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Department of Health Care Services



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**DATE:** July 21, 2017

**PRIME POLICY LETTER 17-007**

**TO:** PRIME ENTITIES

**SUBJECT:** PRIME METRIC TRENDING BREAKS AND MODIFYING TARGET RATES

**PURPOSE:**

The purpose of this PRIME Policy Letter (PPL) is to inform PRIME Entities of the correct reporting procedure in the event of a PRIME metric trending break. This type of reporting results from a change in a metric specification between two consecutive demonstration years (DY) that requires a modification to the following DY's target rate. Reporting two versions of the data based on both the current and prior DY's specification manuals will account for trending breaks and allow for the ability to compare achievement rates.

**BACKGROUND:**

Procedures for reporting in the event of a metric trending break were introduced in the Data Modification Policy, released July 18, 2017 and available via PRIMEone. For further background on metric specification changes and resulting modification to target rates, see the [Data Modification Policy](#). This PPL serves to elaborate and to further clarify procedures for modifying Next DY Target Rates due to changed metric specifications that resulted in metric trending breaks for DY 12 Year-End reporting.

Three DY 12 metrics have been identified to contain trending breaks as a result of a change to the measure specifications. The below policy applies to only those entities who have reported baseline data on these metrics in DY 11. District/Municipal Public Hospitals may disregard this PPL for their DY 12 Year-End reporting.

**POLICY:**

In the event that a significant change in metric data occurs as the result of a change in metric specifications from the prior DY to the current DY, PRIME entities must report two versions of the numerator and denominator data for the affected metric as follows:

- To report current measurement period Achievement Value (AV): entities should apply the prior DY Year-End metric specification to the current measurement period data. The resulting numerator and denominator must be entered in the Reporting Portal's designated numerator and denominator fields for that metric. This will automate an



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achievement value that will be commensurate to payment for the applicable reporting period.

- To report the modified Next DY Target Rate: entities should apply the most current metric specifications to the current measurement period data. The resulting numerator and denominator data must be reported in the current reporting period's metric-level methodology narrative within the PRIME Reporting Platform. If an entity's submitted PRIME report does not include the DY numerator and denominator data based on the most updated metric specification in the metric-level narrative, it will be deemed incomplete and returned to the entity for completion.
- All other qualitative and quantitative information reported in the metric-level narrative should be in accordance with the *most current* metric specification and the current measurement period data. In other words, the information within the narrative may not necessarily compare to quantitative information in the Platform's designated numerator and denominator fields, since those fields are based on prior DY specifications and the narrative is based on current specifications.
- Metrics and narratives that are not identified within this letter and do not contain trending breaks should follow the current DY reporting manual.

In DY12, three metrics with changed specification trending breaks were identified and as such, must be reported following the guidance within this letter. These three metrics are as follows:

- 1) 1.2.7.i and 1.5.2.i- NQF 0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- 2) 1.7.1- NQF 0421 BMI Screening and Follow-Up
- 3) 3.1.1- NQF 0058 Avoidance of antibiotic treatment in adults with acute bronchitis

If you have any questions regarding this PPL, please contact your PRIME Liaison or email the PRIME Mailbox at [PRIME@dhcs.ca.gov](mailto:PRIME@dhcs.ca.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'NDK', written over a light blue horizontal line.

Neal D. Kohatsu, MD, MPH  
Medical Director