



# QIP Manager

# MONTHLY FORUM

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**Monday, October 28, 2019**  
**Meeting Cancelled;**  
**Email Update Provided**

# PY2 Reporting Reminders

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- ✓ 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 Application

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Online reporting portal (aka “application”) replaces Excel reporting form

- Similar to PRIME portal
- Added at Metric level:
  - Drop down list for data source
  - Checkbox for Sample vs Total
  - “QI efforts/challenges/ lessons learned” question, similar to PRIME

## Timeline

- Oct 3: DHCS webinar on QIP reporting portal (aka “application”). Webinar link and instructions guide were emailed to all QIP application users.
- Oct 18: Deadline for entities to verify PY 1 data was imported into the application correctly & provide feedback on the test application.
- Nov 15: PY2 reporting portal opens.
- Mid Nov: DHCS will release a ‘checklist’ with elements required by their quality and completeness reviews to support high-quality reports.

# PY2 Double Reporting: IP1, SC1, RU4

Covered at 10/10/18 PRIME/QIP Office Hours | [Play recording](#) (26 minutes)

## **Q-IP1 *Surgical Site Infection***

- Use the PY3 spec to report for PY2 and to re-report PY1
- SNI circulated draft PY3 spec as FYI. Final spec to be released with PY3 Manual.
- Refer to slides 22-23 from [9/23 QIP Leads webinar](#). Listen at 51:38.
- Reminder: In the PY2 report narrative, include the preceding calendar year's summed Predicted Infection Count

## **Q-SC-1 Atrial Fib/Flutter: Anti-Coag**

- Use the PY2 spec to report for PY2 and to re-report PY1

## **Q-RU4 30 Day Unplanned Return to OR**

- Use the PY2 spec to report for PY2 and to re-report PY1

Policy Letter by DHCS is forthcoming.

# PY2 Minimum Denominators



- $\geq 20$  payable measures based on the minimum case # criteria:
  - For maximum funds, must report  $\geq 20$  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  $\geq 20$  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-reported 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

# PY3 Reporting Reminders

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- ✓ 6/24/19: PY3 Measure additions/removals released on [DHCS QIP site](#)
- ✓ 7/24/19: PY3 Benchmarks v2 released
- **October 22:** Q-RU-5 and Q-RU-6 NDC Codes and MME equivalencies now available for download on [SNI Link](#)

## Official Reporting Manuals & Guidance

*Please review the document control logs of each section. QIP entities should review the entire QIP Reporting Manual, including the General Guidance and all applicable measure specifications, prior to implementing the measures. The General Guidance applies to all QIP measures.*

### QIP Program Year 3 Reporting Manual

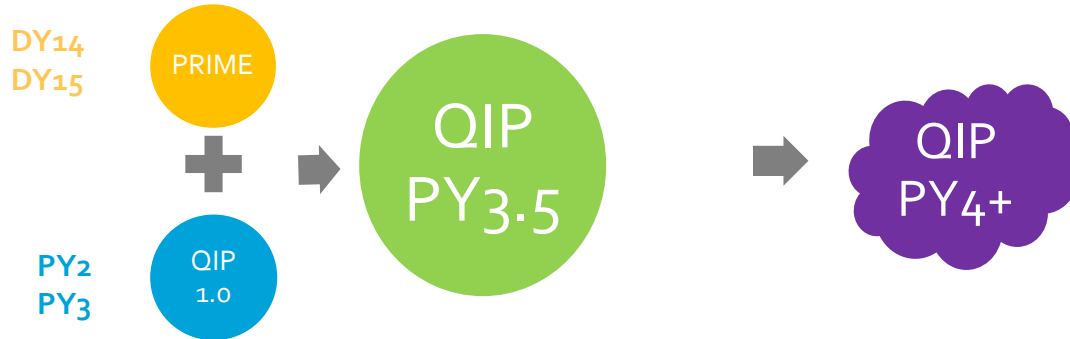
📄 QIP Program Year 3 Reporting Manual to be posted Nov 2019

📄 Q-RU5, Q-RU6: PQA NDC List posted 10/22/19 (different than PRIME Project 2.6 PQA COB NDC List)

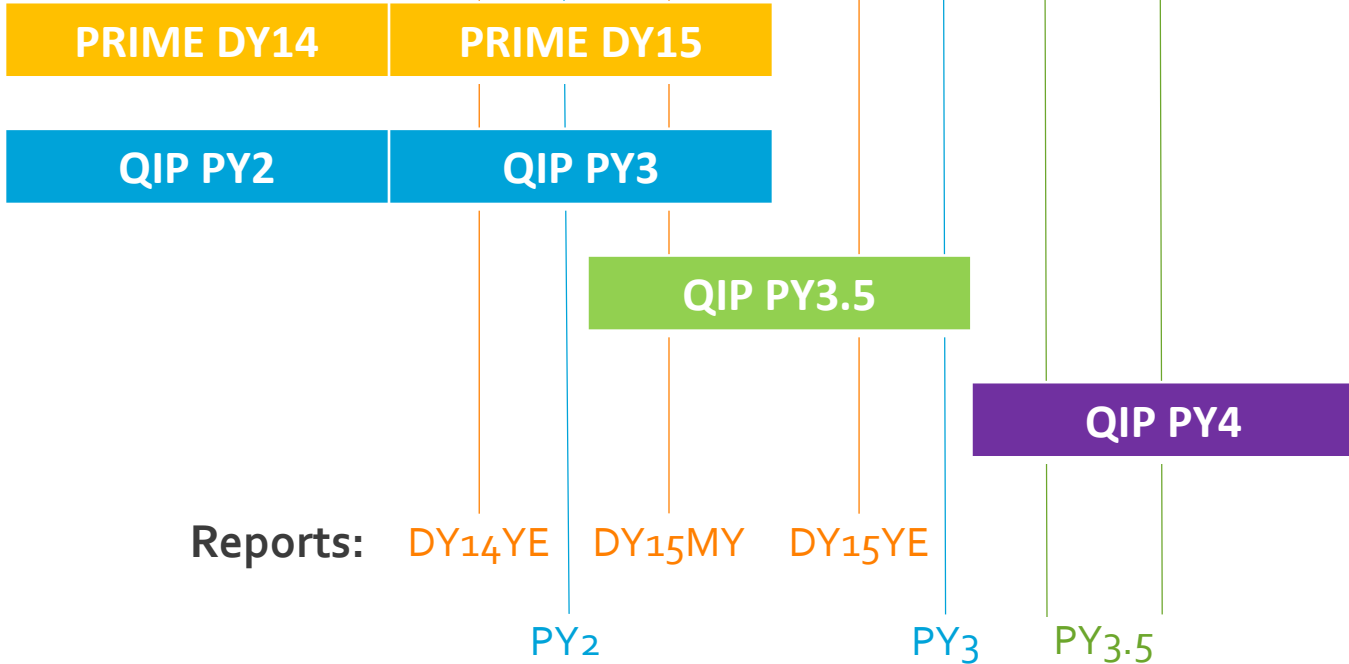
- **November:** PY3 Reporting Manual to be released on [SNI Link](#)
- **November:** PY3 Value Sets by Measure for MCPs to be released on [DHCS QIP site](#)
- **12/15/20:** PY3 report due

# QIP Evolution

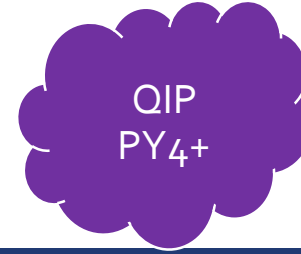
[See 8/26 QIP Webinar recording](#) for overview of QIP Evolution



2018	2019	2020	2021	2022
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# Reporting overview:



Report due date corrected to 6/15/22

Program Period	Measures	Report Due	Manual & Status	Benchmarks & Status
QIP PY <sub>4</sub> 1/1/21-12/31/21	*TBD - Measure Set and Minimum #	June 15, 2022	↻ 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 PY<sub>4+</sub>.