

QIP Manager

MONTHLY FORUM

Monday, June 24, 2019
12:00 to 1pm

[Play recording](#)

Agenda

Time	Topic	Lead(s)
5 min	Welcome & Roll-Call	Kristina Mody
20 min	Reporting & Program Updates	Allison Homewood, David Lown
15 min	QIP Program Evolution	David
10 min	PY1 Data: Member Sharing <ul style="list-style-type: none">▪ Q-IP1 Surgical Site Infection	Kristina
5 min	Wrap-up & Announcements <ul style="list-style-type: none">• Upcoming SNI events	Kristina

Roll-Call & Webinar Reminders

AHS	ARMC	CCRMC	KMC	LACDHS	NMC	RUHS	SCVMC	SFHN
Tangerine Brigham, Tanvir Hussain	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](#)

Reporting & Program Updates



Prop 56 & Value Based Payment (VBP)

- Proposition 56 raised state taxes on tobacco products and dedicates most revenues to Medi-Cal
- Starting in 2017-18, most of the Prop 56 money finances supplemental payments to Medi-Cal providers that flow through the managed care plans
 - For example, add-on payments for certain physician services:
 - new and established patient office/outpatient visits
 - psychiatric diagnostic evaluations
 - psychiatric diagnostic evaluation with medical services
 - psychiatric pharmacological management services
 - FQHCs and other providers reimbursed on a cost-based system are NOT eligible
- New in 2019, Prop 56 funding will also be used for:
 - Medi-Cal Value-Based Payment (VBP) program \$544M
 - Developmental and trauma screening \$105M

Prop 56 & Value Based Payment (VBP)

The New Medi-Cal Value-Based Payment (VBP) Program

- Medi-Cal managed care plans will provide incentive payments to eligible providers for meeting specific measures aimed at improving care in four key areas:
 1. Chronic disease management
 2. Prenatal and postpartum care
 3. Behavioral health integration
 4. Early childhood prevention
- Measures are largely tied to delivering certain services that DHCS wants to encourage, not performance improvement a la QIP
- Measures were chosen based on their ability to be run with administrative data and payments are based on Medi-Cal having the appropriate encounter data
- FQHCs are NOT eligible to receive VBP payments. Otherwise, public health care system encounters are eligible
- DHCS has not yet released information about the amount of funding providers can earn by meeting the various measures

For detail on the measures, see:

https://www.dhcs.ca.gov/provgovpart/Documents/VBP_Performance_Measures_PPT_6.13.19.pdf

Prop 56 & Value Based Payment (VBP)

Developmental and Trauma Screening

- DHCS will utilize Proposition 56 funding to provide
 - Early developmental screenings for children ages 0-21 and
 - adverse childhood experiences (ACEs) trauma screenings for children and adults with full-scope coverage in Medi-Cal
- The screenings will be billed and reimbursed in both managed care and fee-for-service Medi-Cal
- These provider payments will be in addition to the amounts paid for the office visit that accompanies the screening in fee-for service scenarios or monthly capitation paid by Medi-Cal managed care plans
- FQHCs will be eligible to receive the supplemental payments for conducting these screenings

REMINDERS: Manuals & Benchmarks

- **PY2** (report due Dec 15, 2019)
 - ✓ Manual released 4/1/19 [[on SNI Link](#)]
 - ✓ Walkthrough Webinar 4/2/19 [[on SNI Link](#)]
 - ✓ Updated RU4 & RU5 benchmarks, v6 released 5/1/19 [[on SNI Link](#)]
 - Reporting via online portal instead of Excel form; with user-testing period timing t.b.d.
- **PY3** (report due Dec 15, 2020)
 - June 30: Measure information (num., denom., link to native spec)
 - June 30: Benchmarks to be released
 - *Non-HEDIS measures: remain the same as PY2 except for Q-IP6: min perf level = 50%, high perf level = 95%.*
 - Fall 2019: Reporting Manual to be released

Status Updates: Policies

Forthcoming

- None at this time. Per DHCS: there is no opportunity to resubmit/re-establish baselines already submitted and approved, even in (and specifically in) cases of EHR transition. They know of no precedence for such resubmission in any state or federal program, including plan submission of HEDIS data.

Released to date (posted on [DHCS website](#) & [SNI Link](#))

- QIP PY2 Value Sets by Measures for MCPs for DPH Reporting
- QPL-19-001 -Minimum Reporting Requirements [supersedes QPL-18-002]
 - Watch SNI explanation on March & April's QIP Webinar on [SNI Link](#)
- QPL 18-001 - PY1 Reporting Requirements
- QIP Data Integrity Policy

NCQA HEDIS Requirements for QIP

Not an audit!

Update on the QIP HEDIS Measure Source Code certification mentioned on [March 25, 2019 QIP Leads Webinar](#) (slide 19)

- SNI has confirmed with NCQA that there is no impact to PRIME and there will be no impact for QIP PY 3 (2019-2020) or QIP 2.0 (2020-2021, which we are covering later in this webinar)
 - Possibly will impact program in 2021
 - We will inform this group when the requirement is announced

Q-PC7 Questions & Clarification

See [June 13 Office Hours Recording](#) (1:40)

- PC-7 is the only Primary Care measure that does not have a “DPH engagement factor” and whose denominator includes “assigned but not seen”.
- Questions:
 - Must the patient be assigned to DPH **AND** have an assigned DPH PCP?
 - Should a DPH get credit for services provided by non-DPH providers?
 - If a DPH assigned patient has a non-DPH PCP, how do you manage that individual’s care?
- Clarifications:
 - Include all MCMC beneficiaries continuously assigned to your system:
 - *For 12–24 months, 25 months–6 years:* The measurement year (MY)
 - *For 7–11 years, 12–19 years:* The MY & the year prior to the MY.
 - Include regardless of assignment to a specific PCP, whether they have an MRN, had a visit, or are getting majority or all care through a non-DPH.
 - **Include even if patient has never been seen by your system**, but had a numerator eligible encounter from a non-DPH provider (which you would know from your plan’s data), as those visits count for your numerator.

Poll: DHCS Review of PY1 Report

**POLL
TIME!**

Please enter in the chat box:

1. System name
2. Yes/No – DHCS has provided initial comments/questions on your PY1 report.
3. Yes/No – DHCS has given final approval for your PY1 report.

Example: “Alameda Health System, 2-Yes, 3-No”

PY3 List of Measures

Q-PC1 Comprehensive Diabetes Care: A1C Control (<8%)

Q-PC2 Comprehensive Diabetes Care: Eye Exam

Q-PC3 Comprehensive Diabetes Care: Blood Pressure Control

Q-PC4 Asthma Medication Ratio

Q-PC5 Medication Reconciliation Post Discharge

~~Q-PC6 7 Day Post-Discharge F/U for High Risk Beneficiaries~~

Q-PC7 Children and Adolescent Access to PCP

~~Q-PC8 Childhood Immunization Status Combo 3~~

Q-PC9 Immunizations for Adolescents Combo 2

Q-PC10: Childhood Immunization Status Combination 10.

*Q-PC11: Contraceptive Care – All Women, Most and Moderately Effective Methods, Ages 15-44

*Q-PC12: Chlamydia Screening in Women Ages 16-24

*Q-PC13: HIV Viral Load Suppression

*Q-PC14: Well-Child Visits in the First 15 Months of Life, Six or more well-child visits

Q-SC1 Atrial Fib. & Atrial Flutter: Chronic Anticoagulation Therapy

Q-SC2 CAD: Antiplatelet Therapy

Q-SC3 CAD: ACE Inhibitor or ARB Therapy-Diabetes or LVSD (LVEF < 40%)

Q-SC4 CAD: Beta-Blocker Therapy-Prior MI or LVEF <40%

Q-SC5 Heart Failure (HF): ACE Inhibitor or ARB Therapy for LVSD

Q-SC6 HF: Beta-Blocker Therapy for LVSD

Q-IP1 Surgical Site Infection

Q-IP2 Perioperative Care: Selection of Prophylactic Antibiotic – 1st OR 2nd Generation Cephalosporin

Q-IP3 Perioperative Care: VTE Prophylaxis

Q-IP4 Prevention of CVC - Related Bloodstream Infections

Q-IP5 Appropriate Treatment of MSSA Bacteremia

Q-IP6 Stroke: Discharged on Antithrombotic Therapy

Q-RU1 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients

Q-RU2 ED Utilization of CT for Minor Blunt Head Trauma (≥18)

Q-RU3 ED Utilization of CT for Minor Blunt Head Trauma (2-17 yo)

~~Q-RU4 Unplanned Reoperation within the 30 Day Postoperative Period (QPP)~~

Q-RU5 Concurrent Use of Opioids & Benzos ~~Rate 1 & Rate 2~~

* Q-RU6: Use of Opioids at High Dosage in Persons Without Cancer

* Native specifications, without “DPH Engagement Factor”: includes assigned seen elsewhere and assigned-not –seen. Link to native CMS Medicaid [Adult](#) & [Child](#) Core specs

Reminder: SNI Guidance

If you have 20 payable measures based on the minimum case # criteria:

- Do NOT report any additional measures that do NOT meet these criteria.
- Do not report any measure just to establish baseline or else **YOU WILL LOSE FUNDING**

If you have < 20 payable measures based on the minimum case # criteria

- In order to report 20 to be eligible for ANY funding, for reporting non-payable measures you should only report measures that you will not use as a payable measure in the subsequent year (since you can't correct data once reported)



PY3 Changes: Stratification

- DHCS will require stratification for Q-PC1-3 (Diabetes measures)
 - Age
 - Gender
 - REAL (high level, not the same level of details as in PRIME)
- Exact categories TBD
 - May be more granular than the categories used in [2015-2016 DHCS Disparities Report](#) with updates to gender categories
 - SNI anticipates DHCS providing details July 2019.

DHCS Disparities Report

Categories

Not final for QIP. Included for information only.

Age

Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent)	18–39 years
	40–59 years
	60+ years

Race

- ♦ White
- ♦ Black
- ♦ Hispanic/Latino
- ♦ Asian/Pacific Islander
- ♦ American Indian/Alaskan Native
- ♦ Multiracial
- ♦ Other
- ♦ Unknown/Missing

Language

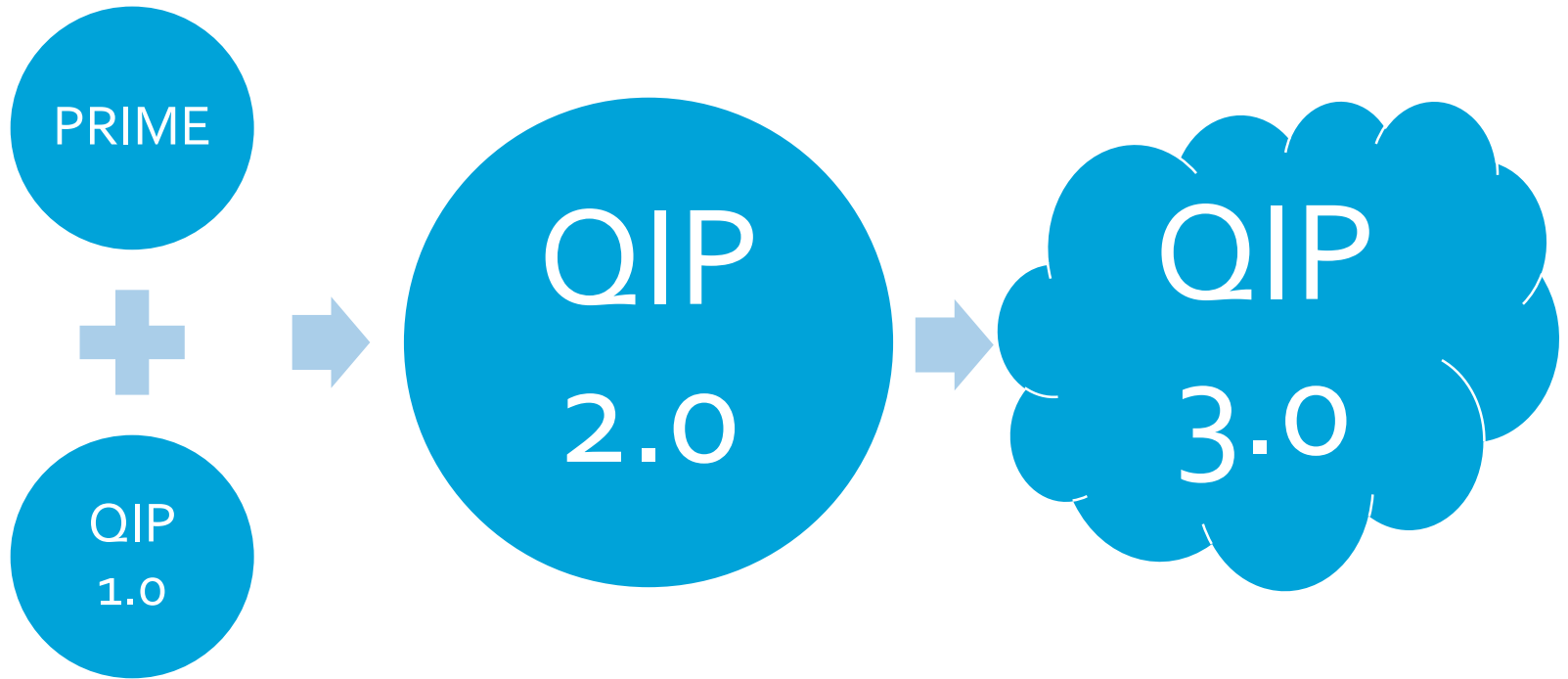
Table 2.3—Primary Language Subgroups

Primary Languages			
English		Other Asian Language	Cambodian, Hmong, Ilocano, Japanese, Lao, Mien, Samoan, Thai
Spanish		Korean	
Middle Eastern	Arabic, Farsi, Hebrew	Tagalog	
Armenian		Vietnamese	
Other European Language	French, Italian, Polish, Portuguese, Russian, Turkish	Unknown/Missing	
Chinese	Cantonese, Mandarin, Other Chinese	Other	Other Non-English, American Sign Language, Other Sign Language

QIP Evolution



Program Evolution



QIP 2.0 DHCS Proposal

PRIME & QIP STRUCTURES				
Year	Q3 &4 CY2019	CY2020		CY2021
Rate Year	RY 19/20			
PRIME	DY15		No PRIME	
PRIME Reporting		MY: 3/20	YE: 9/20	
QIP 1.0	PY3			
QIP 1.0 Reporting			Dec '20	
Changes related to the 18 Month Rate Year				
Rate Year	RY 19/20			RY2021
QIP 2.0 PRIME + QIP		Year 1 PY3 QIP metrics + All PRIME metrics		
QIP 2.0 Reporting			Jun '21	
QIP 3.0			Year 1 New measure set	

QIP 1.0 = PY3. No further changes expected for PY3 aside from those listed in previous slides.

QIP 2.0 = CY2020. DHCS Proposal to CMS as a transition to Calendar Year

QIP 2.0 – DHCS Proposal

- 12 month program year: Calendar Year 2020
- Metrics
 - All metrics each DPH is reporting in PRIME DY15 with PRIME eligible population (few measures may be removed per CMS, tbd)
 - PLUS
 - DPH choice of 20 from the 29 PY3 QIP measures
- Funding
 - 6 months of PRIME equivalence plus 6 month of QIP
- Reporting
 - QIP-ish (i.e., 5 ½ mos after the program year ~June 2021)
 - Baselines and performance for all non-PRIME measures
 - Baseline is performance as of 12/31/19 (for PRIME = DY15 MY)

QIP Target Setting: PY₃ & beyond

- CMS approved in current Pre-Print:
 - 8.5% gap closure on metrics for which DPHs have met their 10% gap closure PY₂ targets
 - If PY₂ target not met, gap closure remains at 10%
- QIP 2.0:
 - 10% gap closure for all metrics (both PRIME & PY₃)
- QIP 3.0: gap closure TBD

2.0 Next Steps & Implications

Next Steps

- October 2019: Members will have all metric specifications for QIP 2.0
 - Both PRIME DY15 and PY3
- June 2021: QIP Reporting
 - PRIME: Exact same measures reported by DPH in DY15
 - QIP: DPH choice of at least 20 measures

Program Implications:

- Plan to keep up QI work for PRIME until December 2020
- Expect to do 10% gap closure for CY2020 for all PRIME measures and QIP PY3 measures (independent of prior year gap closure)

3.0 Next Steps

- Many factors TBD
- Feedback process will build on 2.0
 - Likely a smaller measure set
- Will know more in next few months

Q&A

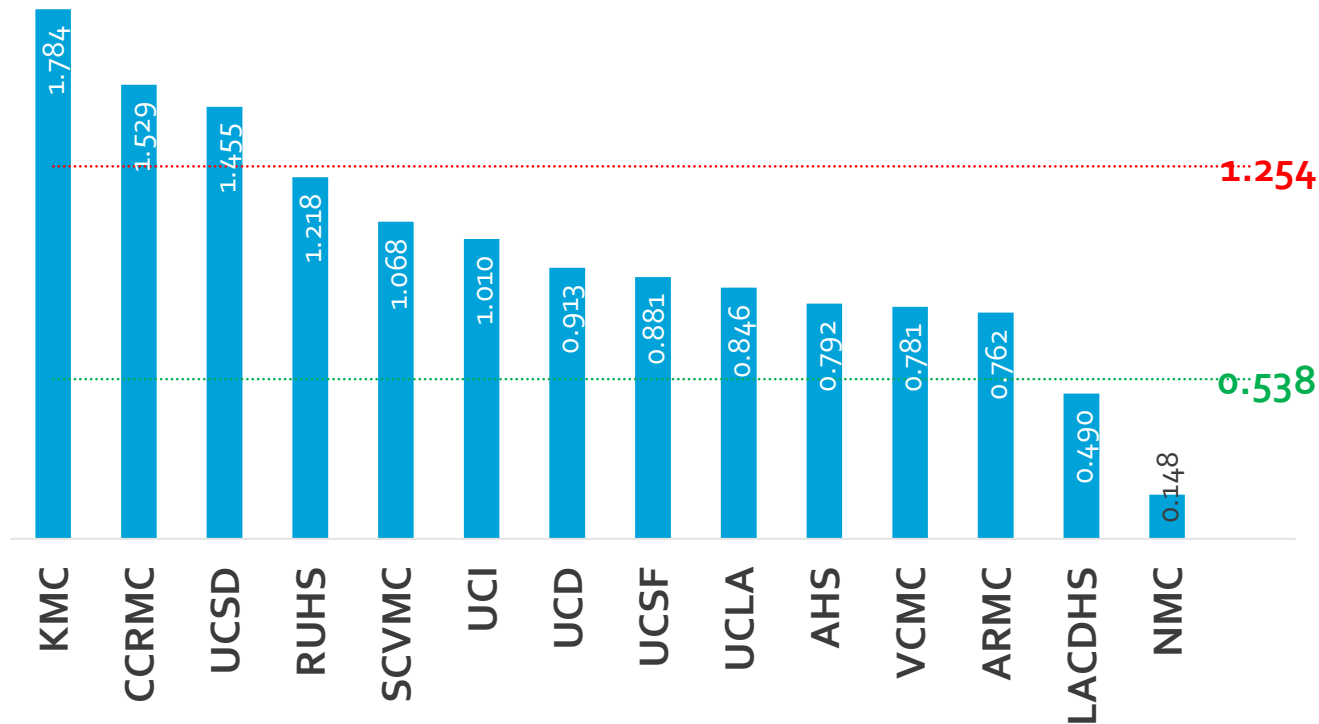
OTHER QUESTIONS?

YOU ARE ALL UNMUTED

Py1 Data Member Sharing



PY1: Q-IP₁ Surgical Site Infection



Minimum performance benchmark in red. High performance benchmark in green.
DPH with denominator <30 are excluded. Better performance runs left to right. PY1 data not yet approved by DHCS.

Peer Sharing

Q-IP1 Surgical Site Infection

If you're performing well: What did you do to get this high performance? Are there lessons to share?

If you're working on it: What are you doing to improve? What do you want to learn from high performers or external experts?

WRAP UP



Improving Patient Inreach & Outreach workshop

Register [here](#)

- Thursday, August 15; Oakland, CA
- Share promising practices for **increasing the accuracy of patient data and optimizing outreach** for assigned-not-yet-seen patients
- **Discuss and exchange successful inreach processes** including scheduling templates, huddles and patient follow-up
- **Implement tips and lessons learned on operational practices** including centralized telephonic outreach and patient portals



AEH Webinar



Medicaid Managed Care Directed Payments: California's Experience.

On July 31 from 11AM-12PM, Sarah Hesketh, CAPH's Senior Vice President of External Affairs, will join America's Essentials Hospitals' webinar for a deep dive into California's Medicaid managed care directed payments. Kern Medical Center will also share their experiences with the program. Register [here](#).

Quality Leaders Awards (QLAs)

AWARD CATAGORIES:

TOP HONOR

AMBULATORY
CARE REDESIGN

DATA-DRIVEN
ORGANIZATION

PERFORMANCE
EXCELLENCE

ABOUT THE AWARDS

For more than 20 years, CAPH/SNI has delivered the QLAs to recognize outstanding initiatives across California's public health care systems. The awards highlight forward-thinking and innovative approaches to improve care and advance population health.

Awards are presented at the CAPH/SNI Annual Conference on December 4-6 at the Paradise Point Resort in San Diego.

APPLY NOW!
safetynetinstitute.org/qla

DEADLINE TO APPLY: AUGUST 30, 2019

<http://safetynetinstitute.org/qla>

Save the Date

CAPH/SNI Annual Conference



Registration to open in September!

<https://caph.org/aboutcaph/annualconference/>

Upcoming Dates

Jul 24 (12-1): PRIME DY15 Manual: NCQA Walkthrough Webinar [\[link\]](#)

Jul 29 (12-1): Epic Usergroup: Using Epic to Close the Loop with Patient Referrals [\[link\]](#)

Aug 7 (11-12): Camden Coalition Presents the 7 Day Pledge [\[link\]](#)

Aug 8 (12-1): PRIME/QIP Office Hours

Aug 15 (Oakland): Improving Patient Inreach/Outreach Workshop [\[register\]](#)

Aug 22(11-12): Epic Usergroup: Avoiding Burnout and Addressing Provider Experience in Epic [\[link\]](#)

Aug 25 (12-1): QIP Leads Webinar

M	T	W	Th	F
July				
22	23	24	25	26
29	30	31		
August			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
25	26	27	28	29



July = summer holiday

No PRIME/QIP Office Hours / QIP Webinar

Next office hours = Thursday, August 8 (12—1)