QIP Manager
MONTHLY FORUM

Monday, November 25, 2019
12:00 to 1pm

Play recording

Agenda

Time	Topic	Lead(s)
5 min	**Welcome & Roll-Call**	Kristina Mody
15 min	**Program & Reporting Updates**	Kristina
30 min	**QIP & PRIME Program Evolution** • Q&A	Giovanna Giuliani
10 min	**Wrap-up & Announcements** • Annual Conference • QIP Leads Meeting • 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, Clare Connors	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

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Reporting & Program Updates

DHCS PY1 Evaluation Report

- Posted on the [DHCS public website](#)

- In this baseline evaluation report, DHCS assessed:
    - # measures reported by each hospital
    - which measures were reported by more hospitals
    - baseline achievement rates by each DPH

- Future reports to assess whether performance-based quality incentive payments to DPHs through the MCPs improve the quality of inpatient & outpatient services for Medi-Cal members.

PY1-PY3 Payments

Timing

- PY1 payments went out Oct 2019 through Managed Care Plans

- PY2 & PY3 payments anticipated to go out similarly, 16 months after PY

Allocation Amounts

- PY1-3 Pre-print: Starting PY2, there will be an inflationary factor (~4%) applied to the total funding value for QIP

- Final value tied to overall Medi-Cal program actuarial rates which aren't approved until after the PY is over

- For more info, contact your CFO who receives updates from CAPH Finance

Program Updates: Policies

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

- QPL-19-003 PY2 Reporting Policy letter *released 11/15/19*

- QPL-19-002 PY3 Reporting Requirements

- 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

QPL-19-003 PY2 Reporting

- If you are reporting historical data for PY1:
  - Report PY1 historical data using the PY 1 measure specifications (unless specified otherwise).
  - Stratification by managed care plan not required for historical data.

- Report PY 1 & PY 2 data using the PY 2 measure specs for:
  - Q-SC1: Atrial Fib & Atrial Flutter: Chronic Anticoagulation Therapy
  - Q-RU4: 30-Day Unplanned Return to OR

Q-IP1 SSI

- No major changes between PY1, PY2 & PY3 specs for Q-IP1:
  - All patients in receipt of the specified procedures during the measurement period = QIP Program Year (7/1/2019 to 6/30/2020)
- PY3 draft circulated by SNI to members during Oct did not materialize.
- DHCS 11/15/19 email "PY2 Reporting":
  - "The PY2 Reporting Application will not contain previously reported PY 1 data for Q-IP1.
  - This measure was anticipated to have a trending break and double reporting for PY 2 and thus did not have PY 1 data imported from your PY 1 Excel reporting template. However, DHCS learned that a trending break was no longer necessary yesterday. Unfortunately, this did not leave time for DHCS to import the Q-IP1 data.
  - For this measure, **entities must re-enter the same data they submitted in their PY 1 Excel reporting template before proceeding to enter PY 2 data.**"

PY2 Reporting Reminders

✓ 4/2/19: Manual Walkthrough Webinar [on SNI Link]

✓ 4/4/19: PY2 Value Sets by Measure for MCPs [on DHCS QIP site]

✓ 5/1/19: Updated RU4 & RU5 benchmarks, v6 [on SNI Link]

✓ 10/30/19: Deadline for Health Plan to send data to DPH for PY2
   o Plan data received after that not required to be included by the DPH in PY2 report, but may be included at DPH discretion.

✓ 10/3/19: DHCS QIP Reporting Application Webinar

✓ 11/15/19: QIP Reporting Application opened

• **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

- Webinar conducted by DHCS on 10/3/19
  - link, password: QIPtest1
- Instructions emailed by DHCS to Application users [posted on SNI Link]
- New (for PY2) metric-level question "challenges/ lessons learned"
- Application will not allow entry of PY 2 data without PY 1 data present
- PY1 data reported in PY1 have been imported in except IP1, SC1, RU4
- If not reporting on a metric, select the check box "Not Reporting"
- Double check that everything displayed in the portal is congruent with your own calculations
- Users can download an excel & pdf

- REMINDER: send final PY2 report downloads to dpong@caph.org

PY2 Minimum Denominators

- ≥20 payable measures based on the minimum case # criteria:
  - For <u>maximum</u> 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 a 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 <u>any</u> 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

PY3 Reporting Reminders

✓ 6/24/19:   Measure additions/removals released on DHCS QIP site

✓ 7/24/19:   Benchmarks v2 released

✓ 10/22/19:Q-RU-5 & Q-RU-6 NDC Codes & MMEs posted on SNI Link

✓ ***new* 11/22/19:** Reporting Manual released on SNI Link

✓ *** new*11/22/19:** DHCS emailed announcement of Reporting Manual & Walkthrough Webinar

• Week of 11/25/19: DHCS to post PY3 Value Sets by Measure for MCPs [on DHCS QIP site]

• **12/3/19, 11-12:** Reporting Manual Walkthrough Webinar [register here]

• **12/15/20:** PY3 report due

Deceased but Still Enrolled

- Scenario: DPH learns a patient has died but is remaining on the MCP enrollment files & based on those enrollment files meets metric(s)' continuous eligibility criteria.

- Options are different for PY2 and PY3.

- PY2: System must include that patient in that measure's denominator.

- PY3: System must:
  - Exclude patients who have died any time during the applicable continuous enrollment/assignment period
  - Notify the patient's MCP of the patient's death
  - Include in its data methodology narrative the # patients removed from the metric denominator for this reason.

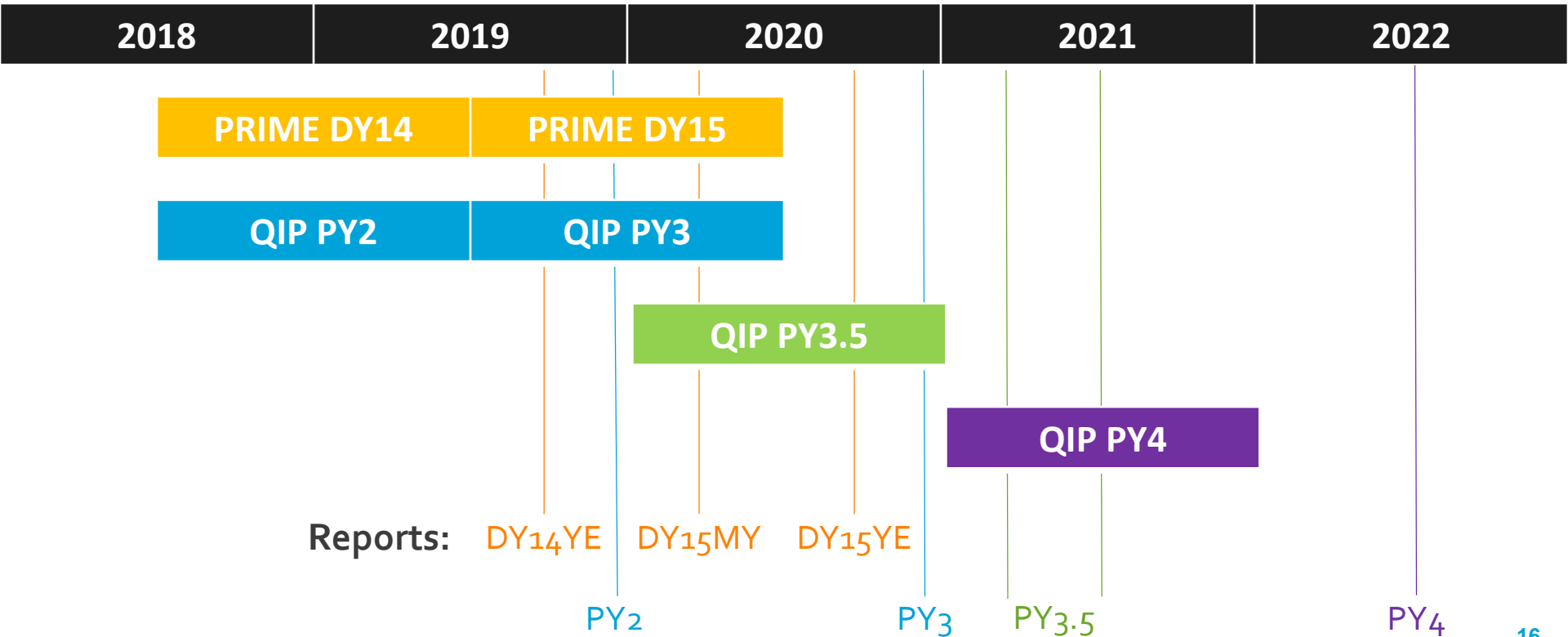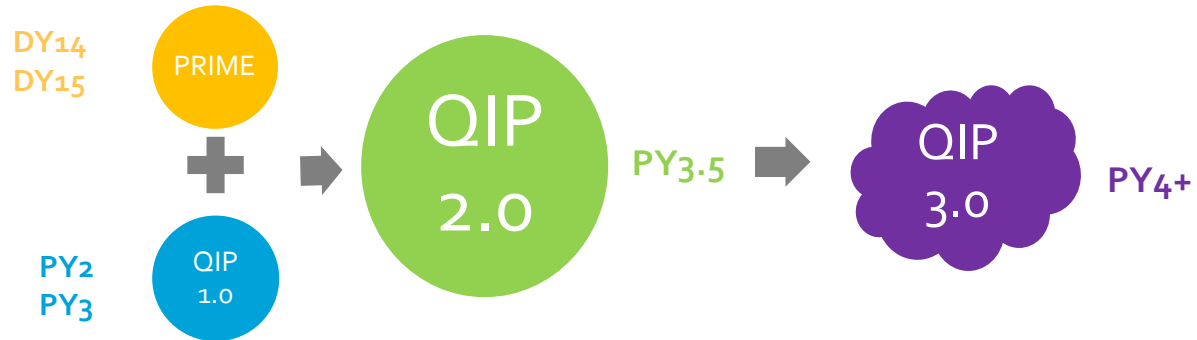- Language added to PY3 General Guidance, Measure Exclusions, Other Exclusions, Deceased Patients

QIP Evolution

QIP Evolution

DY14
DY15

PRIME

+ →

PY2
PY3

QIP 1.0

QIP 2.0

PY3.5 →

QIP 3.0

PY4+

2018	2019	2020	2021	2022

PRIME DY14 — PRIME DY15

QIP PY2 — QIP PY3

QIP PY3.5

QIP PY4

Reports: DY14YE   DY15MY   DY15YE

PY2   PY3   PY3.5   PY4

16

ME 2.1.6 Post-Partum DY15 specifications – survey

- *Please see 11/22/19 email from Megan Thomas*

- **Take this BRIEF SURVEY to cast your entity's vote in favor of or opposition to the proposed changes** that QIP PY3.5 adopt the HEDIS 2020 specifications for the 2.1.6 postpartum care metric specifications

- **Cast one vote per entity by COB, Monday, December 2nd**

- DHCS will consider all entity feedback received from the voting and comments.

- If you have any questions, please reach out to Megan Thomas at: Megan@harbageconsulting.com or 650-906-9724.

Reporting overview:

QIP 3.0 **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, 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 <u>all</u> the QIP measures, including any PRIME measures included in QIP PY4+.

CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

Current Status

- Early in development of QIP Program Years 4-8
  - Initial calls with DHCS Office of the Medical Director (OMD)
    - Nature of discussions with OMD
    - Not linked to larger negotiations
  - SNI has engaged CAC, MTAC, SNI Board and CAPH Board to date on general principles and some specific metrics
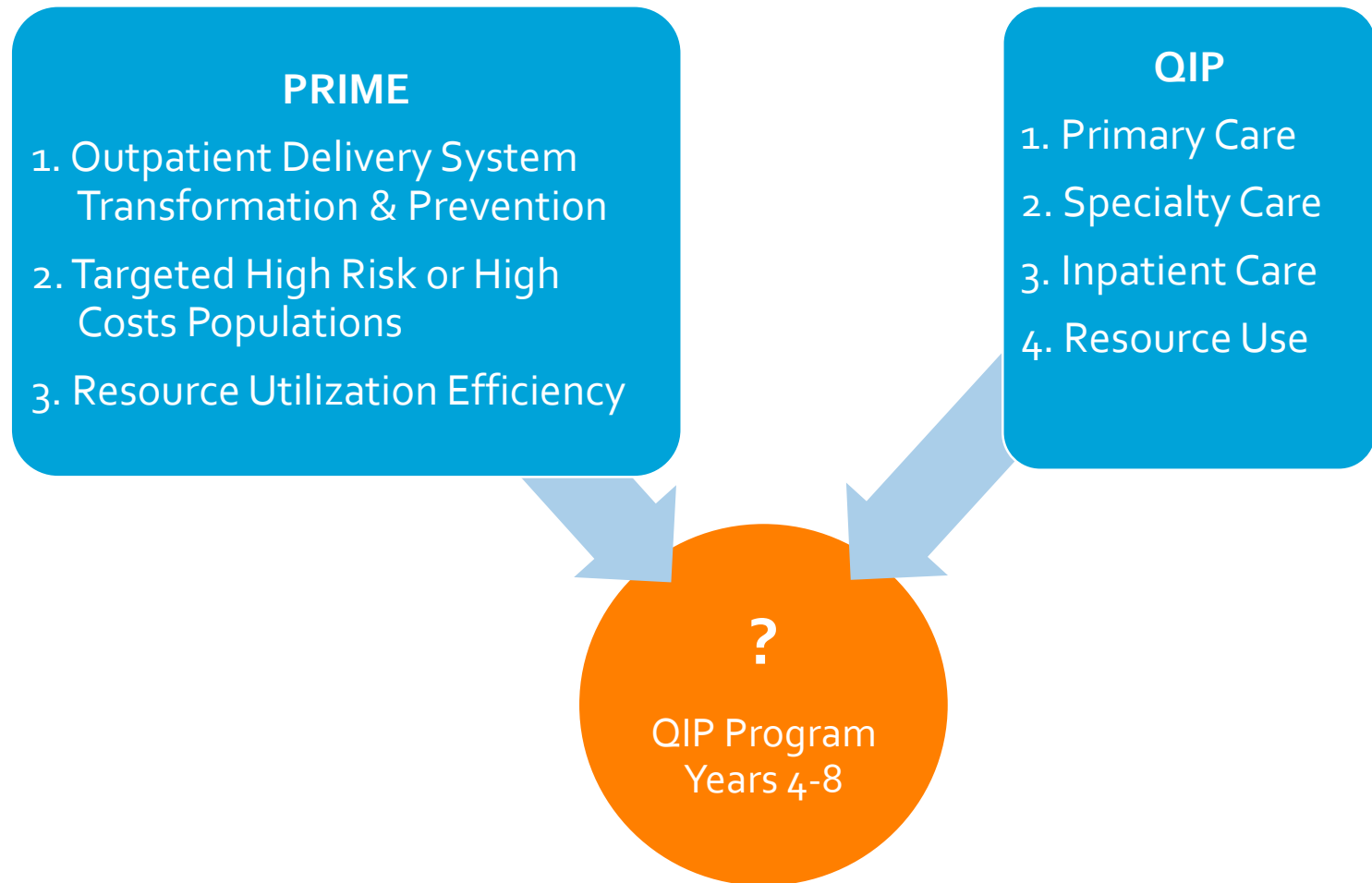- Today - Present guiding principles, process and timeline

PY4-8 Overview

- PY4: January – December 2021

- Participating Entities
  - Designated public hospitals (DPHs)
  - Districts & municipal hospitals (DMPHs)

- Patient population of measurement
  - Per OMD at PRIMEd: "1 Medi-Cal Managed Care beneficiaries per metric denominator"

- Funding Goal: combined PRIME$+QIP$

What are we trying to achieve?

Improve clinical quality, advance population health, and drive continued system transformation – via a metric set that:

- Builds on PRIME & QIP's successes and addresses program weaknesses = the "best of" PRIME and QIP + new metrics
- Aligns DPH efforts with DHCS (and therefore health plan) priorities
- Has an optimal # of metrics balancing:
    - organizational focus (not too many metrics)
    - financial risk per metric & choice of metrics (not too few metrics)
- Represents the spectrum of care provided by DPH to Medicaid Managed Care beneficiaries (i.e., different types of members, services and populations)

Current PRIME & QIP Categories

PRIME

1. Outpatient Delivery System Transformation & Prevention
2. Targeted High Risk or High Costs Populations
3. Resource Utilization Efficiency

QIP

1. Primary Care
2. Specialty Care
3. Inpatient Care
4. Resource Use
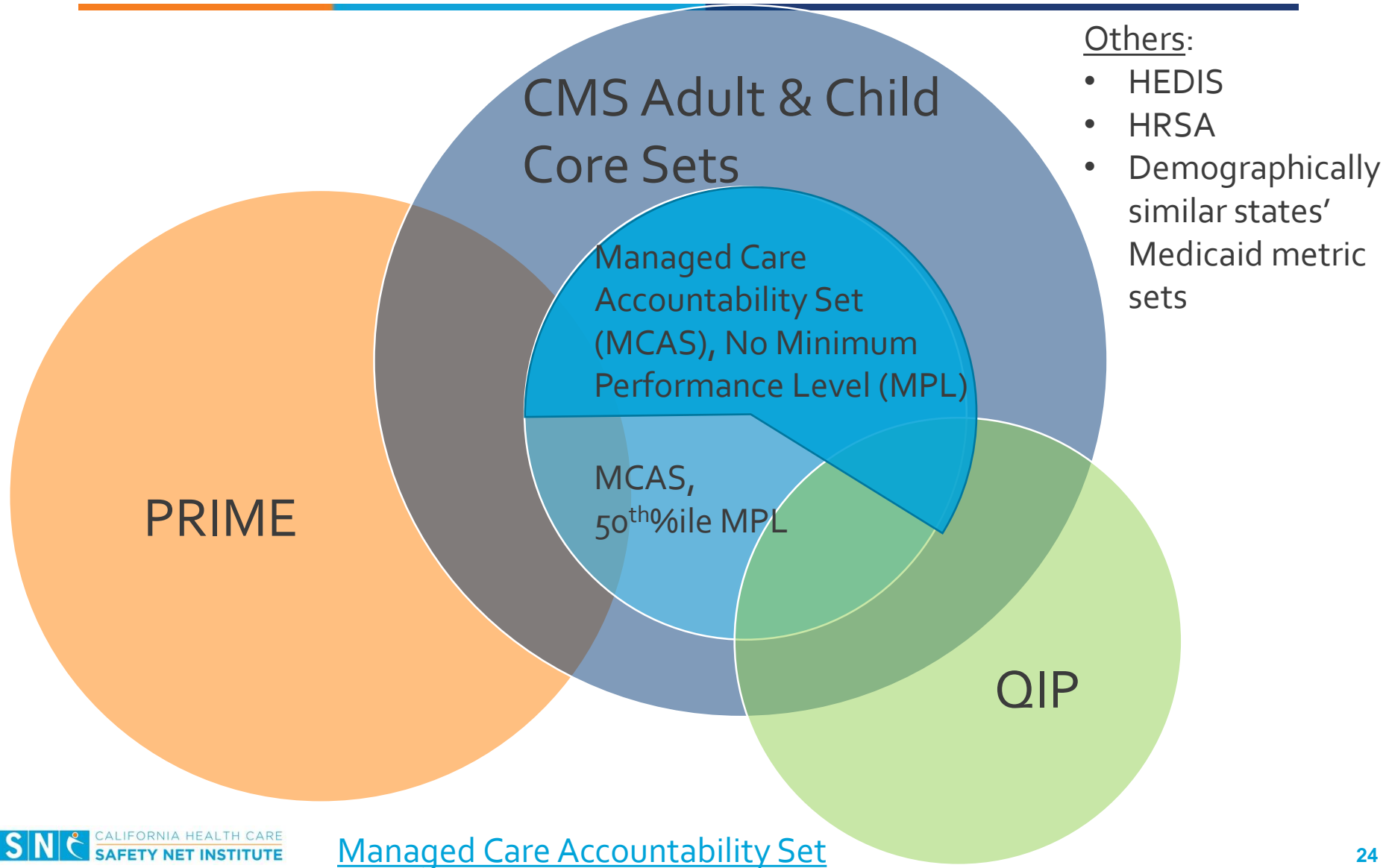
?

QIP Program Years 4-8

QIP PY 4-8 metric categories

- Aim is to measure quality across the continuum of care provided to Medi-Cal managed care beneficiaries by DPHs and to provide DPHs choices among metrics

- May not formalize the categories/domains

- Areas under consideration (driven by CMS Core Measure categories):
  - Primary care access and preventive care
  - Care of acute and chronic conditions
  - Maternal and perinatal health
  - Behavioral health care
  - Appropriate resource use
  - Care coordination, including transitions of care
  - Patient safety
  - Experience of care
  - Dental and oral health services

Potential metric sources

CMS Adult & Child Core Sets

PRIME

Managed Care Accountability Set (MCAS), No Minimum Performance Level (MPL)

MCAS, 50th%ile MPL

QIP

Others:
- HEDIS
- HRSA
- Demographically similar states' Medicaid metric sets

Managed Care Accountability Set
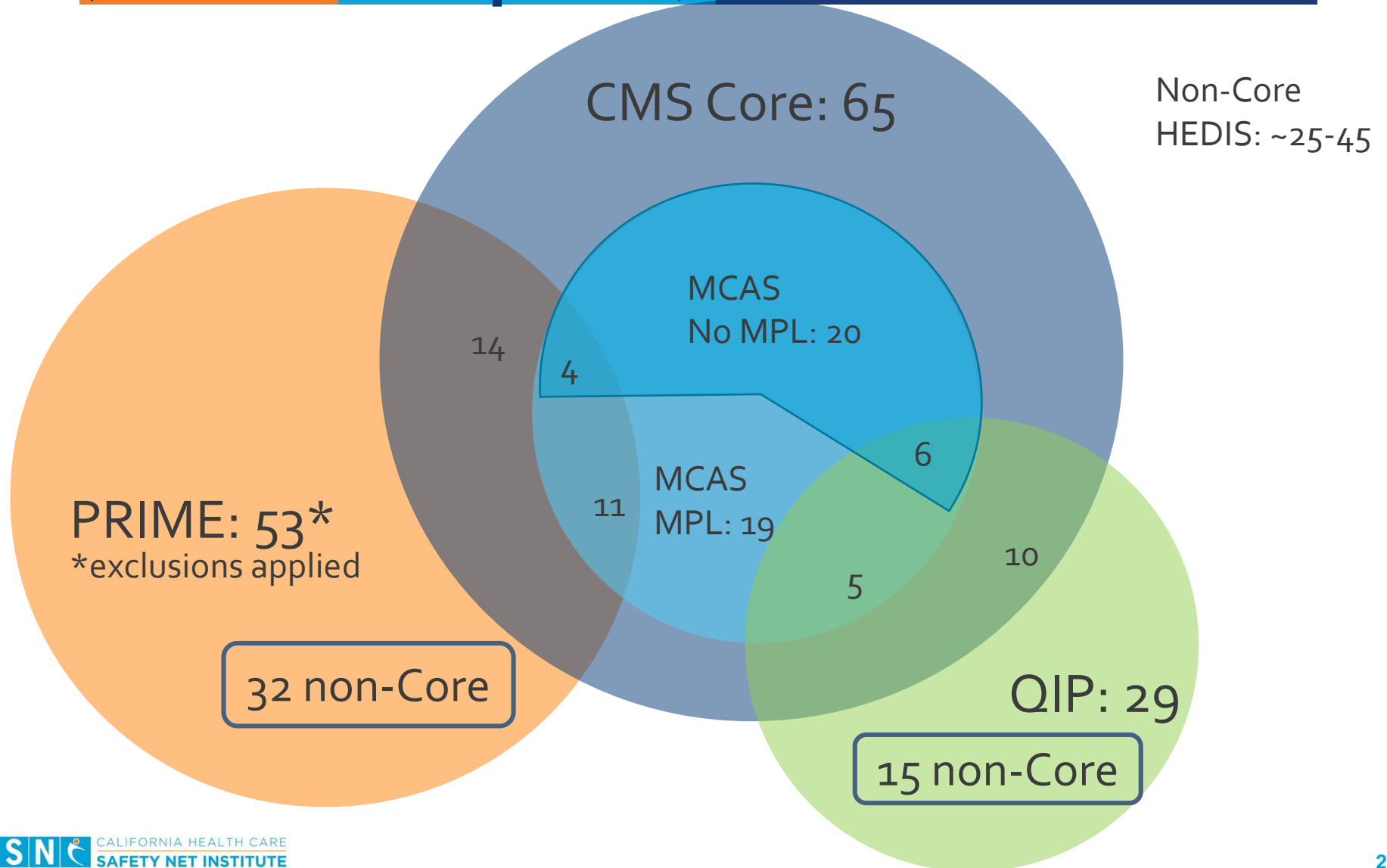
Initial Working Assumptions w/DHCS

- Metrics should meet minimum criteria as outlined in the current pre-print:
  - Nationally vetted or in wide use across Medicare & Medicaid quality initiatives
  - Medicaid applicable benchmarks
  - NQF endorsed; CMS Medicaid Core Set: or in CMS P4P program

- Reasons <u>not</u> to include a metric:
  - Retired
  - Survey-based
  - Certification-based
  - Explicitly not designed for P4P
  - Has a Licensure Fee

- Need to carefully consider the inclusion of any metric where the population may pose challenges if the DPH does not provide the service, or in terms of reporting:
  - Serious Mentally Ill, Substance Use Disorder, Dental, Small Populations

Number of metrics

- Current
  - PRIME: 56-79 metrics/DPH
  - QIP: 20-26/DPH (≥20 out of menu of 29)
  - TOTAL: 76-99 metrics/DPH

- Working agreement with DHCS for QIP PY4-8:
  - Final metric set would have ~60 measures
  - DPHs would be required to report on at least ~40 metrics
    - No discussion yet on specific metrics being required for all DPHs
  - Working towards a draft set of 70-80 metrics on which to get feedback from DPHs, DMPHs, and plans in early 2020

Alignment with DHCS (and health plans)

CMS Core: 65

Non-Core
HEDIS: ~25-45

MCAS
No MPL: 20

14

4

6

PRIME: 53*
*exclusions applied

11

MCAS
MPL: 19

5

10

32 non-Core

QIP: 29

15 non-Core

Potential issues with DHCS

- Measures should meet minimum criteria as outlined in the current pre-print:
  - Nationally vetted or in wide use across Medicare and Medicaid quality initiatives
  - Medicaid applicable benchmarks
  - NQF endorsed; CMS Medicaid Core Set: or in CMS P4P program

- Strict interpretation of criteria (above) by DHCS OMD may impact our ability to include certain metrics e.g. specialty care, inpatient care

- At the same time, DHCS has interest in advancing value-based payments, and improving productivity, access, & equity - concepts that don't necessarily lend themselves to inclusion in QIP with the above strict criteria.

- Timing

  - Pre-print submission to & approval by CMS

  - PY4 begins January 2021 -> potential operational & implementation challenges

Development Process & Timeline

Date	Task
Sep 2019 – Jan 2020	SNI, DHLF, DHCS collaborates to identify a draft metric set (~80) • SNI engages CAPH & SNI Boards, CAC, MTAC for guidance
Jan 2020 Feb 2020 Mar 2020 Apr 2020	Draft metric set released for stakeholder input • DPH and DMPH input (via survey) • CAPH/SNI & DHLF internal committee and Board input • Managed Care Plan input via survey (as done with PY3 menu)
May 2020	QIP Quality Advisory Group recommendations
June 2020?	DHCS Approval of ~60 metric set for inclusion in Pre-Print to CMS
?	**DHCS submission of, and CMS approval, of Pre-Print**
Nov 2020	Reporting Manual completed
Dec 2020 (earlier if possible)	Benchmarks released
Jan 1, 2021	Program Year 4 begins

Questions?

WRAP UP

Cleaning Up QIP/PRIME Contacts

- Week of 12/2: SNI will send PRIME/QIP Leads at your organization list of PRIME and QIP Teams on our contacts lists

- Purpose:
  - Confirm if team members still involved with PRIME/QIP
  - Align PRIME and QIP contact lists as we will likely retire PRIME contact list in 2020

- Contacts lists are used for
  - Webinar distribution (PRIME/QIP Office Hours, QIP Leads)
  - PRIME/QIP Express
  - Email communication

SNI Link

SNI Link, SNI's members-only website, is 3 years old!

To help us make it as useful as possible, feel free to take this survey to give us feedback for possible improvements (by 12/13/19)

Survey link:
https://www.surveymonkey.com/r/DRM7RMS

CAPH/SNI Annual Conference:
QIP Networking Meeting

When: Thursday 12/5, 3:50-5:00

Where: Royal I & II Rooms; Paradise Point, San Diego, CA

What: networking & peer-sharing opportunity for QIP Leads attending the CAPH/SNI annual conference

Let's open up the lines: what topics would you like to discuss?
- Implementation – any specific metrics?
- Coding
- Data sharing
- Program management
- Technical assistance
- Other....?

See you soon!

DESIGNING THE FUTURE
Annual Conference 2019

SAVE THE DATE!
December 4-6 | Paradise Point Resort, San Diego, California

Registration open now!

Nadine Burke Harris, MD
Surgeon General of California

Adam Schickedanz
Pediatrician & researcher, UCLA

Michelle Rhone-Collins
Founding LIFT-Los Angeles Executive Director

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

William York
Executive VP, 211 San Diego

PRIME External Webinar

- CAPH/SNI to share PRIME performance data and implementation trends for year four of the program.

- Los Angeles County Department of Health Services and University of California, San Diego, will share experiences

Transforming Care Delivery and Improving Quality through PRIME

Webinar
December 16, 1-2 PM PST

Share with your partners and stakeholders!

[Register now](#)

An archived version of the webinar will be available [here](#)

Upcoming Dates

Dec 3 (11-12): QIP PY3 NCQA Manual Walkthrough

Dec 3 (12-1): PRIME/QIP OH

Dec 4-6: CAPH/SNI Annual Conference

Dec 12 (1-2): Key Takeaways for Continual CDI Success [here]

Dec 16 (1-2): PRIME External Webinar [here]

Jan 14 (12-1): Anchoring PRIME Behavioral Health Integration in Practice [here]

M	T	W	Th	F
December				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
January				
30	31	1	2	3
6	7	8	9	10
13	14	15	16	17