EQIP Entity Portal User Guide

July 9, 2021

version 1.0

Table of Contents

1 Introduction

This document provides users with details guidance on gaining access to and using the EQIP Entity Portal to enroll in the Episode Quality Improvement Program (EQIP), view data, and understand the resources available to EQIP Entities.

EQIP is a new care redesign program track and may change over time, per HSCRC and CMS policy. This User Guide will be updated to reflect any changes in program policy or the EQIP Entity Portal application; if downloading a PDF copy for offline reference, be sure to check the version on the cover and download the most recent version as required.

2 Credentialling

To gain access to the EQIP Entity Portal, you must be a registered CRISP Reporting Services (CRS) user and be provisioned with an account.

If your organization already has a Participation Arrangement in place with CRISP, reach out to your organization's Point of Contact (POC) and request access as an 'eqip_participant' under the CRP Management application. If you do not know if your organization is registered with CRISP, or if you do not know who your POC is, just reach out to support at support@crisphealth.org or 877-952-7477.

If your organization is not registered with CRISP Reporting Services, you will need to go through the onboarding process and execute a Participation Agreement. Reach out to CRS Support at the contact information above and they will help you work through this process.

2.1 Administrative Proxies

EQIP policy allows EQIP Entities to designate 'administrative proxies' to view and manage their enrollment information and episode data on their behalf. An EQIP Entity must first establish an account in the portal with an eligible Care Partner to serve as a primary point of contact, prior to appointing an administrative proxy. The administrative proxy submitted by the EQIP Entity's primary point of contact will then be contacted by CRISP for credentialing into the portal. After approval and credentialing, administrative proxies have the same access privileges as the EQIP Entity that designated them.

Administrative proxies serving multiple different EQIP Entities will be able to select the EQIP Entity they wish to view or edit data for on the Landing Page as described under Section 5 below. Any workflow or dashboard launched with a given EQIP Entity selected will automatically use that EQIP Entity for the duration of that workflow. To select a different EQIP Entity, simply return to the landing page, select the new EQIP Entity, and launch the desired workflow.

EQIP Entities can revoke access for administrative proxies at any time in the same way that they revoke access for other users. The organizational Point of Contact (POC) for the EQIP Entity simply removes the 'eqip_participant' role for that user in the LogOnce user management interface. However, to add an administrative proxy, EQIP Entities must use the 'Designate Administrative Proxy' functionality in the Landing page as described below.

3 Accessing the Portal

To access the EQIP Entity Portal directly, navigate to the login page at https://crp.crisphealth.org. You will be prompted to enter your username and password, followed by the multi-factor authentication prompt you selected during the CRISP credentialling process.

If you forget your password or otherwise need to change it, simply hit the 'Reset Password' link on this login page and an automated email will be sent with instructions and a link for updating it. The bottom of the login page also contains contact information for CRISP support if you experience any issues logging in.

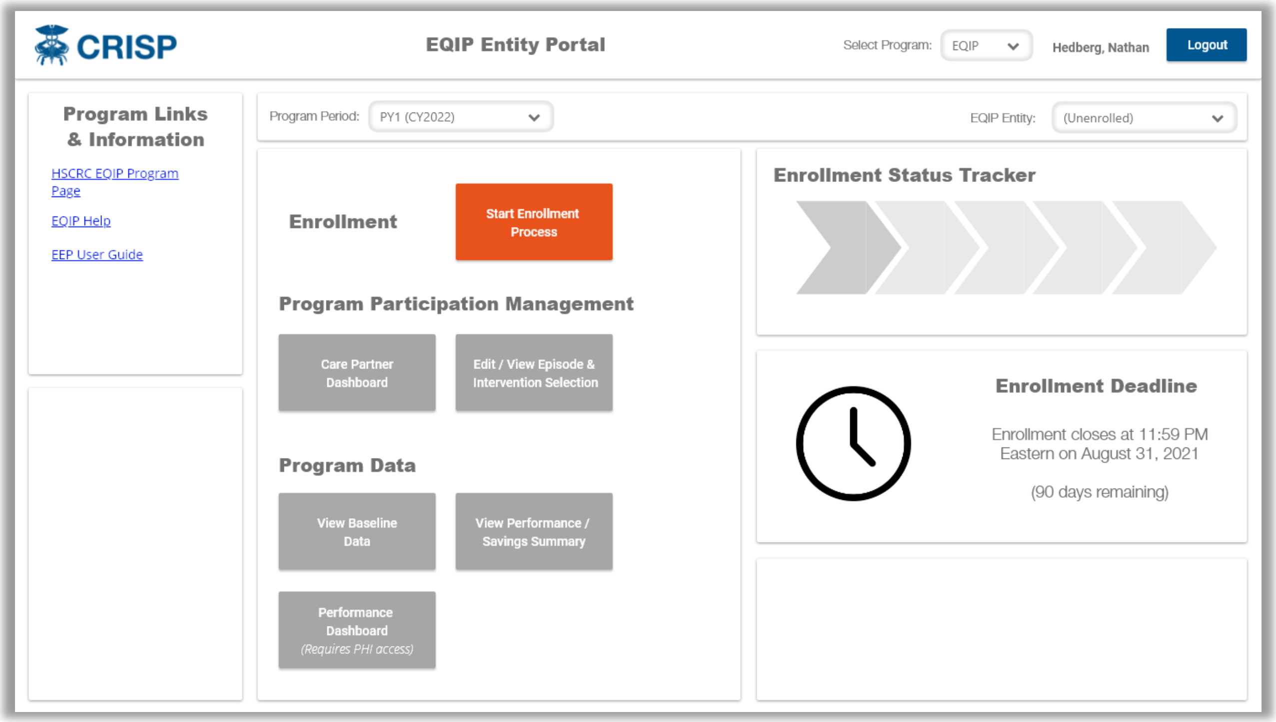
If you are a frequent CRS user and familiar with the CRS Landing Page, you can also access the EQIP Entity Portal via the 'EQIP Enrollment Portal' link under 'Medicare Population' card on the CRS Landing Page. This card is available for all users provisioned with an EQIP Entity role.

> Note for ECIP Users

EQIP Entities who are also engaged with the Episode Care Improvement Program, ECIP, will see an additional toggle in the upper right-hand corner of the EEP landing page that allows them to navigate between the ECIP Management Interface and EQIP Entity Portal. These two applications are part of the same Care Redesign system and use the same URL endpoint. You will still be able to access the ECIP Management Interface in the same way you have in the past, either via the direct URL or the ECIP card on the CRS Landing Page.

4 First Time Users & The Enrollment Workflow

The first time a prospective EQIP Entity user logs into the Portal, only one option will be available, as shown in the screenshot below – Start Enrollment Process. This button will be highlighted in orange – simply click on it to get started. You can save, exit, and return to the enrollment process at any time. The main purpose of this workflow is to make enrollment as straightforward and fast as possible, while allowing flexibility to view data and adjust selections during the open enrollment period.



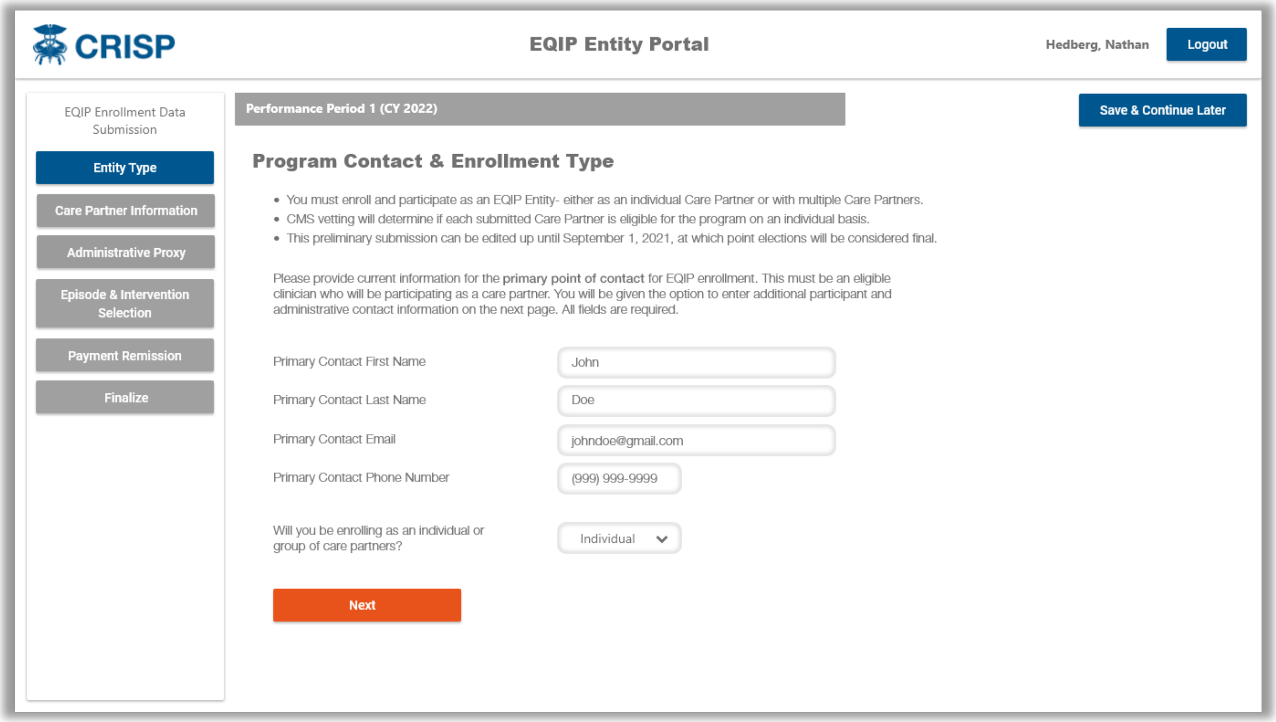
This workflow will take you through each of the following required enrollment steps:

1. EQIP Entity Type & Primary Point of Contact
2. EQIP Entity & Care Partner Information
3. Administrative Proxy Designation
4. Episode & Intervention Selection
5. Payment Remission Recipient
6. Finalize Enrollment

A full description of the enrollment process and workflow is provided in the sections that follow. All steps must be completed to finalize enrollment. Note that only an eligible Care Partner with a valid National Provider Identifier (NPI) can establish an EQIP Entity, and all final enrollment data must be entered before enrollment closes on September 1st.

4.1 EQIP Entity Point of Contact Information

To start that enrollment process, an eligible Care Partner intending to participate in EQIP must create an EQIP Entity profile and submit their information. All fields on this page are required and must be completed before the enrollment process can continue. After this stage of the process is complete, EQIP Entities may designate an administrative proxy to manage your EQIP participation.



Required Data

1. For the Care Partner primary point of contact, you must supply a:
    a. First name
    b. Last name
    c. Contact email
    d. Phone number

Then, you must select whether the participating 'EQIP Entity' you are enrolling as will be an individual Care Partner or a group of Care Partners. Later in the enrollment process, you will be asked for additional information (including NPI, name, contact information and specialty) on all of the Care Partner(s) participating under this EQIP Entity. Note that after September 1, 2021, participation is locked in for the first year of the program (calendar year 2022), and changes cannot be made in the list of participating NPIs until enrollment opens for the next period. However, you may change your decision (and associated list of submitted Care Partners) freely until then.

When this is complete, simply hit the Next button to continue to the next step in the workflow.

Saving Your Work

At any point in the enrollment process - or any other workflow - you can use the 'Save & Continue Later' button in the upper right-hand corner of the application to save your progress safely before exiting the application. You can return to complete enrollment at any time before enrollment for the period closes.

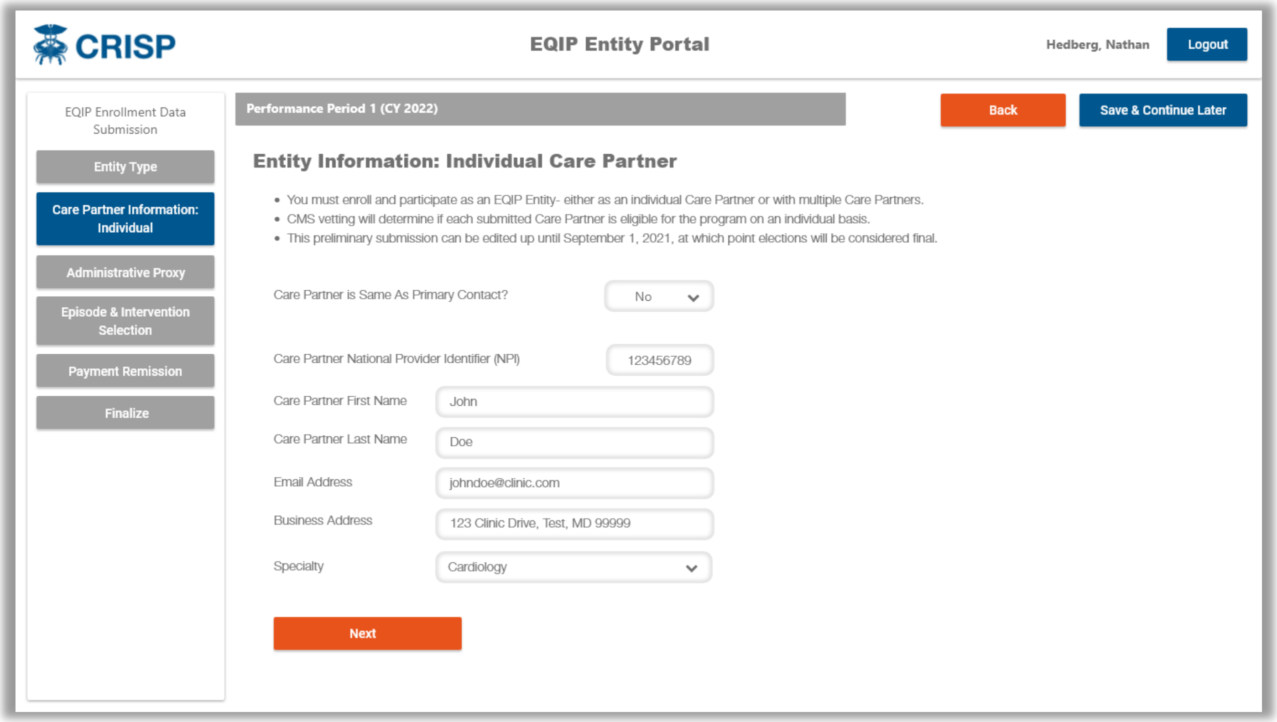
4.2 EQIP Entity Information

In this step, you will submit all required information on all Care Partner(s) participating under this EQIP Entity. A different intake screen will be shown depending on whether you selected Individual Care Partner or Group of Care Partners in the first step in the workflow. Each of these is described in more detail below. Note that if you are designating an Administrative Proxy, all you need to do on this page is enter the EQIP Entity Name (or name of the individual Care Partner), and then you can proceed to the next screen to enter the administrative proxy information. If you do so, the proxy will need to return to complete any additional required fields prior to the closure of the enrollment period.

Note that if you make modifications to your list of participating Care Partner(s) after selecting episodes, you will need to review your episode selections to ensure that you still meet the episode volume requirements with the new list of NPIs. Episode eligibility and volume thresholds are discussed in further detail in Section 4.4 below.

4.2.1 Individuals

If you are participating as an individual Care Partner and the EQIP Entity is the same individual as the primary contact submitted in Step 1, you can select 'Yes' in the first dropdown to pre-populate fields you have already completed for that individual. If not, all fields on this page must be completed independently.



Required Data

1. For each Care Partner participating as part of the EQIP Entity, you must supply a:
    a. **National Provider Identifier (NPI).** *This is the primary identifier used for episode attribution, eligibility vetting, and program evaluation, so it is particularly important that this is entered accurately.*
    b. First name
    c. Last name
    d. Email address

e. **Business mailing address** (this must be a complete address including street, city, state and ZIP code)
f. **Specialty**

Once you have completed this, hit the Next button to continue to the next step in the workflow.

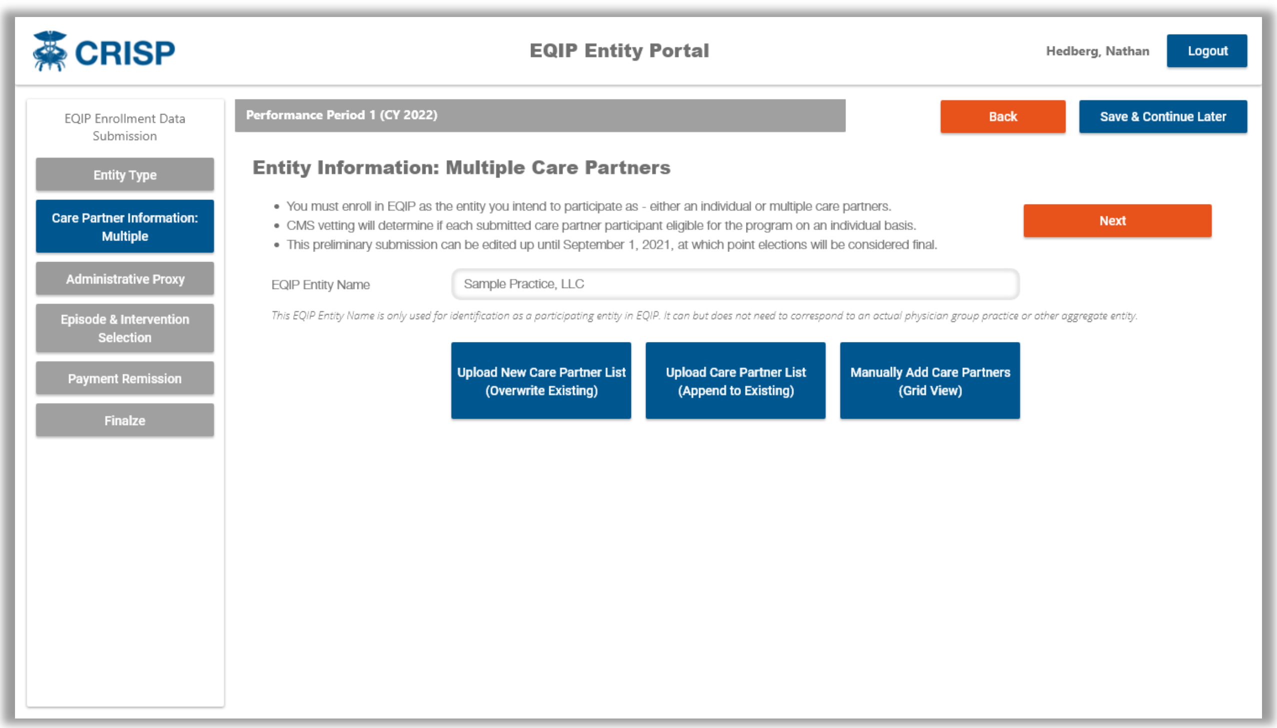
4.2.2 Groups of Care Partners

If you are participating as a group, an ‘EQIP Entity Name’ must be provided to identify the group as a collective EQIP Entity in the program. Enter it in the field provided at the top of the page. You will then be prompted to provide information on each individual Care Partner you intend to register as part of that EQIP Entity.

Required Data

1. For each Care Partner participating as part of the EQIP Entity, you must supply a:
    a. **National Provider Identifier (NPI).** *This is the primary identifier used for episode attribution, eligibility vetting, and program evaluation, so it is particularly important that this is entered accurately.*
    b. **First name**
    c. **Last name**
    d. **Email address**
    e. **Business mailing address** (this must be a complete address including street, city, state and ZIP code)
    f. **Specialty**

These can be entered manually or uploaded as a batch. To enter each manually in the application, simply click the ‘Manually Add Care Partners’ button on the right-hand side of the screen, and a grid will appear. Click the ‘Add New’ button at the top of the table and fill in all required fields. Repeat this process for each Care Partner, being sure to click the ‘Save’ button immediately beneath each row as you complete it before moving on to the next.

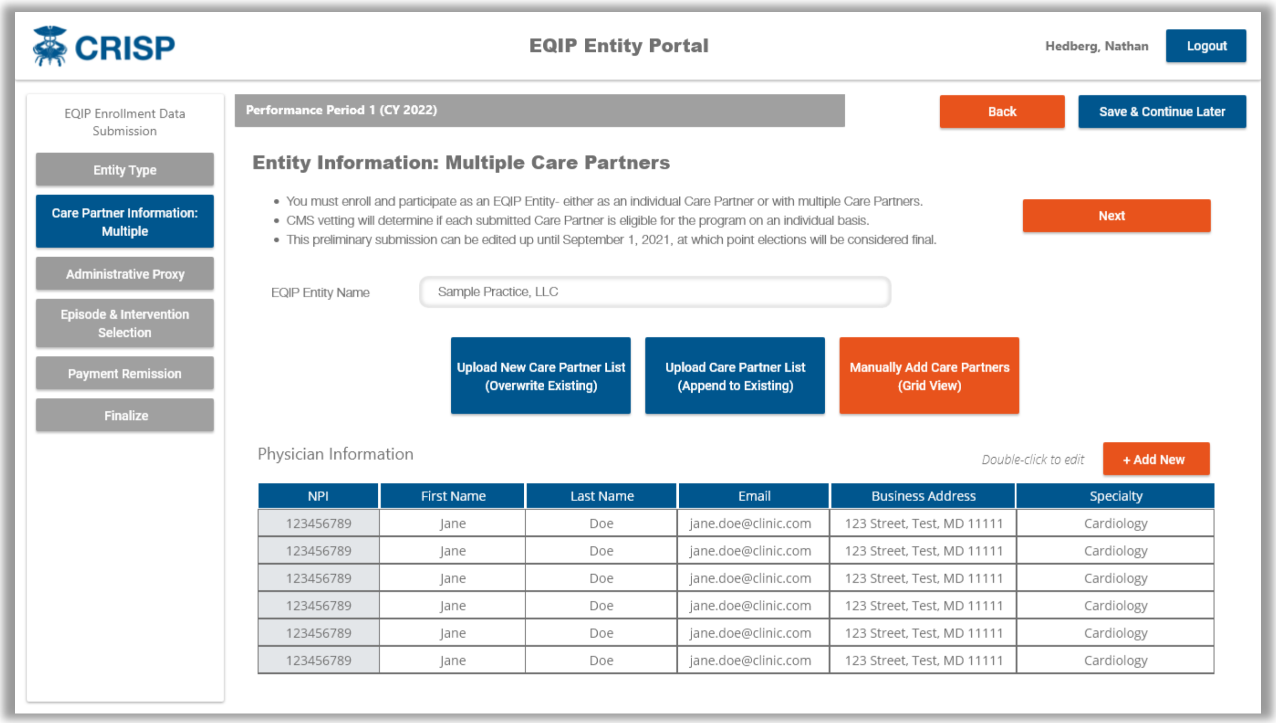


You have two options for uploading a batch of Care Partners. If you have already entered some Care Partners (or previously uploaded) and simply want to add to the existing list, use the middle button ‘Upload Care Partner List (Append to Existing).’ Download the submission template using the link provided, populate it with Care Partner details, and upload. All Care Partners will be added to any existing list previously uploaded or entered.

If this is your first time submitting data or you wish to overwrite a previously submitted list of Care Partners, use the leftmost button ‘Upload New Care Partner List (Overwrite Existing).’ The process of downloading the template, populating it, and uploading is the same as previously described for appending Care Partners, except that this upload will erase and overwrite any previous submissions.

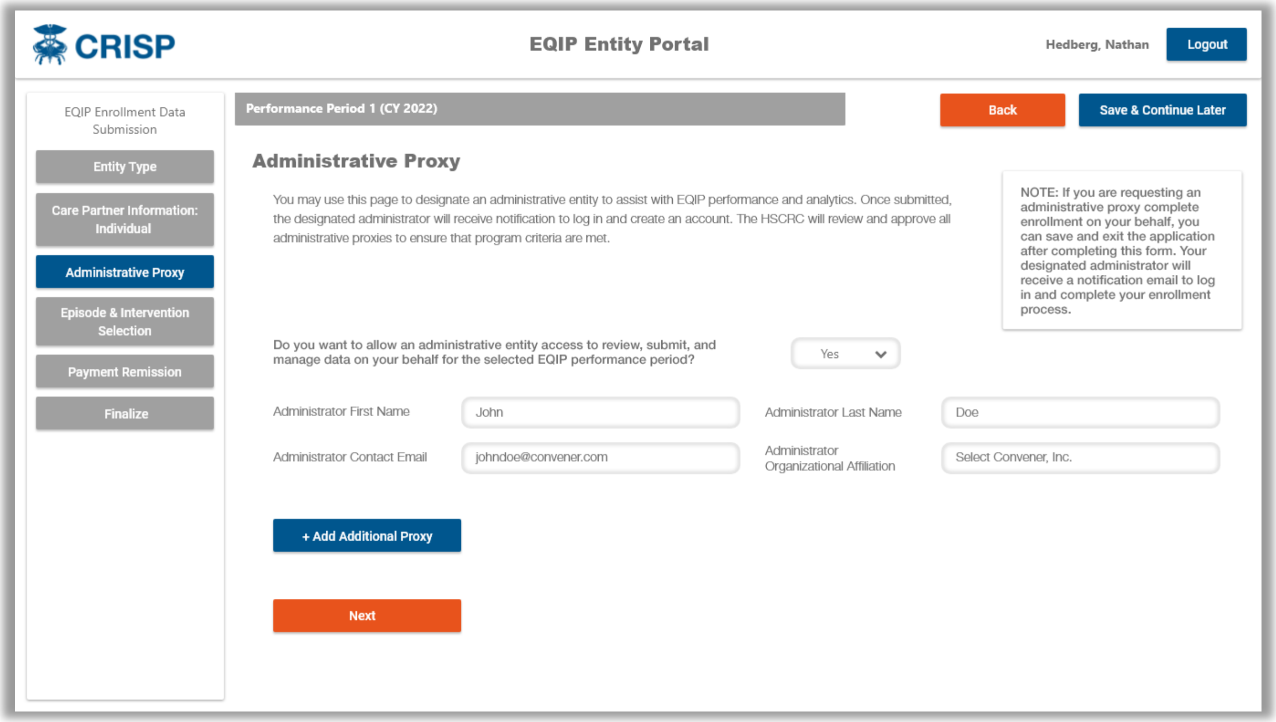
For both batch upload workflows, if an error is observed in the template or an issue occurs with upload, an error message will appear describing the issue with instructions on resolution and re-uploading the file.

After an upload successfully completes, the table on the page will populate, and you will have the opportunity to review any make any manual edits you like. Once you have completed this, hit the Next button to continue to the next step in the workflow.



4.3 Administrative Proxy

EQIP allows EQIP Entities to designate "Administrative Proxies" – that is, non-Care Partner administrators – to manage their enrollment and view their data. The next screen in the enrollment workflow provides the opportunity to do so. Administrative proxies have the same application and data access privileges as EQIP Entities, the only difference is that they themselves are not the legal EQIP Entities in the program with CMS and the State.



If you do not wish to designate an administrative proxy and intend to complete the intake process yourself, simply leave the drop-down on this page as 'No' and hit Next to continue on to the next step in the workflow.

If you do wish to designate an administrative proxy, click on the down after the question and select 'Yes.' Additional fields will then appear in which you can provide information on the desired administrator.

Required Data

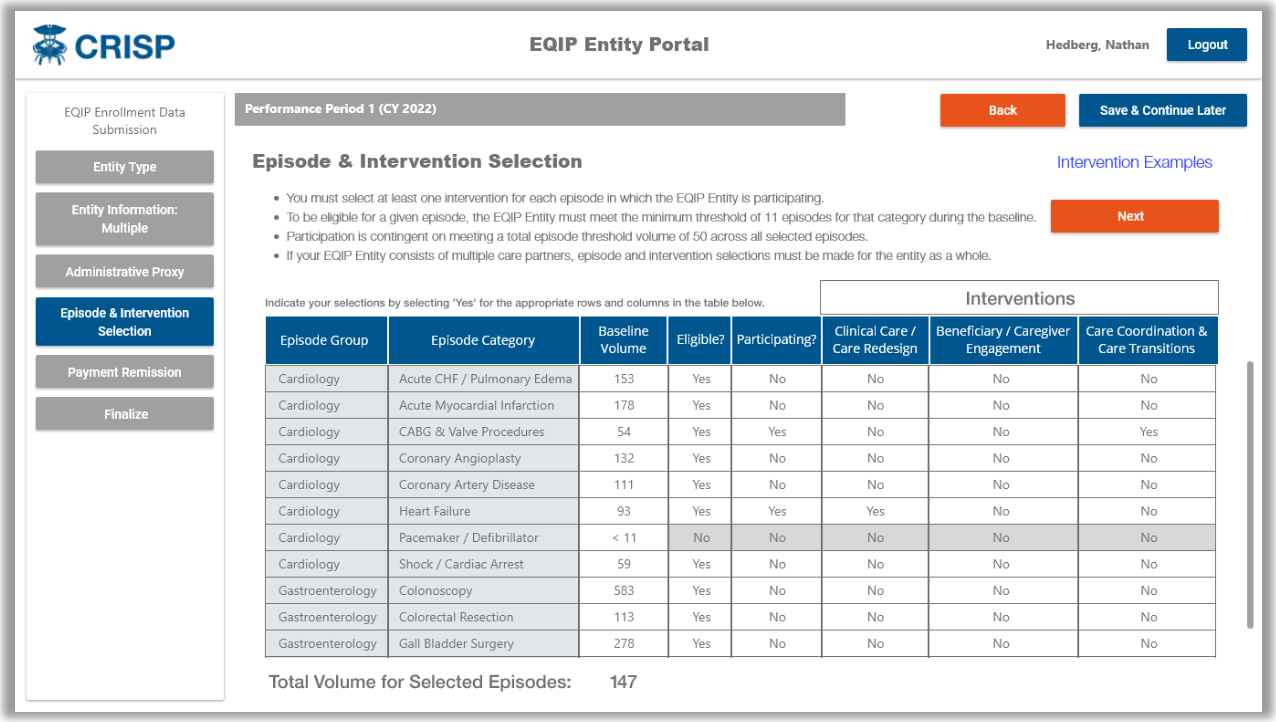
1. For each administrative proxy, you must supply a:
   a. First name
   b. Last name
   c. Contact email
   d. Organizational affiliation

To add an additional proxy, simply hit the blue '+ Add Additional Proxy' button near the bottom of the screen.

If you are a EQIP Entity who is planning on having an administrative proxy manage the rest of the enrollment process, you can save and exit the application after entering your administrative proxy's contact information. This will be submitted for the HSCRC for review, and they will be sent a notification email containing instructions on gaining access to the application and continuing the enrollment process on your EQIP Entity's behalf.

4.4 Episode & Intervention Selection

The next page allows EQIP Entities to select the clinical episode categories in which they intend to participate, along with the general categories of care redesign interventions they will be pursuing as part of the program.



Episode Group	Episode Category	Baseline Volume	Eligible?	Participating?	Interventions: Clinical Care / Care Redesign	Interventions: Beneficiary / Caregiver Engagement	Interventions: Care Coordination & Care Transitions
Cardiology	Acute CHF / Pulmonary Edema	153	Yes	No	No	No	No
Cardiology	Acute Myocardial Infarction	178	Yes	No	No	No	No
Cardiology	CABG & Valve Procedures	54	Yes	Yes	No	No	Yes
Cardiology	Coronary Angioplasty	132	Yes	No	No	No	No
Cardiology	Coronary Artery Disease	111	Yes	No	No	No	No
Cardiology	Heart Failure	93	Yes	Yes	Yes	No	No
Cardiology	Pacemaker / Defibrillator	< 11	No	No	No	No	No
Cardiology	Shock / Cardiac Arrest	59	Yes	No	No	No	No
Gastroenterology	Colonoscopy	583	Yes	No	No	No	No
Gastroenterology	Colorectal Resection	113	Yes	No	No	No	No
Gastroenterology	Gall Bladder Surgery	278	Yes	No	No	No	No

Definitions for clinical episode categories can be found on the HSCRC website, https://hscrc.maryland.gov/Pages/Episode-Quality-Improvement-Program.aspx.

To be eligible for a given clinical episode category, the participating EQIP Entity (group or individual as selected above) must collectively have more than 11 episodes in that specific category during the baseline period to ensure a minimum viable volume for evaluation. The column 'Eligible' in the selection table will indicate whether the currently selected EQIP Entity (that is, episodes associated with NPIs submitted in the previous step) meet the necessary volume thresholds.

In addition, the total volume of episodes across all selected clinical episode categories during the baseline period must be at least 50 in order to ensure the robustness of program target price and savings calculations.

The selection table shows the baseline volume for each episode category in the corresponding row. Note that as this is not a PHI-level application, the volume for any episode category with less than 11 episodes during the baseline period will be masked. Detailed baseline data can be viewed from the Landing Page – simply click the 'View Baseline Data' link in the Program Data section. More information on the Baseline Data Report can be found in Section 5.3 below. The baseline period on which these volumes are assessed includes all potential episodes that would have triggered between January 1, 2019 – December 31, 2019, and the average episode cost shown is displayed in actual baseline period dollars.

To select an episode, simply click on the appropriate row in the 'Participating' column and select 'Yes.' Then, do the same for each intervention type (Clinical / Care Redesign, Beneficiary / Caregiver Engagement, Care Coordination / Care Transitions). At least one intervention type must be selected for each episode category, though you may select different interventions for different episode categories as you see fit. A PDF with sample intervention descriptions can be downloaded by clicking the 'Intervention Examples' link in the upper right-hand corner of this screen.

As you make your selections, the total episode volume for episode categories will be displayed at the bottom and will change from red to green when the minimum volume threshold is met to visually indicate that the selections meet the minimum program criteria. You will not be able to proceed to the next screen unless the minimums are met.

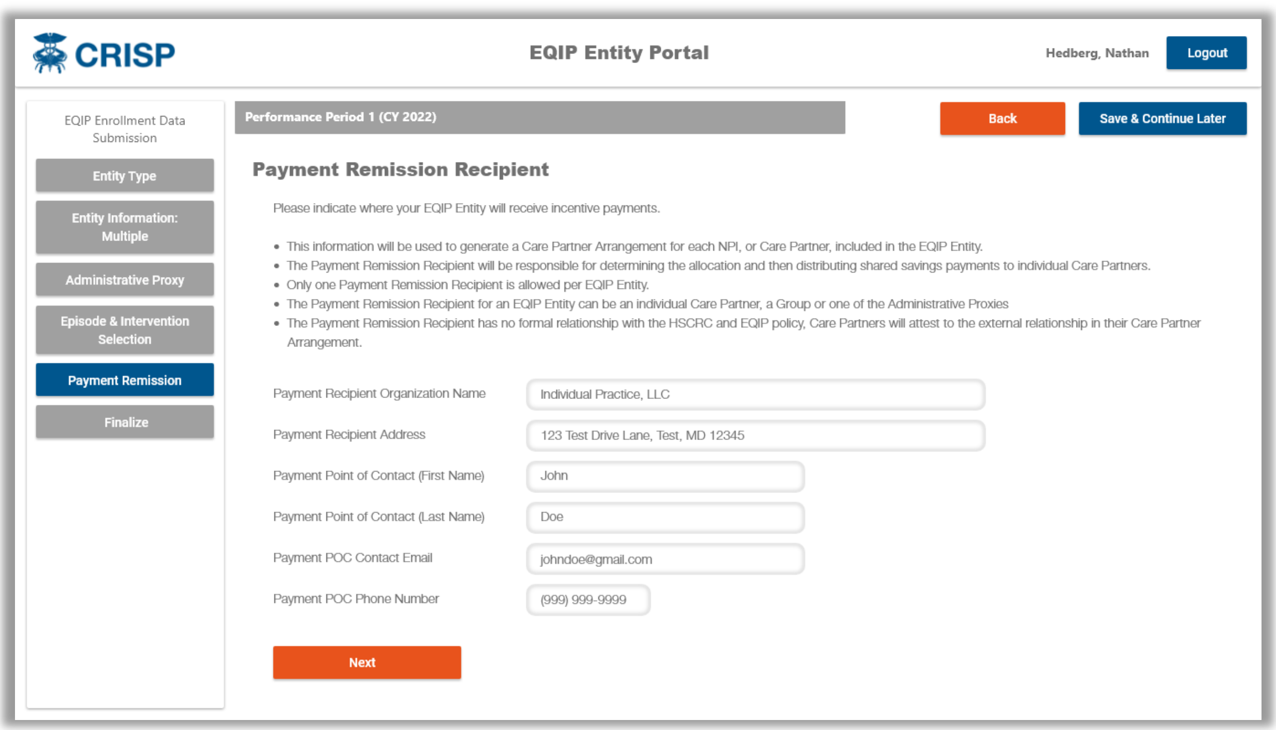
Once you are satisfied with your selections, you may click Next to continue to the next step in the workflow.

4.5 Payment Remission Recipient

The final enrollment step requires indicating the 'Payment Remission Recipient' for any shared savings that are earned during the program year in which you are enrolling. The information collected here will be used to generate a Care Partner Arrangement for each NPI, or Care Partner, included in the EQIP Entity. This payment remission recipient will be responsible for determining the allocation of shared savings between Care Partner(s) and then distributing the shared savings payments. Only one payment remission recipient is allowed per EQIP Entity.

A payment remission recipient can be an individual Care Partner, a Group, administrative proxy, or other location designated by the EQIP Entity. Serving as a payment remission recipient does not constitute a formal relationship with the HSCRC, EQIP program or EQIP payment policy. **Care partners will attest to their external relationship with the payment remission recipient in their executed Care Partner Arrangement.**

The data provided her will be used to contact the Payment Remission Recipient and establish preferred payment operations outside of the EQIP Entity Portal



Required Data

1. To complete the payment remission recipient, you must provide:

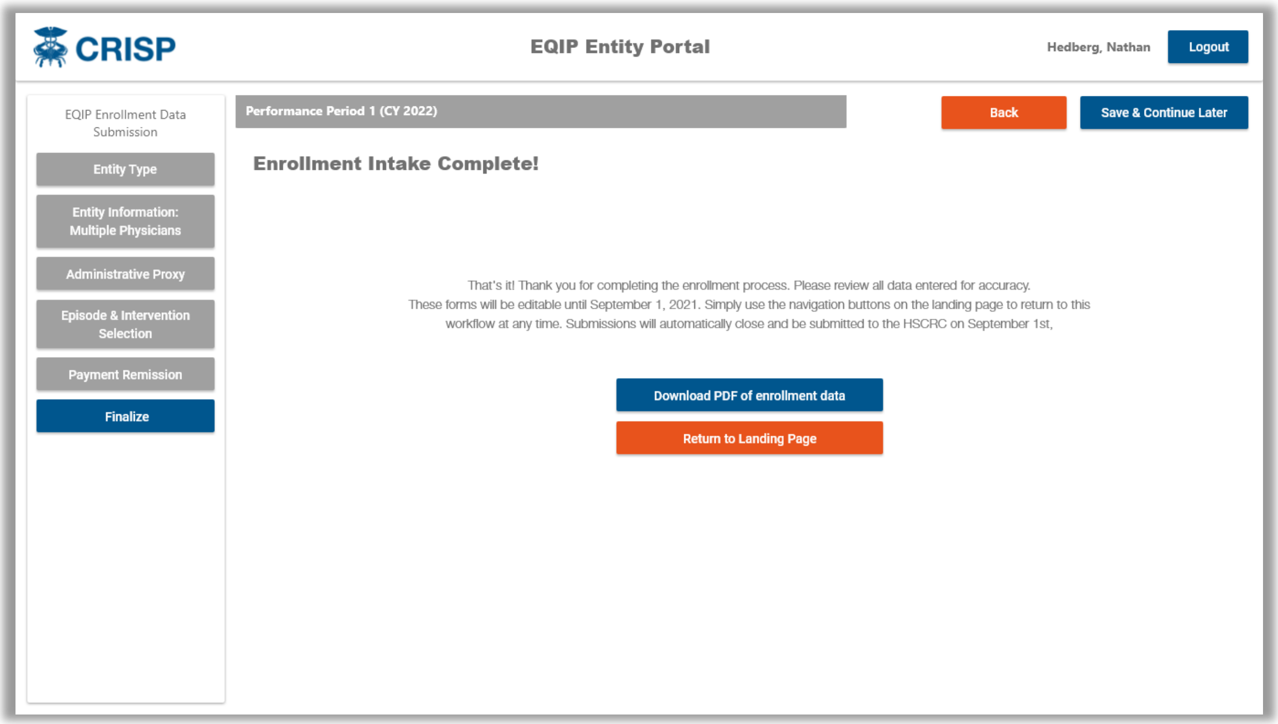
a. Payment recipient organization name
b. Payment recipient address (this must be the full address, including street, city, state, and ZIP)
c. A payment remission point of contact for ensuring payment is processed correctly and to resolve any issues that arise, including for that POC:
    i. First name
    ii. Last name
    iii. Email
    iv. Phone number

After reviewing to ensure this is correct, you can hit the Next button to continue to the final step in the workflow

4.6 Finalize Enrollment

There is no formal submission of the EQIP enrollment process – in this step, you are prompted to review all information for accuracy and download a PDF copy of your application, however the workflow will remain open until September 1st and can be modified at any time up until enrollment closes at 11:59 PM Eastern Time on August 31, 2021.

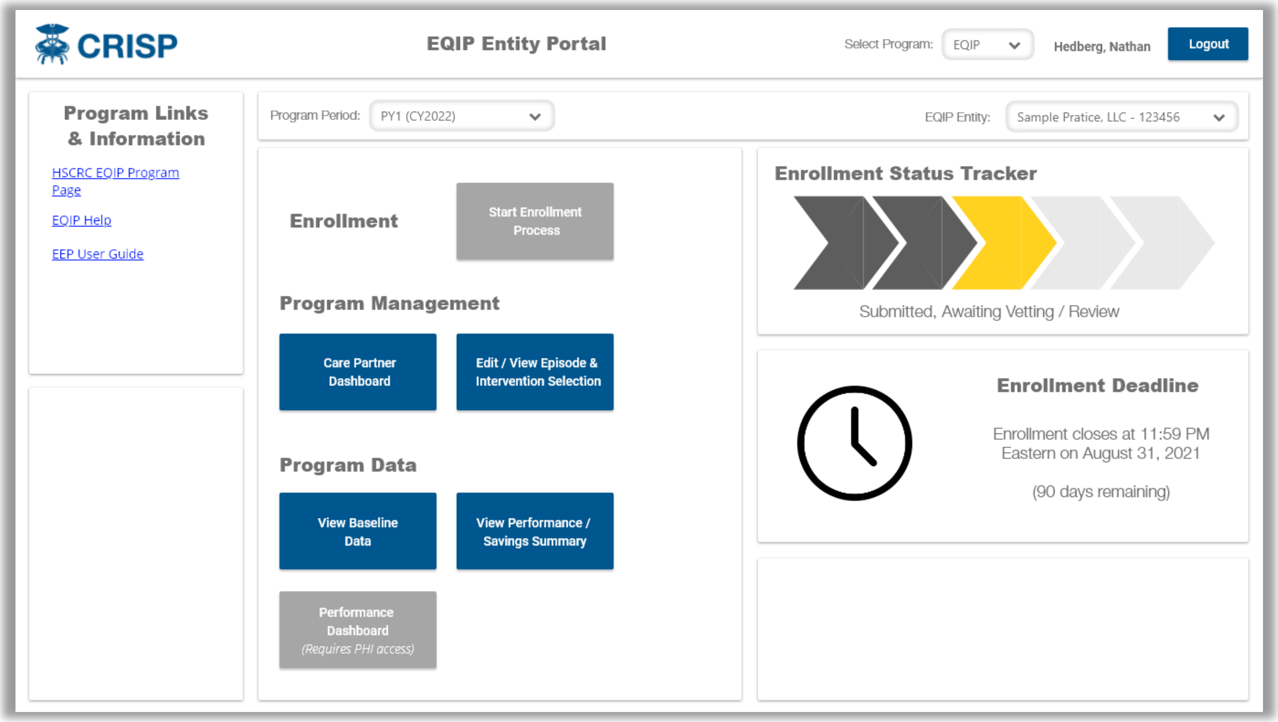
After downloading a copy of the application, you can click the navigation link to return to the landing page or log out of the system.



5 The Landing Page

When logging into the EQIP Entity Portal after completing enrollment, you will arrive at the same EQIP Entity Portal Landing Page, but with all of the currently available workflows and dashboards now enabled. This page contains links to all of the data, resources, and workflows that you will need to enroll and participate in EQIP.

The top of the page contains a number of navigation links and program selection dropdowns. Select the program period and EQIP Entity for which you would like to view or edit data. If you are only affiliated with a single performance period and/or EQIP Entity, only a single option will be available for selection, and that value will be selected by default on login. Any workflow launched using the links described below will apply to the selected EQIP Entity and performance period.



You can log out at any time by clicking the 'Logout' button in the upper-right corner, next to where your username is displayed.

The center of the page contains links to all of the EQIP program dashboards. Each is described in greater detail below, but in summary, each EQIP Entity will find links broken down into three categories:

1. Enrollment – the top link on the page allows you to initiate or continue the enrollment process for the selected period
2. Program Participation Management – this section contains links that allow you to manage your participation during enrollment and the performance period. Currently, two dashboards are available:
    a. Participation Dashboard – allows you to view and edit all of the Care Partners you submitted during enrollment, view PA status, and more
    b. View / Edit Episodes & Intervention Selections – allows you to view your EQIP Entity's episode & intervention selections. This is the same screen as you will see during the enrollment process.

3. **Program Data** – this section contains to additional data and information on the episodes, target prices, and savings for your EQIP Entity during the baseline and performance period, broken down as follows:
    a. **Baseline Data Dashboard** – contains aggregate, non-Protected Health Information (non-PHI) data for each clinical episode based on the baseline period for the selected performance period
    b. **Performance / Savings Summary** – contains aggregate, non-PHI performance data for each clinical episode your EQIP Entity is participating in during the performance period. This link will be inactive until the first data update of the performance period.
    c. **Performance Dashboard** – contains a link to an external application with detailed episode and beneficiary-level details on your baseline and performance period episodes. The HSCRC is also working on performance improvement and opportunity analysis views to facilitate program analysis that will be included in this suite as well. This application requires PHI access for the beneficiaries in question and additional access privileges. This link will be inactive until January 2022 when the performance dashboard goes live. If you do not have access after the launch date, contact your organizational POC or CRS Support to request PHI-level access for the application.

5.1.1 Program Resources

The left-hand side of the page contains links to other CRISP resources. All of these links will open in a new tab, so any existing work in the portal will be maintained and you can return as you like.

1. The **HSCRC Care Redesign Website** is likewise an external, publicly facing website with policy documents, meeting minutes, and state program announcements.
2. The **EQIP Help** link allows you to quickly contact support if you have any questions or issues.
3. The **EQIP Entity Portal (EEP) User Guide**, where you can download a copy of this PDF.

5.1.2 Program Status Tracking

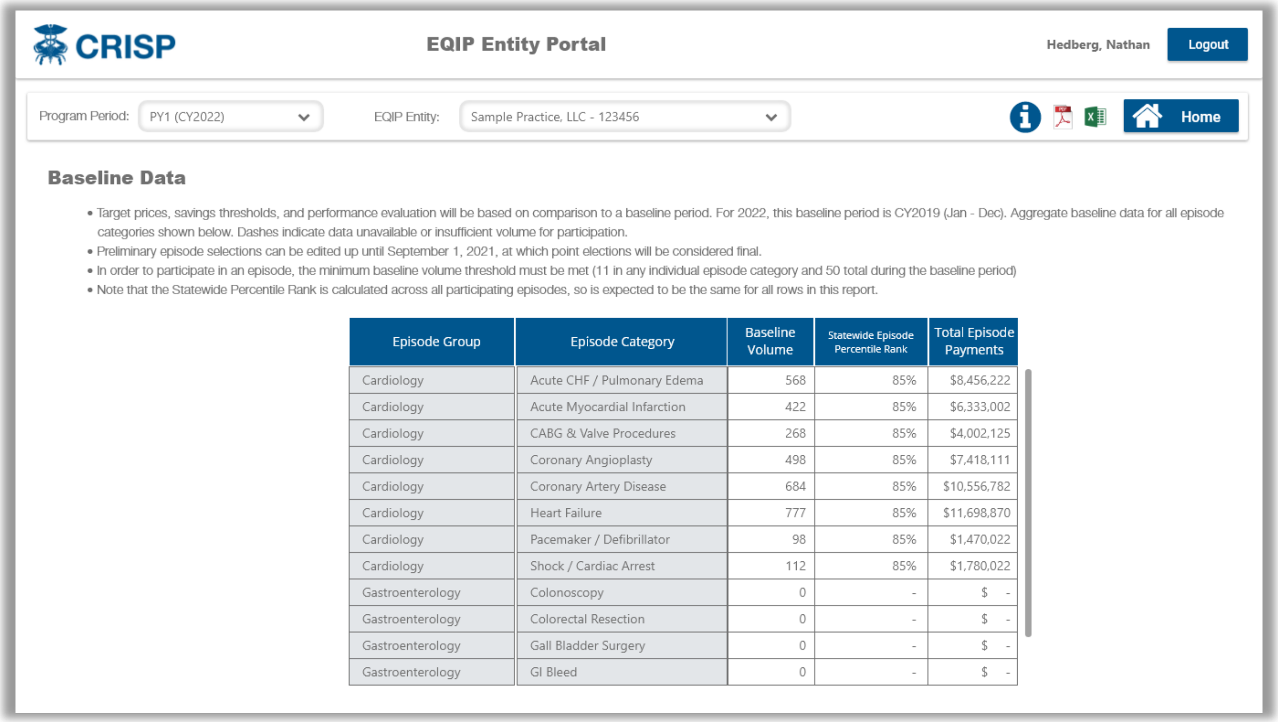
On the right-hand side of the screen, you will see an Enrollment Status Tracker and Enrollment Deadline countdown timer. These provide at-a-glance information on where your application currently stands in the enrollment process and how much time remains before enrollment for the currently selected performance period closes.

5.2 View / Edit Episode & Intervention Selection

Use this link to go back and view or edit your EQIP Entity's episode and intervention selections after the initial enrollment process. Additional details on the use of this interface are provided under Section 4.4 above.

5.3 View Baseline Data

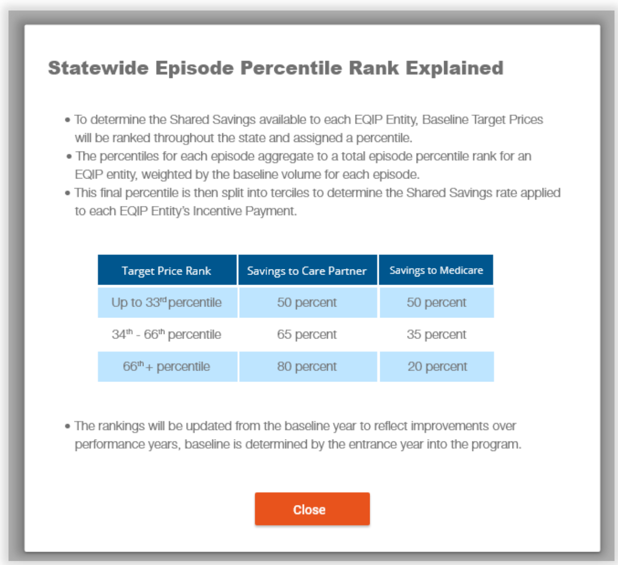
After you have submitted the NPIs for the Care Partners participating under your EQIP Entity, you can view the baseline data for episodes associated with those NPIs in the Baseline Data Dashboard.



Episode Group	Episode Category	Baseline Volume	Statewide Episode Percentile Rank	Total Episode Payments
Cardiology	Acute CHF / Pulmonary Edema	568	85%	$8,456,222
Cardiology	Acute Myocardial Infarction	422	85%	$6,333,002
Cardiology	CABG & Valve Procedures	268	85%	$4,002,125
Cardiology	Coronary Angioplasty	498	85%	$7,418,111
Cardiology	Coronary Artery Disease	684	85%	$10,556,782
Cardiology	Heart Failure	777	85%	$11,698,870
Cardiology	Pacemaker / Defibrillator	98	85%	$1,470,022
Cardiology	Shock / Cardiac Arrest	112	85%	$1,780,022
Gastroenterology	Colonoscopy	0	-	$ -
Gastroenterology	Colorectal Resection	0	-	$ -
Gastroenterology	Gall Bladder Surgery	0	-	$ -
Gastroenterology	GI Bleed	0	-	$ -

By default, the table will display each episode group and all of the included clinical episode categories available for the selected performance period. Each row will then contain the baseline volume, statewide episode percentile rank, and total episode payments associated with that clinical episode category. As this is a non-PHI application, data will be masked for any rows with less than eleven episodes.

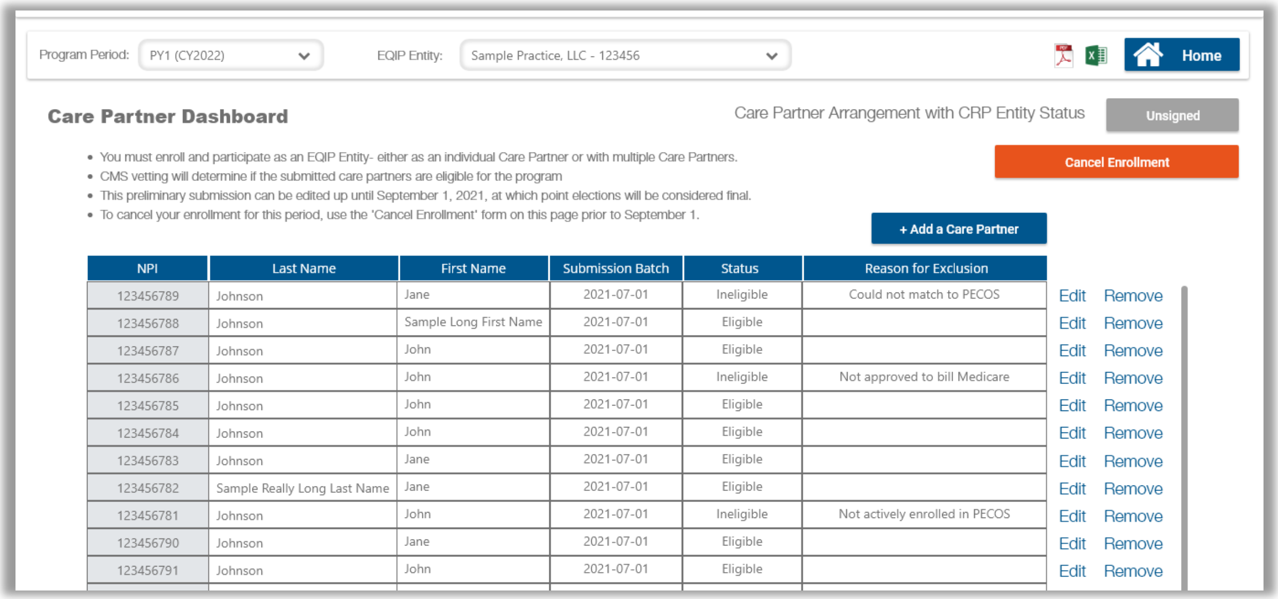
Clicking on the information icon in the page header will bring up additional details on the data elements contained in this page. In particular, the 'Statewide Episode Percentile Ranks' are explained in detail, as shown in the dialogue that appears at right.



Target Price Rank	Savings to Care Partner	Savings to Medicare
Up to 33rd percentile	50 percent	50 percent
34th - 66th percentile	65 percent	35 percent
66th + percentile	80 percent	20 percent

5.4 Care Partner Participation Dashboard

The main purpose of the Care Partner Participation dashboard is to allow the EQIP Entity to add, remove, and edit Care Partners for the Participation Year. This dashboard is open from July through September 1st of each year when it will close for vetting to the Centers for Medicare and Medicaid (CMS) to allow Care Partner participation for the following Performance Year. You will see a table containing all the individual Care Partners participating under your EQIP Entity. If you are participating as an individual Care Partner, this table will contain only one entry.

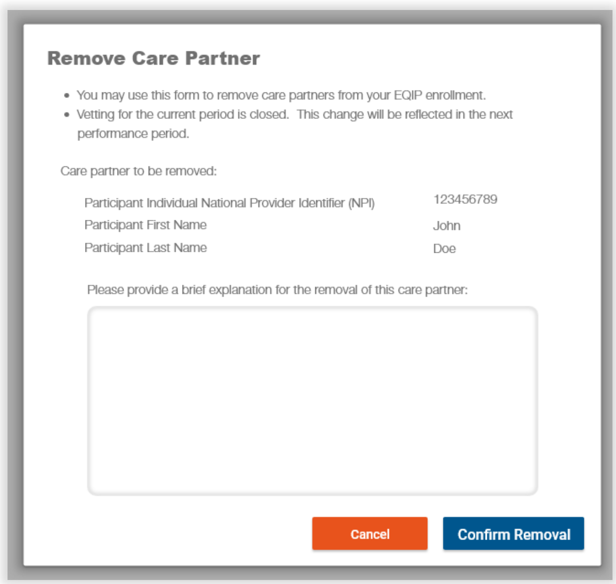


NPI	Last Name	First Name	Submission Batch	Status	Reason for Exclusion		
123456789	Johnson	Jane	2021-07-01	Ineligible	Could not match to PECOS	Edit	Remove
123456788	Johnson	Sample Long First Name	2021-07-01	Eligible		Edit	Remove
123456787	Johnson	John	2021-07-01	Eligible		Edit	Remove
123456786	Johnson	John	2021-07-01	Ineligible	Not approved to bill Medicare	Edit	Remove
123456785	Johnson	John	2021-07-01	Eligible		Edit	Remove
123456784	Johnson	John	2021-07-01	Eligible		Edit	Remove
123456783	Johnson	Jane	2021-07-01	Eligible		Edit	Remove
123456782	Sample Really Long Last Name	Jane	2021-07-01	Eligible		Edit	Remove
123456781	Johnson	John	2021-07-01	Ineligible	Not actively enrolled in PECOS	Edit	Remove
123456790	Johnson	Jane	2021-07-01	Eligible		Edit	Remove
123456791	Johnson	John	2021-07-01	Eligible		Edit	Remove

You can edit or remove any care partner in the table by clicking the links on the right-hand side of the screen. However, note that once enrollment is complete, no changes can be made for that performance period – all change requests will be logged and applied to the next performance period.

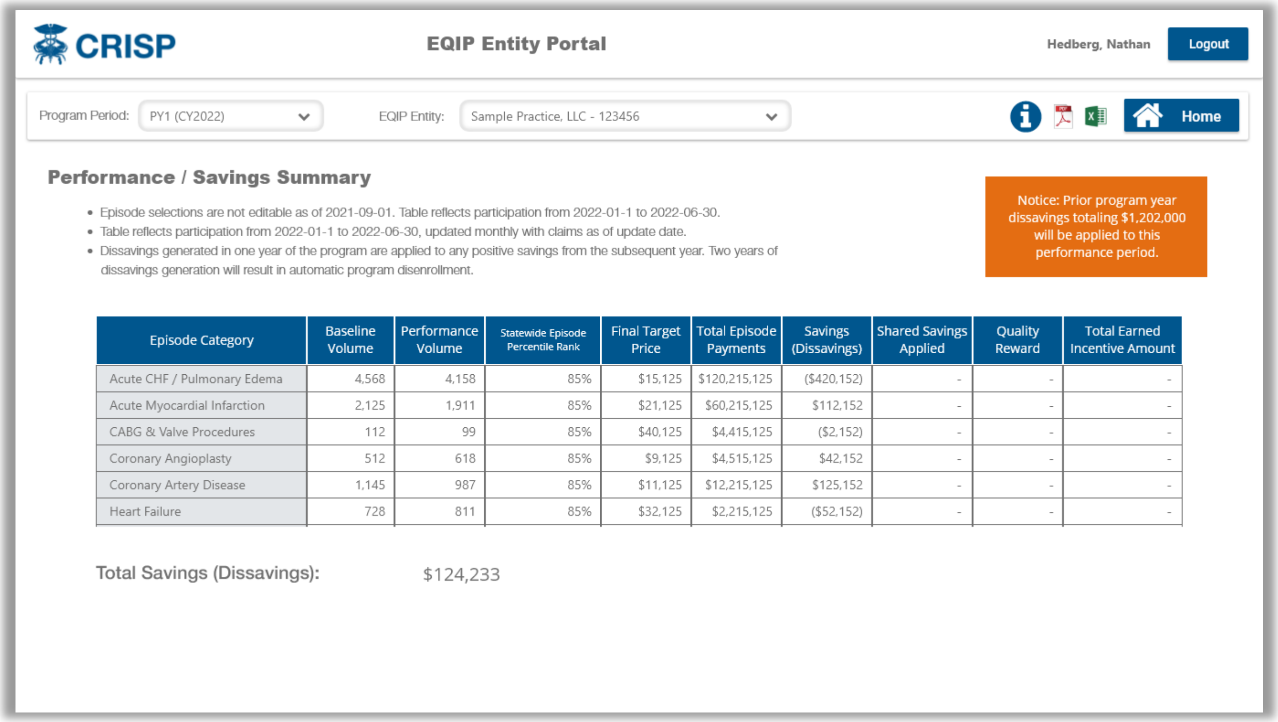
If you request to remove a Care Partner in this way, you will see the dialogue box at right and be asked for a reason for removal.

In the top right corner of the page, you will see an indicator that shows the current status of your Care Partner Arrangement with the CRP Entity. Care Partner Arrangements must be fully executed before an EQIP Entity is formally approved for program participation. Care Partner Arrangements will be executed after the August 31st close date of the Care Partner Participation Dashboard.



5.5 View Performance / Savings Summary

This link will not be active until the performance period begins and the first quarterly data update for that period is available. Once live, this link brings the user to a dashboard that displays aggregate, non-PHI data on their performance period episodes. Additional detail on the information presented in this dashboard will be provided when it goes live. As this is a non-PHI application, any row with a total episode volume of less than eleven will be masked.



Episode Category	Baseline Volume	Performance Volume	Statewide Episode Percentile Rank	Final Target Price	Total Episode Payments	Savings (Dissavings)	Shared Savings Applied	Quality Reward	Total Earned Incentive Amount
Acute CHF / Pulmonary Edema	4,568	4,158	85%	$15,125	$120,215,125	($420,152)	-	-	-
Acute Myocardial Infarction	2,125	1,911	85%	$21,125	$60,215,125	$112,152	-	-	-
CABG & Valve Procedures	112	99	85%	$40,125	$4,415,125	($2,152)	-	-	-
Coronary Angioplasty	512	618	85%	$9,125	$4,515,125	$42,152	-	-	-
Coronary Artery Disease	1,145	987	85%	$11,125	$12,215,125	$125,152	-	-	-
Heart Failure	728	811	85%	$32,125	$2,215,125	($52,152)	-	-	-

5.6 Performance Dashboard (Requires PHI Access)

This link is inactive during the enrollment period. Once the performance period begins, this will take the user to a detailed dashboard where they can find additional information on baseline and performance period episodes. A separate User Guide will be made available in this application when it goes live with additional detail, and the application will be updated monthly along with the standard CRISP Claim and Claim Line Feed (CCLF) data update cycle.

The Performance Dashboard will contain its own detailed user guide with information on all the reports and data elements it contains.

6 CRP Entity Functionality

The CRP Entity selected by the State to facilitate program administration will have its own user role and dedicated management dashboard. CRP Entity users will be assigned an ‘eqip_crp_entity’ role in LogOnce and will only have access to the CRP Entity workflows. On logging in, they will have a single link available under the ‘Program Management’ panel in the bottom right-hand corner of the landing page. Clicking on this link will bring the user to the CRP Entity Dashboard.

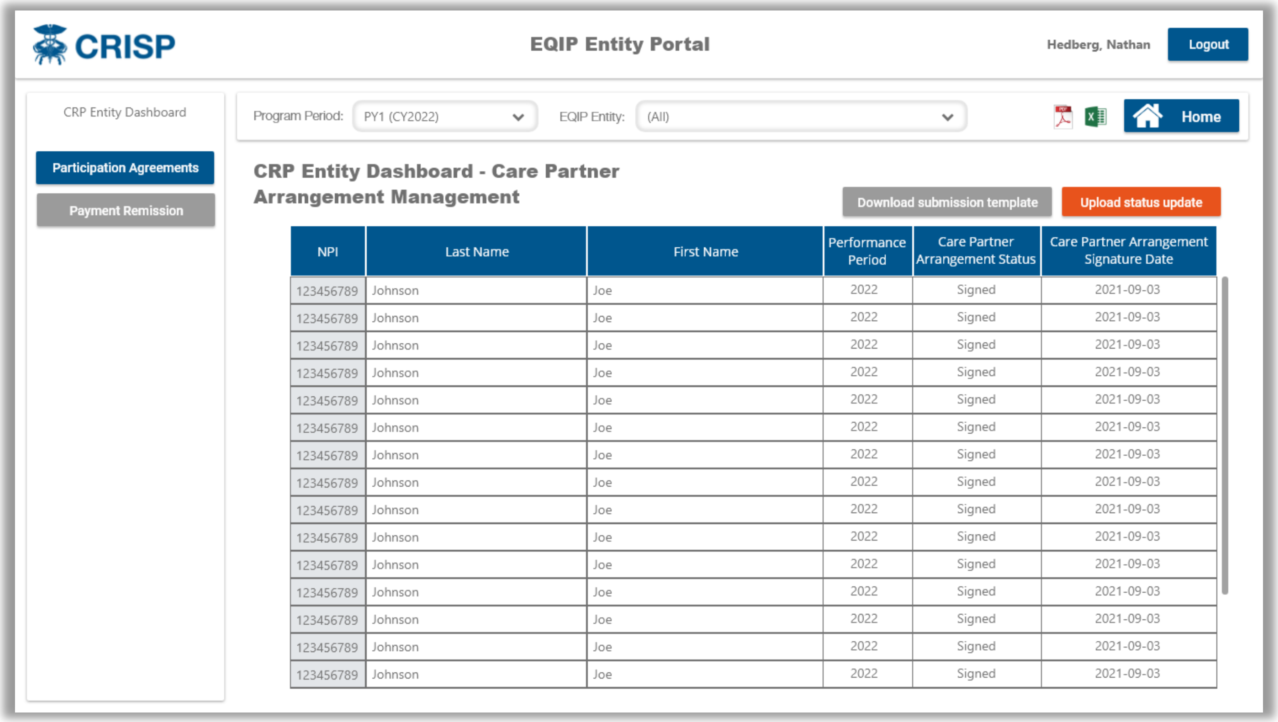
The CRP Entity Dashboard has two interfaces – one for Care Partner Arrangement Management and a second for Payment Remission Management. These can be accessed using the left-hand navigation bar. The functionality associated with each is described in greater detail below.

Controls across the top of each page, consistent with the landing page, allow the user to select which program period and EQIP Entity they want to view and/or edit data for. Similarly, the same Excel and PDF Export buttons are available to export data for reference and use outside of the EQIP Entity Portal.

Clicking on the 'Home' button at any time will ask the user to confirm saving any edits made on the page and then return the user to the Landing Page. Alternatively, the user can Logout directly from the CRP Entity dashboard using the Logout button in the upper right-hand corner of the screen.

6.1 Care Partner Arrangement Management

This dashboard allows the CRP entity to view and edit the status of the individual Care Partner Arrangements required of each participating Care Partner.



NPI	Last Name	First Name	Performance Period	Care Partner Arrangement Status	Care Partner Arrangement Signature Date
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03
123456789	Johnson	Joe	2022	Signed	2021-09-03

The table on this page contains one row for each NPI submitted by EQIP Entities enrolling in the program. By default, all Care Partners for all performance periods will be displayed, but the table can be filtered to specific EQIP Entities or Performance Periods using the controls at the top of the page. Columns in the table can be individually sorted filtered by clicking on the appropriate column header and selecting the desired function (for example, sorting by Last Name alphabetically, filtering Care Partner Arrangement Status to 'Unsigned' or filtering for arrangements executed on a specific date).

The NPI, First Name, Last Name, and Performance Period columns will be automatically populated from EQIP Entities' enrollment submissions and cannot be modified here. By default, the 'Care Partner Arrangement Status' will be set to 'Unsigned' for each NPI, and Care Partner Arrangement Signature Date set to null.

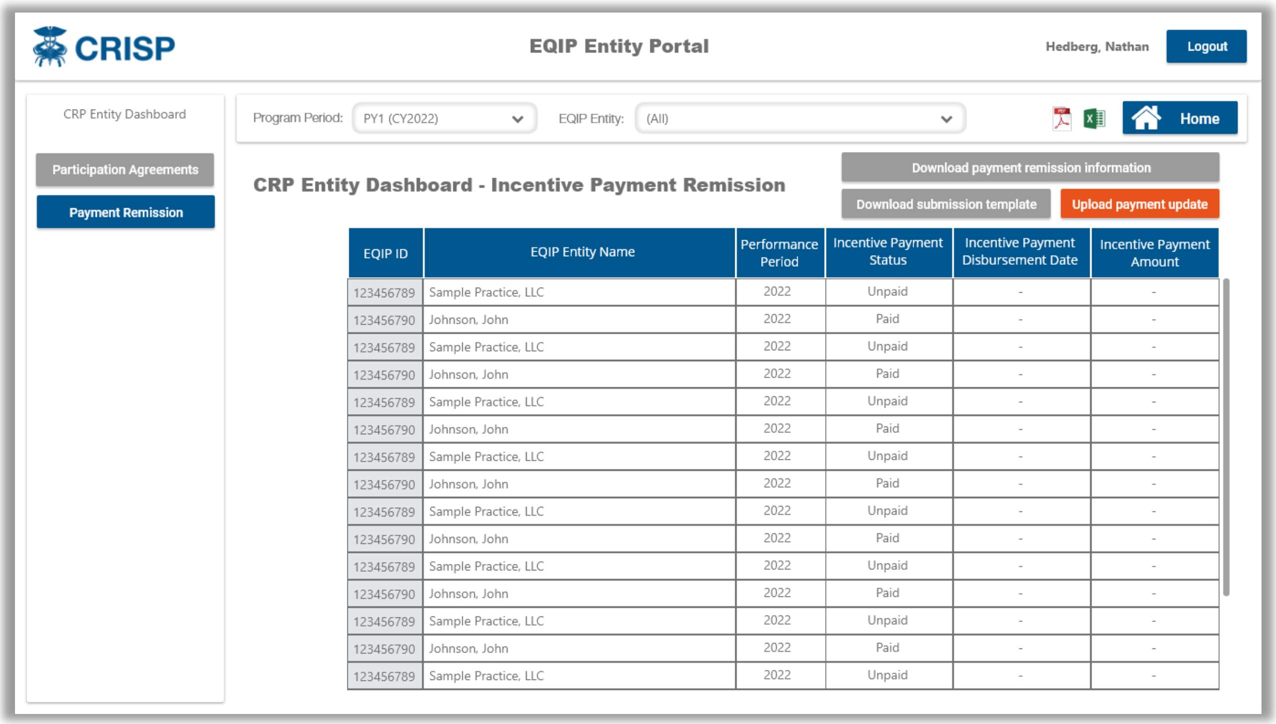
You can also download a copy of the complete set of care partner information, which includes additional contact details like email and business mailing addresses (not displayed in the application table).

To modify an individual entry, simply double-click on the appropriate row and select the desired value (for Status) or enter the date (for Signature Date). After your edits are complete, hit OK and the changes will be saved, or Cancel to discard changes and exit editing.

To change the status of multiple entries at once, click the ‘Download Submission Template’ button to save a copy of the upload template to your local machine. This template is an Excel document that requires a three data elements: a properly formatted and valid NPI, a Status column, and a Signed Date column. After filling in the template, simply click the ‘Upload Status’ button, select the file, and it will be parsed by the application. If any errors are found, a notification dialogue will appear informing the user that the upload failed, with directions on fixing the error and re-uploading the file. This file can only edit existing NPIs in the system, and the NPIs submitted must match NPIs for EQIP Care Partners.

6.2 Payment Remission Management

This dashboard allows the CRP Entity to view and edit the status of shared savings payments to be paid out to EQIP Entities who are successful in EQIP. All shared savings payments must be documented for audit purposes.



EQIP ID	EQIP Entity Name	Performance Period	Incentive Payment Status	Incentive Payment Disbursement Date	Incentive Payment Amount
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-
123456790	Johnson, John	2022	Paid	-	-
123456789	Sample Practice, LLC	2022	Unpaid	-	-

The table contains one row for each participating EQIP Entity. As with the Care Partner Arrangement dashboard, it can be filtered using either the Performance Period and EQIP Entity controls at the top of the page or by clicking on individual column headers. Likewise, the import and export functionality work in the same way as described under the Care Partner Arrangement section. To update multiple entries at once, simply click ‘Download Submission Template,’ populate with the desired values, and then ‘Upload payment update.’ If any errors or issues with the template are observed during the upload and import process, an error dialogue with information on the issue will appear with instructions for correcting and re-uploading. The upload will update based on a match of the EQIP ID and Participation Period fields.

Any individual row can be edited by double-clicking on that entry. The EQIP ID, EQIP Entity Name, and Performance Period columns are populated from enrollment data and cannot be edited from this view. The Incentive Payment Status is set to Unpaid by default, with the remaining columns being set to null by default.

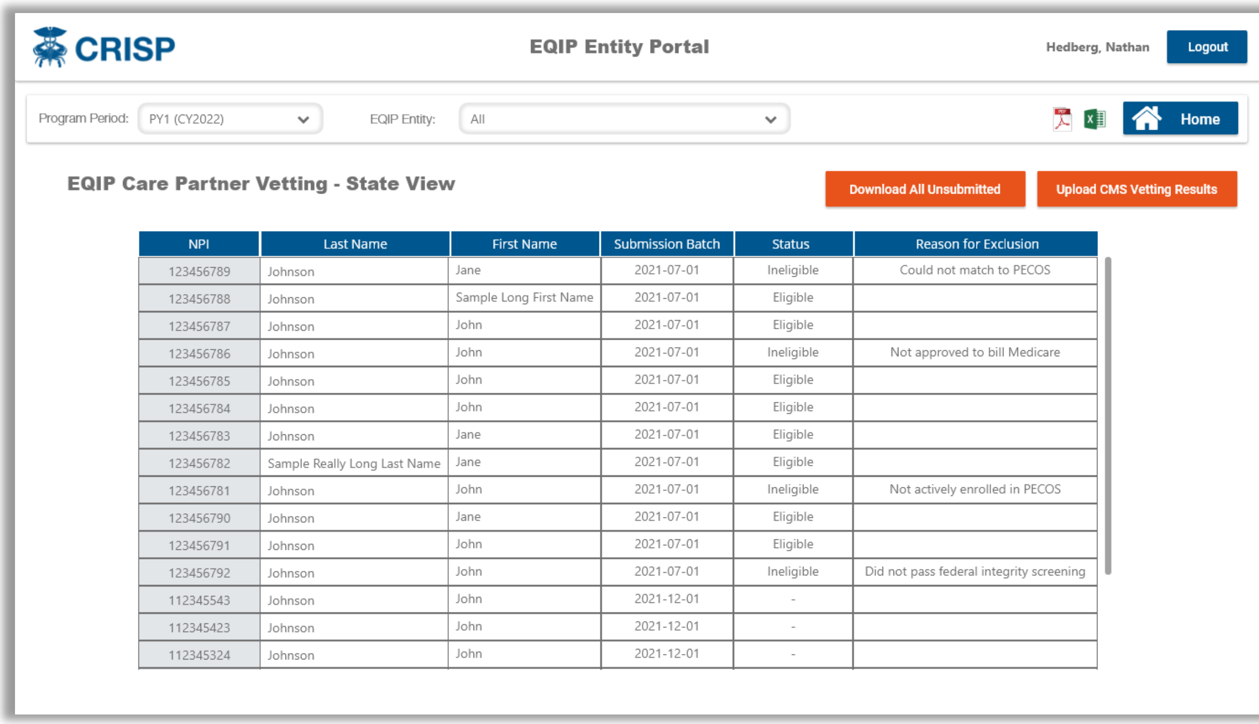
Similar to the Care Partner Arrangement Management dashboard, you can also download a complete dataset with contact information and other data elements collected in the enrollment workflow using the download button in the upper right-hand corner of the screen.

7 State Administrator Functionality

State staff (CRISP, HSCRC, and other contractors as needed) will have access to additional tools for viewing and managing program data. State administrators will be assigned an 'eqip_state_admin' role in LogOnce and will have access to enrollment data for all EQIP Entities. Users with this role will see all of the links and workflows that both EQIP Entities and CRP Entity users have access to. In addition, these users will have access to two administrative workflows, under the Program Administration section of the landing page in the bottom right-hand corner of the application – **Care Partner Vetting (State View)** and **Program Admin Reports**.

7.1 Care Partner Vetting – State View

This dashboard allows state administrators to view, modify, export, and import vetting status for all program EQIP Entities.



NPI	Last Name	First Name	Submission Batch	Status	Reason for Exclusion
123456789	Johnson	Jane	2021-07-01	Ineligible	Could not match to PECOS
123456788	Johnson	Sample Long First Name	2021-07-01	Eligible	
123456787	Johnson	John	2021-07-01	Eligible	
123456786	Johnson	John	2021-07-01	Ineligible	Not approved to bill Medicare
123456785	Johnson	John	2021-07-01	Eligible	
123456784	Johnson	John	2021-07-01	Eligible	
123456783	Johnson	Jane	2021-07-01	Eligible	
123456782	Sample Really Long Last Name	Jane	2021-07-01	Eligible	
123456781	Johnson	John	2021-07-01	Ineligible	Not actively enrolled in PECOS
123456790	Johnson	Jane	2021-07-01	Eligible	
123456791	Johnson	John	2021-07-01	Eligible	
123456792	Johnson	John	2021-07-01	Ineligible	Did not pass federal integrity screening
112345543	Johnson	John	2021-12-01	-	
112345423	Johnson	John	2021-12-01	-	
112345324	Johnson	John	2021-12-01	-	

The table on this page contains one row for each Care Partner participating in EQIP. The NPI, first name, and last name columns are populated from EQIP Entity enrollment submissions and cannot be edited on this page. By default, the remaining columns – Submission Batch, Status, and Reason for Exclusion – are set to null.

The table can be filtered by Performance Period or EQIP Entity using the controls at the top of the page, and Excel and PDF exports of the table contents can also be generated by clicking the corresponding icons in this area.

EQIP Entity vetting occurs on an annual basis. Once per year following the close of the enrollment period the State will submit all EQIP Entities to CMMI for eligibility vetting. The Submission Batch column for each entry records the date of submission to CMS. Each EQIP Entity must be vetted annually, so over time multiple rows will be recorded for each EQIP Entity, one for each vetting submission.

To download a copy of all currently viewable Care Partners in a format for submission to CMS for vetting, simply click the ‘Download All Unsubmitted’ button at the top of the table. By default, all Care Partners with a Status of null and the current Submission Batch date will be included in the export. This file can then be sent directly to CMS for vetting.

Once vetting results are returned from CMS, click the ‘Upload CMS Vetting Results’ button and select the Excel file containing the output from CMS. If there are any issues with the file, a dialogue box will appear noting the error and containing instructions for re-uploading the file. The upload is matched against existing entries in the database using the NPI as a unique identifier.

If edits need to be made, any individual row can be edited by double-clicking, modifying the values as needed (e.g., for an eligibility correction), and then clicking the ‘Save’ button immediately below that row. Edits can be discarded by clicking the Cancel button in the same location.

7.2 Program Admin Reports

This page will contain a variety of reports summarizing EQIP participation and program status. Design to be finalized and included in subsequent program update.