

**MedChi**

*The Maryland State Medical Society*



**CRISP**



health services  
cost review commission

## MD AAHAM Annual Institute

Gene M. Ransom, CEO

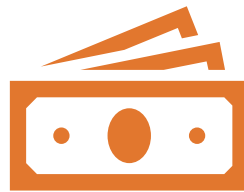
MedChi, The Maryland State Medical Society

# Introduction to MedChi

- MedChi is the seventh oldest medical society, formed in 1799 in Annapolis, MD.
- The Mission of MedChi, The Maryland State Medical Society, is to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health of Maryland.
- MedChi is the largest physician organization in Maryland
- Physicians – Primary Care and Specialists
- Medical Residents and Students
- Practice Managers and Medical Staff



# Center For Employed Physician



## Salary Survey

Released this year and IDEA Task force will be working on findings regarding Gender disparity

## Model Contract



## Contract Seminars

- Dr. Williams and the Medical Economics Council is doing a series on contract negotiations

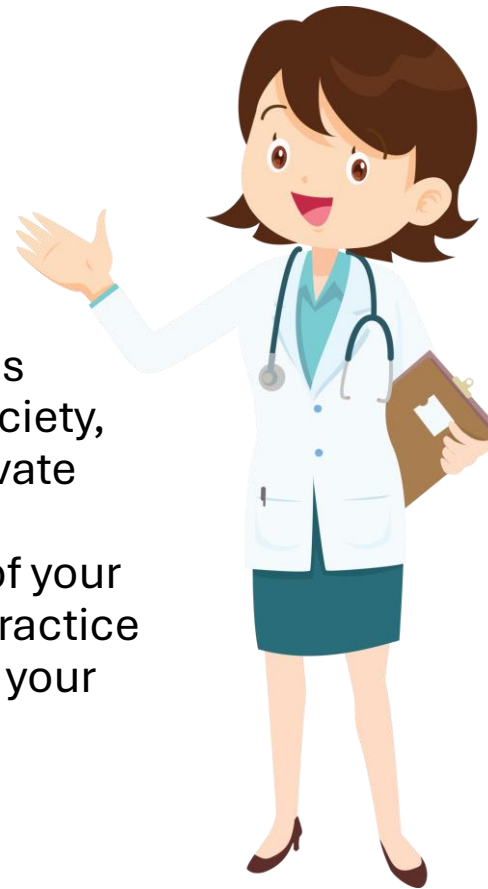


The Center for the Employed Physician was established by the Center for a Healthy Maryland through a grant from The Physicians Foundation. Through this project resources and educational programming were developed to assist physicians who are currently employed or are considering entering into an employment arrangement. To inform the content of the tools and services to be created, 442 Maryland physicians responded to a survey, giving feedback about their concerns regarding practicing medicine in an employed setting. Physicians considering employment most requested a resource that would aid in contract negotiations, while physicians who are currently practicing in employed settings most requested current compensation models. Both groups were also concerned about maintaining autonomy.

# Center for the Private Practice of Medicine

- MedChi is committed to helping practices remain independent. As your Medical Society, MedChi developed the Center for the Private Practice of Medicine to provide business support tailored to the time constraints of your practice. Our goal is to strengthen your practice by providing credible support that meets your needs with key business services and resources, such as:

- HIPPA & Records
- MedChi CTO
- Practice Management Help
- Ancillary Suggestions Insurance Needs
- Technology Help



## PRACTICE MANAGEMENT SERVICES

MedChi is committed to helping practices remain independent. As your Medical Society, MedChi developed the CENTER FOR THE PRIVATE PRACTICE OF MEDICINE to provide business support tailored to the time constraints of your practice. Please take a moment to review some of the key business services we provide to strengthen your practice. Our goal is to help your practice by providing credible support that meets your needs.

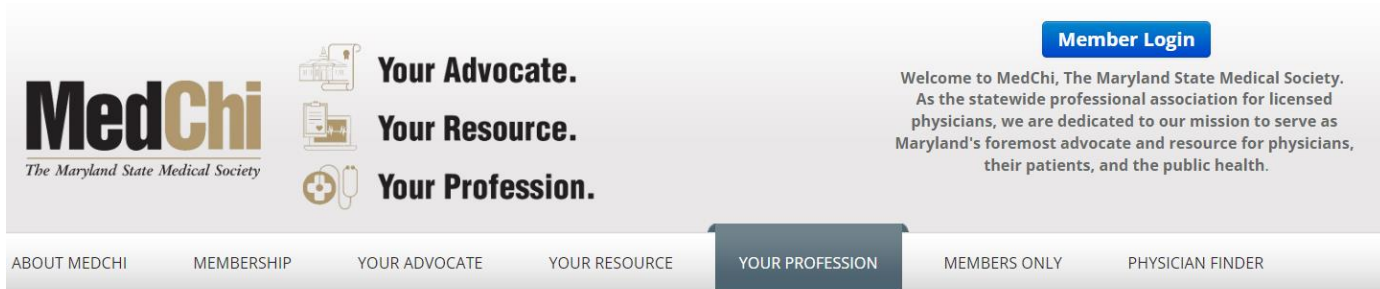


PLEASE CHOOSE ONE ..... EMAIL or FAX: [cgeorge@medchi.org](mailto:cgeorge@medchi.org) / 888-507-6034

PRACTICE MANAGEMENT SERVICES     COMPLIANCE     TECHNOLOGY     INSURANCE     NEW PRACTICE

Practice Name \_\_\_\_\_ Practice Contact \_\_\_\_\_  
Email address \_\_\_\_\_ Phone number \_\_\_\_\_

# Center for Value-Based Care



The MedChi logo is on the left, with the tagline "The Maryland State Medical Society". To its right are three icons: a person with a checkmark, a book, and a stethoscope, each with a corresponding text block: "Your Advocate.", "Your Resource.", and "Your Profession.". A blue "Member Login" button is in the top right. Below the icons is a navigation menu with items: ABOUT MEDCHI, MEMBERSHIP, YOUR ADVOCATE, YOUR RESOURCE, YOUR PROFESSION (highlighted), MEMBERS ONLY, and PHYSICIAN FINDER.

➔ You are here : Your Profession > Center For Value-Based Care

Wednesday, April 24, 2024

- » Association Management Services
- » Career Center
- » The Center For a Healthy Maryland
- » Center for the Employed Physician
- » Center for the Private Practice of Medicine
- » Center For Value-Based Care
- » All-Payer Health Equity Approaches and Development

## Center For Value-Based Care

MedChi leads the charge in protecting physician interests as Maryland healthcare shifts to value-based care. In the 2022 General Assembly Session, MedChi worked to make sure the CareFirst value-based bill included physician and patient protections. MedChi was a strong supporter of the Maryland Primary Care Program, the largest per capita, most successful value-based care program for Maryland adult primary care.



  
[CY 2024 Medicare Physician Payment Schedule and Quality Payment Program \(QPP\) Proposed Rate Summary](#)  
On July 15, 2024, the Centers for Medicare & Medicaid Services (CMS) released the Calendar Year (CY) 2024 Revision to Payment Policies under the Medicare Physician Payment Schedule (MPS) and Other Changes to Part B Payment and Coverage Policies associated with Order number CMS-1734-P. The proposed rule, scheduled to be published in the August 7, 2023 issue of the Federal Register, includes proposals related to Medicare physician payment and the Quality Payment Program (QPP). If finalized, these policies will take effect on January 1, 2024, unless otherwise noted. Interested parties have a 60-day

  
Value Based Payment in Maryland  
AMA Advocacy Call  


- MedChi leads the charge in protecting physician interests as Maryland healthcare shifts to value-based care. In the 2022 General Assembly Session, MedChi worked to make sure the CareFirst value-based bill included physician and patient protections. MedChi was a strong supporter of the Maryland Primary Care Program, the largest per capita, most successful value-based care program for Maryland adult primary care.

- EQIP
- Care Transformation
- Maryland Insurance Issues on Value-Based Care
- MDPCP
- Total Cost of Care





# The Purpose of Episode Quality Improvement Program (EQIP)



Under the Total Cost of Care Model, Maryland's healthcare system has focused on reducing costs and improving quality of care for Marylanders who receive care in both hospital and non-hospital settings.



Maryland physicians largely remain on fee-for-service reimbursement incentives and, as a result of the TCOC Model, are left out of national, Medicare value-based payment programs.



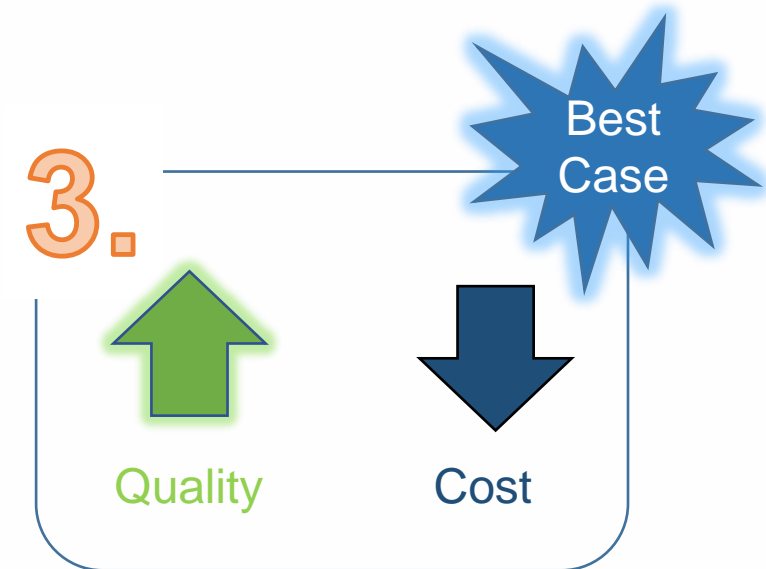
Therefore, it is imperative that the State creates new value-based reimbursement opportunities to ensure cost containment and high quality in non-hospital settings.





# Moving Healthcare to Value-Based Payment

- There are three outcomes that drive better 'value' than traditional fee-for-service payment





# The Episode Quality Improvement Program – EQIP



The HSCRC plans to start a voluntary, episodic incentive payment program for specialist physicians in Medicare, EQIP, in 2022.

Physician ownership  
of performance

Upside-only risk with  
dissavings  
accountability

Alignment with  
CareFirst's episode  
payment program

AAPM/value-based  
payment participation  
opportunities for MD  
physicians

EQIP will utilize the Patient Centered Episodes of Care System (PACES) approach. The upcoming (PY4) performance year will include episodes in the following specialty areas:

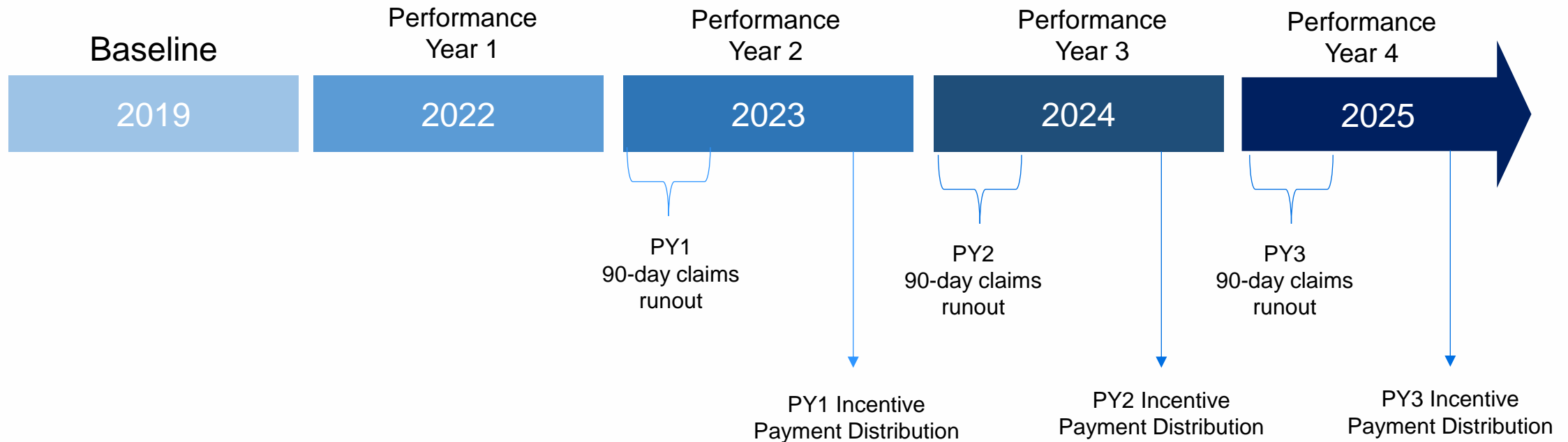
- Allergy and Behavioral Health
- Cardiology and Dermatology
- Gastroenterology and Ophthalmology
- Orthopedics and Pulmonary/Critical Care
- Rheumatology and Urology
- Emergency Department



# Participation Timeline

EQIP will have an annual opportunity to enroll in EQIP. The enrollment period will open **July through September** of each year prior to the performance year.

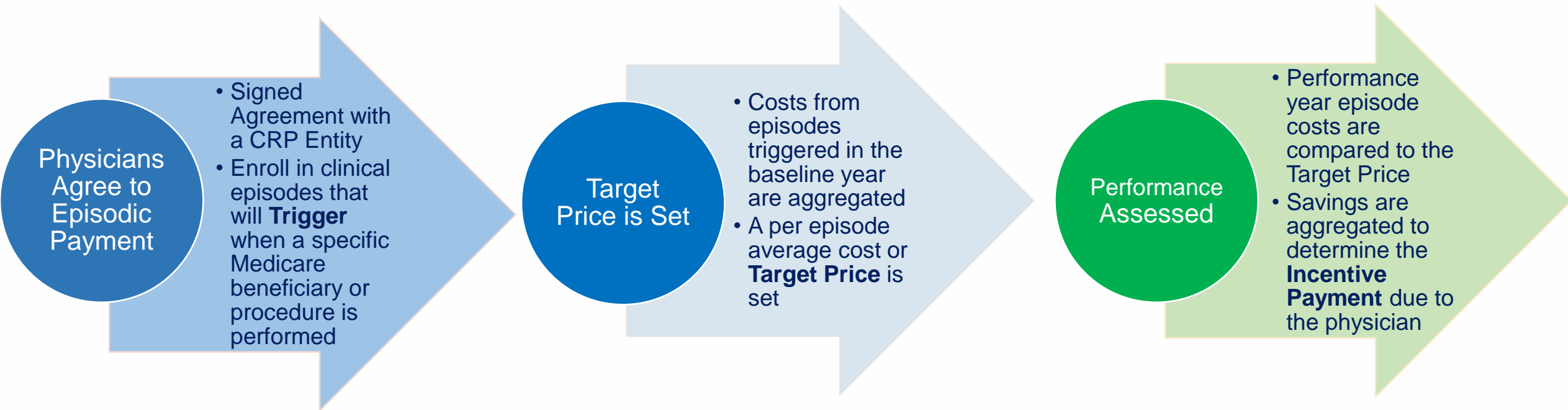
Due to claims runout, Entities who earn shared savings can expect the payment to be distributed in Q3 following the end of the performance year.





# Episodic Value-Based Payment

Bundled-payment programs are effective at controlling episodic care costs and improving quality outcome among physicians via a financial and quality assessment



- Analyses of CMS bundled-payment programs have shown 4-6 percent reductions in gross Medicare spending

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# EQIP Participation Performance Year Four (PY4), 2025



# EQIP Roles – Definitions and Responsibilities



## “Care Partner” (a specialty physician)

- **Triggers episodes and performs EQIP care interventions**
- Signs a **Care Partner Arrangement** with the CRP Entity
- Receives normal fee-schedule payments from Medicare and a **potential “Incentive Payment” with the EQIP Entity**
- Eligible to achieve **Quality Payment Program Status** and bonuses



## “EQIP Entity”

- Consists of an **individual Care Partner or multiple Care Partners**
- **Performance evaluation** occurs at the EQIP entity level
- Receives **Incentive Payments**



## “CRP Entity”

- Signs a **Care Partner Arrangement** with all Care Partners
- **Pays incentive payments** or savings to EQIP entities



## HSCRC and CRISP

- Will calculate episodes, monitor performance and **determine Incentive Payments**
- Maintains reporting and monitoring requirements per the Participation Agreement and to **support CRP Entity**
- Will facilitate **EQIP Entity and Care Partner Enrollment, Reporting and Learning Systems**

### **Administrative Proxies (\*)**

*EQIP Entities can delegate management of their program administration. This contractual arrangement, if any, will be determined between Administrative Proxy and Participant outside of Care Partner Arrangements.*



The State has partnered with UMMC to enable EQIP as an Advanced Alternative Payment Model with CMS

Any qualifying physician in Maryland will be allowed to participate in EQIP, regardless of previous contracting, relationship and/or privileges at UMMC

UMMC's main roles will be:

1. Signing an individual Care partner Arrangement with each participating Care Partner in the EQIP Entity, and,
2. Printing checks for earned Incentive Payments to the EQIP Entity

The HSCRC and CRISP will facilitate interactions between UMMC and Care Partners/EQIP Entities

- Policy decisions and operations support will remain transparent and set at the State level
- Any changes to the policy will be made at the CRP Committee and EQIP stakeholder level

The CRP Entity **will not** have access to:

- Protected Health Information
- EQIP Entity or Care Partner performance analytics



# Participation Requirements



## Qualify as a Care Partner with CMS

- Must be licensed and enrolled in the **Medicare** Provider Enrollment, Chain, and Ownership System (**PECOS**)
- Must use **CEHRT** and **CRISP**, Maryland's health information exchange



## Enroll in EQIP

- Establish **EQIP Entity** with **multiple Care Partners**
- **Select Episodes and Interventions** and agree to quality metrics\*
- Each Care Partner Signs a **Care Partner Arrangement**
- Determine **Payment Remission Recipient\***



## Meet Episode Thresholds

- Provide care in **Maryland**
- For a **single episode**, **threshold = 11** episodes in the baseline
- Across **all episodes of participation**, **threshold = 50** episodes in the baseline

*\*All Care Partners in an EQIP Entity will share the same episodes, quality metrics and payment recipient.*



In addition to electing episodes, each EQIP Entity will need to indicate how they intend to produce savings in their episodes.

Intervention Category	Example Intervention
<b>Clinical Care Redesign and Quality Improvement</b>	Standardized, evidence-based protocols are implemented, for example for discharge planning and follow-up care.
	Performance of medication reconciliation.
	Elimination of duplicative, potentially avoidable complications or low value services
<b>Beneficiary/Caregiver Engagement</b>	Patient education/shared decision making is provided pre-admission and addresses post-discharge options.
	Implementation of "health literacy" practices for patient/family education
<b>Care Coordination and Care Transitions</b>	Assignment of a care manager and enhanced coordination to follow patient across care settings
	Interdisciplinary team meetings address patients' needs and progress.
	Selection of most cost efficient, high-quality settings of care



# PY4 Specialties Available

## Allergy

Allergic Rhinitis, Asthma

## Behavioral Health

Chronic Anxiety, Recurrent Depression

## Cardiology

Pacemaker / Defibrillator, Acute Myocardial Infarction, CABG &/or Valve Procedures, Coronary Angioplasty

## Dermatology

Cellulitis, Decubitus Ulcer, Dermatitis

## Gastroenterology

Colonoscopy, Colorectal Resection, Gall Bladder Surgery, Upper GI Endoscopy

## Ophthalmology

Cataract, Glaucoma

## Orthopedics

Accidental Falls, Hip Replacement & Hip Revision, Hip/Pelvic Fracture, Knee Arthroscopy, Knee Replacement & Knee Revision, Low Back Pain, Lumbar Laminectomy, Lumbar Spine Fusion, Osteoarthritis, Rotator Cuff, Shoulder Replacement, Musculoskeletal Disorders

## Pulmonary / Critical Care

Acute CHF / Pulmonary Edema, Chronic Obstructive Pulmonary Disease, Deep Vein Thrombosis / Pulmonary Embolism, Pneumonia, Sepsis

## Rheumatology

Rheumatoid Arthritis

## Urology

Catheter Associated UTIs, Prostatectomy, Transurethral Resection Prostate, UTI

## Emergency Department

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

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# EQIP Policy and Methodology



# EQIP Policy: Where is each methodology determined?



## **PACES Episode Definition**




- Episode Trigger Codes and Categories (and Subcategories)
- Relevant Diagnosis and Sequelae
- Relevant Cost Methodology

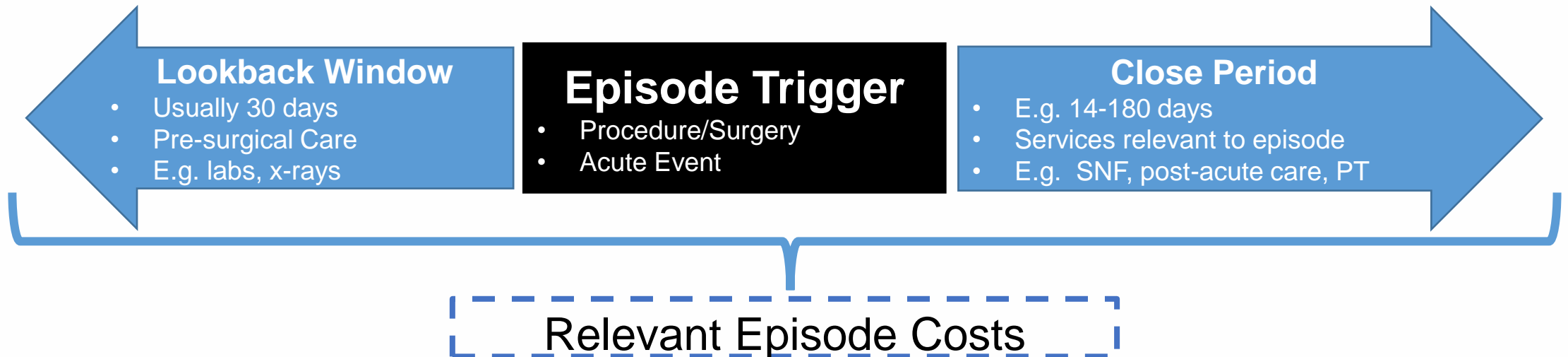
## **HSCRC/CMS Policy**

- Target Price Methodology
- Shared Savings/Incentive Payment Methodology
- Quality Measures
- Reporting and Monitoring (via CRISP)
- Participation Specialty Areas
- CMS Policy (including QP status)



# PACES Episode of Care Overview

-  Incorporated in 2019, to further **update and enhance** earlier groupers developed for CMS
-  Committed to developing a clinically sound episode grouper **in collaboration with the clinical community and stakeholders**. PACES episodes will be reviewed and updated on a regular basis by expert clinicians in each relevant specialty.
-  1,090 episodes grouped into clinically relevant areas: **Procedural, Chronic Condition, and Acute Condition,**





2019 will serve as a **Baseline** for performance years 1-4 for EQIP Entities

- Each EQIP Entity will have their own **unique Target Price** per episode
- The baseline will be trended forward in order to compare to current performance costs
- Target Prices are not final until the end of the Performance Year as final inflation will need to be applied
- The baseline for entities that join in subsequent performance years will be the year prior to them joining

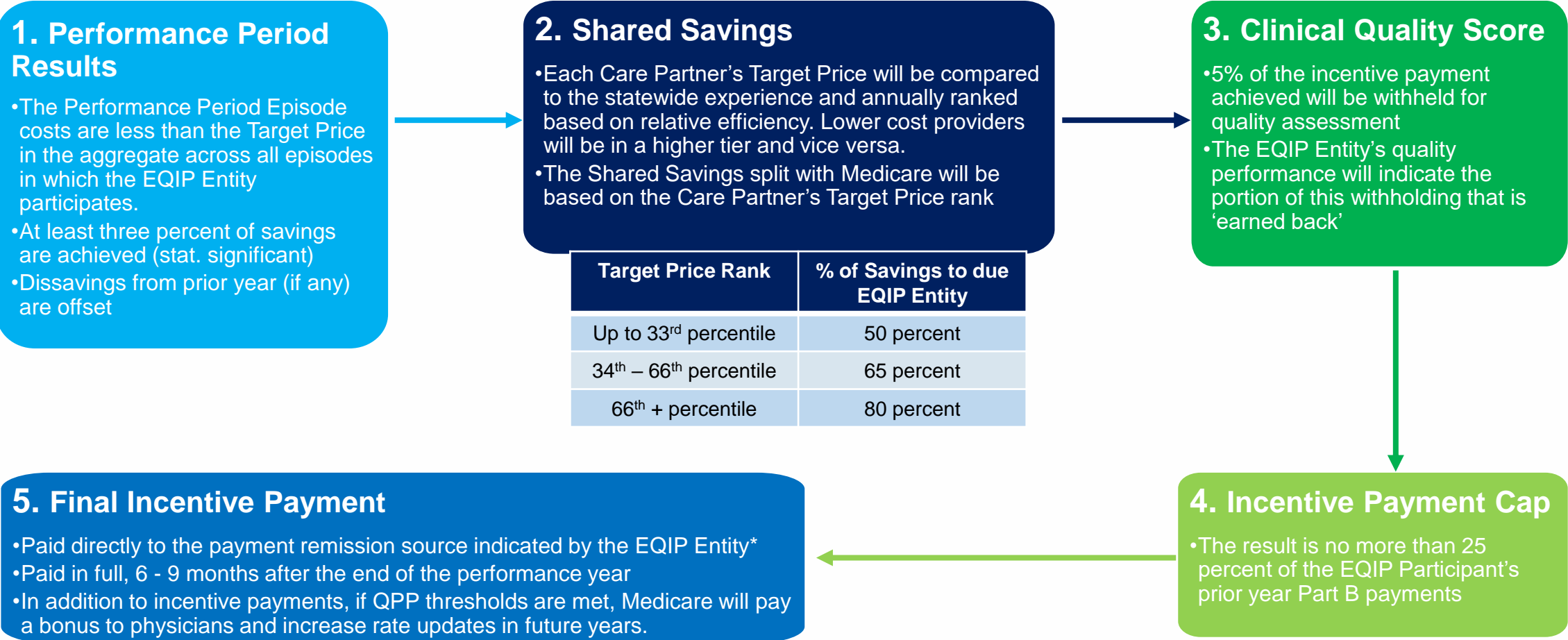
Each episode will have a **singular Target Price**, regardless of the setting of care (Hospital, Outpatient Facility, ASC)

- The price gap between ASC and Hospital is significantly larger under the Medicare fee schedule than under commercial, particularly in Maryland where hospital rates are regulated.
- This will **create incentive to shift lower acuity procedures** to lower cost settings, aligning with GBR incentives.



# Incentive Payment Methodology

**Incentive Payments** will be direct checks made from the CRP Entity to the EQIP Entity for aggregate positive performance after a minimum savings threshold, shared savings split, and quality adjustment are applied.



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



# Example: Incentive Payment Calculation

## EQIP Entity Participating in two EQIP episodes



		Episode A	Episode B	Calculation
A	Baseline period EQIP Entity episode payment benchmarks	\$15,000	\$10,000	<i>Prometheus Grouper</i>
B	<b>Episode Target Price</b>	\$15,000	\$10,000	<i>A X 100% X Inflation Adjustment *** (no discount)</i>
C	Episode Volume, Performance Year	25	50	<i>Prometheus Grouper</i>
D	Performance Year episode cost	\$14,300	\$9,500	<i>Prometheus Grouper</i>
E	Aggregate actual performance year episode costs	\$357,500	\$475,000	<i>D X C</i>
F	Aggregate Savings/Dissavings Achieved	\$17,500	\$25,000	<i>(B-D) X C</i>
G	At least 3% savings achieved?	Yes	Yes	<i>0.03 X E &lt; F</i>
H	<b>Tiered shared savings rate</b>	73rd percentile rank = 80% Shared savings due to EQIP Entity		<i>HSCRC Methodology</i>
I	<b>Total Incentive Payment Due**</b>	<b>\$34,000</b>		<i>Ep. A (F X H) + Ep. B (F X H)</i>

\*\*Less dissavings from prior year (if any) and Adjusted for Quality Performance Score

\*\*\* Inflation set to zero for the purpose of this example



Direct collection of downside risk is not possible without the ability to directly adjust physician FFS payments.

However, it is important to ensure the program drives meaningful improvements in cost efficiency and quality.

EQIP's **Dissavings Policy** will help to ensure outcomes in lieu of downside risk:

1. Participants who create dissavings in a performance year will be required to offset those dissavings in the following performance year, prior to earning a reward.
2. An EQIP Entity will be removed from EQIP if its Target Price is in the lower two terciles of the Tiered Shared Savings Rate (0-66th percentile) and there have been two consecutive years of dissavings.
  - HSCRC staff will monitor the effects of this policy to ensure there are no unintended consequences



# EQIP Quality Measure Selection



## Measure Characteristics

- Measures within the PY2021 MIPS Set
- Applicable at physician-level
- Part B claims measurable

## CMS Quality Payment Program (QPP) Standards

- High Priority or Outcomes Measure
- 3-6 measures available

## HSCRC Priorities

- Alignment with CareFirst
- Agnostic to episode-type
- Maryland’s Statewide Integrated Health Improvement Strategy

Measure Name
Advance Care Plan (NQF #326)
Documentation of Current Medications in the Medical Record (NQF #419)
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (MIPS #128)

- Will be a Care Partner-specific quality adjustment to the final Incentive Payment after shared savings as a 5% ‘earn back’
- For each triggered episode, the HSCRC will assess if the three measures were **performed 365 days prior to the end of the episode**, by any physician



The State has developed a one-stop shop, or EQIP Entity Portal to support participation with:

- Enrollment and opportunity analysis,
- CMS vetting and required activities (including reporting),
- CRP Entity Contracting and operations support, and,
- Performance analytics, learning system and program communications.

### Access to EEP is a requirement for participation

- Organizations will need access to the CRISP Reporting Services (CRS) Portal Login Page (separate from ULP and ENS)
- For organizations new to CRS, you must sign a CRISP Participation Agreement (PA) and update their Notice of Privacy Practices documents (**this can be done NOW, Contact: [EQIP@CRISPhealth.org](mailto:EQIP@CRISPhealth.org) )**
- CRISP will hold webinars for training later in June and early July

#### EQIP Entity Enrollment

- Individual or Group Participation
- Provider Information
- Administrative Proxy Election
- Status Tracker

#### Participation Management

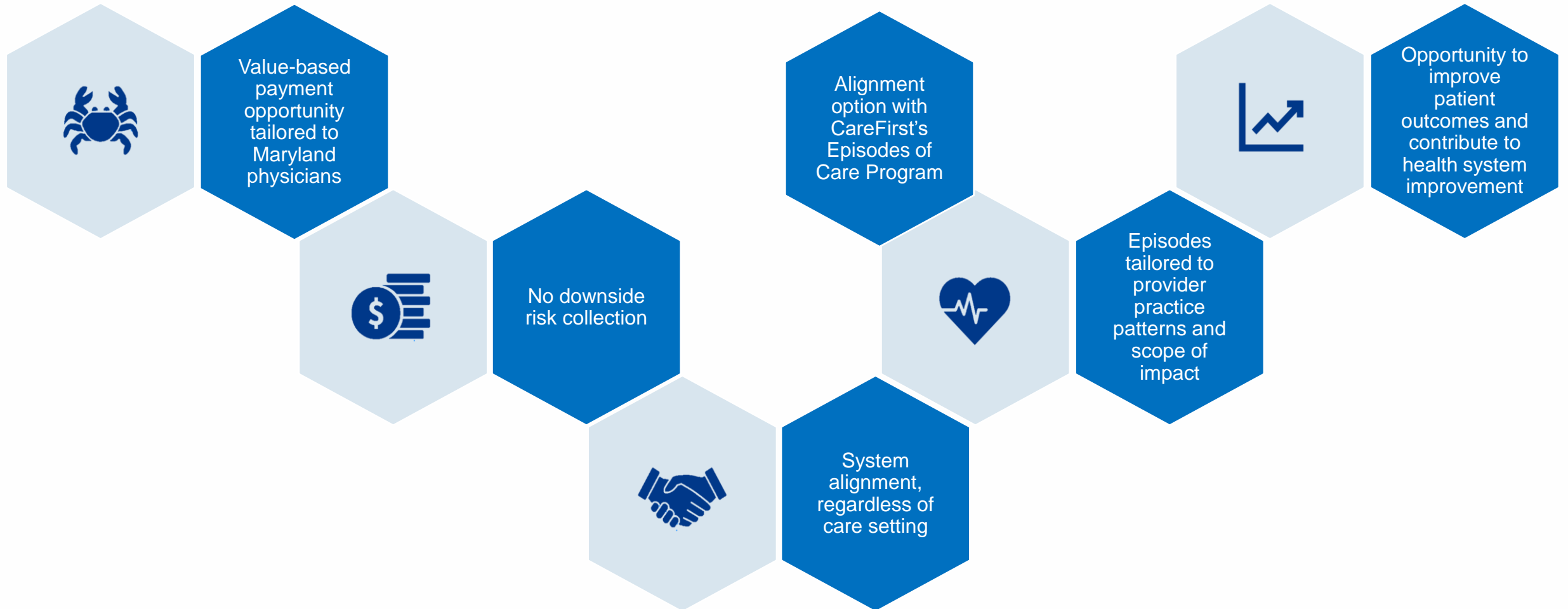
- Episode Selection
- Intervention Selection
- Baseline Data

#### Program Data

- Incentive Payments and Savings Summaries
- Monthly Performance Analytics



# The Benefits of EQIP





# EQIP Timeline



<b>July 15<sup>th</sup></b>	<ul style="list-style-type: none"><li>• EEP opens for enrollment</li><li>• Technical Policy and Portal User Guides available</li><li>• Baseline Episode experience available in EEP</li></ul>
<b>Aug 30<sup>th</sup></b>	<ul style="list-style-type: none"><li>• Deadline to submit National Provider Identification (NPI) and other enrollment initiation information into EEP</li><li>• Providers submitted to CMS for vetting</li></ul>
<b>Dec. 1, 2024</b>	<ul style="list-style-type: none"><li>• Care Partner Arrangements and Payment Operations Finalized</li><li>• CMS Vetting Status Available, Enrollment Finalized</li></ul>
<b>Jan. 1, 2025 PY4 Start</b>	<ul style="list-style-type: none"><li>• Care Partner participation opportunity will be annual</li><li>• Preliminary Target Prices available in EEP</li></ul>
<i>Fall 2026</i>	<ul style="list-style-type: none"><li>• Incentive Payments distributed</li></ul>



# Learning More about EQIP and Enrollment



If you would like to schedule a meeting about EQIP with your organization, staff will be available to:

- Walk through opportunity analysis, specific to your organization
- Discuss any episode definitions
- Answer specific questions
- Reach out to [equip@crisphealth.org](mailto:equip@crisphealth.org) to schedule a meeting

## EQIP Subgroup Meeting

- Bi-monthly meetings occur the third Friday of the month, 9-11am
- To be added to distribution list, email: [osimon@medchi.org](mailto:osimon@medchi.org)
- Prior recordings can be found: <https://www.crisphealth.org/learning-system/eqip/mtgs/>

Enrollment for PY4 opens July 15th, 2024

- Reach out to [equip@crisphealth.org](mailto:equip@crisphealth.org) to if you are ready to enroll



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Thank You!