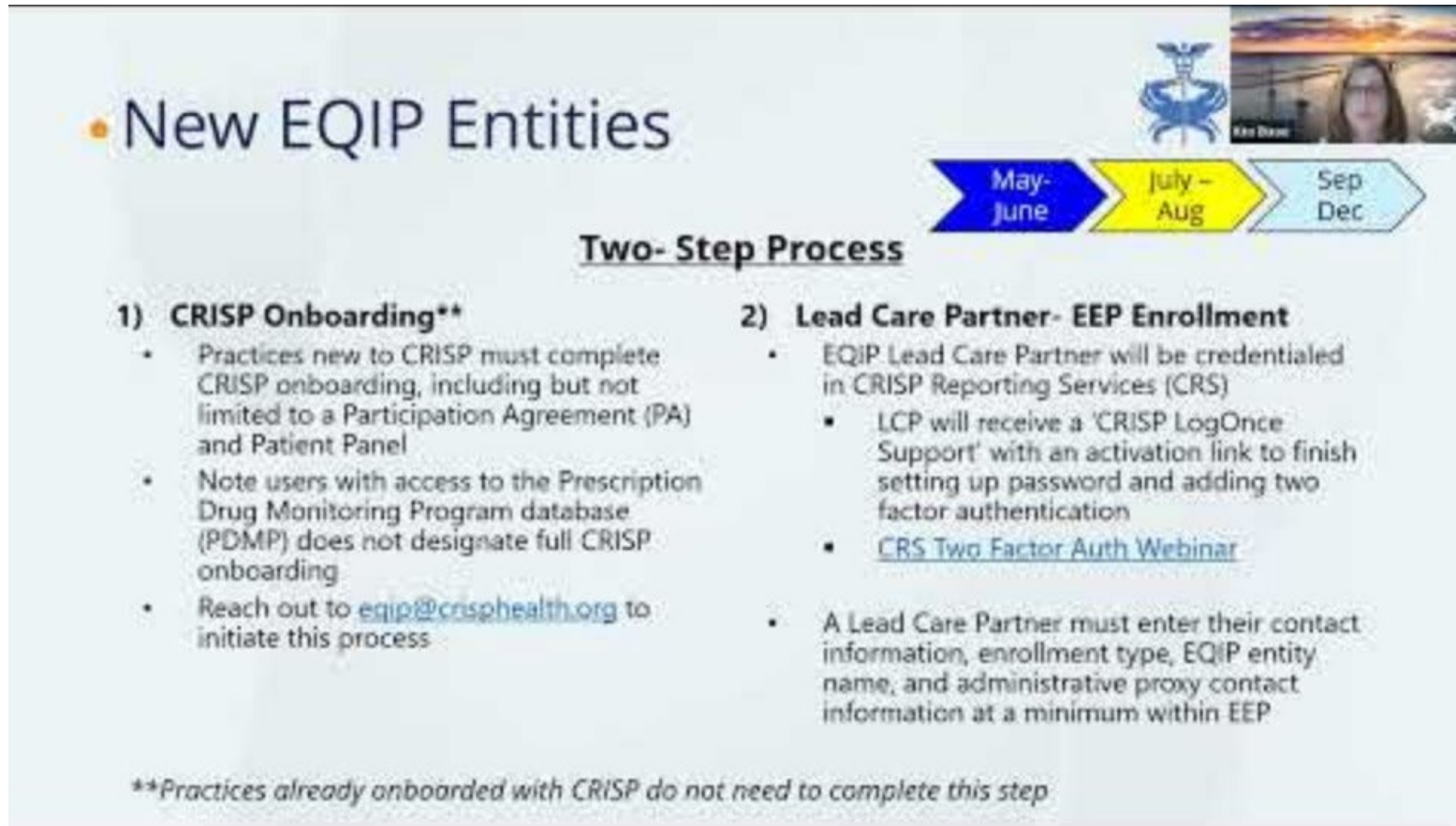
Performance Year 4 (PY4)	Performance Year 5 (PY5)
January 1 – December 31, 2025	January 1 – December 31, 2026
July – August	Enrollment Period for Upcoming PY5
September – December	CMS Vetting, Eligibility Auditing, and Contracting
January 1st	Performance Year Begins
December 31st	Performance Year Ends
9-12 Months After Performance Year Ends	Incentive Payments (if earned) Distributed

Enrollment Next Steps

- **New PY5 Entities** → email EQIP@crisphealth.org
 - CRISP will direct you to either complete onboarding paperwork or set up a new Lead Care Partner in EQIP
 - Please get your request in by August 20th at the latest to ensure access to apply.
- **PY4 Entities** → Administrative Proxies or Lead Care Partner must login into EEP and complete enrollment
 - Please remember that you need to sign into the CRISP HIE Portal to gain access to the Reports Tab to apply.
- **Requests for NPI breakdown** → email EQIP@crisphealth.org

How to enroll in EQIP for PY5

- [EQIP Enrollment Slide Deck](#)



The slide is titled "New EQIP Entities" and outlines a "Two- Step Process" for enrollment. It features a timeline with three colored arrows: a blue arrow for "May-june", a yellow arrow for "July-Aug", and a light blue arrow for "Sep-Dec". Above the timeline are the Maryland state seal and a small video thumbnail of a woman. The process is divided into two main steps: "1) CRISP Onboarding**" and "2) Lead Care Partner- EEP Enrollment". Step 1 includes three bullet points about CRISP onboarding requirements. Step 2 includes three bullet points about EEP enrollment requirements, including a link to a webinar. A footnote at the bottom states: "**Practices already onboarded with CRISP do not need to complete this step".

New EQIP Entities

Two- Step Process

May-june July-Aug Sep-Dec

- 1) CRISP Onboarding****
 - Practices new to CRISP must complete CRISP onboarding, including but not limited to a Participation Agreement (PA) and Patient Panel
 - Note users with access to the Prescription Drug Monitoring Program database (PDMP) does not designate full CRISP onboarding
 - Reach out to eqip@crisphealth.org to initiate this process
- 2) Lead Care Partner- EEP Enrollment**
 - EQiP Lead Care Partner will be credentialed in CRISP Reporting Services (CRS)
 - LCP will receive a 'CRISP LogOnce Support' with an activation link to finish setting up password and adding two factor authentication
 - [CRS Two Factor Auth Webinar](#)
 - A Lead Care Partner must enter their contact information, enrollment type, EQiP entity name, and administrative proxy contact information at a minimum within EEP

***Practices already onboarded with CRISP do not need to complete this step*

Performance Year 5 (CY2026)

EQIP Episodes

Allergy / ENT	<ul style="list-style-type: none"> • Allergic Dermatitis Urticaria • Allergic Rhinitis/Chronic Sinusitis • Asthma • Epistaxis • Sinusitis Acute
Behavioral Health	<ul style="list-style-type: none"> • Chronic Anxiety • Recurrent Depression
Cardiology / Vascular	<ul style="list-style-type: none"> • Acute Myocardial Infarction • CABG and/or Valve Procedures • Heart Failure • Pacemaker/Defibrillator • Percutaneous cardiac intervention • Heart Failure (chronic) • Hypertension Complic, Malig Acute • Hypertension Essential (chronic) • Hypertension Secondary (chronic) • Venous Insufficiency Varicosities
Dermatology	<ul style="list-style-type: none"> • Cellulitis/Skin Infection • Decubitus Ulcer • Mohs Surgery • Vitiligo • Alopecia

Emergency Department	<ul style="list-style-type: none"> • Abdominal Pain & Gastrointestinal Symptoms • Asthma/COPD • Atrial Fibrillation • Chest Pain • Deep Vein Thrombosis • Dehydration & Electrolyte Derangements • Diverticulitis • Fever, Fatigue or Weakness • Hypertension • Hyperglycemia • Nephrolithiasis • Pneumonia • Shortness of Breath • Skin & Soft Tissue Infection • Syncope • Urinary Tract Infection
Endocrinology	<ul style="list-style-type: none"> • Diabetes • Diabetic Circulatory Complications • Diabetic Neuropathy • Diabetic Retinopathy • Diabetic Skin Complications • Ds Of Lipoid Metabolism • Hyperosmolarity Non- Ketotic Coma (acute) • Hypoglycemia (acute)

*New PY5 episodes are bolded in blue

Performance Year 5 (CY2026)

EQIP Episodes

Gastroenterology	<ul style="list-style-type: none"> Cholecystectomy Colectomy Colonoscopy Endoscopy Crohn's Disease Diverticulitis Of Colon Diverticulosis Of Intestine(chronic) ERCP Esophageal Varices(chronic) Esophagitis (chronic) Small Bowel Resection
General Surgery / Wound Care	<ul style="list-style-type: none"> Amputation Appendectomy Av Fistula Creation And Revision Breast Biopsy Breast Revision Repair Ventral Hernia Repair Inguinal Hernia Superficial Injury

Hematology / Oncology	<ul style="list-style-type: none"> Aplastic Anemia Anemia Chronic Hemochromatosis Neutropenia (acute) Neutropenia
Infectious Disease	<ul style="list-style-type: none"> Osteomyelitis Nos (acute) Osteomyelitis Nos (chronic)
Nephrology	<ul style="list-style-type: none"> Acute Kidney Failure Chronic Kidney Disease - Dialysis Dependent (chronic) Chronic Kidney Disease - Not Dialysis Dependent (chronic)
Neurology	<ul style="list-style-type: none"> Acute Ischemic Stroke Dementia Parkinsons Ds Transient Ischemic Attack
Ophthalmology	<ul style="list-style-type: none"> Cataract Surgery Glaucoma Glaucoma Surgery Macular Degeneration Macular Hole Macular Pucker Retinal Tear Vitrectomy

*New PY5 episodes are bolded in blue

Performance Year 5 (CY2026)

EQIP Episodes

Orthopedics / MSK	<ul style="list-style-type: none">• Hip Replacement & Hip Revision• Hip/Pelvic Fracture• Knee Replacement & Knee Revision• Knee Arthroscopy• Low Back Pain• Osteoarthritis• Rotator Cuff Repair• Shoulder Total Arthroplasty• Musculoskeletal Disorders• Aseptic Necrosis• Bone Nos Fx• Carpal Tunnel Surgery• Cervical Decompression• Cervical Fusion• Fracture/dislocation Treatment Arm/wrist/hand• Fracture/dislocation Treatment Knee• Fracture/dislocation Treatment Lower Leg/ankle/foot• Joint Nos Ganglion/cyst• Knee Jnt Internal Derangement (acute)• Knee Jnt Internal Derangmnt• Lumbar And Sacral Spine Surgery Other• Osteoporosis	Pulmonary / Critical Care	<ul style="list-style-type: none">• COPD• Deep Vein Thom/Pulm Embolism• Pneumonia• Sepsis• Acute URI Simple
		Rheumatology	<ul style="list-style-type: none">• Rheumatoid Arthritis
			Urology

*New PY5 episodes are bolded in blue

PY5 Quality Metrics

Advanced Care Plan

NQF #326 - Ensures that patients have an advanced care plan documented in their medical record.

Documentation of Current Medications in Medical Record

NQF #130 - Requires accurate documentation of current medications in a patient's medical record.

Body Mass Index (BMI) Screening and Follow-Up

MIPS #128 - Monitors and promotes regular BMI screening and appropriate follow-up care.

Introducing the EQIP Curriculum

- The EQIP Curriculum is designed to give practitioners, practice managers, healthcare administrators, and other stakeholders a clear and comprehensive understanding of Maryland's Episode Quality Improvement Program (EQIP).
- The EQIP Curriculum is divided into seven modules. Each module includes focused learning topics and a variety of educational materials, including brief videos, slide decks, and downloadable guides.
 - Module 1: Introduction to EQIP
 - Module 2: Participation and Enrollment
 - Module 3: EQIP Episodes
 - Module 4: EQIP Interventions and Performance Improvement Opportunities
 - Module 5: Quality Measures
 - Module 6: Incentive Payment Methodology
 - Module 7: Removal from EQIP

Q&A Session

Key Players

- **What is a Care Partner?**

- Care Partners are general practitioners, specialists, or other CMS-approved practitioners who are enrolled in EQIP.

- **What is an EQIP Entity?**

- An EQIP Entity is an individual Care Partner or a group of Care Partners that have enrolled and will be participating together in EQIP.

- **What is an Administrative Proxy?**

- An Administrative Proxy could be a practice manager, an external consultant, or whoever the entities would like to engage to help them manage participation and monitor performance in the program.

- **What is a Care Redesign Program (CRP) Entity?**

- The CRP Entity is responsible for aggregating Care Partner Agreements and issuing incentive payments to the payment remission source indicated by the EQIP Entity.

- **What is the difference between HSCRC/MedChi/CRISP; how are they all related and what are their roles?**

- The HSCRC and CRISP are the EQIP program administrators. They will facilitate enrollment, calculate episodes, monitor performance, maintain reporting requirements, and determine incentive payments. MedChi works closely with HSCRC/CRISP to support EQIP and its participants through outreach, education, and administrative support.

Methodology

- **What data is used for EQIP?**

- EQIP episodes are constructed from the Claim and Claim Line Feed (CCLF) data provided by CMS to the State of Maryland. This data file contains Medicare final action claims for all Part A and Part B services received by beneficiaries who reside in Maryland, regardless of where services were rendered.

- **How does my data get into EQIP and hence get to Medicare?**

- Episode triggers and episode-relevant costs are derived from Medicare fee-for-service claims. There are no additional reporting requirements for EQIP participants. EQIP utilizes claims data as part of the standard billing practices.

- **How are EQIP episodes triggered?**

- Each episode has a different definition that uses clinically validated codes. EQIP episodes are triggered by the submission of a claim for a specified, relevant procedure and/or diagnosis through a qualifying primary ICD-10-CM code, CPT code, or HCPCS code. To view specific trigger codes for each episode, please see the PY5 Episode Playbook.

- **What costs are included in EQIP episodes?**

- Total relevant costs for a single episode include all Medicare Parts A and B claim payments for the beneficiary for services that are rendered during the episode period and defined as relevant according to the PACES episode grouper.

- **How is the target price calculated?**

- An EQIP Entity's target price is calculated by determining the average total relevant episode costs among all clinical episodes attributed to its Care Partners during the baseline period for each enrolled clinical episode category. Preliminary target prices are available at the start of the program year. Final target will be made available at end of the program year after inflation adjustments and standardization have been applied.

Quality Metrics

- What CPT codes are required for each quality metric?
 - Advance Care Plan
 - Current Medications
 - Body Mass Index
- Do quality metrics need to be done each time a patient comes in or at least “once” a year?
 - For each attributed episode, the HSCRC will assess whether the three quality measures were performed, by any practitioner, within the year preceding the end of the episode period. The quality metrics only need to be billed once to get credit.
- Do the quality CPT codes need to be submitted at the same time the qualifying trigger code is billed? Can the quality CPT codes be submitted with any claim in the year? Does the triggering practitioner have to be the one billing for the quality metrics? Can the quality CPT codes be submitted by any practitioner? Do they have to be in EQIP at all?
 - See above
- What if I typically record quality metrics in other ways?
 - EQIP quality metrics are measured through claims data only. Other methods of quality reporting will not satisfy EQIP requirements.

Incentive Payment

- **Is the incentive payment a lump sum payment?**
 - Yes. Incentive payments will be paid in full directly to the payment remission source indicated by the EQIP Entity.
- **When would I get my incentive payment?**
 - Incentive payments are distributed 9 - 12 months after the end of the performance year.
 - Incentive payments for PY3 (CY2024) should be expected around Fall 2025
 - Incentive payments for PY4 (CY2025) should be expected around Fall 2026.
 - Incentive Payments for PY5 (CY2026) will be expected around Fall of 2027

Dissavings

- **How would dissavings affect my practice?**
 - EQIP Entities that generate dissavings in a program year are required to offset that dissavings in the following program year, prior to earning an incentive payment.
 - An EQIP Entity is removed from EQIP if it generates dissavings in two consecutive program years and its baseline-period performance across all clinical episode categories in which it participates ranks in the lower two terciles of the tiered Shared Savings Rate.
- **If my entity is removed from the program for two consecutive years of dissavings, can my entity re-enroll in future performance years?**
 - The NPIs associated with an EQIP Entity's two consecutive years of dissavings will be required to leave EQIP for one performance year. After one year, those NPIs are eligible to re-enroll in the program.

Removal from EQIP

- **Why would an EQIP entity involuntarily be removed from EQIP?**
 - Failure to maintain vetting and certification from CMS
 - Failure to provide care or compliance in conjunction with the Agreement
 - The EQIP Entity's Rank Percentile is in the lower two terciles of the tiered Shared Savings Rate and the EQIP Entity experienced two consecutive years of dissavings.
 - If the program year performance for the EQIP Entity is below the 20th percentile benchmark threshold of a single quality measure, the EQIP Entity will receive zero points for that measure and will be on probation for the program year. Two consecutive program years on probation results in automatic exclusion from EQIP.
- **Can Care Partners withdraw from EQIP during the performance year?**
 - No, EQIP Entities or Care Partners cannot withdraw during a program year. Please contact equip@crisphealth.org if you have any questions or concerns.

MIPS

- **Am I exempt from reporting MIPS if I am in EQIP? What if not everyone in my practice is in EQIP? Do they still have to report?**
 - Practitioners enrolled in EQIP are considered Qualifying APM Participants (QP) and therefore, are exempt from reporting MIPS for the calendar year(s) they are engaged in EQIP. Exemption is at an individual/NPI level not practice level. Any practitioners not in EQIP, may still be required to report.
- **Are there negative consequences to reporting MIPS while being in EQIP?**
 - Reporting MIPS while being in EQIP will not have a positive or negative impact on practitioners. Practitioners in EQIP will not benefit from MIPS.
- **How can I check my QPP Status?**
 - [QPP Participation Lookup](#)

Live Questions

- Please ask any additional clarifying questions.

Thank you!