



PRIME/QIP METRICS OFFICE HOUR

Thursday, September 6, 12:00-1:00pm

Presenters: David Lown, dlown@caph.org

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Play recording

Housekeeping



Lines are muted on entry



Please mute locally & unmute to ask questions



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on SNI Link:

PRIME Webinars and QIP Webinars



PRIME 1.3.6: Virtual + In-person encounters

- Metric Numerator (pg 289 DY 13 YE Reporting Manual V2)
 - Number of denominator requests for specialty care expertise that are managed by, arranged by and/or contracted by the PRIME Entity via non-in-person face to face specialty encounters within 6 months of the date of the request for specialty care expertise.

Numerator Codes

 "For specialties employing eConsult/eReferral, count the total number of denominator requests for which no face to face specialty care encounter was recommended in the specialty care response and no documentation of a clinic appointment. " (Top of pg 290)

IMPORTANT EXAMPLE

 A patient for whom specialty care expertise was requested that has that specialty expertise provided via eConsult and subsequently, within the 6-month post-request period, has an in-person visit with that specialist, would <u>not</u> be included in the numerator.



Questions?

PRIME

Reminder: PRIME Questions are saved on the <u>PCS</u>

report on PRIMEone



Specialty Care Target Population

- Initial Population Criteria:
- Individuals with:
 - AND: ≥1 DPH Outpatient Encounter as fulfilled by:
 - OR: DPH Primary Care Encounter
 - OR: "DPH Cardiology Encounter" as fulfilled by:
 - AND: Any one of the following:
 - » OR: In person face-to-face DPH Cardiology Care Encounter
 - » OR: DPH Cardiology eConsult with provision of DPH Cardiology expertise via eConsult (CPT 99446-99449)
 - OR: DPH Primary Care Receipt of DPH Cardiology expertise via other modalities.*
 - AND: Medi-Cal Managed Care assignment to the DPH on the date of qualifying DPH Outpatient Encounter



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Q-SC Target Pop, Denominators & eConsult

- First, identify the Initial Population. Next, identify which patients in the initial population meet the denominator criteria.
- PCS 00196941: Initial pop PC or Cardiology in-person encounters <u>also</u> qualify the patient for denominator inclusion (e.g., denominator codes 99201-5, 99211-5)
- eConsults qualify patients for inclusion in the Initial Population
- If the eConsult is the <u>only</u> encounter a patient had with the system during the measurement year, then that patient would <u>not</u> meet denominator criteria and would not be included in the denominator
- It's highly unlikely that a patient for whom cardiology expertise has been requested would have <u>no other</u> denominator qualifying encounters during the measurement year.
- eConsult codes aren't included in the native spec's denominator codes because aside from establishing QIP specific Initial populations, QIP is not modifying native specifications.



Questions?



Reminder: QIP Questions are saved on the <u>PCS report</u> on <u>SNI Link</u>

