



Maryland's Episode Quality Improvement Program (EQIP)

A Value-Based Medicare Incentive Payment
Opportunity for Maryland Practitioners



What is the Episode Quality Improvement Program (EQIP)?

- EQIP is a voluntary, Advanced Alternative Payment Model (AAPM) for Maryland generalists, specialists, or other CMS-approved practitioners.
- EQIP engages practitioners who treat Maryland Medicare beneficiaries in care transformation and value-based payment through an episode-based approach.
- EQIP will hold participants accountable for achieving cost and quality targets for one or more Clinical Episodes.
- EQIP Entities have an opportunity to earn a portion of the savings they create in their selected Clinical Episode(s) as a lump-sum incentive payment.



What are the Main Goals of EQIP?



Increase Financial Accountability: Hold practitioners accountable for improving quality of care and reducing healthcare spending on Episodes of care.



Care Redesign: Help practitioners align with value-based payment models and Maryland hospital Global Budget Revenues (GBRs).



Clinical Data Analysis and Feedback: Eliminate unnecessary or low-value care, shifting care to lower-cost settings when clinically appropriate, increasing care coordination, and fostering quality improvement.



Practitioner Engagement: Promote practitioner-led, value-based care reimbursement to drive innovation and deployment of new evidence-based knowledge.



Patient and Caregiver Engagement: Improve health outcomes and lower costs through patient education and ongoing communication during Episodes of care.



EQIP at Quick Glance

Annual Enrollment Opportunity

- Practitioners decide to enroll in EQIP during **July through August** of each year.
- One or more practitioners enroll in an **EQIP Entity**.
- EQIP Entities select specific **Clinical Episodes and Interventions** to participate in.

CMS Vetting, Auditing, and Contracting

- 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

- 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

- 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

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



Want to Learn More?

Visit the full [EQIP Curriculum](#) to explore comprehensive learning modules and deepen your understanding of Maryland's Episode Quality Improvement Program (EQIP).

