

EQIP AT QUICK GLANCE



Annual Enrollment Opportunity

July - August

Practitioners indicate their intention to enroll in the upcoming Performance Year by creating or joining an EQIP Entity. Entities select the Clinical Episode Categories and Care Interventions they wish to participate in through the EQIP Entity Portal (EEP).



CMS Vetting, Auditing, & Contracting

September - December

After the initial enrollment period, CMS vetting and eligibility auditing will take place. Care Partners must sign and return Care Partner Arrangements (contracts) to confirm enrollment.



New Performance Year Begins

January 1

Clinical Episodes selected by the EQIP Entity will trigger (begin) when a Care Partner submits a claim through a qualifying primary ICD-10-CM code, CPT code, or HCPCS code on Medicare patients. EQIP Entities are assigned a unique Target Price per Episode it has selected.



Performance Evaluation

January 1 - December 31

Performance year Episode costs are compared to the Target Price and savings are aggregated. EQIP uses claims data to assess cost and quality performance.



Incentive Payment

Paid 9 - 12 Months after the End of the Performance Year

EQIP rewards successful Entities with a portion of their total savings across all selected episodes during the Performance Year.

