

QIP Manager

MONTHLY FORUM

Monday, August 26, 2019
12:00 to 1pm

[Play recording](#)

WELCOME
BACK TO
QIP REPORTING



Agenda

Time	Topic	Lead(s)
5 min	Welcome & Roll-Call	Kristina Mody
20 min	QIP & PRIME Program Evolution	David
20 min	Reporting & Program Updates <ul style="list-style-type: none">• Poll: PY2 Measure selection	David Lown, Dana Pong
5 min	Wrap-up & Announcements <ul style="list-style-type: none">• QLAs & Annual Conference• Poll: QIP Leads Meeting• 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	Rachel Stern
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

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](#)

QIP Evolution

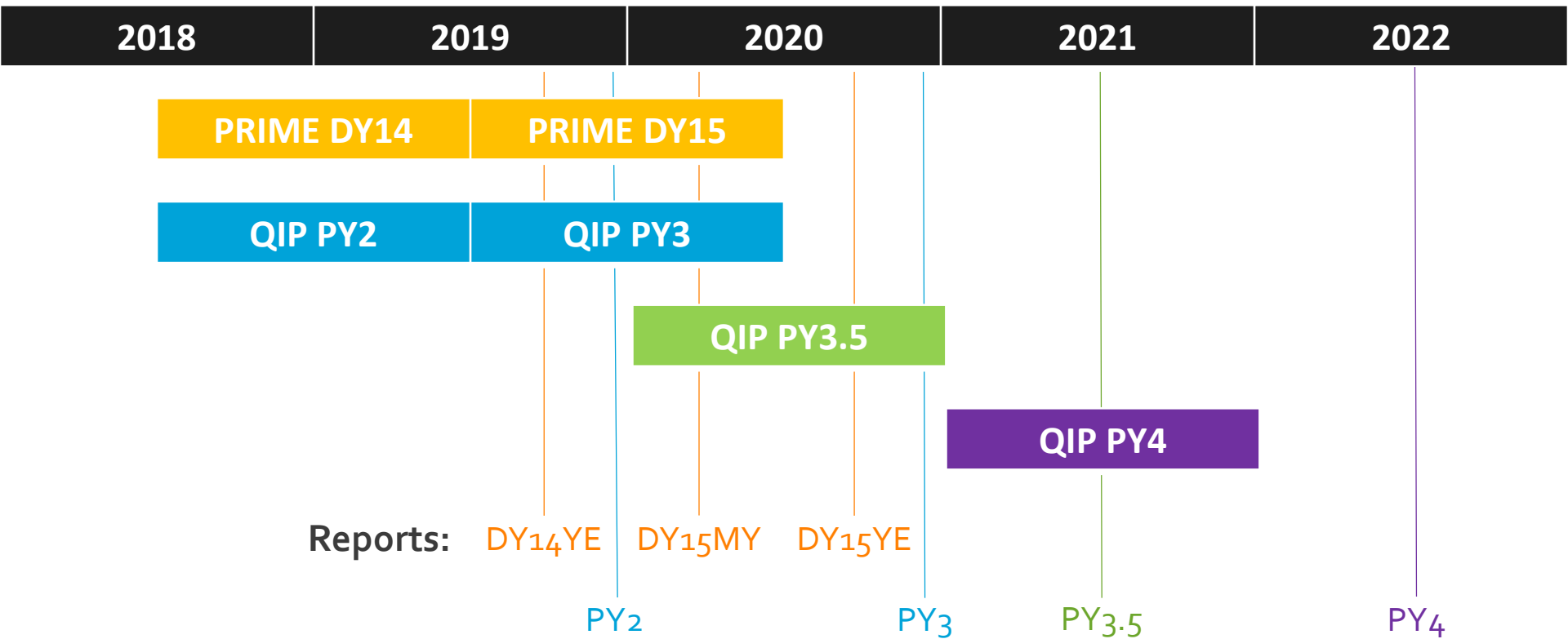




QIP Evolution



QIP Evolution



Reporting & Program Updates



Status Updates: Policies

Forthcoming

- None at this time.
- Per DHCS: DPHs may not resubmit/re-establish baselines already submitted and approved, even in (and specifically in) cases of EHR transition, as there is no precedence for such resubmission (HEDIS/federal/state programs). See later comments about PY3.5 baselines.

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

- 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

PY2 Reporting Reminders

- ✓ 4/1/19: Manual released [[on SNI Link](#)]
- ✓ 4/2/19: Manual Walkthrough Webinar [[on SNI Link](#)]
- ✓ 4/4/19: PY2 Value Sets by Measure for MCPs released [[on DHCS QIP site](#)]
- ✓ 5/1/19: Updated RU4 & RU5 benchmarks, v6 released [[on SNI Link](#)]
- **10/30/19:** Deadline for Health Plan to send data to DPH to incorporate in PY2 report. Plan data received after that are not required to be included by the DPH in PY2 report, but may be included at the DPH discretion.
- **Fall 2019:** User-testing period for DHCS' online reporting portal (to replace use of Excel reporting form). Exact timing TBD.
- **12/15/19:** PY2 report due

NOTE: Clarification on Q-SC4 & Q-SC5 population was provided during [8/22/19 Metrics Office Hours](#). Listen at minute 23:00 of the recording.

PY2 Reporting Reminders



- ≥ 20 payable measures based on the minimum case # criteria:
 - For maximum funds, must report ≥ 20 measures, each of which fulfills denominator requirements & for which every measure target is achieved.
 - Do NOT report any additional measures that do NOT meet these criteria.
 - Do not report any measure in PY2 just to establish a PY3 baseline or else **YOU WILL LOSE PY2 FUNDING**.
 - If you didn't meet PY2 measure, only report that measure for PY2 if needed to meet minimum 20 payable measures.
- < 20 payable measures based on the minimum case # criteria
 - To get any funds at all, must report on ≥ 20 measures, regardless of whether they meet denominator criteria or whether targets are met or whether baselines were reported or not.
 - E.g., if you report PY2 19 PY2 measures & hit all 19 targets, **YOU WILL GET ZERO PY2 DOLLARS**.
 - To report 20 measures & be eligible for ANY funding, only report non-payable measures for PY2 that you know you won't be using as a payable measure for PY3 (baselines can't be corrected once reported).
- For PY1 reported measures, PY1 data cannot be re-report in PY2.
- For PY2, if you want to report on a PY1 non-reported measure because you achieved a PY2 10% gap closure, both PY1 & PY2 data must meet denominator criteria and you must report PY1 & PY2 data on 12/15/2019

Poll: PY2 report

**POLL
TIME!**

Please enter in the chat box:

1. Will you have at least 20 “payable” metrics for PY2 (i.e., eligible for performance \$s)?
2. If yes for #1, how many total “payable” metrics are you tracking for possible PY2 reporting?
3. What are your biggest challenges with QIP PY2 reporting?

PY3 Reporting Reminders

- ✓ 6/24/19: PY3 Measure additions/removals released [[on DHCS QIP site](#)]
- ✓ 7/24/19: PY3 Benchmarks v2 released
- ~Sept 2019: PY3 Value Sets by Measure for MCPs to be released
- 10/31/19: PY3 Reporting Manual to be released
- 12/15/20: PY3 report due

PY3 Additional Stratification

- DHCS will require stratification for Q-PC1-3 (Diabetes measures) for following categories but have not made decision on specifics:
 - 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 Aug 2019.

PY3 List of Measures

Changes from
June QIP Webinar

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 Beneficiaries

Q-PC10: native spec,
includes ANYS

Q-PC7

Q-PC8

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

Q-PC13: DPH Visit
...er 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 S

Q-RU1 Criteria Appropriate Use
...ry Patients

Q-RU2 Trauma (≥18)

Q-RU3 Trauma (2-17 yo)

Q-RU4 Unplanned Reoperation within the 30-Day Postoperative Period (CPT 4)

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

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

Q-RU5: spec source
changed from PQA to
CMS Adult Core Set

*Native specifications includes assigned seen elsewhere and assigned-not-yet-seen (ANYS).

Link to native CMS Medicaid [Adult](#) & [Child](#) Core specs

PY3 Additional Measures

Measure	Spec	QIP Target Population	Cont. Assign. to DPH	Encounter Criteria
Q-PC10 CIS Combo 10	HEDIS	MCMC continuously assigned to DPH	12 mos. prior to child's 2 nd birthday	None
Q-PC11 Contraceptive Care – All Women Ages 21–44 (Effective)	CMS Adult Core	MCMC continuously assigned to DPH	Measurement Year (MY)	None
Q-PC12 Chlamydia Screening in Women Ages 16–24 (Total Rate)	HEDIS	MCMC continuously assigned to DPH	MY	Sexually active. Based on Pharmacy data (Contraceptive Meds) or Claims/Encounters (Value Sets: Pregnancy, Pregnancy Tests, Sexual Activity)
Q-PC13 HIV Viral Load Suppression	CMS Adult Core	Medi-Cal beneficiary at time of DPH medical encounter (includes assigned/not assigned to DPH, & FFS) with diagnosis of HIV in MY	None	One DPH medical visit during MY
Q-PC14 Well-Child Visits in the First 15 Months of Life	HEDIS	MCMC continuously assigned to DPH	Ages 31 days - 15 mos.	None
Q-RU6 Use of Opioids at High Dosage in Persons W/o Cancer	CMS Adult Core	MCMC continuously assigned to DPH	MY	≥2 prescription claims for opioids meds on different dates of service and with a cumulative days' supply of 15 or more days during the MY

Assigned not yet seen

- Outreach efforts: August 15 SNI workshop
- Adding section in QIP General Guidance: Corrected Member Enrollment/Assignment & Contact Data (*draft header*)
 - DPH must confirm the corrected assignment/enrollment info with both patient and MCP
 - Once confirmed, if patient no longer meets continuous assignment criteria of ≥ 1 metrics, DPH should remove patient from denominator of affected metric(s)
 - Includes:
 - Patient never or no longer assigned to DPH.
 - Pt no longer enrolled with MCP.
 - Incorrect contact info should be conveyed to MCP & to County. Only County eligibility can officially change contact info and make any associated changes to enrollment.
 - DO NOT REMOVE THESE PATIENTS FROM YOUR DENOMINATOR UNLESS confirmed by County Eligibility.

Q&A

OTHER QUESTIONS?

YOU ARE ALL UNMUTED

QIP Evolution

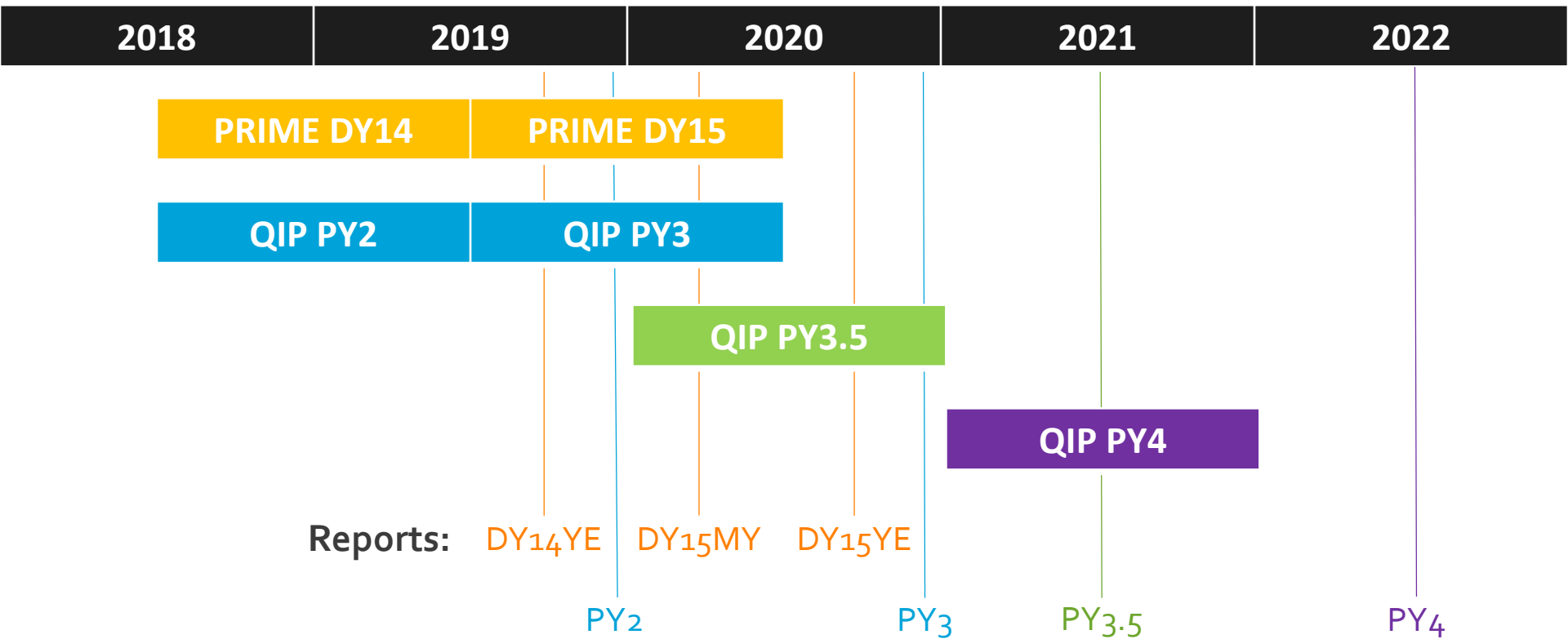




QIP Evolution



QIP Evolution



Reporting overview:

PRIME

DY14, DY15

Program Period	Measures	Report Due	Manual & Status	Benchmarks & Status
PRIME DY14 Year End 7/1/18-6/30/19	PRIME required + optional projects	Sep 30, 2019	DY14 Manual ✓ Released	DY14 Benchmarks ✓ Released
PRIME DY15 Mid Year 1/1/19-12/31/19	Same as above	*Mar 31, 2020	DY15 Manual ✓ Released	DY15 Benchmarks ✓ Released
PRIME DY15 Year End 7/1/19-6/30/20	Same as above	Sep 30, 2020	DY15 Manual ✓ Released	DY15 Benchmarks ✓ Released

**Sets targets for PRIME measures in QIP PY3.5 (1/1/20-12/31/20)*

Reporting overview:



PY2, PY3

Program Period	Measures	Report Due	Manual & Status	Benchmarks & Status
QIP PY2 7/1/18-6/30/19	Minimum 20 measures from PY2 set	*Dec 15, 2019	PY2 Manual ✓ Released	PY2 Benchmarks ✓ Released
QIP PY3 7/1/19-6/30/20	Minimum 20 measures from PY3 set	*Dec 15, 2020	PY3 Manual ➡ To be released Oct 31, 2019	PY3 Benchmarks ✓ Released

*If reporting on measures for P4P in PY2 that were not reported in PY1, must report PY1 baseline data (7/1/18 & 6/30/19) with PY2 data.

*If reporting on measures for P4P in PY3 that were not reported in PY2, must report PY2 baseline data (7/1/18 & 6/30/19) with PY3 data.

Reporting overview:

QIP
2.0

PY3.5

Program Period	Measures	Report Due	Manual & Status	Benchmarks & Status
QIP PY3.5 1/1/20-12/31/20	Same PRIME measures DPH reported in DY15 + ≥20 PY3 measures	*June 15, 2021	PY3.5 Manual* ➡ To be released Dec 2019	DY15 Benchmarks PY3 Benchmarks ✓ Released

**Report PY3 measures' baselines (1/1/19-12/31/19) at time of reporting PY3.5 performance (1/1/20-12/31/20). PRIME measures use DY15 Mid-Year as baseline.*

**PY3.5 Manual = PRIME DY15 Manual + QIP PY3 manual with modification only to measurement periods to align with 1/1/20-12/31/20 period.*

Denominator population for PRIME & QIP measures remain the same as they were under DY15 and PY3 respectfully.

For QIP PY3.5 only: QIP requirement of 1 MCMC individual in every reported denominator will only apply to the QIP PY3 measures. It DOES NOT apply to PRIME DY 15 measures in QIP PY3.5.

Reporting overview:



PY4

Program Period	Measures	Report Due	Manual & Status	Benchmarks & Status
QIP PY4 1/1/21-12/31/21	*TBD - Measure Set and Minimum #	June 15, 2021	➡ To be released before 12/31/20	➡ To be released before 12/31/20

*TBD Measure Set/Minimum

- We will know more in next few months.
- Feedback process will build on QIP 2.0, considering various factors (TBD).
- Measure set will likely be smaller than QIP 2.0/PY3.5.

Starting Jan 2021, the QIP requirement of 1 MCMC individual in every reported denominator will apply to all the QIP measures, including any PRIME measures included in QIP PY4+.

Reporting overview:



PY4

“QIP”ification of any PRIME Measures included in PY4+

- Population: Medi-Cal only
- Default to measures' HEDIS Continuous Enrollment criteria
 - *"The continuous enrollment period and allowable gaps are specified in each measure."*
 - *"continuously enrolled with the benefit specified for each measure (e.g., pharmacy or mental health) gap"*
- HEDIS CE & gap criteria are similar to, but not necessarily the same as PRIME Eligible Population #2 (latter detailed here):
 - *"12 months of continuous MCMC assignment to the PRIME Entity during the Measurement Period."*
 - *No more than one gap in assignment with the PRIME Entity of up to 45 days during the Measurement Period."*
 - *Individual must be enrolled assigned to the PRIME Entity on the final day of the Measurement Period."*
- TBD:
 - Further measure-specific population criteria for non-HEDIS measures.
 - Assigned MCMC vs. All MCMC plus Medi-Cal FFS

Target Setting

Phase	Program Period	Target Setting	CMS Approval Status
QIP1.0	PY2 7/1/18-6/30/19	<ul style="list-style-type: none">10% gap closure	CMS approved in current Pre-Print (PY2 & PY3)
QIP 1.0	PY3 7/1/19-6/30/20	<ul style="list-style-type: none">8.5% gap closure if PY2 target was met in PY210% gap closure if PY2 target was not met in PY2	CMS approved in current Pre-Print (PY2 & PY3)
QIP 2.0	PY3.5 1/1/20-12/31/20	<ul style="list-style-type: none">10% gap closure for both PRIME & PY3 measures	DHCS submitted proposal to CMS, not yet approved
QIP 3.0	PY4 1/1/21-12/31/21	<ul style="list-style-type: none">gap closure TBD	DHCS proposal TBD

Key Takeaways

- Plan for 6 reporting submissions within the next 2 years.
- Continue QI efforts on PRIME measures through Dec 2020
- Keep monitoring your “payable” QIP measures until report deadline
- Expect 10% gap closure for QIP2.0/PY3.5 /CY2020 for all measures (PRIME + QIP PY3) independent of PY2 and PY3 gap closure.
- Think about which PRIME measures you would want included, or not included, in QIP 3.0/PY4/CY2021 and beyond. SNI will solicit feedback in coming months.
- For now, assume that in QIP 3.0/PY4/CY2021 and beyond :
 - 1 MCMC requirement will apply to all measures in QIP program including past PRIME measures
 - All measures will use native measure spec. QIP-specific additions of DPH-engagement criteria will be removed from all measures.

WRAP UP



Save the Date



Registration to open in
September!

[https://caph.org/aboutcaph/
annualconference/](https://caph.org/aboutcaph/annualconference/)



Ai-Jen Poo
ED, National
Domestic Workers
Alliance



Celinda Lake
Pollster & political
strategist



Len Nichols
Policy professor,
George Mason
University



John Ohanian
President & CEO,
211 San Diego

QIP Managers Meeting @ CAPH/SNI Annual Conference

**POLL
TIME!**

Please enter in the chat box:

1. I would a QIP Leads networking meeting at the CAPH/SNI Annual Conference on Thursday, December 5, ~3:30-4:30 in San Diego (*Yes/No*)
2. I am
 1. Already planning on attending the conference
 2. Unsure
3. I would like to discuss the following topics (*Write in*)

Quality Leaders Awards

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 IS AUGUST 31, 2019

<http://safetynetinstitute.org/qla>

Improving Patient Inreach & Outreach Workshop

- Materials posted on [SNI Link/Data](#)
- 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



Upcoming Dates

Sept 9 (12-1): Patient-Centered Care Transitions Communication to Improve H-CAHPS Scores with RUHS [\[link\]](#)

Sept 11(12-1): PRIME/QIP OH

Sept 23 (12-1): QIP Leads Webinar

Oct 10 (12-1): PRIME/QIP OH

Oct 17 (12-1): Chlamydia screening: Best practices and implementation strategies for primary care settings [\[link\]](#)

Oct 23 (12-1): DY14 Year End PRIME Data Review [\[link\]](#)

Oct 28 (12-1): QIP Leads Webinar

Oct 29 & 30: DHCS/PRIME PRIMED Annual Learning Collaborative Event (Sac, CA)

Nov 7 (12-1): PRIME Disparity Reduction – Progress to Date [\[here\]](#)

M	T	W	Th	F
September				
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
October				
30 PRIME	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	1
November				
4	5	6	7	8