



QIP PY2 Reporting Manual Updates

April 02, 2019

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Agenda

BRIEF INTRODUCTIONS

PROCESS FOR SUBMITTING QUESTIONS

REVIEW OF UPDATES:

- High-Level Manual Updates
- General Guidance Key Updates
- Measure-Level Updates

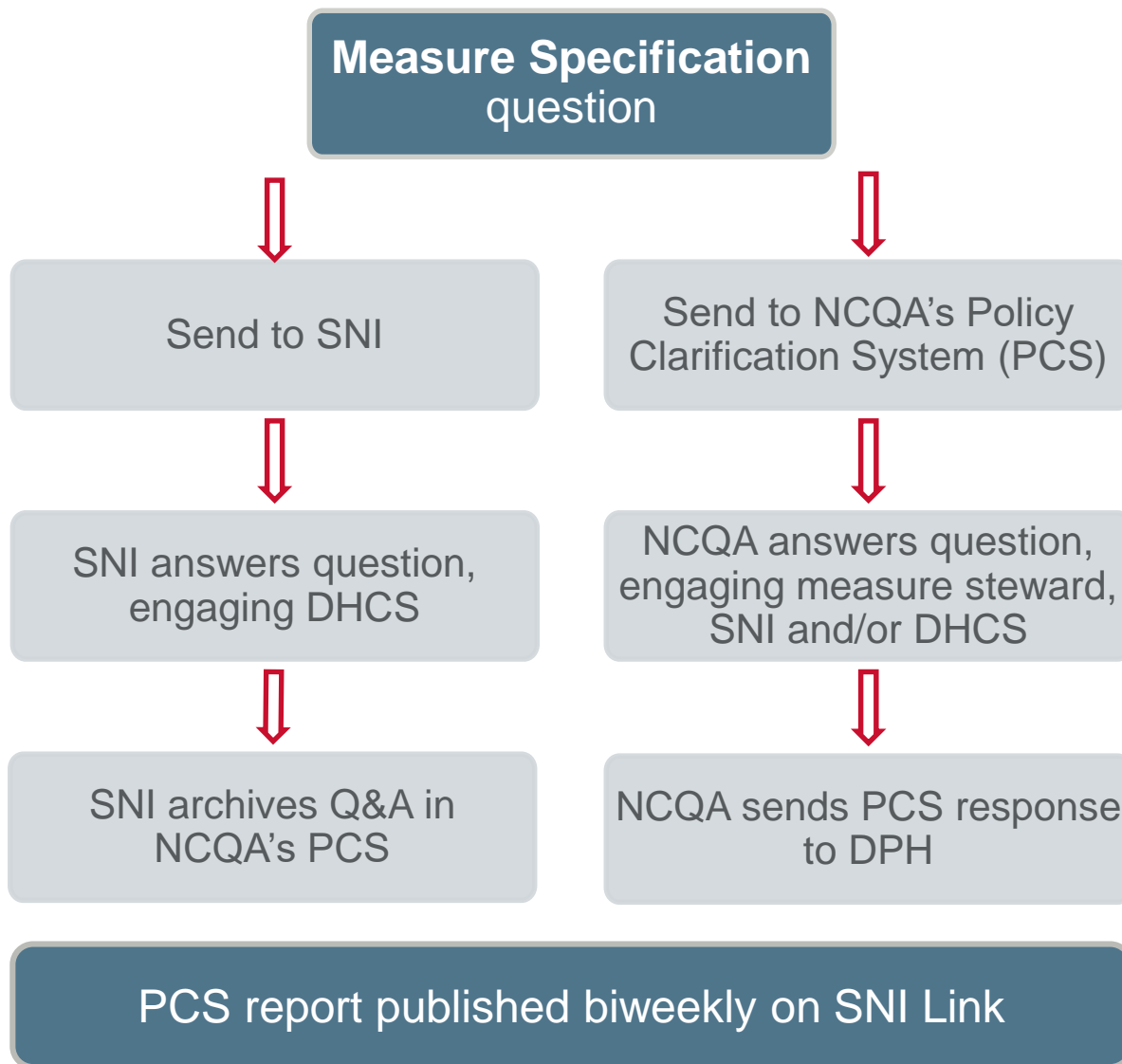
**LOOKING AHEAD: MANUAL TIMELINE &
UPDATES**

QUESTIONS

Process for Submitting Measures Spec Questions

PCS submission instructions:

See “Instructions for PCS System Use” under Section III.F. Measure Questions Process in the PY2 General Guidance.



Program/Policy & Measure Specification Questions

As soon as possible, please do the following two things:



*Review the
Manual, Policy
Letters, & PCS*



*Submit any
measure questions*

Note:

Some questions may be routed to measure stewards who are national organizations. There is no guarantee how soon they can provide a response or if they will respond before the QIP reporting deadline.

Reminder of How Updates Appear in the Manual

Q-PC5: Medication Reconciliation Post Discharge (MRP)

Summary of Changes from PY 1 Reporting Manual:

- Updated note on exclusion of hospice individuals under Eligible Population section.
- Clarified in the hybrid specification that the current medication list must be documented in the outpatient medical record.
- Clarified in the hybrid specification “Note” section that the process the prescribing practitioner, clinical pharmacist or registered nurse uses to identify the individual’s current medications is outside of the scope of the measure specification.

Modifications from Native Specifications:

Specification Source: [HEDIS 2018](#).

Measure Steward: National Committee for Quality Assurance

- Denominator discharges limited to DPH discharges.
- [Eligible Population](#), changed references to “continuous enrollment” to “continuous assignment to the DPH”
- Eligible Population, Readmissions or Direct Transfer:
 - Added “**Additional Note**: The “last discharge” referenced above, must also have been from a DPH acute or non-acute inpatient care setting to be included in the measure. [Thus](#) a patient that is discharged from a DPH acute or nonacute inpatient care setting followed by a direct transfer to a non-DPH acute or nonacute inpatient care setting from which the patient is ultimately discharged, this patient would not be included in this measure.”
- Adapted all dates referring to measurement year and calendar dates to reflect the QIP reporting period.
- Eliminated references to Medicare (i.e., Product Line in the Eligible Population)
- Removed section “Data Elements for Reporting” describing requirements for plans reporting to NCQA, as it is not applicable to QIP.
- Replaced “member” with “individual” throughout spec.

Value Sets for this Measure:

- HEDIS specs and value sets can also be obtained at the [NCOA Store](#). Refer to the *Technical Specifications for Health Plans*.
- The most current HEDIS NDC list can be found on [NCOA's website](#).

Description

The percentage of discharges from July 1–June 1 of the measurement year for individuals 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Definition

| | |
|----------------------------------|---|
| Medication reconciliation | A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. |
|----------------------------------|---|

Eligible Population

Note: Exclude individuals who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began. These individuals may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data (Hospice Value Set).

Organizations should attempt to remove these individuals prior to determining a measure’s eligible population and drawing the sample for hybrid measures. If an individual is found to be in hospice or using hospice services during medical record review, the individual is removed as a valid data error from the sample and replaced by an individual from the oversample.

All updates are listed in the “Summary of Changes” section at the top of each measure.

Deletions are **not** seen.

Additions and changes are in **red** text.

High-Level Updates

The following high-level updates were made to the PY2 Manual:

- Measure updates for PY2 Manual:
 - HEDIS, QPP (Claims & Registry), eCQMs
 - “Other National” measures (as available)
- Each measure includes a “Summary of Changes from PY1” header section
- Removed the QIP Target Population sections from each measure category

General Guidance Key Updates

| Section (page #) | Updates |
|------------------|---|
| III.C. (pg. 7) | Updated Measure Value Sets with instructions on how to access correct version of eCQM value sets |
| III.F. (pg. 9) | Added “Instructions for PCS System Use” under Section III.F. Measure Questions Process |
| V. (pg. 12) | Added information about historical performance to Pay-For-Reporting section |
| VI. (pg. 12) | Added new section: VI. Performance Benchmarks and Target Setting |
| VII. (pp 13,14) | Added new section: VII.A. Achievement Values and added information to VII.B. Calculating Payments (pg 14) |
| IX.A. (pg. 17) | Added new requirement regarding minimum number of Medi-Cal Managed Care lives in QIP measure denominators |
| X. (pp 17, 18) | Updated sections A., C. and D. in QIP Reporting Mechanism section |
| XI. (pg. 18) | Added new section: XII. Glossary of Terms |



Measure-Level Updates: HEDIS

HEDIS Updates

High-Level Updates of Importance

HEDIS-Wide Measure Updates

| Updates |
|--|
| Updated all measures to the HEDIS 2018 version |
| Updated the Hospice exclusion to align with HEDIS 2018 guidance |
| Updated eligible population/denominator, numerator, definitions, medication lists and measure notes where applicable |

Measure Specific HEDIS Updates

| Measure # | Name | Updates |
|-----------|------|---|
| | | None of the HEDIS measure updates in PY2 were of significance |

Accessing HEDIS NDC List/Codes

- HEDIS NDC list can be found on [NCQA's website](#).

HEDIS TECHNICAL RESOURCES

HEDIS Technical Specifications include a complete list of new and updated HEDIS measures with instructions on data collection and guidelines for calculations and sampling.

EXPAND ALL 

HEDIS 2019



HEDIS 2018



Vol. 1: Narrative

Overview of the HEDIS measurement set and how the data are used.

- [Order the HEDIS Volumes](#)
- [HEDIS 2018 Measure Changes](#) (pdf)

Vol. 2: Technical Specifications for Health Plans

HEDIS nonsurvey measures for organizations; instructions on data collection for each measure; general guidelines for calculations and sampling.

- [Order the HEDIS Volumes](#)
- [Technical Specifications Update](#) (pdf) – Posted October 2, 2017
- [HAI Standard Infection Ratio \(SIR\) Final Table](#) – Posted January 10, 2018
- [Risk Adjustment Tables](#) – Posted March 28, 2018
- [Medication List Directory \(NDC codes\)](#) – Posted February 8, 2018 (also used for ACO, QRS and

Find NDC lists for HEDIS 2018 under “HEDIS Technical Resources”

Using HEDIS NDC List

1. Click on the link for the HEDIS Medication List Directory (MLD) of NDC Codes:

HEDIS 2018 MEDICATION LIST DIRECTORY (MLD) OF NDC CODES

- [HEDIS 2018 MLD of NDC Codes User Manual](#)
- [HEDIS 2018 MLD of NDC Codes - updated February 8, 2018](#)

2. Search for the HEDIS measure ID to identify the Medication List Name in the 'Measure ID to Medications List' tab:

| A | B | C |
|---------------------|--|--------------------------------|
| Measure ID ▼ | Measure Name ▼ | Medication List Name ▼↑ |
| LBP | Use of Imaging Studies for Low Back Pain | Corticosteroid Medications |

3. Use the Medication List Name to find the NDC codes in the 'Medications List to NDC Codes' tab:

| A | B | C | D | E | F | G |
|----------------------------|-------------------|---------------------|---|----------------|----------------------|------------------|
| Medication List ▼ | NDC Code ▼ | Brand Name ▼ | Generic Product Name ▼ | Route ▼ | Description ▼ | Drug ID ▼ |
| Corticosteroid Medications | 00085056605 | Celestone Soluspan | betamethasone 6 mg/mL injectable suspension | injectable | Corticosteroid | d00628 |
| Corticosteroid Medications | 00085432001 | Celestone Soluspan | betamethasone 6 mg/mL injectable suspension | injectable | Corticosteroid | d00628 |

Measures that refer to HEDIS NDC List

- Q-PC1 – PC3: Comprehensive Diabetes Care
- Q-PC4: Asthma Medication Ratio (AMR)
- Q-PC5: Medication Reconciliation Post Discharge (MRP)
- Q-PC6: 7 Day Post-Discharge Follow-Up for High Risk Beneficiaries
- Q-PC7: Children and Adolescent's Access to Primary Care Practitioners
- Q-PC8: Childhood Immunization Status (CIS) Combination 3
- Q-PC9: Immunizations for Adolescents (IMA), Combo 2



Measure-Level Updates: eCQM

eCQM Updates

High-Level Updates of Importance

eCQM-Wide Measure Updates

| Updates |
|---|
| Updated all measures to the eCQM 2019 version |
| Removed Supplemental Data Elements from eCQM logic |
| All eCQM logic updated to Clinical Quality Language (CQL) |
| Updated reference to value set version in Value Set Authority Center to "eCQM Update 2018-9-17" |
| Updated descriptions, guidance, QDM Data Elements where applicable |

Measure Specific eCQM Updates

| Measure # | Name | Updates |
|------------------|---|---|
| Q-SC4 - Q-SC6 | CAD: Beta-Blocker Therapy-Prior MI or LVSD; HF: ACE Inhibitor or ARB Therapy for LVSD; HF: Beta-Blocker Therapy for LVSD | Added initial population note to identify DPH Cardiology Encounters |

eCQM-Wide Measure Updates

All eCQM logic updated to Clinical Quality Language (CQL)

Population Criteria

▲ Initial Population

exists ["Patient Characteristic Birthdate"] BirthDate
where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")in Interval[50, 75)
and exists AdultOutpatientEncounters."Qualifying Encounters"

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice"
or exists "Malignant Neoplasm"
or exists "Total Colectomy Performed"

...

Definitions

- **ACE Inhibitor or ARB Ordered Inpatient**
["Medication, Order": "ACE Inhibitor or ARB"] ACEInhibitorOrARBOrdered
with "Heart Failure Inpatient Encounter with Moderate or Severe LVSD"
ModerateOrSevereLVSDHFInpatientEncounter
such that ACEInhibitorOrARBOrdered.authorDatetime during
ModerateOrSevereLVSDHFInpatientEncounter.relevantPeriod
- **ACE Inhibitor or ARB Ordered Outpatient**
["Medication, Order": "ACE Inhibitor or ARB"] ACEInhibitorOrARBOrdered
with "Heart Failure Outpatient Encounter with Moderate or Severe LVSD"
ModerateOrSevereLVSDHFOutpatientEncounter
such that ACEInhibitorOrARBOrdered.authorDatetime during

eCQM-Wide Measure Updates

Updated reference to value set version in VSAC to "eCQM Update 2018-9-17"

eCQM Value Sets:

- Value sets for eCQM measures listed in this QIP Reporting Manual can be found at the [National Library of Medicine Value Set Authority Center \(VSAC\)](#). To access the value sets, users must obtain a free [Unified Medical Language System® Metathesaurus License](#).
- To access the correct version of the value sets within the VSAC website:
 - Click on the "Download" tab.
 - Select the corresponding version of the value sets to the eCQM version being used in the QIP Manual. The PY2 manual uses eCQM 2019, therefore select: "2019 Reporting/Performance Period eCQM Value Sets."
 - Then select the final version of value sets that align with eCQM 2019: "September 2018 Release eCQM Value Sets Publication Date: September 17, 2018."
 - A table of various value sets to download will show, and entities can download the excel file listed under row: "eCQM Value Sets for Eligible Professionals and Eligible Clinicians Published September 17, 2018," and column: "Sorted by CMS ID" to view the value sets sorted by eCQM measure.

Value Sets for this Measure:

- Value sets for this measure can be found at the [National Library of Medicine Value Set Authority Center \(VSAC\)](#). Please use the value set version listed as "**eCQM Update 2018-09-17**" in the VSAC (see the QIP Manual General Guidance section III. Measures, C. Measure Value Sets for details on how to download the correct version). To access the value sets, users must obtain a free [Unified Medical Language System® Metathesaurus License](#).

Measure Specific eCQM Updates

Q-SC4- Q-SC6: Initial Population Note

Initial Population Note Added to Identify DPH Cardiology Encounters for Measures:

- Q-SC4: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior MI or Left Ventricular Systolic Dysfunction (LVEF <40%)
- Q-SC5: Heart Failure (HF): ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Q-SC6: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

To identify DPH Cardiology Encounters, entities must identify visits with a cardiologist provider using the following criteria to define a cardiologist:

- An Internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions, such as heart attacks and life-threatening, abnormal heartbeat rhythms.
- Cardiologists can be board-certified through the American Board of Internal Medicine, which is recognized by the American Board of Medical Specialties.



Measure-Level Updates: QPP (Claims & Registry)

QPP (Claims & Registry) Updates

High-Level Updates of Importance

QPP (Claims & Registry)-Wide Measure Updates

| Updates |
|--|
| Updated all measures to the QPP 2018 version |
| Updated claims and registry flow charts |
| Updated sample calculations for submission criteria |
| Updated coding in the numerator, denominator, or exceptions depending on measure |
| Updated instructions, definitions, and notes where applicable |

Measure Specific QPP (Claims & Registry) Updates

| Measure # | Name | Updates |
|------------------|---|---|
| Q-SC1 - Q-SC6 | Atrial Fibrillation and Atrial Flutter; CAD: Antiplatelet Therapy; CAD: ACE Inhibitor or ARB Therapy; CAD: Beta-Blocker Therapy-Prior MI or LVSD; HF: ACE Inhibitor or ARB Therapy for LVSD; HF: Beta-Blocker Therapy for LVSD | Added initial population note to identify DPH Cardiology Encounters |

Measure Specific QPP (Registry & Claim) Updates

Q-SC1- Q-SC6: Initial Population Note

INITIAL POPULATION:

Individuals with at least one DPH Primary Care Encounter or one DPH Cardiology Encounter during the measurement year and Medi-Cal Managed Care assignment to the DPH on the date of the qualifying Outpatient Encounter

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

**Initial Population Note:*

- *To identify DPH Cardiology Encounters, entities must identify visits with a cardiologist provider using the following criteria to define a cardiologist:*
 - *An Internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions, such as heart attacks and life-threatening, abnormal heartbeat rhythms.*
 - *Cardiologists can be board-certified through the American Board of Internal Medicine, which is recognized by the American Board of Medical Specialties.*
- *It is the DPH's responsibility to identify mechanisms for tracking that clinical Cardiology expertise has been provided through these modalities. Recommendations by Cardiology to schedule an appointment are insufficient to fulfill this criterion.*



Measure-Level Updates: “Other Measures”

“Other Measures” Updates

High-Level Updates of Importance

“Other Measures”-Wide Measure Updates

Updates

Updated initial population/denominator, numerator, codes and definitions where applicable

Measure Specific “Other Measures” Updates

| Measure # | Name | Updates |
|-----------|--|--|
| Q-PC6 | 7 Day Post-Discharge Follow-Up for High Risk Beneficiaries | Clarified initial population exclusion, updated numerator note and codes |
| Q-IP1 | Surgical Site Infection | Added minor initial population note |
| Q-IP6 | Stroke: Discharged on Antithrombotic Therapy | STK sample size requirements, links, and ICD-10 codes |
| Q-RU4 | 30-Day Unplanned Return to OR | Removed the “Unplanned Reoperation within the 30 Day Postoperative Period” (Quality ID #355) measure and added the “30-Day Unplanned Return to OR” measure in its place (NSQIP). |
| Q-RU5 | Concurrent Use of Opioids and Benzodiazapines | Updated Definitions, eligible population, administrative specification and Rates 1 and 2 in the Description and Prescription Claim Source |

Measure Specific “Other Measures” Updates

Q-RU4: Measure change

Unplanned Reoperation within
the 30 Day Postoperative
Period (Quality ID #355)

Measure Description:

Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30 day postoperative period



30-Day Unplanned Return to
OR (NSQIP)

Measure Description:

The DPH’s adjusted percentile based on risk adjusted odds ratio for all procedures that occurred prior to midnight of Post-Operative Day 30 and were unplanned at the time of the Primary Procedure. The NSQIP ROR model only includes unplanned and surgery-related events.

Measure Specific “Other Measures” Updates

Q-RU5: Updated Rates 1 and 2 in the Description and Prescription Claim Source

Description:

DPHs will report two rates.

1. Rate #1 will be used as P4P accountability for this measure.

The prescription claim(s) fulfilling the denominator or numerator for the Opioid, the Benzodiazepine, or both medications, must have originated from a DPH provider prescription. If either the numerator or the denominator is fulfilled by prescription claim(s) originated from a DPH provider’s prescription, the corresponding denominator or numerator can be fulfilled by prescription claim(s) that have originated from either DPH or non-DPH provider’s prescription(s).

1. Rate #2 must be reported by DPHs to DHCS for informational purposes only and DPHs will not be accountable for performance achievement nor will any funding be associated with DPH reporting of Rate #2 in PY2.

Both the numerator and denominators can be fulfilled by prescription claim(s) that have originated from any provider prescription (not limited to Rx claims originating from a DPH provider prescription).

Measure Specific “Other Measures” Updates

Q-RU5: Updated Rates 1 and 2 in the Description and Prescription Claim Source

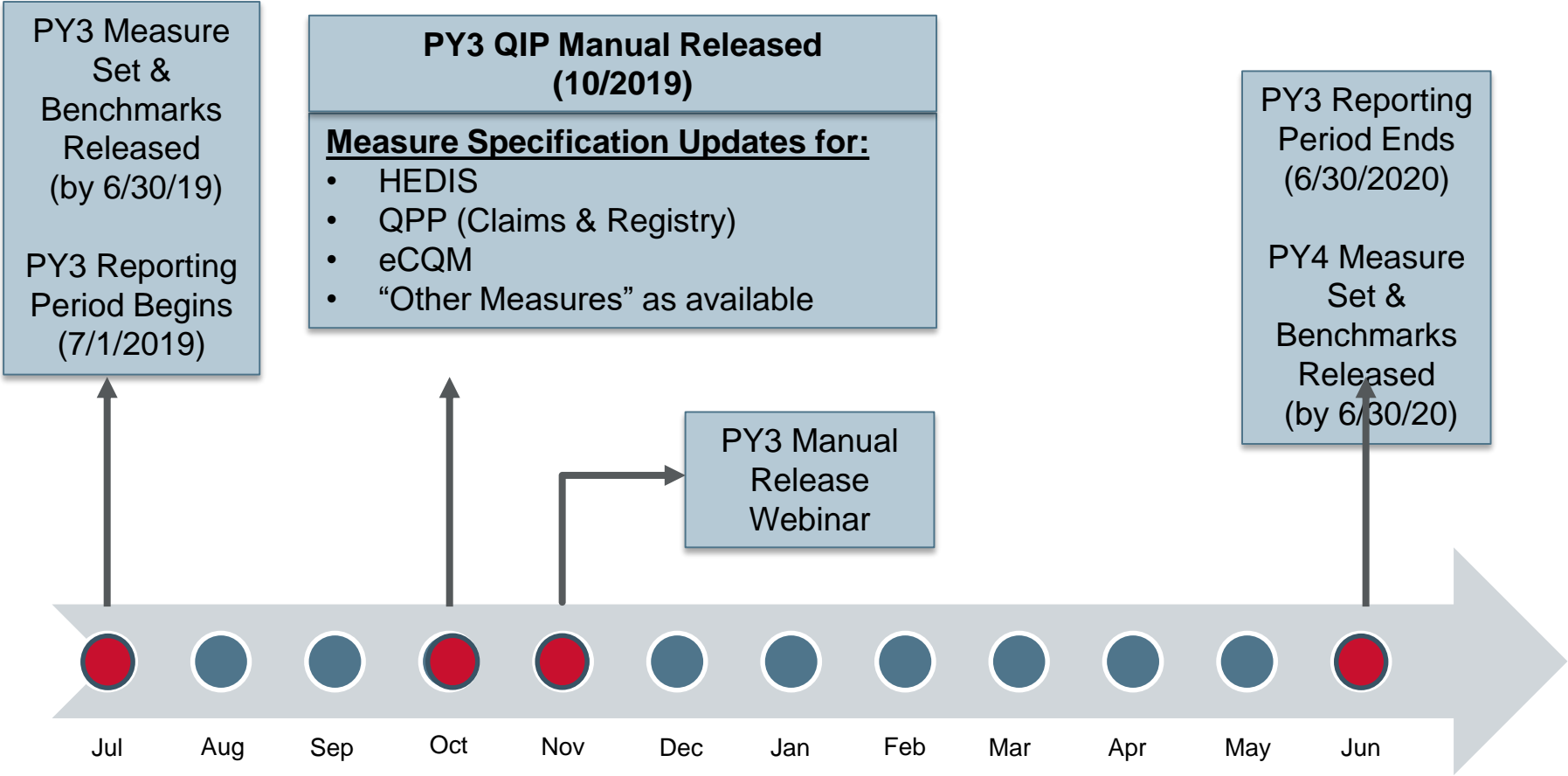
Prescription Claim Source:

Identify two prescription claim sources:

1. Rate #1: The **Opioid** prescription claim(s) fulfilling the denominator, or the **Benzodiazepine** prescription claim(s) fulfilling the numerator, or the prescription claim(s) fulfilling both **denominator and numerator**, must have originated from DPH provider prescription(s). If the **denominator is fulfilled** by prescription claim(s) that originated from a DPH provider’s prescription, then the **numerator can be fulfilled** by prescription claim(s) that have originated from **either a DPH or non-DPH** provider’s prescription(s). Likewise, if the **numerator is fulfilled** by a prescription claims that originated from a DPH provider’s prescription, then denominator can be fulfilled by prescription claim(s) that have originated from either a DPH or non-DPH provider’s prescription(s).
2. Rate #2 (reporting only): **Both the numerator and denominators can be fulfilled** by prescription claim(s) that originated from any provider prescription (not limited to Rx claims originating from DPH provider prescription(s)).

Looking Ahead

Manual Timeline & Updates



Remember to review the manual and submit questions about measures as soon as possible



Questions