maryland
health services
cost review commission

EQIP Subgroup

July Meeting

07/17/2026

Agenda

- QPP Issues
- PY6 Application for New Entities (Review)
  - Existing Entities
  - New Entities
    - Pre-Enrollment forms
    - NPI Episode Summary Files
  - Submit Button for Application
- Enrollment Updates
- PY6 Episodes
  - Mutually Exclusive Episodes
- Quality Measures
- Data Release Timeline
- Rural Health Grant
- Q&A
- Resources, Tools and Support

QPP Issues

EQIP/QPP Issue Update

- HSCRC continues to actively engage with CMS regarding the QPP-related issues affecting the EQIP program
- We want to assure stakeholders that we are working on finalizing a solution
- We will provide updates once we receive confirmation
- MedChi led a meeting with CMMI and HSCRC officials in the last few weeks that was very promising.

PY 6 Application

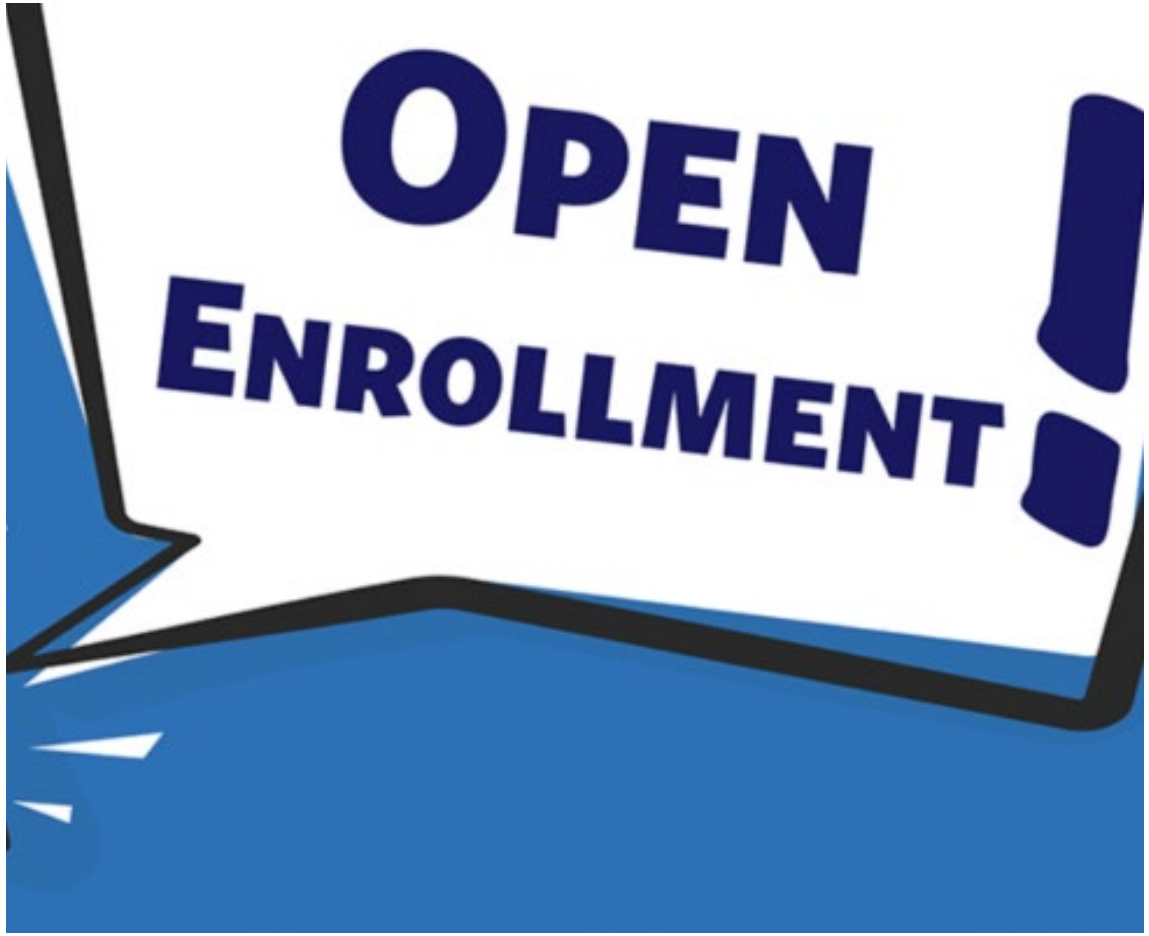
Open Enrollment

We are In Open Enrollment Season!

- **EQIP Open Enrollment Webinar Video**

The EQIP Entity Portal

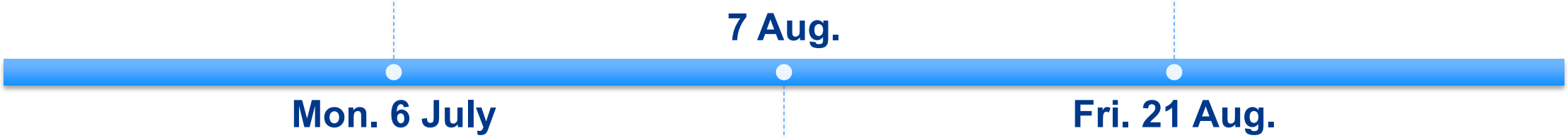
- Enrollment is currently Open
- Enrollment will Close August 21, 2026



PY6 Enrollment Updates

Enrollment opened on Monday, July 6th

Enrollment is still closing Friday, August 21st



Pre-enrollment forms to gain access to the EQIP Enrollment Portal are due no later than August 7th

PY6 Enrollment (Returning Entities)

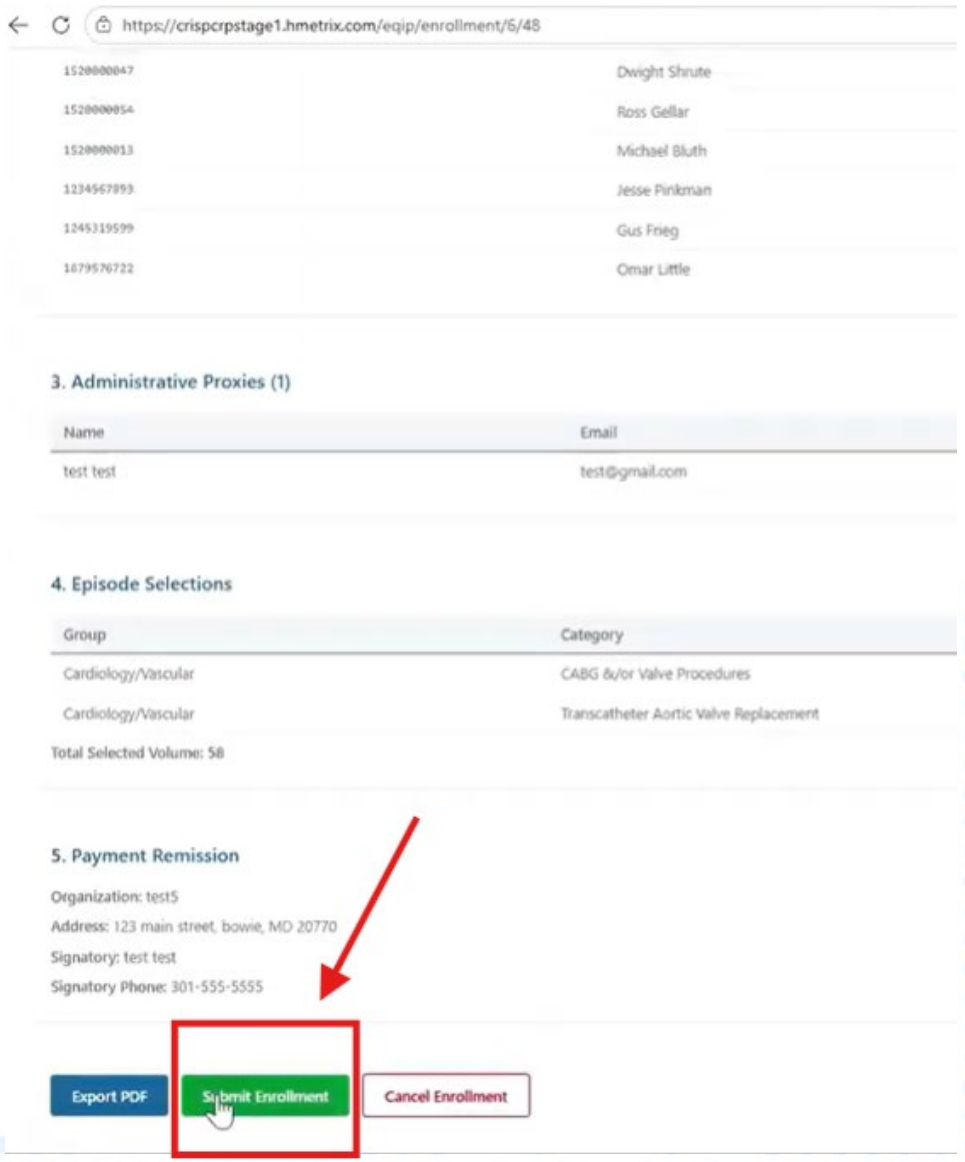
Every Entity Must Reapply Every Year

Returning Entities

- Access the Portal
  - **Portal Link**
- Review your entity information.
- Make any additions or corrections.
- **Hit the Submit button**

Optional:

- Request an NPI Summary File to discern which episodes your entity qualifies for.
  - Use **this template** to send your NPI numbers and provider names to eqip@crisphealth.org



New Entities

For New Entities

- Submit a Pre-Enrollment form to gain access to the portal
  - **Pre-Enrollment form**.
  - This form must be submitted no later than **August 7th**, otherwise access cannot be granted.
- **Optional:** Request an NPI Summary File to discern which episodes you qualify for.
  - Use **this template** to send your NPI numbers and provider names to eqip@crisphealth.org

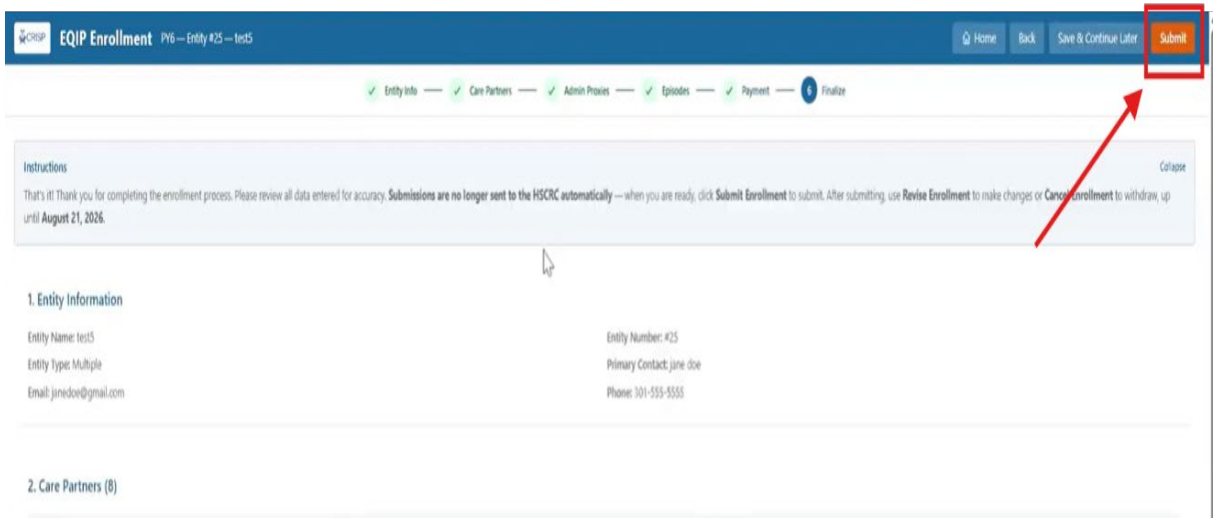
What Happens Next?:

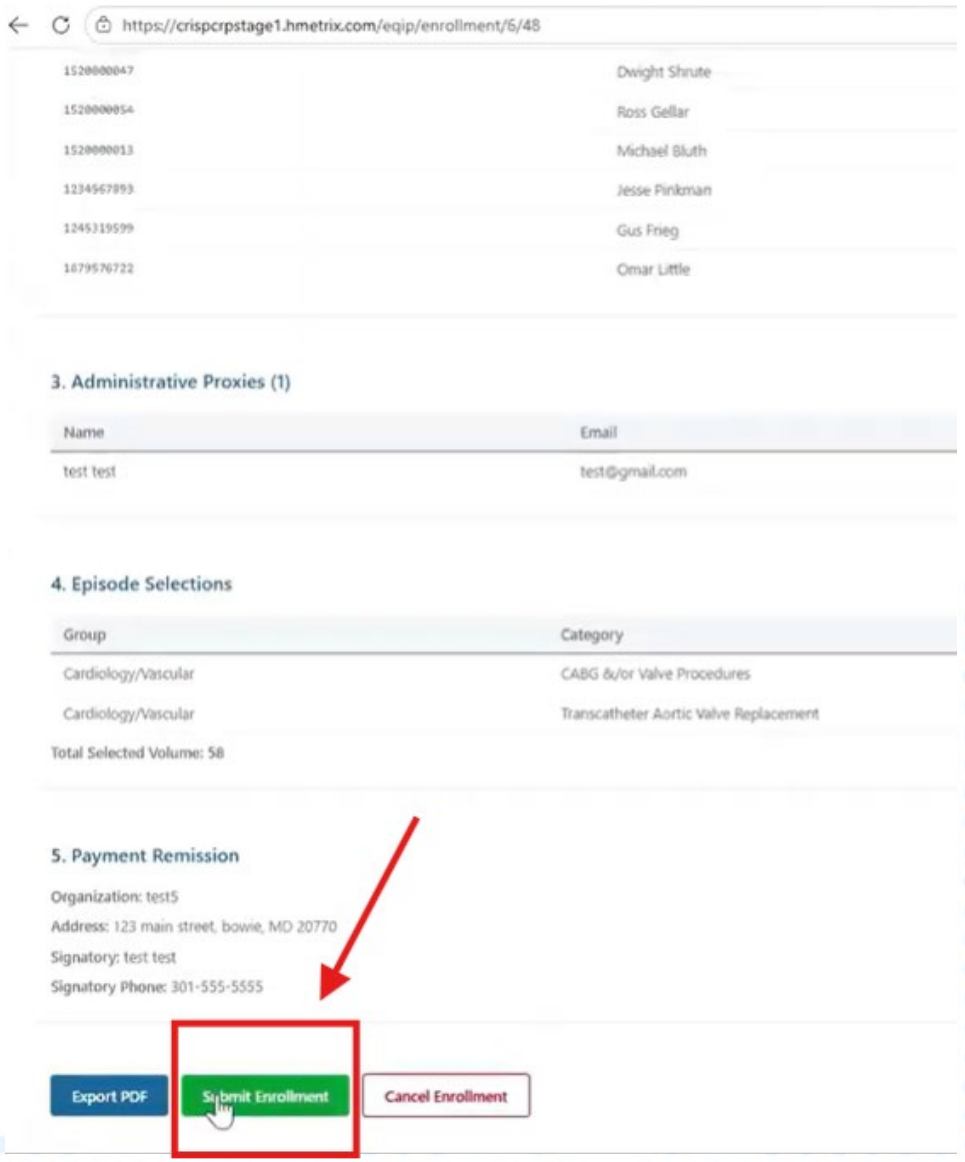
- You will receive an email in approximately 2 weeks, from us informing you that your access has been granted.
- You can then access the **portal** and begin your application.
- If you need assistance with applying in EQIP, you can refer to our Video linked on **Slide 6.**
- For questions you can reach out to us at **eqip@crisphealth.org**.

Returning and New Entities

New and Returning Entities You MUST:

- Ensure you hit the **submit** button at the end of the application.
- If you do not hit the submit button, You will not be counted as participating in 2027.





Enrollment Updates

PY6 (CY2027) EQIP Enrollment Status

Apps started	**50** Entities started Application
Submitted	**5** Entities submitted application
Apps In Revision	**1** Applications currently being updated or revised.
New Access Request	**20** New entities requesting access to enrollment portal

149 Entities not started their Application

PY 6 Episodes

Performance Year Six (CY2027) Episode Development Process

We are here

Fall/Winter 2025

- Stakeholder Input into Episodes of Interest
- Analytic Plan development

Winter 2026

- PY6 Episode Evaluation and Policy Design

Spring 2026

- PY6 Recruitment and Episode Education

July 2026

- PY6 Enrollment Opens for new Care Partners and EQIP Entities

PY6 Episode Development

23 New Episodes were added for PY6

PY6 Episode Playbook has been finalized and is linked here. It can also be found on the EQIP Website

Please see the listing of episodes in the next few slides.

PY6 (CY27) Mutually Exclusive Episode Policy

Why are some episodes now mutually exclusive?

- As EQIP continues to integrate PACES episodes and expand the available episode portfolio, overlap between episodes has increased. To avoid duplicative accountability and incentive opportunities for substantially the same care, certain episodes are now designated as mutually exclusive.

Key Principle

- Participants may not enroll in multiple episodes that measure substantially the same patient population or clinical services.
- This approach prevents duplicate measurement and payment for overlapping care.
- PACES episode definitions are updated annually and now encompass care that was previously represented in separate episode categories.

Examples

- **AMI ↔ PCI**
- **Orthopedic PACES Episodes ↔ MSK Episodes**

Emergency Department (ED) Episodes

Mutually Exclusive ED Episode Participation

- The same principle applies to ED episodes.
- If a participant enrolls in a non-PACES ED episode, they may not enroll in the corresponding PACES episode that evaluates the same condition.

Examples

- **ED-UTI ↔ UTI**
- **ED-COPD ↔ COPD**
- **ED-Pneumonia ↔ Pneumonia**

Enrollment Rule ✅ Select the ED episode **or** the corresponding PACES episode

❌ You cannot enroll in both episodes when they address the same condition and patient population

Goal: Ensure a single, consistent episode accountability structure and eliminate overlapping measurement and incentive opportunities.

Performance Year 6 (CY2027)

EQIP Episodes

Allergy/ENT

- Allergic Dermatitis Uritcaria
- Allergic Rhinitis/Chronic Sinusitis
- Asthma
- Epistaxis
- Sinusitis Acute

Behavioral Health

- Chronic Anxiety
- Recurrent Depression

Cardiology/ Vascular

- Acute Myocardial Infarction
- CABG and/or Valve Procedures
- **Cardiac Catheterization**
- Heart Failure
- **Ischemic Heart Disease**
- Pacemaker/Defibrillator
- Percutaneous Cardiac Intervention
- Heart Failure (chronic)
- Hypertension Complic, Malig Acute
- Hypertension Essential (chronic)
- Hypertension Secondary (chronic)
- **Leg Revascularization**
- **Paroxysmal Supraventricular Tachycardia (chronic)**
- **Transcatheter Aortic Valve Replacement**
- Venous Insufficiency Varicosities

Dermatology

- Cellulitis/Skin Infection
- Decubitus Ulcer
- Mohs Surgery
- Vitiligo
- Alopecia

Emergency Department

- Abdominal Pain & Gastrointestinal Symptoms
- Asthma/COPD
- Atrial Fibrillation
- Chest Pain
- Deep Vein Thrombosis
- Dehydration & Electrolyte Derangements
- Diverticulitis
- Fever, Fatigue or Weakness
- Hypertension
- Hyperglycemia
- Nephrolithiasis
- Shortness of Breath
- Skin & Soft Tissue Infection
- Syncope
- Urinary Tract Infection

*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes

Endocrinology

- Diabetes
- Diabetic Circulatory Complications
- Diabetic Neuropathy
- Diabetic Retinopathy
- Diabetic Skin Complication
- Ds of Lipoid Metabolism
- Hyperosmolarity Non-Ketotic Coma (acute)
- **Hypoglycemia (acute)**

Gastroenterology

- Cholecystectomy
- Colectomy
- Colonoscopy
- Endoscopy
- Crohn's Disease
- Diverticulitis Of Colon
- Diverticulosis Of Intestine(chronic)
- ERCP
- Esophageal Varices(chronic)
- Esophagitis (chronic)
- **Gastrointestinal Hemorrhage**
- **Gastroesophageal Reflux Disease (GERD)**
- **Pancreatitis (acute)**
- **Peptic Ulcer (chronic)**
- Small Bowel Resection

General Surgery/Wound Care

- **Abdominal Hernia**
- Amputation
- Appendectomy
- Av Fistula Creation And Revision
- Breast Biopsy
- Breast Revision
- **Inguinal Hernia**
- Repair Ventral Hernia
- Repair Inguinal Hernia
- Superficial Injury

Hematology /Oncology

- Aplastic Anemia
- Anemia Chronic
- Hemochromatosis
- Neutropenia (acute)
- Neutropenia

Infectious Disease

- Osteomyelitis Nos (acute)
- Osteomyelitis Nos (chronic)

Nephrology

- Acute Kidney Failure
- Chronic Kidney Disease – Dialysis Dependent (chronic)
- Chronic Kidney Disease – Not Dialysis Dependent (chronic)

*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes

Neurology

- Acute Ischemic Stroke
- Dementia
- Parkinsons Ds
- Transient Ischemic Attack

Obstetrics/ Gynecology

- **Abnormal Uterine Bleeding**
- **Hysterectomy**
- **Indications of Pregnancy Prior to Delivery**
- **Menopausal Signs And Symptoms**
- **Vaginal Bleeding**

Ophthalmology

- Cataract Surgery
- **Conjunctivitis (acute)**
- Glaucoma
- Glaucoma Surgery
- Macular Degeneration
- Macular Hole
- Macular Pucker
- Retinal Tear
- Vitrectomy

Orthopedics /MSK

- 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 Derangement
- Lumbar and Sacral Spine Surgery Other
- Osteoporosis

*New PY6 episodes are bolded in blue

Performance Year 6 (CY2027)

EQIP Episodes

Pulmonary/ Critical Care

- **Bronchitis (chronic)**
- COPD
- Deep Vein Throm/Pulm Embolism
- **Idiopathic Pulmonary Fibrosis**
- Pneumonia
- Sepsis
- **Sleep Apnea**
- Acute URI Simple

Rheumatology

- Rheumatoid Arthritis

Urology

- GU Device/Catheter Complications
- **Prostate Diagnosis Nos**
- Prostatectomy
- TURP
- **Urinary Stone Disease**
- UTI

*New PY6 episodes are bolded in blue

Quality Measures

All-Cause, Unplanned Hospital-Wide Readmission (HWR)

Based on MIPS 2026 All-Cause, Unplanned Hospital-Wide Readmission (HWR) Measure

What is it?

- Rate of unplanned readmissions to a hospital within 30 days of an eligible inpatient stay
- Includes Medicare FFS beneficiaries aged 65 or older
- Calculated using claims data
- Risk-standardized

Why?

- Care coordination across the episode of care can reduce readmission rates
- Encourages effective discharge planning and care transitions
- Unplanned readmissions often reflect a poor beneficiary experience
- Readmissions are costly

How You Are Scored

Denominator

- Medicare FFS Beneficiaries discharged alive from an acute inpatient stay
- Excludes in-hospital deaths, transfers, discharges against medical advice, cancer hospitals and admissions, and admissions for psychiatric disease or for rehabilitation

Numerator

- Unplanned inpatient readmissions to a short-stay acute-care or critical access hospital within 30 days of discharge
- Planned readmissions excluded

Risk Adjustment

- Five specialty cohort regression models estimated using prior-year comorbidities and clinical factors (estimated using only Maryland Medicare FFS claims)
- Standardized readmission ratios (SRRs) calculated as observed-to-expected ratios of readmissions for each entity & specialty cohort
- Single summary score calculated by aggregating entity-cohorts to entities using a weighted average of SRRs, and multiplying the entity ratio by the average observed readmission rate in Maryland

• *See next slide for more details.*

All-Cause, Unplanned Hospital-Wide Readmission (HWR) (Cont'd)
Specialty Cohorts

Purpose of Clinical Cohorts

- Specialty cohorts are used only for risk adjustment and aggregation
- They ensure clinicians are compared to clinically similar cases
- Entities receive one final HWR score, not multiple category scores

Goal

- To have fewer unplanned readmissions than would be expected for patients with similar clinical risk.

CMS-Defined Clinical Cohorts

- Cardiorespiratory
- Cardiovascular
- Medicine
- Neurology
- Surgical/Gynecology

How Cohorts Are Applied

- Cohort assignment is based on admission type, not reported specialty
- An NPI may contribute to more than one cohort
- Each cohort is modeled sparately, then combined.

How Scores Roll Up

- Cohort results are combined into one NPI-level score
- NPI scores are aggregated to calculate one entity-level HWR score.
- Entities are not scored by cohort or specialty.

- *These categories exist to make the math fair, not to divide or rank entities.*

Advanced Care Plan (MIPS #047)

What is it?

This quality measure evaluates the percentage of patients aged 65 and older who have:

- An **advance care plan** or a **surrogate decision maker** documented in their medical record, or
- Documentation of a discussion about advance care planning, even if the patient declined or was unable to provide a plan.

Why?

- Helps establish medical treatment preferences prior to incapacity, reducing decision-making uncertainty.
- Enhances care coordination, reduces errors, and aligns treatment with patient goals.

How You Are Scored

Denominator:

- Patients aged 65+ with specific eligible encounters (CPT/HCPCS codes).

Numerator:

- Patients with documented plans, surrogates, or discussions.

Submission Codes

1123F:

- An advance care plan or a surrogate decision maker is documented in the medical record.

1124F:

- An Advanced care plan was discussed but patient did not wish or was not able to provide an advanced care plan or a surrogate decision maker.

**The EQIP quality metrics are measured ONLY through claims data.*

**The quality measures only needs to be billed once by any practitioner to receive credit.*

Documentation of Current Medications in the Medical Record (MIPS #130)

What is it?

Measures the percentage of visits for patients aged 18+ where clinicians document a complete medication list.

Includes prescriptions, over-the-counter drugs, herbals, vitamins, and dietary supplements with the name, dosage, frequency, and route of administration.

Why?

Accurate medication lists are critical for reducing adverse drug events (ADEs) and promoting patient safety.

Minimizes risks of medication errors, especially for older adults and those with chronic conditions.

How You Are Scored

Denominator: All visits for patients aged 18+ with eligible encounter codes (e.g., CPT, HCPCS).

Numerator:

- Documented, updated, or reviewed medication list at the time of the encounter.
- Includes medications reported by patients, caregivers, or other sources.

Submission Codes

G8427: Medication list documented, updated, or Performance Met). reviewed

G8430: Patient not eligible (e.g., emergent situation) (Denominator Exception).

G8428: Medication list not documented, reason not given (Performance Not Met).

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan (MIPS #128)

What is it?

BMI documented during the current or past 12 months. Normal range is 18.5-24.9 kg/m²

Follow up plan recorded if BMI is outside normal parameters.

- Nutrition counseling.
- Referral to specialists (e.g., dietitians, exercise physiologists).
- Pharmacological interventions or dietary supplements.
- Behavioral or exercise therapy.

Why?

Addresses obesity and underweight issues to prevent related complications like diabetes, cardiovascular diseases, and malnutrition.

Supports the goal of population health improvement and healthcare cost reduction through preventive care.

How You Are Scored

Denominator:

- Patients aged 18+ with an eligible encounter during the measurement period (specific CPT/HCPCS codes).
- Exclusions:
  - Patients in hospice or palliative care.
  - Pregnant patients.

Numerator

- BMI documented as:
  - **Normal**: No follow-up plan required.
  - **Above or Below Normal**: Follow-up plan documented for the current or prior 12 mons

Submission Codes

Performance Met Codes:

- **G8420**: BMI within normal range, no follow-up needed.
- **G8417**: BMI above normal, follow-up documented.
- **G8418**: BMI below normal, follow-up documented.

Exceptions and Non-Compliance:

- **G2181**: BMI not documented due to patient refusal or medical reasons.
- **G8419**: BMI outside normal range, no follow-up documented, no reason given.

Data Release Schedule

Finalized PY4 Reconciliation Data

We have heard your concerns regarding the delay in releasing the PY4 Reconciliation File.

- We understand the impact delayed information can have on planning and decision-making.
- We appreciate the questions, feedback, and patience provided throughout this process.
- The file published on **July 13, 2026** is the finalized reconciliation file for PY4.

Thank you for your continued partnership as we work to support the program's objectives.

EEP - Tentative Release Date Schedule

***Note:** CMS is currently updating CCLF File Format**

PY5 Data	Proposed Release Date (2nd Cycle)
PY5 – Episodes Ending February	July 2026
PY5 – Episodes Ending March	Aug 2026
PY5 – Episodes Ending April	Sep 2026
PY5 – Episodes Ending May	Oct 2026
PY5 – Episodes Ending June	Nov 2026
PY5 – Episodes Ending in July	Dec 2026

Note: All release dates are proposed and subject to change

Rural Health

Q & A

Questions, Comments & Feedback

Resources

Resources

- CRISP's EQIP Website
- EQIP Curriculum
- EQIP Episode Playbook PY5
- EQIP Episode Playbook PY6
- EQIP Policy Documentation PY5
- EQIP Specifications and Methodology PY5

Thank you!