State of California—Health and Human Services Agency
Department of Health Care Services

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DATE: March 29, 2019

QIP POLICY LETTER 19—001
SUPERSEDES QPL 18—002

TO: ALL QIP ENTITIES

SUBJECT: MINIMUM REPORTING REQUIREMENTS

PURPOSE:
This QIP Policy Letter (QPL) issues reporting and payment policies for the Quality Incentive Program (QIP). This letter addresses three related issues:

1. The requirement to report on at least 20 measures,
2. A minimum denominator of 30 and
3. The requirement that data reported for each metric include at least one person enrolled in Medi-Cal managed care.

This QPL supersedes all instructions and policies in QPL 18-002, dated December 5, 2018.

NOTE: The minimum of 30 individuals or cases and the minimum Medi-Cal managed care lives requirement do not apply to measure Q-IP1: Surgical Site Infection or Q-RU4: 30 Day Unplanned Return to the Operating Room. The reporting eligibility criteria for these measures are specified in the applicable QIP Reporting Manual.

BACKGROUND:
The Department of Health Care Services (DHCS) released QPL 18-002, informing all entities participating in the QIP Program that, beginning Program Year (PY) 2, a measure must have a denominator of 30 individuals or cases to be eligible for reporting and payment. Upon further review, DHCS is updating this policy as described below.

POLICY:
Per the current QIP Preprint, each Designated Public Hospital System must annually report on at least 20 measures from the list of DHCS-approved performance measures.

If an entity does not report on at least 20 measures, the entity does not fulfill this QIP requirement, and as such, will not receive any QIP payment for the PY. The following policies apply to measures impacted by denominators of less than 30:

1) An entity ***may*** use a measure with a denominator of less than 30 for fulfilling the required 20 measures for an entity's QIP reporting.

2) A denominator of at least 30 for two consecutive PYs is required for a QIP measure to earn a nonzero achievement value (AV) and be eligible for payment.

   This policy also applies to measures with subrates, such as measure Q-PC7: Children and Adolescent Access to PCP. An entity will earn an AV of zero and ***will not*** earn funding for a subrate that does not meet this requirement. The measure's total AV will be an average of the individual sub-rate AVs. An individual sub-rate not meeting this requirement will decrease the total AV and funding for the measure.

Furthermore, beginning PY 2, each reported measure (except Q-IP1 and Q-RU4) must include data from at least one person enrolled in Medi-Cal managed care during the reporting PY in order for payment to be made for that measure for that PY. For reported subrated measures, at least one subrate must include data from at least one person enrolled in Medi-Cal managed care. An entity will earn an AV of zero and ***will not*** receive payment for a reported measure in which data does not include at least one Medi-Cal Managed Care life. However, the measure may still be used to fulfill the required 20 measures for an entity's QIP reporting.

If you have any questions regarding this QPL, please contact your QIP Liaison or email the QIP Mailbox at QIP@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY KAREN MARK

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Medical Director