maryland
health services
cost review commission

EQIP Subgroup

November Meeting

11/21/2025

Agenda

- AHEAD Update
- Performance Year 5
  - Enrollment Updates
  - Contracting and Next Steps
  - Practice Transformation Grant
- PY6 Episode Development/Requests
- CRISP Outreach HIE Panel
  - Review CRISP Tools
  - Panel Review
  - HIE Admin Audit
- Performance Year 3 Analysis
- Upcoming Dates/Meetings

AHEAD Update

PY5: Administrative and Enrollment Updates

EQIP Timeline

Performance Year 4 (PY4)	Performance Year 5 (PY5)
January 1 – December 31, 2025	January 1 – December 31, 2026

Performance Year 5 (PY5) Periods	
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

November 2025 Enrollment Updates

- Results from PECOS audit from CMS will be posted in EEP
  - Due to the government shutdown, this audit is currently delayed
  - 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
- Claim Threshold edits have been updated and can be found reflected in EEP
  - If there are any changes to the composition of an entity following the PECOS audit and CPAs distribution, entities may be required to make additional edits to meet their claim threshold
- Entity Continuity
  - During the audit process, the HSCRC reviews the consistency of the Care Partner (CP) composite within an Entity year over year. If your entity meets the criteria to be considered a new entity for the performance year, our team will be assigning your entity a new EQIP ID.
- 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

Contracting: Care Partner Arrangement – PY5 Requirement

- All Care Partners will be **required to** sign a Care Partner Arrangement
- Care Partner Arrangements have been sent out to individual Care Partners and the Entity Admin Proxies via DocuSign on **November 17th**
- 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**

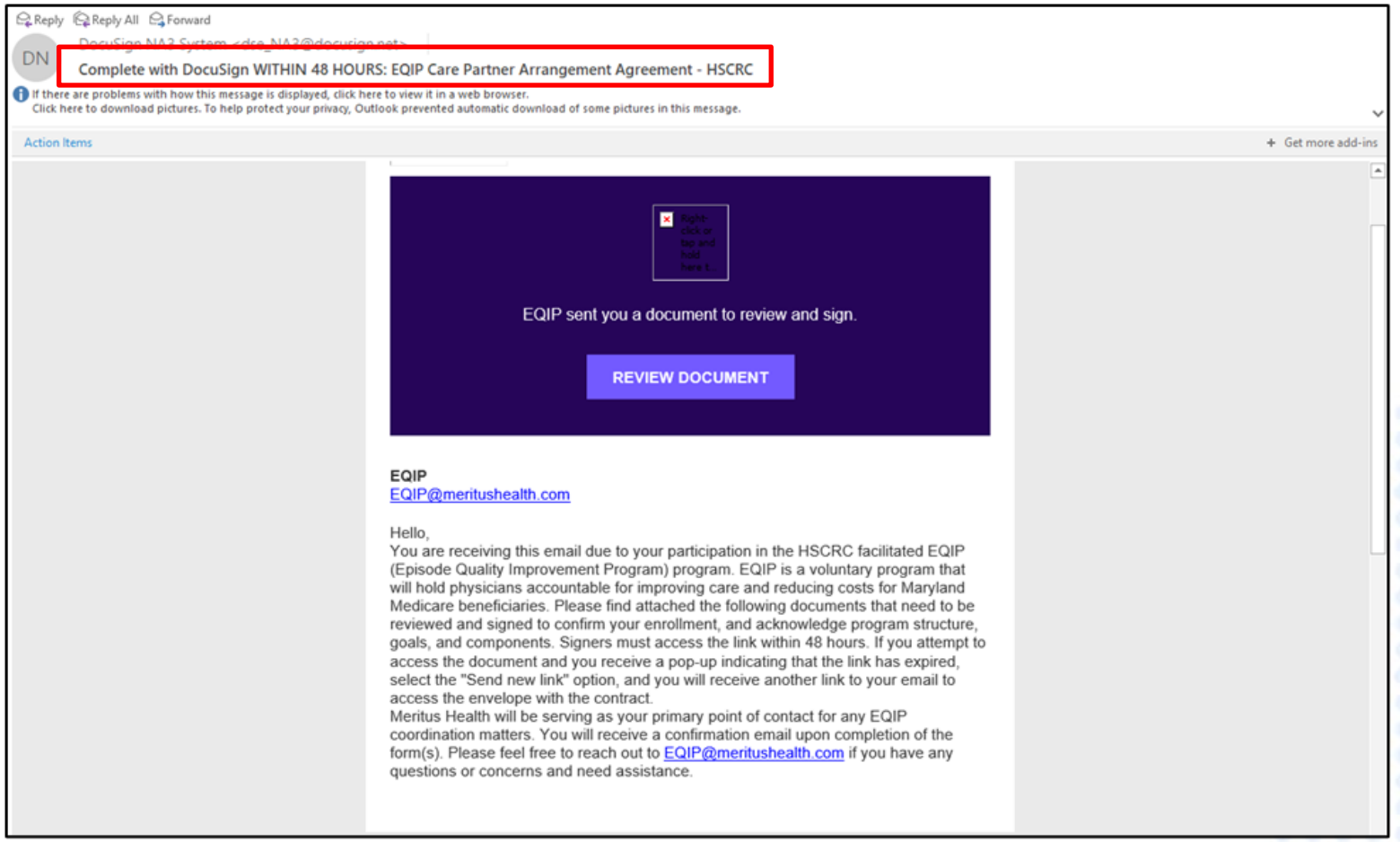
Please Note: Care Partner Arrangements must be signed, dated and returned no later than December 12, 2025, to participate in the EQIP

Contracting: Care Partner Arrangement Updates and Notes

- Please note that any requests such as **email changes for providers, requests for a CPA to be resent, CPA status updates in EEP, or an expired CPA link** will have a processing time of 48 hours before it can be completed
- The EQIP team is working to ensure that starting next week any provider who has not signed their CPA will receive an updated link every Monday, Wednesday and Friday.
  - CPA links do expire every 48 hours for security purposes
- All administrative proxies will be copied on all completed CPAs, however other POCs (Lead Care Partner and Payment Remission Recipient) will be removed starting next week
  - This is required for tracking purposes
- To track your entity's CPA submission status, please reference the Care Partner Dashboard in the EEP Portal under the column listed "Care Partner Arrangement Status"

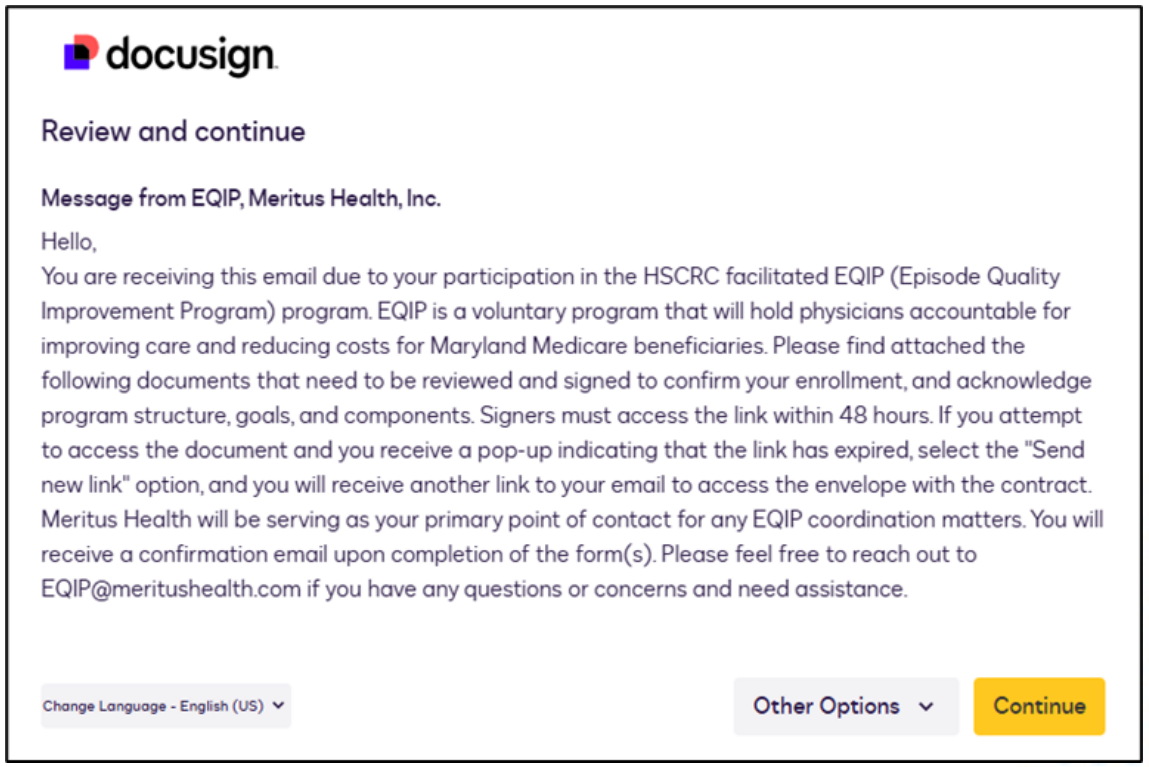
Contracting: Care Partner Arrangement – PY5 Requirement

- If you are a Care Partner enrolled in EQIP, you will receive an email from DocuSign, prompted by EQIP@meritushealth.com. 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 envelop with the contract.
- Once you have signed the forms, you will receive a confirmation email.
  - Save this email for your documentations

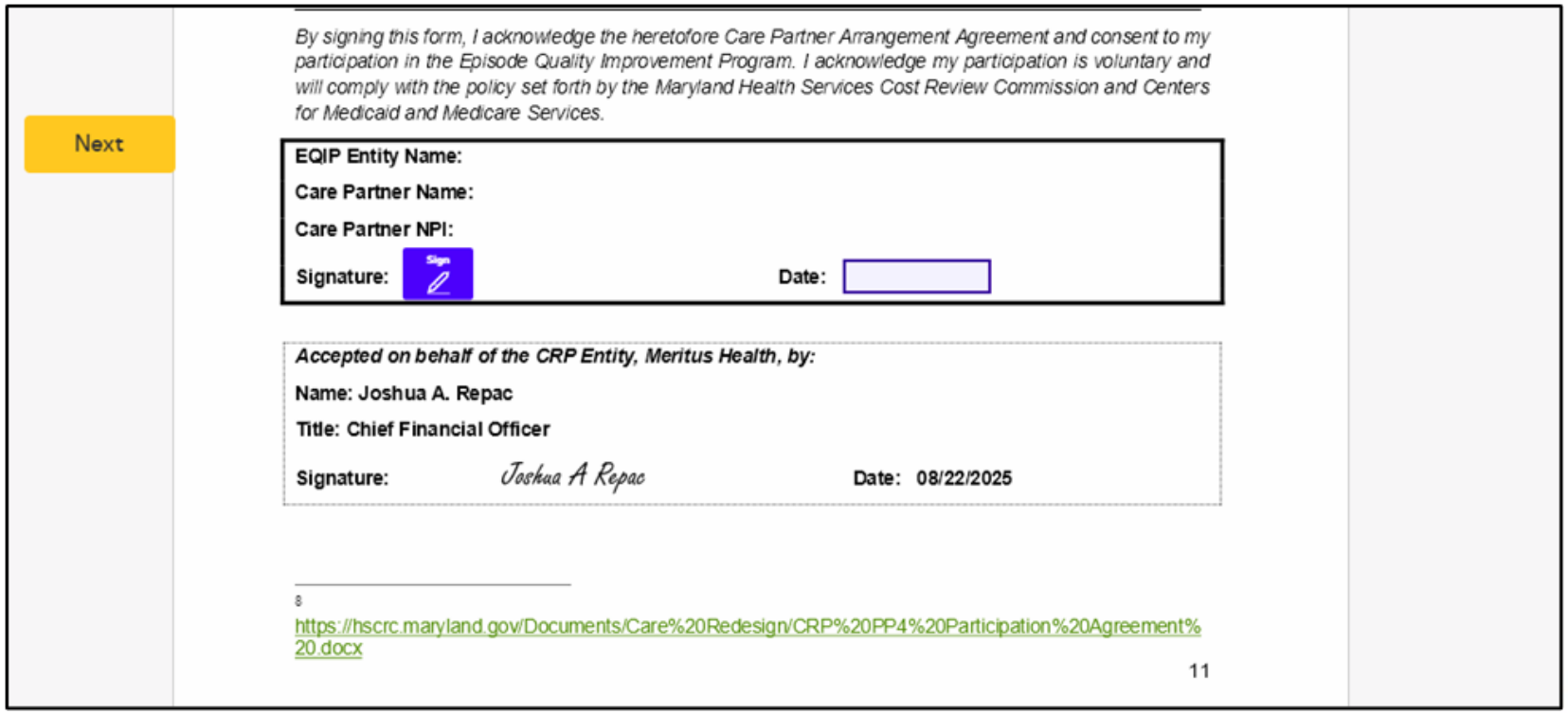


Contracting: Care Partner Arrangement – PY5 Requirement

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

Contracting: Care Partner Arrangement – PY5 Requirement

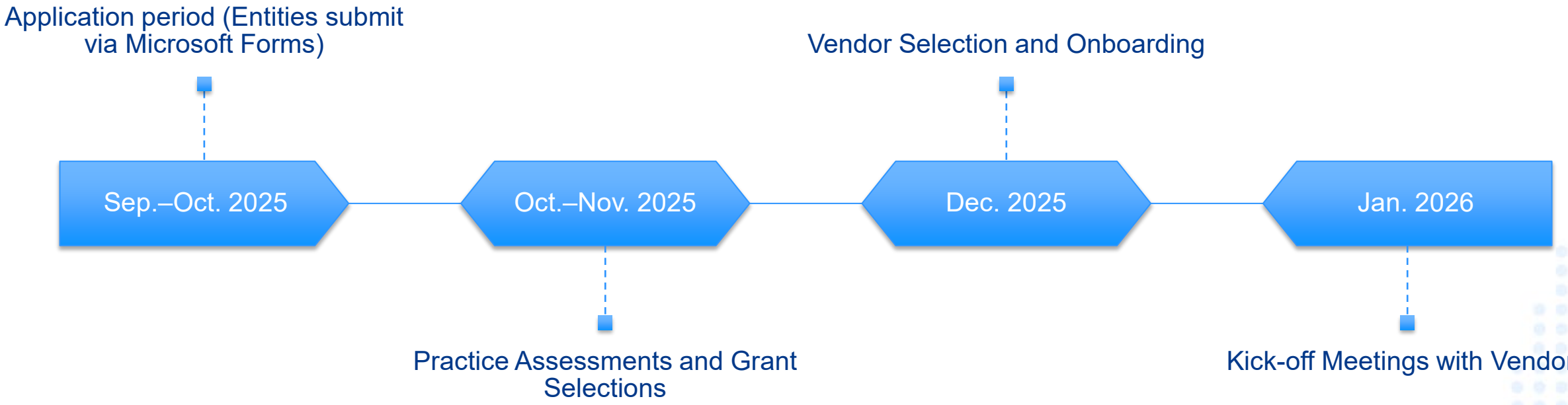
- Once the Care Partner clicks start, DocuSign will guide the user through the document. On page 11 of the agreement, the Care Partner will be prompted to input their signature and the date the document is signed.



EQIP – Practice Transformation Grant - Update

- Practice Transformation Grant (PTG) awards have been issued and awardees notified.
  - Only Entities who have been awarded the Grant can attend the Vendor Webinars
- **Vendor Webinar Schedule:**
  - **Netrin Health:** November 24, 2025 at 12:00 pm [**Registration Link**]
  - **Blue Agilis:** December 1, 2025 at 12:00 PM [**Registration Link**]
  - **Guidehouse:** (We are still awaiting a date and time for this to be scheduled)
- Webinars will allow entities to compare vendor offerings before making their selections.
- All vendor webinars are expected to be completed by **the week of December 5, 2025.**
  - Vendor webinar recordings and one-pagers will be sent out immediately after the last presentation
  - Vendor Selection Form will be sent out at the same time as the presentation recordings.
  - The selection form will need to be completed **NO LATER THAN December 12, 2025 at 5 pm**.
- The PTG program officially launches in **January 2026**.

EQIP PTG Timeline (PY5)



PY6 Episode Development

PACES Vetted Episodes

PROCEDURES = 42

Cardiology/CV
- Cardiac Catheterization
- CABG
- Percutaneous Cardiac Intervention
- Open Heart Valve Surgery
- Pacemaker Insertion

General Surgery
- Mastectomy
- Ventral Hernia Repair
- Inguinal Hernia Repair
- Breast Reconstruction

GI
- Cholecystectomy
- Colonoscopy
- Colectomy
- EGD Endoscopy
- Bariatric Surgery
- ERCP
- GE Reflux Surgery

GU
- TURP
- Prostatectomy
- Urinary Endoscopy

OB/GYN
- Colpopexy
- Colporrhaphy
- C-section
- Vaginal Delivery

Ophthalmology
- Cataract Surgery IOL
- Cataract Surgery Secondary Membranous
- Glaucoma Surgery
- Retina and Vitreous Procedures
- Retina/Choroid Destructive Therapy

Ortho Surgery
- Hip Replacement
- Knee Replacement
- Knee Arthroscopy
- Shoulder Arthroscopy/Rotator Cuff Repair
- Shoulder Replacement
- Lumbar and Sacral Spine Surgery
- Fracture/Dislocation Treatment Pelvis/Hip/Femur
- Repair Fracture/Dislocation of Arm, Wrist, Hand
- Repair Fracture/Dislocation of Lower Leg, Ankle, Foot

Thoracic Surgery
- Lung Resection

Vascular Surgery
- Leg Vein Ablation
- Leg Revascularization
- Leg Vein Angioplasty
- AV Fistula Creation and Revision





CONDITIONS = 51

Cardiology
- Acute MI
- HF Acute
- HF Chronic
- IHD
- Atrial Fibrillation/Flutter Acute
- Atrial Fibrillation/Flutter Chronic
- Chronic HTN, Essential
- Chronic HTN, Secondary

Endocrine
- Diabetes
- Diabetic Ketoacidosis
- Hyperosmolar Non-Ketotic Coma
- Hypoglycemia
- Osteoporosis

ENT
- Sleep Apnea
- Acute Sinusitis
- Chronic Sinusitis

GI
- Chronic Cholecystitis
- Diverticulitis of Colon
- C-Difficile Colitis
- Acute Cholecystitis
- Acute Intestine Perforation
- Chronic Esophagitis
- Acute Peptic Ulcer
- Chronic Peptic Ulcer
- Acute UGI Bleed/Hemorrhage
- Chronic UGI Bleeding Other

Hematology
- Acute DVT Extremity
- Chronic Anemia

ID
- Cellulitis

Musculoskeletal
- Osteoarthritis
- Spine Stenosis/Spondylosis, Cervical
- Low Back Pain
- Spine Stenosis/Spondylosis Thoracic

Neuro
- Acute Ischemic Stroke
- Parkinsons DX

OB/GYN
- Pregnancy

Oncology
- Colon Ca
- Lung Ca
- Breast Ca

Ophthalmology
- Macular Degeneration

Primary Care
- UTI
- Diabetes

Pulmonary
- Acute URI
- Acute PE
- Pneumonia
- Asthma
- COPD

Rheumatology
- Rheumatoid Arthritis
- Osteoarthritis

Vascular
- Abd Aneurysm
- Thoracic Aortic Aneurysm
- Peripheral ASVD
- Varicose Veins (Venous Insufficiency Varicosities)

PACES
Patient Centered Episode System

Additional Episode Development

- We plan to leverage the extensive PACES catalogue to continue to add episodes for future performance years
  - A list of PACES episodes can be requested
  - Please contact eqip@crisphealth.org to express interest

- The HSCRC is committed to working with all interested stakeholders and will communicate guidelines around new episode requests and timelines for future performance periods.

CRISP HIE Review

CRISP
Chesapeake Regional Information System for our Patients

CRISP 101

Designed to help new and returning users understand CRISP's mission, value, and tools

CRISP Service Types

Point of Care

Access prior records and care team info.

Care Coordination

Real-time hospital admission and discharge event alerts.

Reporting & Anayltics

Dashboards to measure outcomes and interventions.

Public Health

Data services & tools for state and local health officials

Program Support

Support for policy, best practices, and transparency

Technical Intagration

Seamless connections with clinical systems

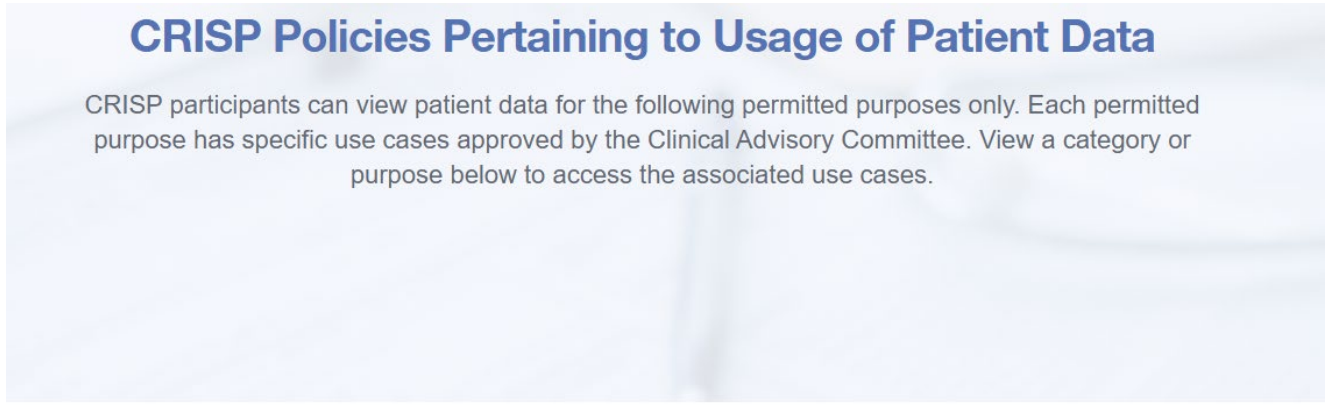
Data Exchange

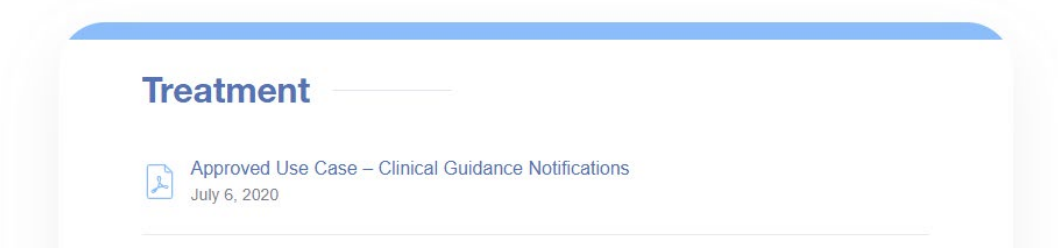
CRISP
Chesapeake Regional Information System for our Patients

Who Can Access Data on CRISP?

CRISP
Chesapeake Regional Information System for our Patients

- Treatment
- Public Purpose
  - Legislation
  - Approved use case
- Quality Improvement and Care Coordination
  - HIPAA covered entities
  - Non-HIPAA covered entities
    - BAA + Approved Use Case
    - Patient Consent
- Research
  - Approved Use Case

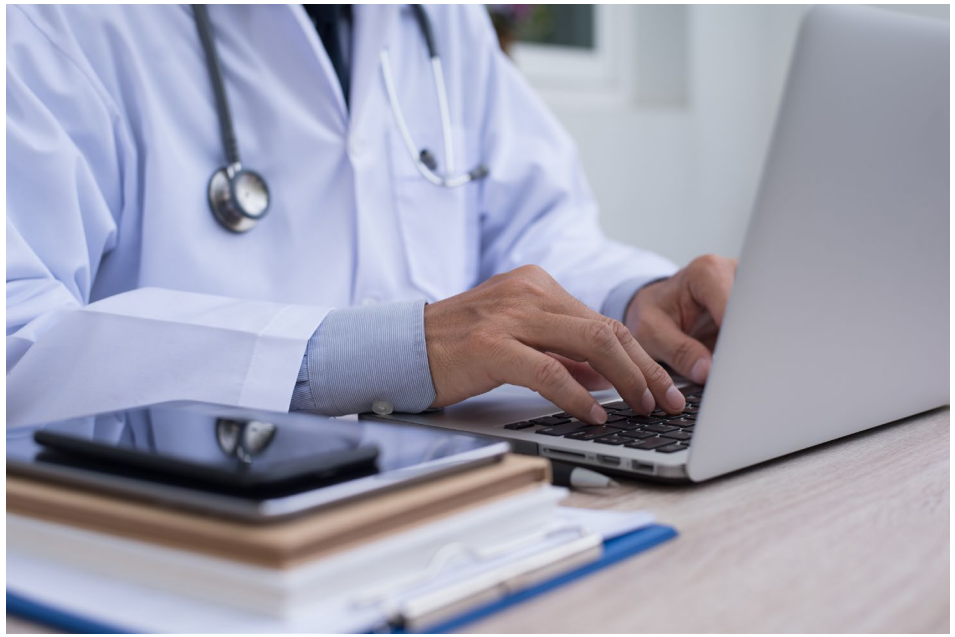




CRISP
Chesapeake Regional Information System for our Patients

Account Set Up

Panels

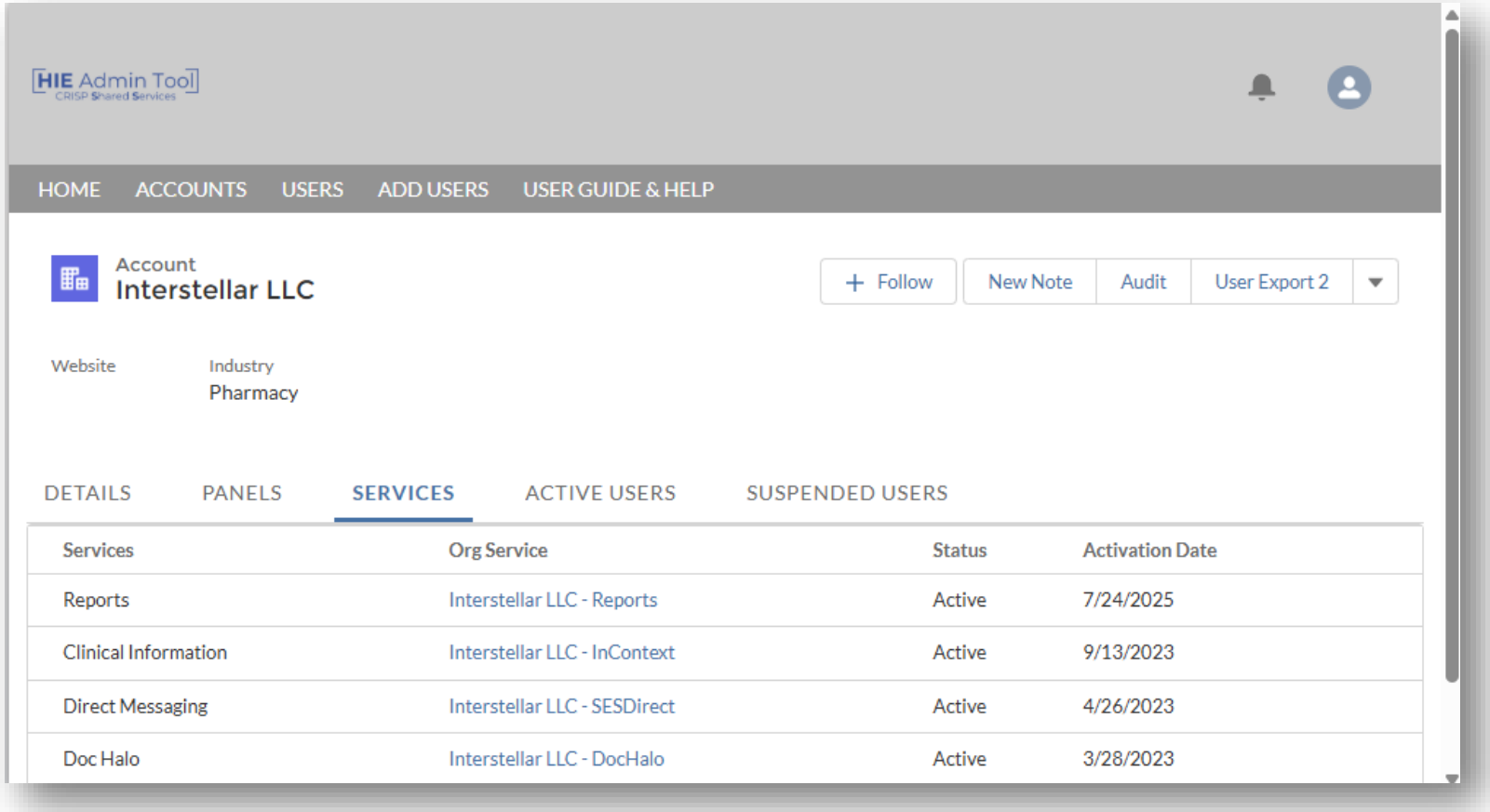


- A panel is a list of patients your organization has a treatment relationship with.
  - These are used to support services like notifications, patient search, and care coordination.
- **Why panels matter:**
  - Enables access to patient data without "breaking the glass“
  - Powers timely alerts and insights for your patient population
  - Supports smoother workflows across CRISP tools
- https://www.crisphealth.org/what-is-a-panel/

HIE Admin Tool

HIE Admin Tool:

Empower HIE administrators to efficiently manage user access, services, and security so their organizations stay compliant and fully connected to the HIE from day one.



User Status

- **Active Users** – has access to HIE tools
- **Suspended Users** –access has lapsed due lack of HIE Admin auditing every 90 days.
- **Deactivated Users** –access has lapsed due to inactivity, inappropriate use, or changes to employment.
  - Re-activation of these users can only be done by CRISP Staff when HIE Admins contact them for assistance.

Tutorial Video:

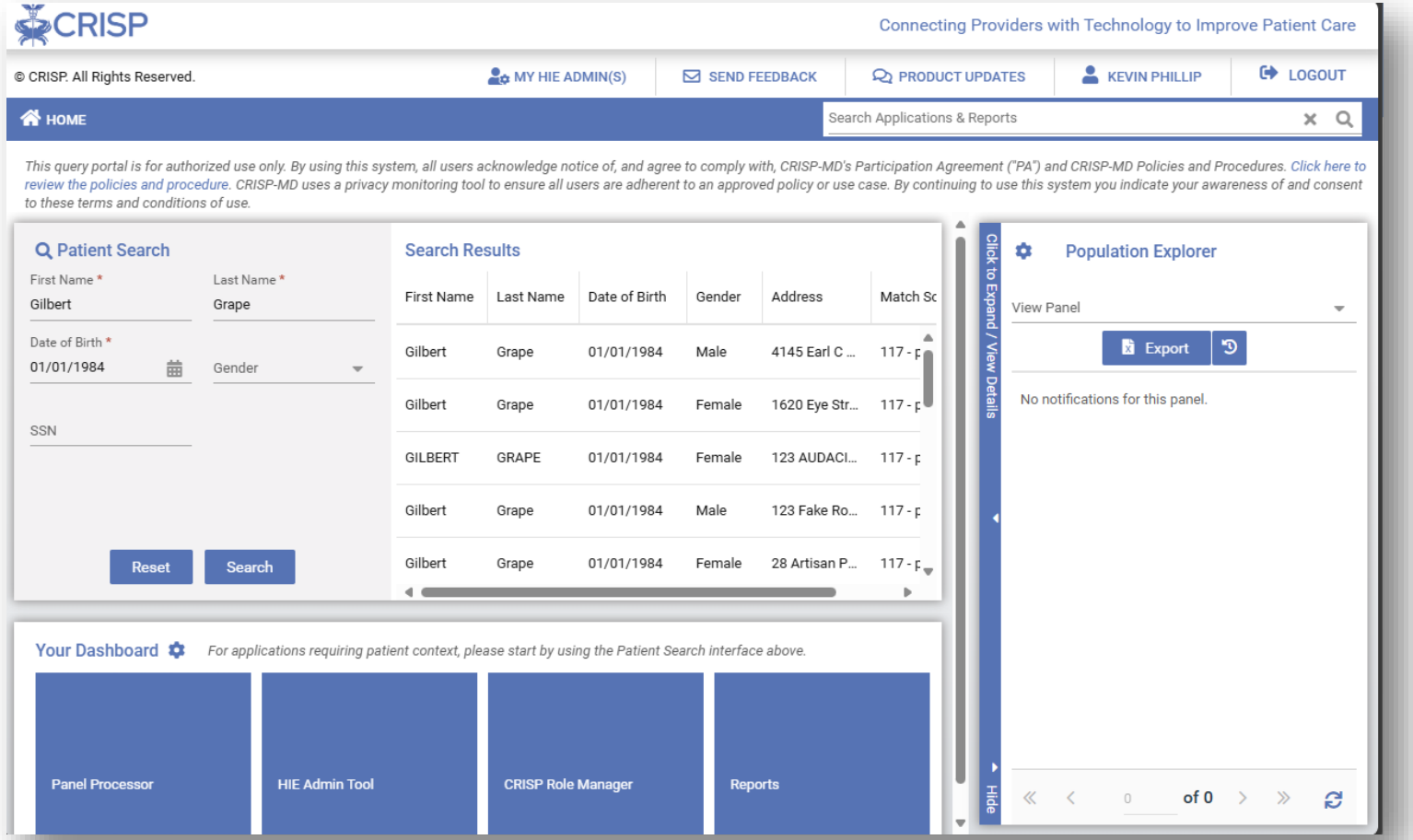
https://www.youtube.com/watch?v=GYOV8Sb-cjU

Products Domains

Portal | InContext | CEND | PDMP | Reports | Self Service

Portal:

Provide an intuitive, all-in-one portal where users can securely search patients, launch applications, and navigate CRISP tools with speed and ease.



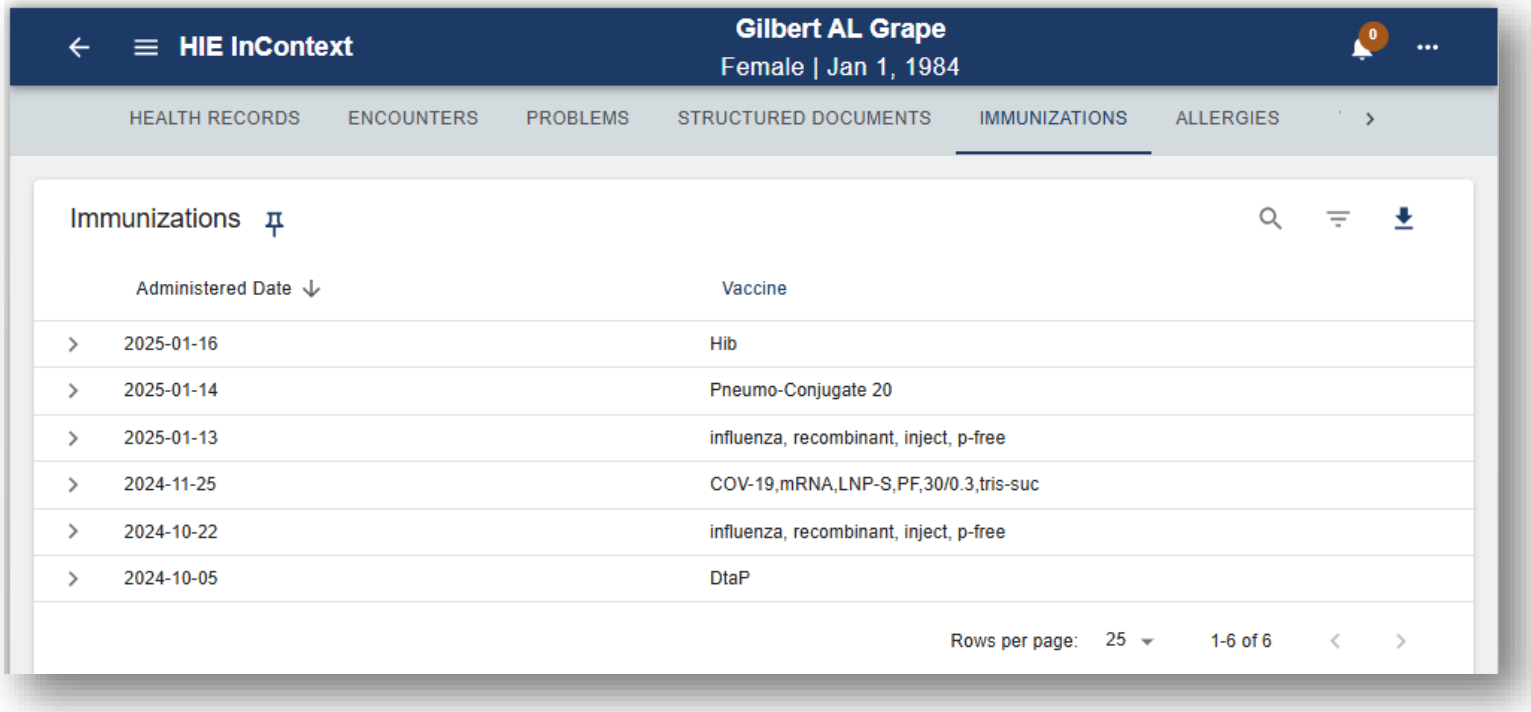
https://idp.crisphealth.org/#login

Products Domains

Portal | **InContext** | CEND | PDMP | Reports | Self Service

InContext:

InContext embeds real-time, cross-organizational clinical data directly into the EHR workflow & Portal, giving providers seamless access to the information they need to coordinate care and improve patient outcomes

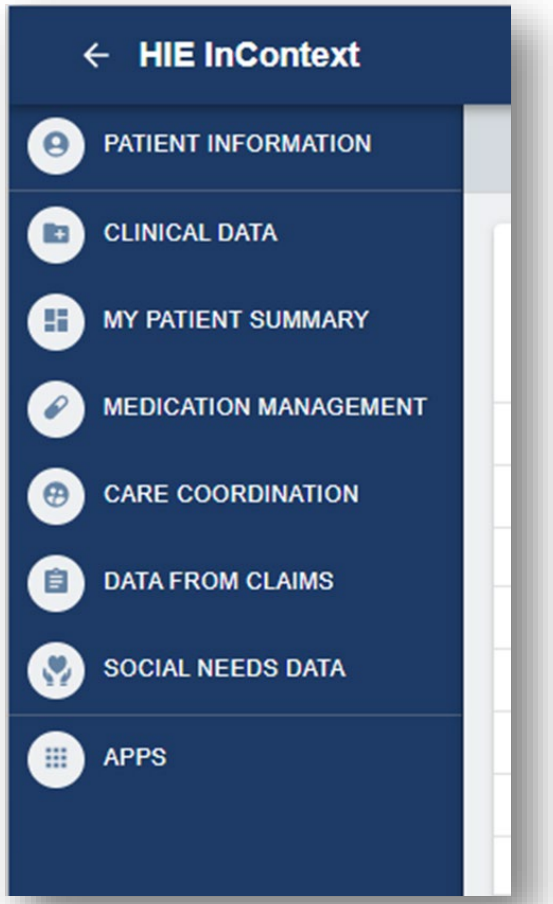


Available through Portal or EHR

Products Domains

Portal | **InContext** | CEND | PDMP | Reports | Self Service

- **Demographics**
  - Next of Kin
- **Medication Management**
  - PDMP; Medications from CCDs
- **Clinical Data**
  - Encounters; Clinical Notes; Labs; Radiology Reports
  - CCDs
    - Problems, Allergies, Immunizations, Vitals*, Procedures*
- **Care Coordination**
  - Care Team
- **Claims**
- **Social Needs**
- **NEW: My Patient Summary**

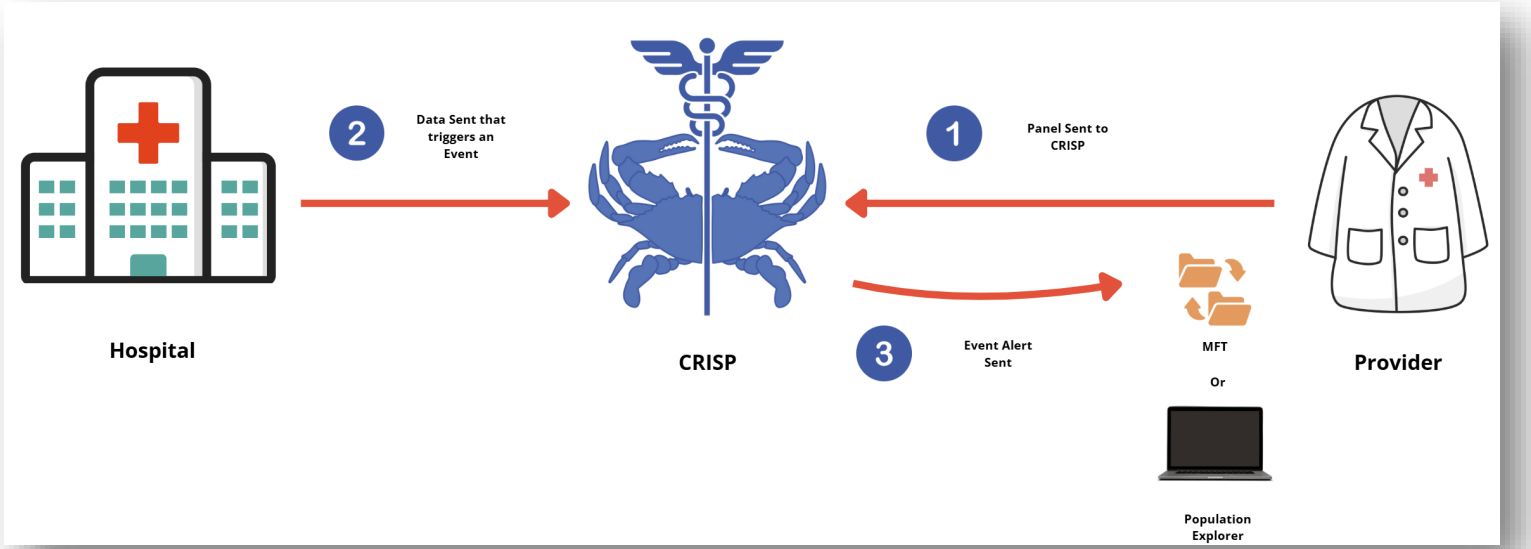


Products Domains

Portal | InContext | CEND | PDMP | Reports | Self Service

CEND:

Deliver real-time, customizable health event alerts that keep care teams connected to their patients' most important encounters and risks.

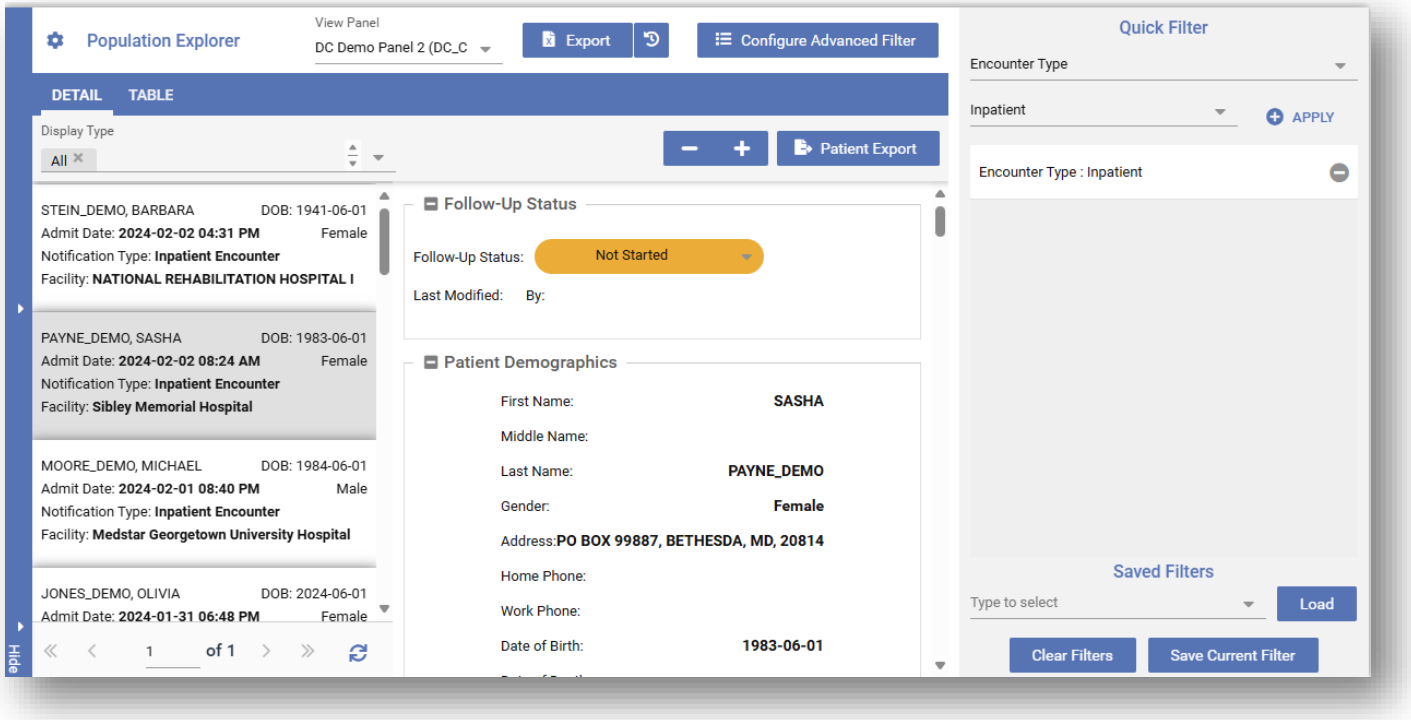


Products Domains

Portal | InContext | **CEND** | PDMP | Reports | Self Service

Population Explorer:

Transform patient alerts into actionable insights with an intuitive portal view of encounters and care history

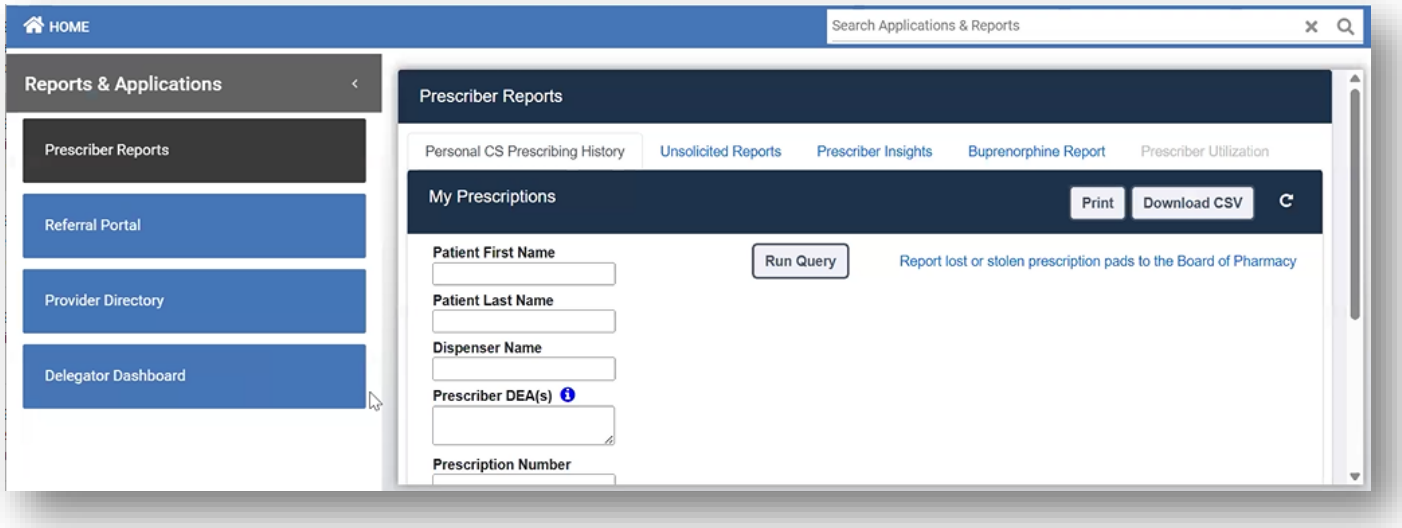


Products Domains

Portal | InContext | CEND | **PDMP** | CRS | Self Service

PDMP:

Equip providers with timely, integrated insights into controlled substance prescriptions to support safe prescribing, prevent misuse, and improve patient care.



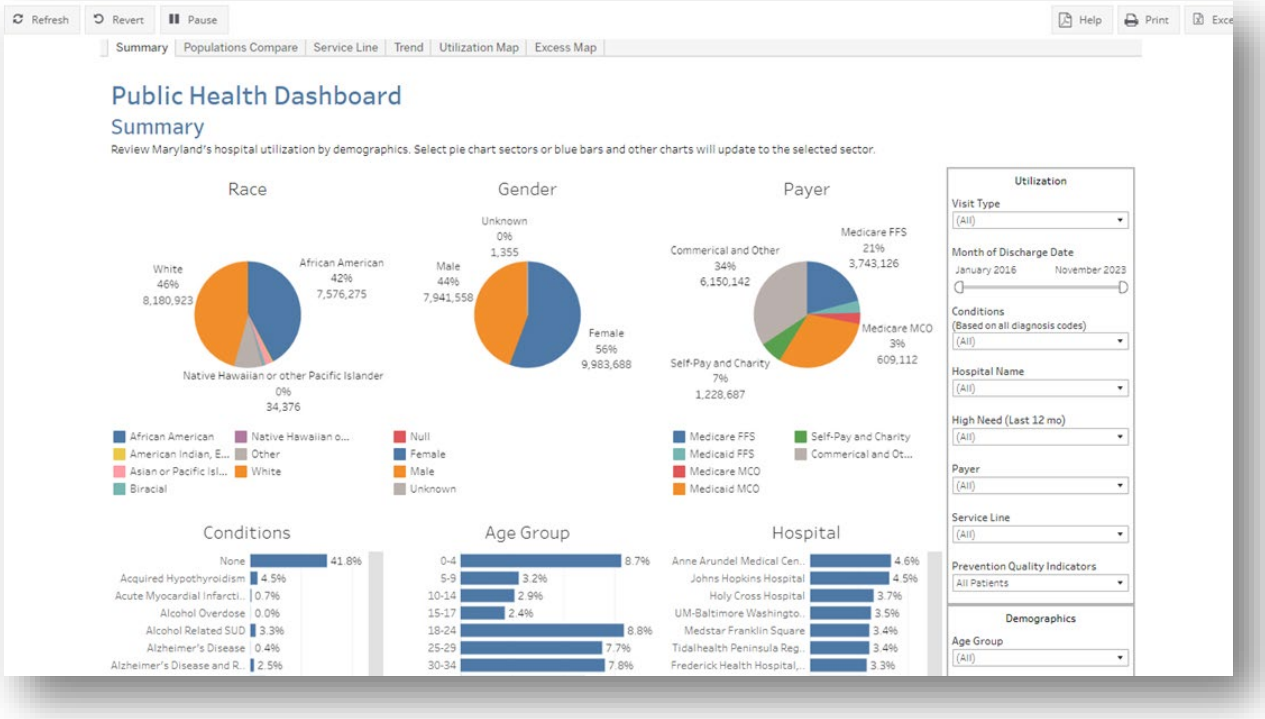
Prescriber Insights Report

Products Domains

Portal | InContext | CEND | PDMP | **Reports** | Self Service

Reports:

Delivers comprehensive, easy-to-access dashboards & reports—integrating multiple diverse data sets—so organizations can monitor performance, track outcomes, and identify opportunities for improvement.

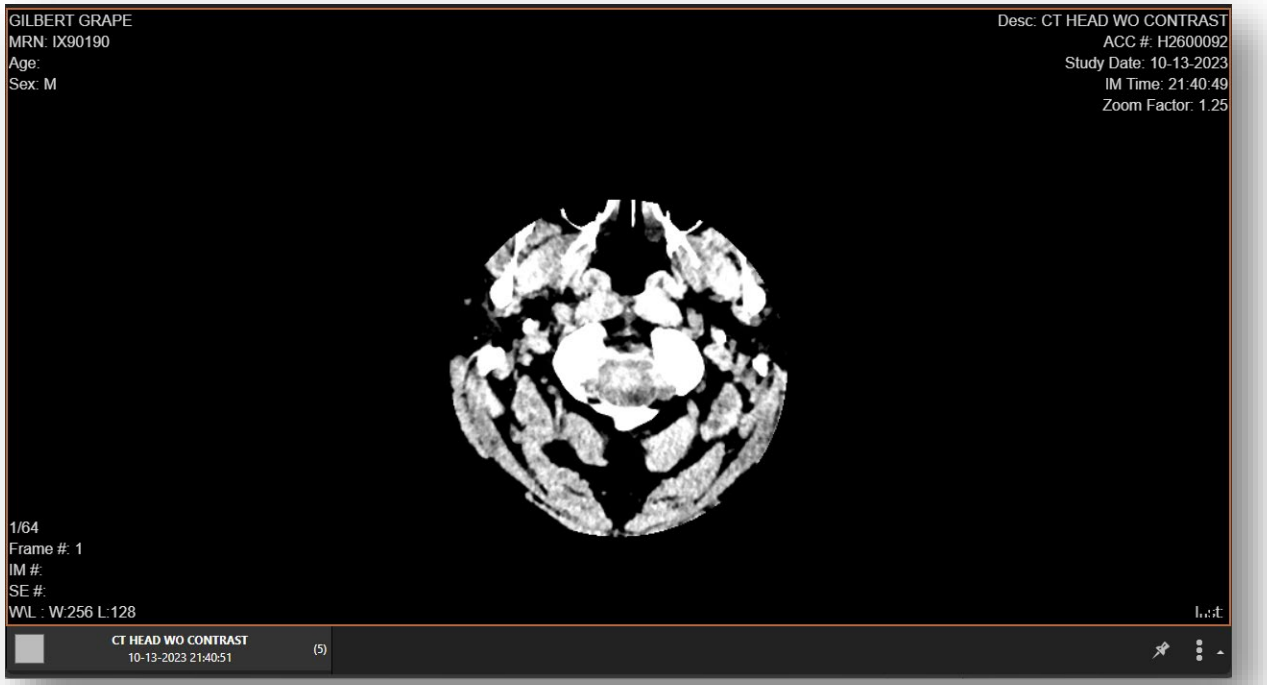


Products Domains

CEND | PDMP | Reports | Self Service | Consent | **Imaging**

Imaging:

Secure, centralized access to patient diagnostic images for faster, collaborative care.

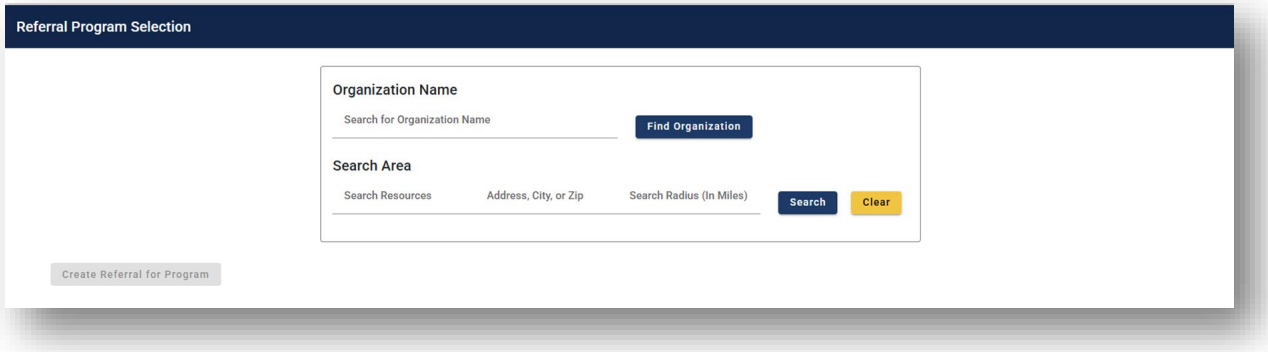


Products Domains

PDMP | Reports | Self Service | Consent | Imaging | SDOH

Social Determinants of Health (SDOH):

Empowers providers to integrate SDOH data into care, enabling coordinated, informed clinical decisions and streamlined referrals to community resources.



Program Directory Used to Make Referrals

CRISP
Chesapeake Regional Information System for our Patients

Questions?

Please take our survey

User Guides, Training Videos, Fact Sheets can be found at:
www.crisphealth.org/

CRISP Support

support@crisphealth.org

877-952-7477

PY3 (CY 2024) Results

PY3 Savings – Key Takeaways

- 1 new clinical episode categories in PY3
  - Pulmonology
- 71 new entities in PY3, with a total of 117 entities participating
  - 46 of 50 entities from PY2 participating in PY3
- EQIP generated $62.6 million in PY3 positive savings, an increase of 70.6% from $36.7 million in positive savings in PY2.
- Net distribution was $29.1 million in PY3 compared to $23.1 million in PY2
- PY3 EQIP episode volume totaled 144,260 episodes, an increase from 78,644 episodes in PY2.

Overview of EQIP Results – PY2 vs. PY3

Clinical Episode Category	Number of EQIP Clinical Categories		Average Entity Size by Number of CPs		Average Episode Volume		Number Exceeding Target Price		Percent Exceeding Target Price	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
Allergy	21	35	133	67	59	137	12	14	57%	40%
Cardiology	38	38	117	40	87	75	12	11	23%	29%
Dermatology	3	1	362	21	40	55	3	0	100%	0%
Emergency Department	110	127	173	61	269	264	72	76	65%	60%
Gastroenterology	46	40	108	29	549	610	18	11	39%	28%
Ophthalmology	6	10	335	15	680	1840	0	0	0%	0%
Orthopedics	120	184	83	36	123	309	34	66	28%	36%
Urology	5	4	42	40	67	56	4	2	80%	50%
Pulmonology	-	24	-	68	-	134	-	8	-	33%

Notes: CPs = Care Partners. EQIP episodes exceeding target price are episodes where total cost exceeded the aggregate target price in that performance year. Averages reported across participating entities in each category.

Overview of EQIP Results – PY2 vs. PY3

Episode Category	Number of EQIP Clinical Categories		Average Episode Volume		Number Exceeding Target Price		Percent Exceeding Target Price	
	PY2	PY3	PY2	PY3	PY2	PY3	PY2	PY3
Procedural	152	145	265	311	45	32	30%	22%
Acute	137	174	226	275	85	102	62%	59%
Chronic	60	142	122	362	25	54	42%	38%

Notes: CPs = Care Partners. EQIP episodes exceeding target price are episodes where total cost exceeded the aggregate target price in that performance year. Averages reported across participating entities in each category.

Next EQIP Subgroup: January 16th, 2026

Register for 2026 EQIP Subgroup Meetings here

Thank You!