



maryland  
**health services**  
cost review commission

---

## EQIP Subgroup

September 19, 2025

# Agenda

1. Performance Year 6
  - New Episode Development
2. AHEAD Updates
3. Performance Year 3 – Incentive Payment Timeline
4. Enrollment Updates & Next Steps
  - PY5 Enrollment
  - Next Steps
  - Requirements for POCs
  - Contracting
  - Practice Transformation Grant
5. Quality Measures
6. Data Release Schedule
7. Upcoming Dates/Meetings

# PY6 New Episode Development

# AHEAD Updates

# Performance Year 3 – Incentive Payment Timeline

# Incentive Payment Methodology

- **Generate Savings:**
  - Entity costs must be  $\geq 3\%$  below target.
- **Shared Savings Tier:**
  - Entities ranked on efficiency vs. statewide experience.
  - Tiered payout: **50%, 65%, 80%** of savings.
- **Quality Adjustment:**
  - **5% of savings withheld** pending assessment on three quality metrics.
  - Performance determines how much of the 5% is earned back.
- **Payment Cap:**
  - Max payment = **25% of prior-year Part B spend**.
- **Final Payment:**
  - HSCRC directs CRP entity to issue a **single lump-sum check** to the EQIP entity.
  - Distribution to care partners is managed by the entity.

Target Price Rank	% of Savings to due EQIP Entity
Up to 33 <sup>rd</sup> percentile	50 percent
34 <sup>th</sup> – 66 <sup>th</sup> percentile	65 percent
66 <sup>th</sup> + percentile	80 percent

*\*The EQIP entity can direct the payment remission source to distribute payments to individual Care Partners however it desires.*

## Care Partner Arrangements (CPA) Permits Payments to Entities

- As per the State and UMMC's Agreement with CMS, Incentive Payments may not be distributed to an "individual or entity other than a Care Partner with whom the Hospital has a fully executed written Care Partner Arrangement."
- For EQIP, the HSCRC has written a standardized Care Partner Arrangement **required for all Care Partners intending to participate in an EQIP Entity.**



# Care Partner Arrangement & Payment Remission Recipient

**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, including the Payment Remission Recipient for an EQIP Entity can be an individual care partner, a group or one of its members, or a designated proxy (not acting as a Convener).
- The Payment Remission Recipient has no formal relationship with the HSCRC and EQIP policy. Care Partners have no relationship in their Care Partner Arrangement.
- The Payment Remission Recipient for an EQIP Entity can be an individual care partner, a designated proxy, 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

## EQIP Incentive Payments

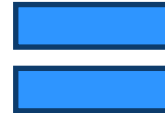
The EQIP Entity is eligible to earn a reconciliation payment based on the cost of all Medicare FFS expenditures for the clinical episodes for which the EQIP Entity elects to participate in. The HSCRC will compare the Medicare FFS expenditures to a target price, based on the episodes created from relevant costs as determined by the Prometheus Episode Grouper.

**If, 1) the aggregate total Medicare FFS expenditures across all clinical episodes in the performance year is less than the aggregate target prices for those episodes from the baseline at the performance year volume, and 2) this amount is greater than three percent of the baseline aggregate, the EQIP Entity will receive a positive reconciliation amount.**

The EQIP Entity will be eligible for a share of their savings, or positive reconciliation amount based on their statewide ranking of episode costs. The final Incentive Payment will be the positive reconciliation amount, adjusted for the EQIP Entity's quality performance, as calculated and reported by the HSCRC. Technical documentation for this process is available at the HSCRC Website.<sup>1</sup>

The EQIP Entity is responsible for distributing the Incentive Payments to individual Care Partners. This agreement will not oversee or dictate Incentive Payment distribution amongst multiple Care Partners who participate in the EQIP Entity. Incentive payments will be paid to the EQIP Entity 18-24 months after the start of the first Performance Year via check or direct money transfer. This Care Partner acknowledges the EQIP Entity has elected the following Payment Remission Recipient for their Incentive Payment distribution:

[Payment Recipient Organization Name]  
[Payment Recipient Address Line 1]  
[Payment Recipient Address Line 2]



Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Go to [www.irs.gov/FormW9](https://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check **only one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Payment Remission Recipient entered during enrollment is used to generate Care Partner Arrangements

In Preparation for 2024 Payments, UMMC collected W9s and entered all Entities into their internal system.

Submitted W9s must match the executed Care Partner Arrangements.



# CPA and W-9 Mismatch

**EQIP Incentive Payments**

The EQIP Entity is eligible to earn a reconciliation payment based on the cost of all Medicare FFS expenditures for the clinical episodes for which the EQIP Entity elects to participate in. The HSCRC will compare the Medicare FFS expenditures to a target price, based on the episodes created from relevant costs as determined by the Prometheus Episode Group.

**If, 1) the aggregate total Medicare FFS expenditures across all clinical episodes in the performance year is less than the aggregate target prices for those episodes from the baseline at the performance year volume, and 2) this amount is greater than three percent of the baseline aggregate, the EQIP Entity will receive a positive reconciliation amount.**

The EQIP Entity will be eligible for a share of their savings, or positive reconciliation amount based on their statewide ranking of episode costs. The final Incentive Payment will be the positive reconciliation amount, adjusted for the EQIP Entity's quality performance, as calculated and reported by the HSCRC. Technical documentation for this process is available at the HSCRC Website.

The EQIP Entity is responsible for distributing the Incentive Payments to individual Care Partners. This agreement will not oversee or dictate Incentive Payment distribution amongst multiple Care Partners who participate in the EQIP Entity. Incentive payments will be paid to the EQIP Entity 18-24 months after the start of the first Performance Year via check or direct money transfer. This Care Partner acknowledges the EQIP Entity has elected the following Payment Remission Recipient for their Incentive Payment distribution:

Payment Recipient Organization Name  
Payment Recipient Address Line 1  
Payment Recipient Address Line 2



**W-9**  
Form (Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

5 City, state, and ZIP code

6 City, state, and ZIP code

7 List account number(s) here (optional)

- If the Organization Name or Address on the CPA and W-9 do not match exactly, payment cannot be distributed
- Resolutions:
  - 1) Entities can re-submit a W-9 that matches CPA. Note, utilizing the 'business as' line on the W-9 may assist with matching Organization Name OR
  - 2) If the submitted W-9 should replace the Payment Remission Information, we will require all Care Partners to sign an amendment

# Incentive Payment Timeline

- EQIP Entities who earned incentive payments and have a CPA/ W-9 mismatch will be contacted by CRISP within the next week
  - Amendments will be due in early October
- Payments will be sent via FedEx in CY2025 Q4
  - Entities with P.O. Boxes will be sent via paper check
  - CRISP will notify Entities when checks are mailed

# Enrollment Updates & Next Steps

## PY5 Enrollment Summary

<b>EQIP entities enrolled:</b>	217
<b>Total Care Partners:</b>	7081 CPs
<b>Specialties represented:</b>	44
<b>Smallest Entity:</b>	1 CP
<b>Largest Entity:</b>	621 CP
<b>Entities participating in more than 2 episodes:</b>	133

## PY5 Enrollment Summary

Clinical Episode Categories	Number of EQIP Entities	Number of Care Partners
Allergy	33	1406
Behavioral Health	18	905
Cardiology	62	2102
Dermatology	14	821
Emergency Care	20	1557
Endocrinology*	36	1326
Gastroenterology	29	1105
General Surgery/Wound Care*	9	602
Hematology/Oncology*	18	808

\* New in PY5

## PY5 Enrollment Summary


Clinical Episode Categories	Number of EQIP Entities	Number of Care Partners
Infectious Disease	3	266
Nephrology*	19	816
Neurology*	25	1339
Ophthalmology*	11	370
Orthopedics/MSK	97	3575
Pulmonary/Critical Care	51	2575
Rheumatology	13	440
Urology*	26	1537

\* New in PY5



# Accessing the EQIP Entity Portal

← ↻ 🔒 <https://portal.crisphealth.org/#dashboard>

 **CRISP** Connecting Providers

© CRISP. All Rights Reserved. [MY HIE ADMIN\(S\)](#) [SEND FEEDBACK](#) [PRODUCT UPDATES](#)


[HOME](#)

*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 view the 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.*

### 🔍 Patient Search

First Name \*

Last Name \*

Date of Birth \*  

Gender

SSN

[Reset](#) [Search](#)

### Search Results

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

[How to access the EQIP Entity ...](#)

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

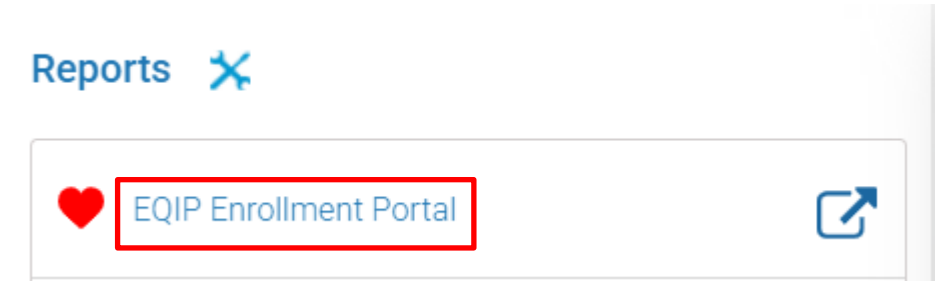
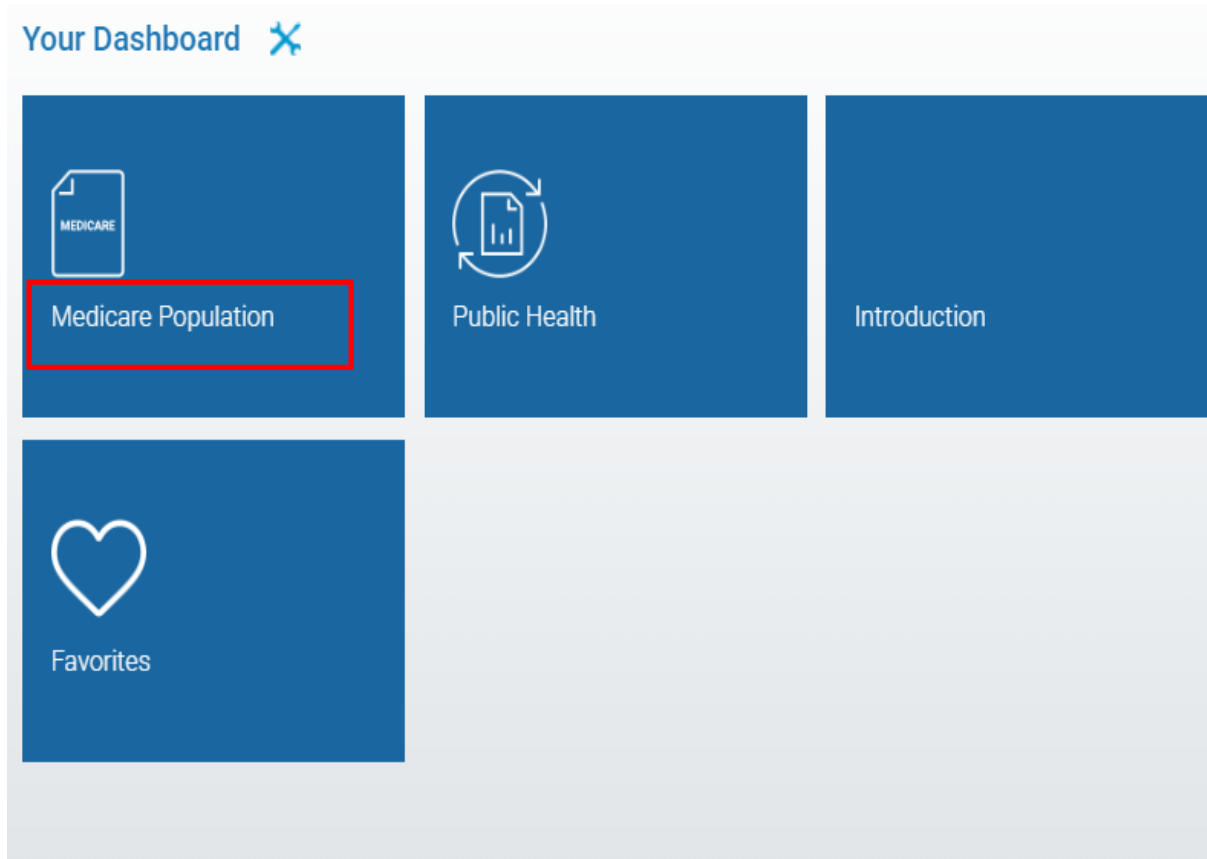
[Reports](#)

[Reports Role Manager](#)

[Provider Directory](#)

[User Guide & Help](#)

# Accessing the EQIP Entity Portal



# Accessing the EQIP Entity Portal

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 is now closed**

Enrollment for the next performance period will open July 1st next year.

## 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	<b>CMS Vetting, Eligibility Auditing, and Contracting</b>
January 1 <sup>st</sup>	Performance Year Begins
December 31 <sup>st</sup>	Performance Year Ends
9-12 Months After Performance Year Ends	Incentive Payments (if earned) Distributed

# Next Steps: September - October 2025 Enrollment Activities

## 1. De-duplication of Care Partners across EQIP Entities

- Care Partners can only participate in one EQIP Entity
- On September 17<sup>th</sup> the EQIP team contacted the Lead Care Partners & Admin Proxys of duplicated Care Partners
- POCs must attest by **Wednesday September 24<sup>th</sup>** to a preference with what entity the care partner will participate with
  - **If no response is received** → the Care Partner will be assigned to the entity with the smallest volume
  - **If you did not receive an email** → your entity has no duplicate NPIs

## 2. Results from PECOS audit from CMS will be posted in EEP (Late October)

- Care Partners who did not pass PECOS screening are not permitted to participate in PY5
- Program Integrity and Law Enforcement CMS vetting results will be returned late 2025, impact should be smaller

# Next Steps: September - October 2025 Enrollment Activities

## 3. Succession Entities

- Any entity with greater than 60% of Care Partners that overlap with another entity from the previous performance year will be considered a succession entity
  - Entity POCs will be notified of their succession and will receive a new entity ID

## 4. Volume Threshold Requirement

1. It is required that **75% of participating Care Partners must have at least one touch on any claim** in the baseline year of 2019
  - This claim threshold is 50% for entities with 10 or fewer Care Partners
  - EQIP Entities who do not reach this threshold will receive an email from the EQIP team with a list of Care Partners who do not touch a claim in 2019
    - The POC will specify which Care Partners are to be removed
  - If your Entity is not contacted → the threshold has been met
2. It is required that for each single clinical episode chosen, **the EQIP entity must be attributed 11 or more clinical episodes**
3. It is required that **the EQIP entity must be attributed 50 or more clinical episodes across ALL clinical episode** that they are participating in



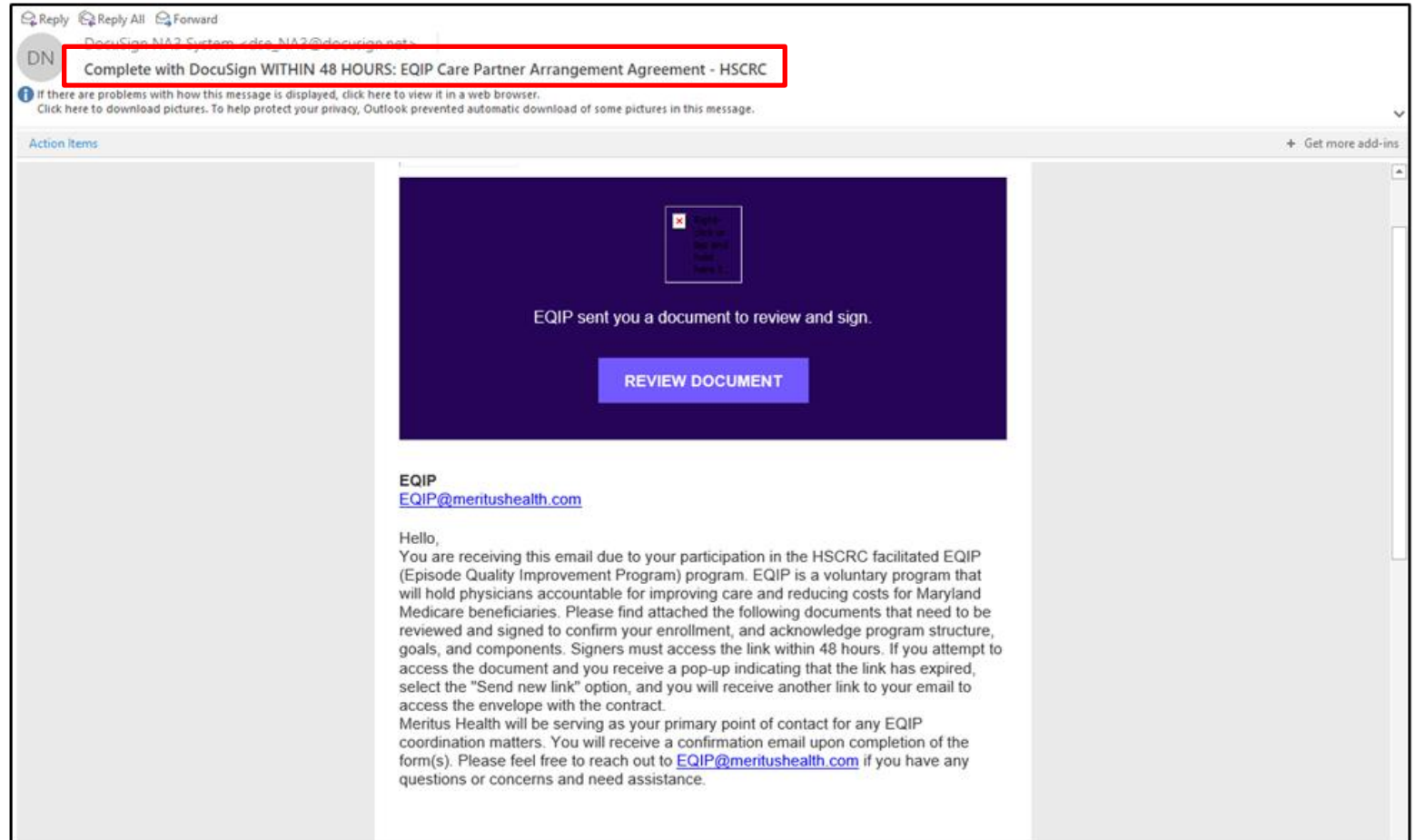
## Contracting: Care Partner Arrangement – PY5 Requirement

- All Care Partners will be **required to** sign a Care Partner Arrangement
- Care Partner Arrangements will be sent out to individual Care Partners and the Entity Admin Proxies via DocuSign by end of Oct/early November
- CRISP to confirm payment remission addresses entered during enrollment
- Contracts will be pre-filled and standardized across the state and no changes will be allowed
  - Email will come from the CRP Entity, [EQIP@meritushealth.com](mailto:EQIP@meritushealth.com)

**Please Note: Care Partner Arrangements must be signed and returned to participate in the EQIP**

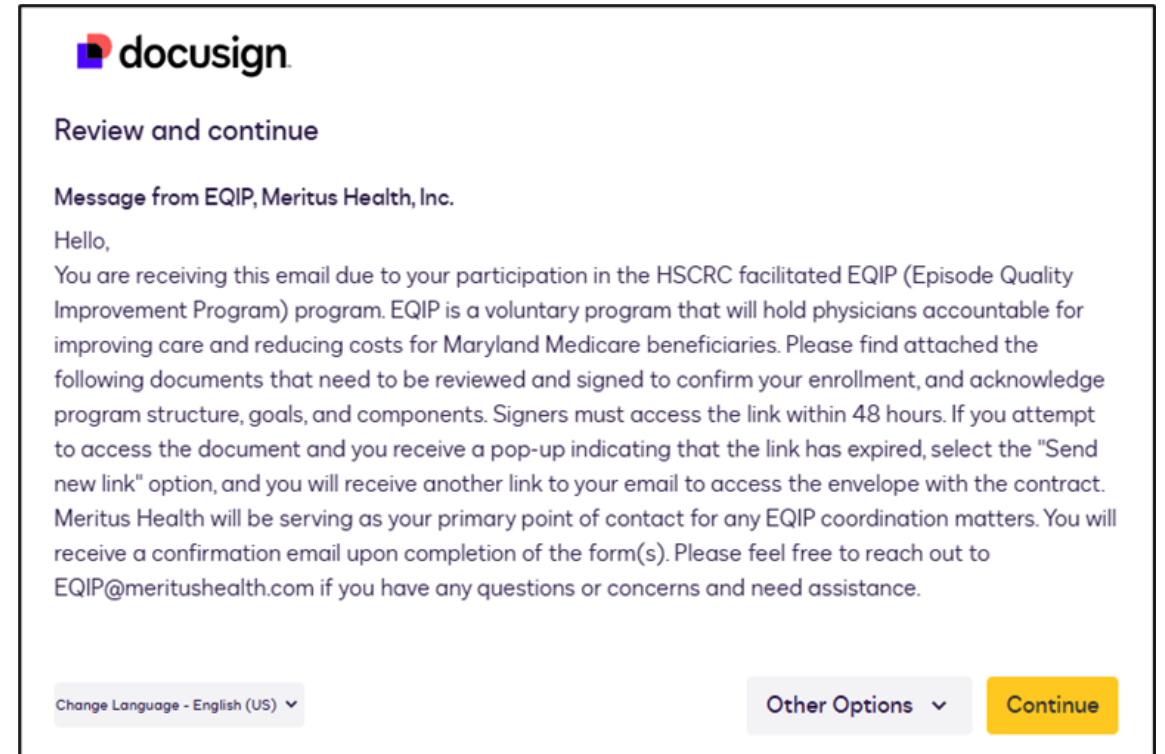
# Contracting: Care Partner Arrangement – PY5 Requirement

- If you are a Care Partner enrolled in EQIP, you will receive an email from DocuSign, prompted by [EQIP@meritushealth.com](mailto:EQIP@meritushealth.com). The subject of the email will be: **Complete with DocuSign WITHIN 48 HOURS: EQIP Care Partner Arrangement Agreement- HSCRC**



# Contracting: Care Partner Arrangement – PY5 Requirement

- After clicking “Review Document,” Care Partners will receive the following pop-up message detailing the purpose of the agreement and steps to take if the DocuSign link expires.
- If the link has expired
  - Select "Send New link" option
  - And you will receive another link to your email to access the envelope with the contract.
- Once you have signed the forms, you will receive a confirmation email.
  - Save this email for your documentations



# Contracting: Care Partner Arrangement – PY5 Requirement

- The CPA will look like this screenshot below. Care Partners should click “Start” to begin signing.



# Contracting: Care Partner Arrangement – PY5 Requirement

- Once the Care Partner clicks start, DocuSign will guide the user through the document. On page 11 of the agreement, the Care Partner will be prompted to input their signature and the date the document is signed.


Next

By signing this form, I acknowledge the heretofore Care Partner Arrangement Agreement and consent to my participation in the Episode Quality Improvement Program. I acknowledge my participation is voluntary and will comply with the policy set forth by the Maryland Health Services Cost Review Commission and Centers for Medicaid and Medicare Services.

EQIP Entity Name:

Care Partner Name:

Care Partner NPI:

Signature: 

Date:

Accepted on behalf of the CRP Entity, Meritus Health, by:

Name: Joshua A. Repac

Title: Chief Financial Officer

Signature: *Joshua A Repac*

Date: 08/22/2025

§

<https://hscrc.maryland.gov/Documents/Care%20Redesign/CRP%20PP4%20Participation%20Agreement%20.docx>

11

# EQIP Practice Transformation Grant



# EQIP Practice Transformation Grant (PTG) Relaunch

Relaunching in  
PY5 (CY2026)

Application process  
begins September  
22, 2025

Supporting EQIP  
practices in  
advancing  
transformation  
goals.

## EQIP PTG Program Eligibility

EQIP Entities committed to PY5/CY2026 performance year



PY1-4 Entities that have not realized savings



PY1 through PY3 with at least one year of dissavings



New PY5 practices

# EQIP PTG Application Process

1

Application submitted via  
Microsoft Forms

2

Direct link will be sent to  
each entity

3

Simple form requesting:

- Entity Details (name, address, contact)
- Practice details (specialty, EQIP Episodes, ownership type)
- Health IT details (EHR in use, CRISP participation)

4

Deadline: **October 6, 2025 (5pm)**

# EQIP PTG Application Evaluation

- **Application Submitted**
  - Entity completes Microsoft Form
- **Initial Evaluation**
  - Review for completeness & eligibility
- **Practice Assessment**
  - Assess workflows, needs, and transformation goals
- **Vendor Selection**
  - Entity selects preferred vendor from approved list

*\*Information on PTG*

# EQIP PTG Timeline (PY5)

Application period (Entities submit  
via Microsoft Forms)

Sep.–Oct. 2025

Oct.–Nov. 2025

Grant Selections Announced

Dec. 2025

Practice Assessments & Vendor  
Selection

Jan. 2026

Kick-off Meetings with Vendors

# Quality Measures



# Advanced Care Planning (ACP) Quality Measure Update

- PY3 Final Reconciliation Correction
  - During the review of PY3 Results, it was identified that the ACP coding specifications were not fully aligned with HSCRC's intended approach.
  - To ensure accuracy and fairness, both 99-series codes (99497, 99498) and CPTII codes (1123F, 1124F, 1159F) have been included in the final PY3 calculations.

# Advanced Care Plan Quality Measures Looking Ahead

- **Program Year 4**
  - Claims with 99497, 99498, 1123F or 1124F will satisfy the numerator requirement for ACP.
- **Program Year 5**
  - **ONLY** claims with codes 1123F or 1124F will satisfy the numerator for ACP
- **All other Quality Measures**
  - Will follow CMS definition guidelines, no exception.
  - Please see the links in the next slide for details on each measure

# 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.

# Data Release Schedule

# EEP - Tentative Release Date Schedule

PY3 Data (Prometheus)	Proposed Release Date
Final Reconciliation Data	Final in Portal

PY4 Data (PACES)	Proposed Release Date
PY4 – Episodes Ending March	Already in Portal
PY4 – Episodes Ending April	September 2025
PY4 – Episodes Ending May	October 2025
PY4 – Episodes Ending June	November 2025

*Note: All release dates are proposed and subject to change*

# EQIP Resources

# EQIP Resources

- [EQIP Playbook \(PY5\)](#)
- [EQIP Specifications and Methodology Guide \(PY5\)](#)
- [EQIP Introduction Policy Guide \(PY5\)](#)

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](#)



Next EQIP Subgroup: November 21<sup>st</sup>