

QIP Manager

MONTHLY FORUM

Monday, September 23, 2019
12:00 to 1pm

[Play recording](#)

Agenda

| Time | Topic | Lead(s) |
|--------|---|---------------------|
| 5 min | Welcome & Roll-Call | Dana Pong |
| 10 min | QIP & PRIME Program Evolution <ul style="list-style-type: none">• Q&A | David |
| 35 min | Program & Reporting Updates <ul style="list-style-type: none">• Reporting Updates: PY2 & PY3• Poll: MCP Data for PY2• Poll: QIP IP₁ | David Lown, Dana |
| 5 min | Wrap-up & Announcements <ul style="list-style-type: none">• Annual Conference<ul style="list-style-type: none">• Poll: QIP Leads Meeting• Upcoming SNI events | Dana |

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](#)

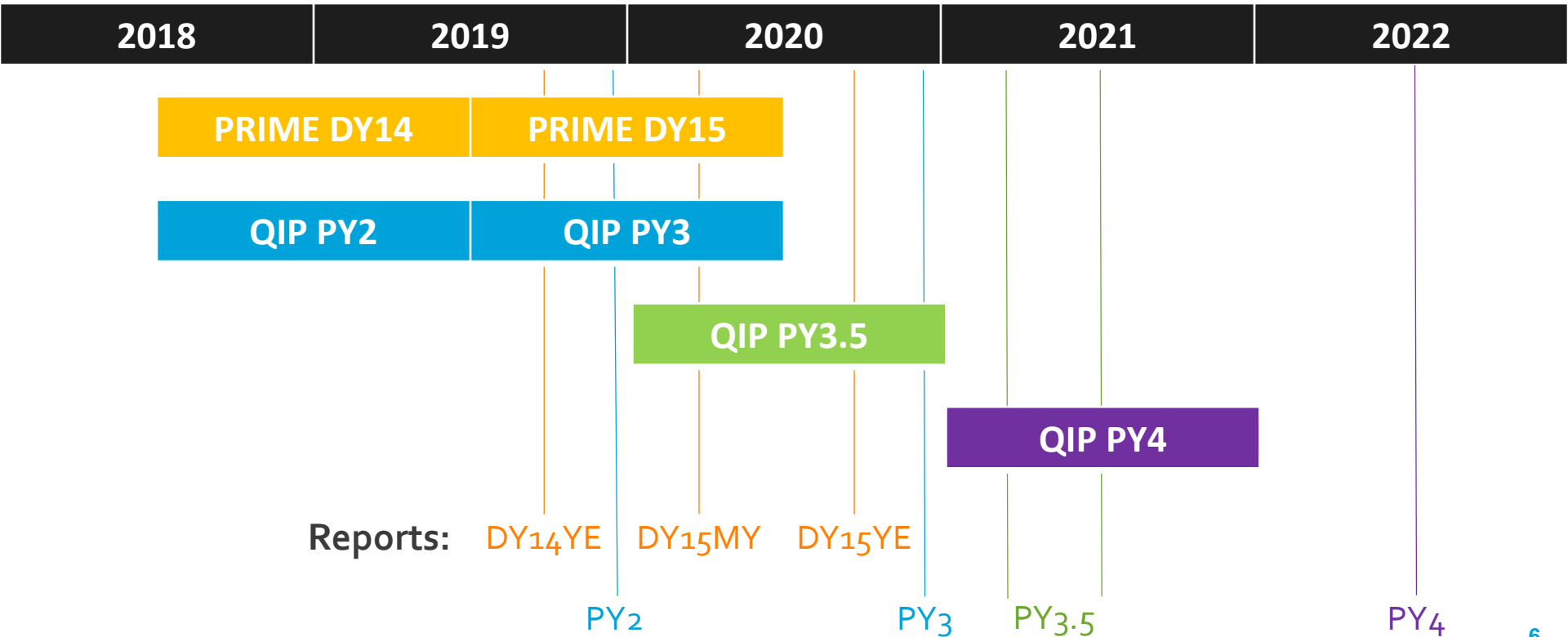
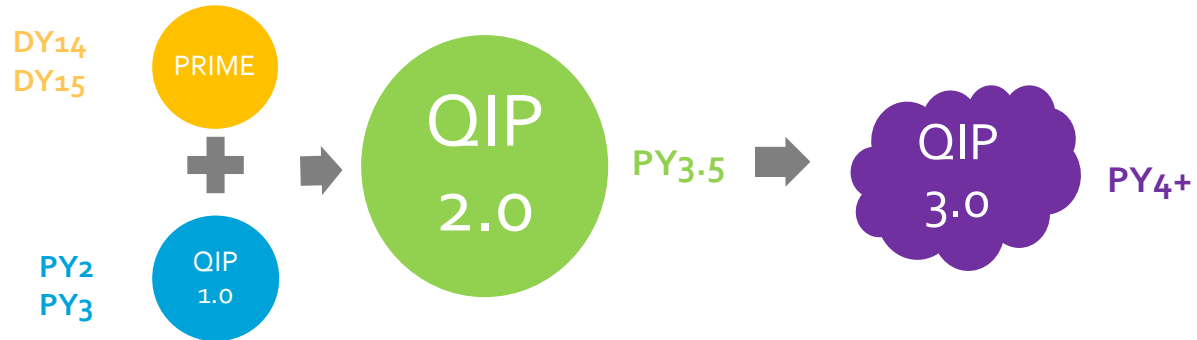


QIP Evolution



QIP Evolution

[See 8/26 QIP Webinar recording](#) for
overview of QIP Evolution



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 | *PRIME 3/31/21 *QIP 6/15/21 | PY3.5 Manual* ➡ To be released Dec 2019 | DY15 Benchmarks PY3 Benchmarks ✓ Released |

**Report PY3.5 "QIP" measures' baselines (1/1/19-12/31/19) at time of reporting PY3.5 performance (1/1/20-12/31/20). PY 3.5 "PRIME" measures use DY15 Mid-Year as baseline, reported 3/31/19.*

**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. Reported 6/15/19*

9/23 Clarification: Can choose to report on any measure from PY3 Measure Set; does not have to be previously reported for QIP PY3 on 12/15/2020.

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

Q&A

QUESTIONS?

YOU ARE ALL UNMUTED

Reporting & Program Updates



Program Updates: Policies

Forthcoming

- Specialty Care Contracted lives – see following slide.

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

Specialty Care Measures

- SNI & DHCS exploring expansion of Specialty Care population criteria to include patients served under DPH/Medi-Cal Managed Care Plan (MCP) contracts for specialty care
- Change would be applicable to all DPHs reporting on SC measures.
- SNI working with members to develop possible draft language:
 - Replace: “assigned to the DPH on the date of the procedure”
 - With: “either assigned to DPH on the date of the measure specified event OR served under a DPH/MCP contract for specialty care on the date of the specified event”.
- DHCS to review. Finalization timing TBD
- **QUESTIONS for DPHs:**
 - **Anyone opposed to the draft language?**
 - **To what extent would plan data be used for calculations?**

PY2 Reporting Reminders

- ✓ 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.
- **12/15/19:** PY2 report due

NOTE: Clarification on Q-SC4&5 population was provided during [8/22/19 Metrics Office Hours](#). Listen at 23:00 of the recording.

PY2 Reporting Mechanics

Online reporting portal to replace use of Excel reporting form

- Similar to PRIME portal
- Will include at least 1 new question on “challenges/ lessons learned” similar to the question in PRIME

Estimated Timeline

- **Early Oct:** DHCS releases Portal User Guide
- **Early Oct:** DHCS informational webinar on PY2 Portal
- **Mid Oct-Early Nov:** Portal user testing
- **Nov 15, 2019:** Portal opens for official PY2 reporting

PY2 Minimum Denominators



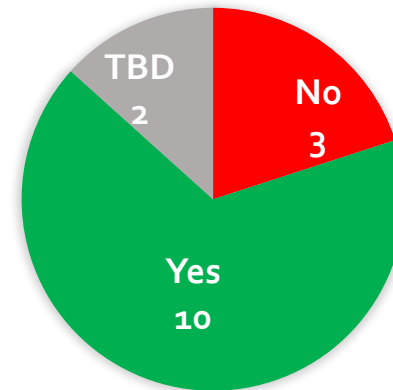
- ≥ 20 payable measures based on the minimum case # criteria:
 - For maximum funds, must report ≥ 20 measures, each of which fulfills denominator requirements & for which every measure target is achieved.
 - Do NOT report any additional measures that do NOT meet these criteria.
 - Do not report any measure 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 Results: PY2 Reports

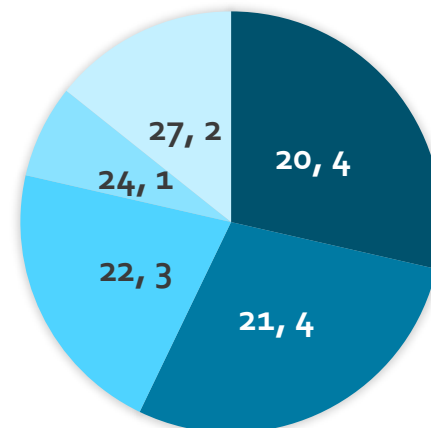
POLL
RESULTS!

On the 8/26/19 QIP Leads webinar, we polled systems on PY2 reports.

Q1. Will you have at least 20 “payable” metrics for PY2 (i.e., eligible for performance \$s)?



Q2. If yes for #1, how many total “payable” metrics are you tracking for possible PY2 reporting?



Poll Results: PY2 Reports

POLL
RESULTS!

On the 8/26/19 QIP Leads webinar, we polled systems on PY2 reports.

Q3: What are your biggest challenges with QIP PY2 reporting?

- (2) minimum denominators
- (3) getting attention to QIP from PRIME & other efforts; overlap with PRIME & competing operational projects; PY2 reporting is midway into PY3, so need to wrap up PY2 & pivot to PY3 ASAP
- (2) Switching EHR's , New EHR
- (2) still can't get payor claims data; MCP claims data is delayed
- Metrics requiring MCP data still not finalized
- Moving away from chart reviews
- Building discrete fields in the EHR
- Q-PC6: Identifying qualified non face to face visits for 7 days post discharge f/u
- Q-PC7: ENYS - working w/ health plan
- Q-PC7: Identifying external pediatric PCP visits
- Q-RU4: Don't know NSQIP data until after deadline
- Future- timing of spec updates

Poll: MCP Data for PY2

10/30/19: Deadline for Health Plan to send data to DPH for 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.

Please chat in the following for each of your contracted MCPs:

1. MCP Name
2. Frequency with which you are receiving QIP data from that MCP
3. Which QIP data is missing from those MCP files
4. Ongoing issues with that MCP re: QIP data



**POLL
TIME!**

Poll: MCP Data for PY2

**POLL
RESULTS!**

| System | 1. MCP | 2. Frequency | 3. Missing | 4. Issues |
|---------------|-----------|-----------------|--|---|
| Contra Costa | CCHP | Daily or weekly | | |
| Kern | KHS | Monthly | None | None |
| LA | LA Care | Monthly | None | None |
| LA | HealthNet | Monthly | None | None |
| Riverside | IEHP | Monthly | None | None |
| San Francisco | SFHP | | | |
| San Joaquin | HPSJ | Monthly Claims | Waiting for Rx data today | |
| San Mateo | HPSM | Monthly | None | Financial Data typically 90 days behind |
| Santa Clara | VHP | | No data currently but actively working on it | Major data issues |
| Santa Clara | Anthem | Monthly | None | None |
| UCD | HealthNet | Monthly | Eligibility (45 day gap) | None |
| UCI | CalOptima | Monthly | | |
| Ventura | GCHP | By request | | |

PY3 Reporting Reminders

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

PY3 List of Measures

Same slide as in
8/26 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-PC15 Atrial Fib. & Atrial Flutter: Chronic Anticoagulation Therapy

Q-PC16 CAD: Antiplatelet Therapy

Q-PC17 CAD: ACE Inhibitor or ARB Therapy-Diabetes or LVSD (LVEF

Q-PC18 CAD: ACE Inhibitor or ARB Therapy-Prior MI or LVEF <40%

Q-PC19 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 for 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 Stratification

- DHCS will require stratification for Q-PC₁₋₃ (Diabetes measures) for following categories:
 - Age: categories TBD
 - Gender: see next slide
 - REAL/Ethnicity: see next slide
- **Reminder:** Stratification is reported for informational purposes only. No targets are associated with the stratified populations.

PY3 Additional Stratification

For race/ethnicity:

| |
|--------------------------------|
| White |
| African American |
| Hispanic |
| American Indian/Alaskan Native |
| Chinese |
| Japanese |
| Filipino |
| Korean |
| Vietnamese |
| Asian Indian |
| Laotian |
| Cambodian |
| Hawaiian |
| Guamanian |
| Samoan |
| Other Asian/PI |
| Multiracial |
| Other |
| Unknown/Missing |

For gender:

| |
|--|
| Male |
| Female |
| Transgender male/Trans man/Female-to-male |
| Transgender female/Trans woman/Male-to-female |
| Genderqueer, neither exclusively male nor female |
| Additional gender category/(or other), please specify* |
| Unknown/Missing |

*DHCS re-evaluating the use of the unclear "Unknown/Missing" language

Age stratification still TBD

Q-IP₁ Surgical Site Infection (FYI)

- PY2 Manual: “Initial Population: All patients in receipt of the specified procedures at a DPH facility during the measurement year... QIP [QIP] requirement...that DPHs follow CDPH guidance regarding methods for routine SSI surveillance...”
- SSI Surveillance Period: the time period during which surveillance for any resulting SSI occurs, either 30 days (COLO, CSEC, CHOL, HYST & SB) or 90 days (FUSN)
- PY3 Draft Revision: In order to ensure that surveillance periods end within the QIP Program Year, the following dates should be used:
 - 30 Day surveillance: COLO, CSEC, CHOL, HYST, SB
 - Measurement Period: 6/1/2019 – 5/31/2020
 - Surveillance Period: 6/1/2020 – 6/30/2020
 - 90 Day surveillance: FUSN
 - Measurement Period: 4/1/2019 – 3/31/2020
 - Surveillance Period: 4/1/2020 – 6/30/2020

Poll: QIP IP₁-Surgical Site Infection

**POLL
TIME!**

If you reported on Q-IP₁ in PY₁:

1. For QIP surgeries performed June 1-June 30, 2018 did you include in your PY₁ numerator SSIs that occurred 7/1/18-30/18 (for 30 day surveillance), and for those performed and April 1 – June 30, 2018 did you include SSI's from 7/1/18-9/30/18 (for 90 day surveillance)?
2. If not, what was your approach?

Similarly, if you are planning on reporting on Q-IP₁ for PY₂, please respond on what your approach is for PY₂.

NCQA Measure Certification Update

- *Organizations interested in offering a product or service using NCQA's HEDIS measures or the IHA AMP measures must first earn [NCQA Measure Certification](#) to demonstrate to partners and customers that coded measures meet current NCQA standards and produce accurate and comparable results.*
- NOT required for QIP PY2, PY3 or PY3.5
- Small possibility of requirement for PY4 (2021)
- Once QIP measures finalized, would take NCQA ≥9 months to develop a QIP specific measure certification program. QIP Entities would then need to be NCQA certified prior to reporting, so really not until 2022
- To be discussed by SNI & NCQA next summer

WRAP UP



QIP Managers Meeting @ CAPH/SNI Annual Conference

Where: Paradise Point Resort; San Diego, CA

When: Thursday, December 5; 3:40PM - 5:00PM

**POLL
TIME!**

Please enter in the chat box:

1. I am
 - a) Already planning on attending the conference
 - b) Unsure

2. I would like to discuss the following topics at a QIP Leads Networking Meeting (*Write in*)

Note: if you are only attending the QIP Leads Meeting, you do not need to register for the rest of the conference

Register Now!

Member early bird rate until Nov 8!



Registration open now!

[https://caph.org/aboutcaph/
annualconference-
2/registration/](https://caph.org/aboutcaph/annualconference-2/registration/)



Len Nichols
Policy professor,
George Mason
University



Ai-Jen Poo
ED, National
Domestic
Workers Alliance



Celinda Lake
Pollster & political
strategist



Stacey Chang
Founder & ED,
Design Institute
of Health



Robin Wittenstein
CEO,
Denver Health



John Ohanian
President & CEO,
211 San Diego

Upcoming Dates

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 [\[link\]](#)

Nov 14(12-1): PRIME/QIP OH

Nov 18 (12-1): Hardwiring & Scaling PRIME QI Projects [\[here\]](#)

| M | T | W | Th | F |
|----------|----|----|----|----|
| October | | | | |
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| 7 | 8 | 9 | 10 | 11 |
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| November | | | | |
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