



QIP PY₃ Survey Overview

April 5, 2019, 12:00-1:00

[Play recording](#) (38 min)

Agenda

| Time | Topic | Lead(s) |
|--------|---|------------|
| 5 min | Welcome & Roll-Call | Dana Pong |
| 15 min | Medi-Cal Managed Care Accountability | David Lown |
| 15 min | QIP PY3 | David |
| 10 | Survey Overview | David |
| | Q&A Close | |

Roll-Call & Webinar Reminders

| AHS | ARMC | CCRMC | KMC | LACDHS | NMC | RUHS | SCVMC | SFHN |
|---------------------------|------------------|---------------|-------------------------------|---------------|---------------|------------------|------------------------------|-------------|
| Tangerine Brigham | Rolando Mantilla | Karin Stryker | Tyler Bangerter, Kevin Jenson | Paul Giboney | Jane Finney | Corinne Matthews | Elena Tindall, Vickie Wilson | Reena Gupta |
| SJGH | SMMC | UCD | UCI | UCLA | UCSD | UCSF | VCMC | |
| Ahad Yousuf, Farhan Fadoo | Brenda Macedo | Jeff Berg | Scott Thompson | Brandy Bryant | Heather Erwin | Sara Coleman | Theresa Cho | |

WEBINAR REMINDERS:

Chat Questions typed here will only be seen by CAPH/SNI Staff, who will repeat question and answer for group

Attendance Designate one person (QIP lead or project lead) to speak
Contact [Abby](#) if you want to add other team members

Post-Webinar Please take our post-event survey!

Recordings of the webinar and slide deck posted on [SNI Link/QIP/Webinars](#)

[QIP Contact List & Leads](#) posted on SNI Link

Updates to leads? Additions/deletions to team?

Please contact [Abby](#)

Medi-Cal Managed Care Accountability

Audit of Medi-Cal EPSDT Services

- Audit of DHCS' oversight of provision of Medi-Cal Early & Periodic Screening, Diagnostic and Treatment services ([Audit 2018-111](#)).
- Summary findings:
 - Annual average 2.4 million Medi-Cal kids children don't receive all required preventive services.
 - Many CA children have inadequate access to Medi-Cal providers.
 - Limited access is due, in part, to low Medi-Cal reimbursement rates.
 - CA could improve rates with financial incentives, but it would cost \$.
 - DHCS provide ineffective guidance & insufficient oversight of MCPs delegation of these services.
 - It hasn't followed up on plans' efforts to mitigate cultural disparities in the usage of preventive services.

EAS → Managed Care Accountability Set

- External Accountability Set (EAS 2019)
 - 30 indicators total (1 BH: Depression Screening & Follow-up Plan)
- Managed Care Accountability Set (MCAS as of March 2019)
 - Response to the CA State Audit 2018-111
 - CMS Adult & Child Core Medicaid Set measures “as feasible”
 - Adult: 33 measures; Child: 26 measures; 51 measures; 68 rates, 6 AD/CH overlap
 - Includes 15 measures in PRIME; 5 in QIP; 13 BH metrics overall
- MCP Minimum Performance Level (MPL)
 - Current: US Medicaid 25th percentile
 - Future: US Medicaid 50th percentile
- Health Disparity Reports
 - Past: EAS stratified by age, gender, race/ethnicity, primary language
 - Future: Expand measures & stratification “based on available data”
- Timing: Draft 2019 Set TBD 4/11 at Medi-Cal Med Director Mtg
 - All measures by 2020? Mix of MCP & State reporting
 - Possible transition year before MCP accountability for new MPL

2019 CMS Adult Core Set

- Cervical Cancer Screening
- Chlamydia Screening in Women
- Flu Vaccinations for Adults
- Screening for Depression and F/U Plan
- Breast Cancer Screening
- BMI Assessment
- Elective Delivery
- Postpartum Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Controlling High Blood Pressure
- Comprehensive Diabetes Care –HbA1C testing
- Comprehensive Diabetes Care –HbA1C >9%
- Diabetes Short-Term Complications Admissions
- COPD or Asthma in Older Adults Admission Rate
- Heart Failure Admissions
- Asthma in Younger Adults Admissions
- Plan All-Cause Readmissions
- Asthma Medication Ratio
- HIV Viral Load Suppression
- Annual Monitoring for Patients on Persistent Medications
- Initiation & Engagement of Alcohol & Drug Abuse or Dependence Treatment
- Medical Assistance with Tobacco Cessation
- Antidepressant Medication Management
- F/U After Hospitalization for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder on Antipsychotic Medications
- F/U After ED Visit for Alcohol & Drug Abuse or Dependence
- F/U After ED Visit for Mental Illness
- Diabetes Care for People with Serious Mental Illness: HbA1c 9.0%
- Use of Opioids at High Dosage in Persons Without Cancer
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Concurrent Use of Opioids and Benzodiazepines
- CAHPS® Survey



2019 CMS Child Core Set

- BMI Assessment
- Chlamydia Screening Women
- Childhood Immunization Status
- Screening for Depression and F/U Plan
- Well-Child Visits in the First 15 Months of Life
- Immunizations for Adolescents
- Developmental Screening in the First 3 Years of Life
- Well-Child Visits in the 3rd - 6th Years of Life
- Adolescent Well Visits
- Children & Adolescents' Access to Primary Care Practitioners
- Pediatric Central Line-Associated Bloodstream Infections
- Cesarean Birth
- Audiological Diagnosis No Later Than 3 Months of Age
- Live Births < 2,500g
- Timeliness of Prenatal Care
- Contraceptive Care Postpartum Women
- Contraceptive Care All Women
- Asthma Medication Ratio
- Ambulatory Care ED Visits
- F/U Care for Children Prescribed ADHD Medication
- F/U After Hospitalization for Mental Illness
- Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children & Adolescents
- Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk
- Percent who Received Preventive Dental Services
- CAHPS® Survey

CMS 2019 Medicaid Core Sets

- **Adult Core Set**

- [FFY 2019 Technical Specifications and Resource Manual](#)
- [Summary of Changes](#)
- [Measurement Period Table*](#)
- [Overview of Substance Use Disorder Measures in the Adult Core Set](#)

- **Child Core Set**

- [FFY 2019 Technical Specifications and Resource Manual](#)
- [Summary of Changes](#)
- [Measurement Period Table*](#)

*Listed as FFY, which is Calendar Year (as opposed to QIP's July – June)

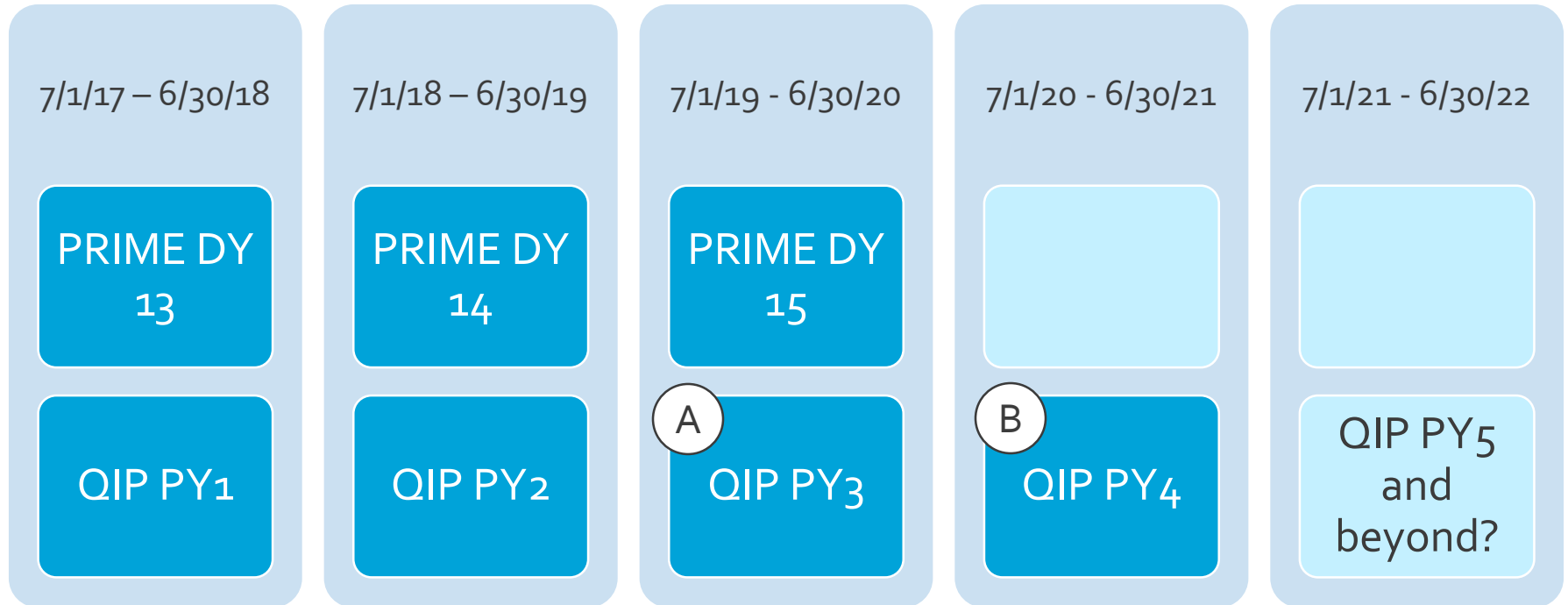
Implications

- CMS Core Set (the CHILD Core Set in particular) is now DHCS's primary focus for quality measures
- In turn determines MCPs primary quality focus
 - Plan reporting timing
 - Impact on local P4P programs
- QIP "Alignment" thus means the same focus for DPHs
 - More targeted menu from which to add measures for PY3
 - May also limit options for PY4
 - Non-Core PRIME P4P Measures are "QIP eligible" but may not be of interest to DHCS or MCPs
 - Continuing to include a QIP "DPH Engagement" factor (vs using native specs) may be a harder sell in future years due to the Audit's Access findings

Quality Incentive Pool

PY3

QIP PY₃ and Beyond



★ A Expansion of QIP measure set for PY₃

B PRIME → QIP – Comprehensive review & revision of QIP measure set

QIP PY₃ Changes: Overview

- Add 5-6 measures to increase PHS options (total ≥ 30):
 - For performance improvement
 - For reporting on ≥ 20 measures, thus full funding eligibility
- State may remove 1-2 “problematic” measures
 - Q-PC6: Innovative
 - Q-RU₄: NSQIP due to statistical target achievement issues. SNI now advocating to keep Q-RU₄ for PY₃
- Timeline – DHCS must finalize the PY₃ measure set and benchmarks by June 30, 2019

PY3 Changes – Metric Identification

- Created X-walk of Medicaid applicable measures
 - CMS Core Sets, EAS, HRSA, IHA Medi-Cal AMP, PRIME, QIP, WPC
- ID'd measures meeting Pre-Print Criteria for PY3 inclusion:
 - Not in PRIME or WPC, and
 - Has Medicaid applicable benchmarks, and ≥ 1 of the following:
 - NQF-endorsed measure
 - Considered a national Medicaid performance measure
 - Used in a CMS P4P program
- DHCS removed a few measures (not in Core sets, DM, survey-based)
- Considerations
 - Alignment with DHCS and health plan goals, including use of CMS Core measures and state focus on disparities
 - Keep PY4 changes in mind
- Result – 21 CMS Core Measures, 40 separate Indicators

PY3 Survey Details

Timeline

- ✓ March 15: PY3 Eligible Measure list sent to CAPH Member QIP Leads and to QQAG (QIP Quality Advisory Group)
- **April 1-12: Survey open to CAPH member QIP Leads**
- April 16: CAC discuss results, make official recommendations
- April 18-26: Survey open to QQAG with CAC recommendations and rationales.
- May 1: QQAG recommendation for PY3 measures set
- May-June: DHCS determination of PY3 measure set
- June 30: QIP teams receive list of PY3 measures and benchmarks with links to native specs (except for HEDIS)
- October 2019: PY3 Reporting Manual Released

PY3 Eligible Measure Matrix

- Measure Name
- Core Measure/HEDIS abbreviation
- Steward
- NQF #
- Numerator/Denominator definitions
- Inclusions in Core Set: Adult vs Child
- Benchmark data

Measure Matrix: Benchmarks

- Benchmarks provided as available:
 - CA reported data: 2017 & 2018
 - CMS Medicaid & CHIP 2017: 25th %ile, Median, 90th
 - HEDIS 2018 Medicaid: 25th, Median, 90th
- All available sub-rates are included (see next slides)
 - Total rate for sub-rated measures included as available
- Caveat: While the above will be the source of the final PY3 benchmarks, which source for which benchmark is TBD

Matrix: Sub-Rate & Total Rate

- PY1&2 QIP uses two approaches :
 - Q-PC₄ AMR: Reported as a total rate. Has age bands
 - Q-PC₇: Only has age band benchmarks. No total exists
- Possible DHCS will use same approach for PY₃₊
 - If total rate exists, report as total.
 - If no total, required to report all sub-rates.
- Assume no change to current Sub-rate AV policy
 - ≥ 30 denominator req'd per sub-rate.
 - Sub-rate denominator $< 30 \rightarrow$ Sub-rate AV=0
 - ≥ 1 MCMC life in aggregate denominator. If not \rightarrow AV=0
 - Total AV= average of sub-rate AV's

Matrix: Sub-rate & Total rate

- Measures in PY3 Eligible Matrix with Sub & Total rates
 - Chlamydia Screening in Women
 - Ages 16–20
 - Ages 21–24
 - Ages 16–24 - Total Rate
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Ages 1-5
 - Ages 6-11
 - Ages 12-17
 - Ages 1-17 - Total Rate

Matrix: Sub-Rates without Total

- Mix of age & non-age sub-rates
 - Contraceptive Care – All Women & Postpartum
 - 15-20 vs 21-44*
 - Effective vs LARC
 - 3 days vs 60 days post-partum
 - Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
 - 7 Days vs 30 Days
 - Follow-Up After ED Visit for Mental Illness
 - 7 Days vs 30 Days
 - Follow-Up Care for Children Prescribed ADHD Meds:
 - Continuation and Maintenance Phase vs Initiation Phase
- Unknown whether DHCS will be open to picking & choosing which sub-rates to report

* All Women 21-44, Effective & LARC rates not in matrix. DHCS working to obtain them

Survey: Sub-rated Measures

- Listed in survey drop down menu using the parent measure title. Noted as:
 - + Measure includes age-related sub-rates.
 - * Measure includes non-age related sub-rates
- If you select a sub-rated measure in Q#2-13:
 - In Q#14-19 note which rates to add to PY3 measure set (specific sub-rates, total rate)
 - Provide rationales for preferred & not-preferred rates.

Example Sub-rated Measure Response

* 2. Please select your 1st choice for adding to the PY3 measure set.

Contraceptive Care – All Women Ages 15–44*+



Please explain why you made this selection.

This measure is totally lit

15. If you selected this measure above, which rate(s) would you prefer adding to the PY3 measure set?

- Contraceptive Care – All Women Ages 15–20 (Effective)
- Contraceptive Care – All Women Ages 15–20 (LARC)
- Contraceptive Care – All Women Ages 21–44 (Effective)
- Contraceptive Care – All Women Ages 21–44 (LARC)

Please provide the rationale for your preferred and not-preferred rates.

Contraception is a Right! But we like totally don't see kids.

FINAL COMMENTS

- Survey link: <https://www.surveymonkey.com/r/VCSKRPK>
- Only one submission per member
- Survey Deadline is COB April 12
- PY3 # of required measures will remain at 20. Likely to change for PY4
- As with all years, DPHs reporting any measure for the first time must report both prior PY performance (aka "baseline") along with current year PY data in the current PY performance report

Questions?

Upcoming Dates

Apr 11(12-1): PRIME/QIP Office Hours

Apr 22 (12-1): QIP Leads Webinar

May 2 (Oakland, CA): Care Delivery Workshop – Better Screening for Improved Health (details [here](#))

| April | | | | |
|-------|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |

| May | | | | |
|-----|----|---|---|---|
| 30 | 31 | 1 | 2 | 3 |