



QIP PY3 Reporting Manual Updates

December 03, 2019

[Recording Link](#) (28:00)



Agenda

BRIEF INTRODUCTIONS

PROCESS FOR SUBMITTING QUESTIONS

REVIEW OF UPDATES

- General Guidance Key Updates
- High-Level Manual Updates
- Measure-Level Updates

TRENDING BREAKS

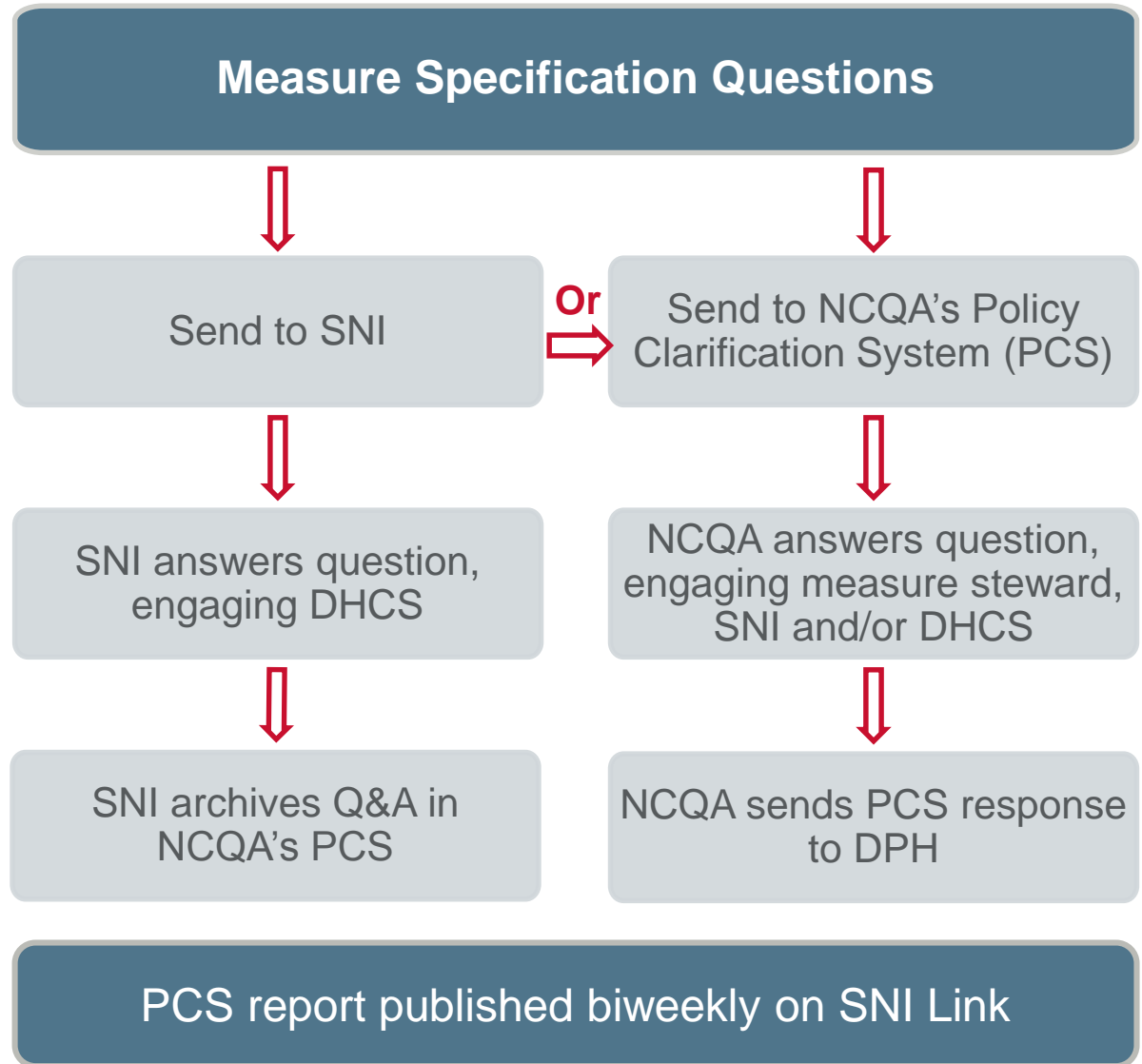
LOOKING AHEAD

- Manual Timeline & Updates

QUESTIONS

Process for Submitting Measure Specification Questions

PCS submission instructions:
Refer to QIP PY3 Reporting Manual, “Instructions for PCS System Use” in Section IV. of General Guidance.



Program/Policy & Measure Specification Questions

As soon as possible, please do the following two things:



*Review the Manual
& PCS*



*Submit any
measure questions*

Note:

Some questions may be routed to measure stewards who are national organizations. There is no guarantee how soon they can provide a response or if they will respond before the QIP reporting deadline.

Reminder of How Updates Appear in the Manual

Q-PC7: Children and Adolescents' Access to Primary Care Practitioners (CAP)

Summary of Changes from PY2 Reporting Manual:

- Updated the Hospice exclusion in the Eligible Population.
- Updated years throughout measure to align to QIP reporting.

▣ Modifications from Native Specification:

Specification Source: [HEDIS 2019](#)

NQF: Not Applicable for Q-PC7

Measure Steward: National Committee for Quality Assurance

- Removed all reference to Commercial product line.
- Adapted all dates referring to measurement year and calendar dates to reflect the QIP reporting period.
- Replaced "measurement year" with "measurement period" throughout specification.
- Changed all references of "member" to "individual."
- Changed references from "continuous enrollment" and "continuously enrolled" to "continuous assignment to the DPH".
- Added complete hospice exclusion text from HEDIS General Guideline 17.
- Removed section "Data Elements for Reporting" describing requirements for plans reporting to NCQA, as it is not applicable to QIP.

▣ Value Sets for this Measure:

- HEDIS specs and value sets can also be obtained at the [NCQA Store](#). Refer to the *Technical Specifications for Health Plans*.
- The most current HEDIS NDC list can be found on [NCQA's website](#).

Description

The percentage of individuals 12 months–19 years of age who had a visit with a PCP. The **entity** reports four separate percentages.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement period.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement period or the year prior to the measurement period.

Eligible Population

Note: Exclude individuals who use hospice services or elect to use a hospice benefit any time during the measurement period, regardless of when the services began. These individuals may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data ([Hospice Value Set](#)).

Entities should attempt to remove these individuals prior to determining a measure's eligible population and drawing the sample for hybrid measures. If an individual is found to be in hospice or using hospice services during medical record review, the individual is removed as a valid data error from the sample and replaced by an individual from the oversample. **Documentation that an individual is near the end of life (e.g., comfort care, DNR, DNI) or is in palliative care does not meet criteria for the hospice exclusion.**

All updates are listed in the "Summary of Changes" section at the top of each measure.

Deletions are **not** seen.

Additions and changes are in **red** text.

General Guidance Key Updates

Section (page #)	Updates
III.C. (pg. 8)	Measure Value Sets: Added details for CMS Core Set Value Sets and Opioid NDC Lists
V.B. (pg. 13)	Measure Exclusions: Created new category of Other Exclusions incorporating previously existing but incorrectly formatted exclusions. Added exclusion for patients who have died during the applicable continuous enrollment/assignment period.
X. (pg. 18-20)	Compliance Requirements: Added sections for Trending Breaks and Multiple Hospital QIP Entities. Added sections for Updating Enrollment Information and Updating Beneficiary Contact Information Moved details into Health Plan Data as noted below.
X.I. (pg. 20)	All details related to receipt and use of health plan data moved under Health Plan Data in the Compliance Requirements section.
XI. (pg. 20-30)	QIP Reporting Mechanism: Added section: Stratification of Reported Data by Age, Gender and Race/Ethnicity Updated section: Medicaid Plan Specific QIP Performance Data
XIII. (pg. 30)	Copyright section updated

High-Level Updates

Note – The PY2 Manual (not PY3 Manual) should be used for PY2 Reporting (12/15/19).

The following high-level updates were made to the PY3 Manual:

- Measure updates for PY3 Manual:
 - HEDIS, Adult and Child Core Set, eCQM, eMeasure, MIPS CQM
 - Other measures (NHSN, TJC STK-2)



Measure additions to PY3 Manual:

- Q-PC10: Childhood Immunization Status (CIS) Combination 10
- Q-PC11: Contraceptive Care – All Women (CCW) Most and Moderately Effective Methods
- Q-PC12: Chlamydia Screening in Women (CHL)
- Q-PC13: HIV Viral Load Suppression (HVL-AD)
- Q-PC14: Well-Child Visits in the First 15 Months of Life (W15-CH)
- Q-RU6: Use of Opioids at High Dosage in Persons Without Cancer

Measure removals from PY3 Manual:

- Q-PC6: 7 Day Post-Discharge F/U for High Risk Beneficiaries
- Q-PC8: Childhood Immunization Status: Combo 3
- Q-RU4: 30-Day Unplanned Return to OR (NSQIP)

High-Level Updates Continued

Bookmark Link and Summary Table Updates:



All key headings are now available as bookmarks in the PY3 Manual.

- Use the PDF navigation pane in the left-hand column of the Manual to view and use the bookmarks to navigate through the document.



Summary Tables have a new look as well!

- Measure titles link to the first iteration of a measure.
- Each measure version includes links to: 1.) native specification and 2.) measure specification within PY3 Manual.
- Measure description has replaced numerator and denominator.

Q-IP6: Stroke: Discharged on Antithrombotic Therapy (TJC STK-2)	
TJC STK-2	Link to Native Specification Source: Specifications Manual for Joint Commission National Quality Measures (v2020A) Link to QIP Specification Source: p. 263
eCQM	Link to Native Specification Source: CMS104v8 Link to QIP Specification Source: p. 274
Measure Description: Ischemic stroke patients prescribed antithrombotic therapy at DPH hospital discharge	



Measure-Level Updates: HEDIS

HEDIS Updates

High-Level Updates of Importance

HEDIS-Wide Measure Updates

Updates

Updated all measures to the HEDIS 2019 version

Updated the Hospice exclusion to align with HEDIS 2019 guidance

Updated eligible population/denominator, numerator, definitions, medications lists and measure notes where applicable

Measure Specific HEDIS Updates

Measure #	Name	Updates
Q-PC1 – PC3 Q-PC4	<ul style="list-style-type: none">Comprehensive Diabetes Care (CDC): A1C Control, Eye Exam, and Blood Pressure ControlAsthma Medication Ratio (AMR)	Telehealth incorporated into measure specifications
Q-PC10 Q-PC12 Q-PC14	<ul style="list-style-type: none">Childhood Immunization Status (CIS) Combination 10Chlamydia Screening in Women (CHL), Ages 16-24Well-Child Visits in the First 15 Months of Life (W15), Six or More Well-Child Visits	Added measures to the PY3 Manual
Q-PC8	Childhood Immunization Status (CIS) Combination 3	Removed measure from the PY3 Manual

Measure Specific HEDIS Updates

Telehealth incorporated into measure specifications

Comprehensive Diabetes Care (CDC): A1C Control, Eye Exam, and Blood Pressure Control

Event/ diagnosis

There are two ways to identify individuals with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but an individual only needs to be identified by one method to be included in the measure. Individuals may be identified as having diabetes during the measurement period or the year prior to the measurement period.

Claim/encounter data. Individuals who met any of the following criteria during the measurement period or the year prior to the measurement period (count services that occur over both years):

- At least one DPH acute inpatient encounter ([Acute Inpatient Value Set](#)) with a diagnosis of diabetes ([Diabetes Value Set](#)) **without telehealth** ([Telehealth Modifier Value Set](#); [Telehealth POS Value Set](#)).
- At least two DPH outpatient visits ([Outpatient Value Set](#)), DPH observation visits ([Observation Value Set](#)), DPH ED visits ([ED Value Set](#)) or DPH nonacute inpatient encounters ([Nonacute Inpatient Value Set](#)) on different dates of service, with a diagnosis of diabetes ([Diabetes Value Set](#)). Visit type need not be the same for the two **encounters**.

Only include nonacute inpatient encounters ([Nonacute Inpatient Value Set](#)) **without telehealth** ([Telehealth Modifier Value Set](#); [Telehealth POS Value Set](#)).

Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier ([Telehealth Modifier Value Set](#)) or the presence of a telehealth POS code ([Telehealth POS Value Set](#)) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments:

- A telephone visit ([Telephone Visits Value Set](#)) with any diagnosis of diabetes ([Diabetes Value Set](#)).
- An online assessment ([Online Assessments Value Set](#)) with any diagnosis of diabetes ([Diabetes Value Set](#)).

Pharmacy data. Individuals who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement period or the year prior to the measurement period (Table CDC-A). These dispensed medications must have originated from a DPH provider prescription.

Asthma Medication Ratio (AMR)

Event/ diagnosis – Step 1

Identify individuals as having persistent asthma who met at least one of the following criteria during both the measurement period and the year prior to the measurement period. Criteria need not be the same across both years.

- At least DPH one ED visit ([ED Value Set](#)), with a principal diagnosis of asthma ([Asthma Value Set](#)).
- At least one DPH acute inpatient encounter ([Acute Inpatient Value Set](#)), with a principal diagnosis of asthma ([Asthma Value Set](#)) **without telehealth** ([Telehealth Modifier Value Set](#); [Telehealth POS Value Set](#)).
- At least four DPH outpatient visits ([Outpatient Value Set](#)) or DPH observation visits ([Observation Value Set](#)), on different dates of service, with any diagnosis of asthma ([Asthma Value Set](#)) **and** at least two asthma medication dispensing events for any controller medication ([Asthma Controller Medications List](#)) or reliever medication ([Asthma Reliever Medications List](#)). Visit type need not be the same for the four visits.

Only three of the four visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier ([Telehealth Modifier Value Set](#)) or the presence of a telehealth POS code ([Telehealth POS Value Set](#)) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments:

- A telephone visit ([Telephone Visits Value Set](#)) with any diagnosis of asthma ([Asthma Value Set](#)).
- An online assessment ([Online Assessments Value Set](#)) with any diagnosis of asthma ([Asthma Value Set](#)).
- At least four asthma medication dispensing events for any controller medication ([Asthma Controller Medications List](#)) or reliever medication ([Asthma Reliever Medications List](#)) wherein the prescription originated from a DPH provider.

Measure Specific HEDIS Updates

Added HEDIS Measures

Measure #	Name	Measure Description
Q-PC10	Childhood Immunization Status (CIS) Combination 10	The percentage of children 2 years of age who had the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); two influenza (flu) vaccines
Q-PC12	Chlamydia Screening in Women (CHL), Ages 16-24	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.
Q-PC14	Well-Child Visits in the First 15 Months of Life (W15), Six or More Well-Child Visits	The percentage of individuals who turned 15 months old during the measurement period and who had 6 or more well-child visits with a PCP during their first 15 months of life.

Removed HEDIS Measure

Measure #	Name	Measure Description
Q-PC8	Childhood Immunization Status (CIS) Combination 3	The percentage of children 2 years of age who had the following vaccines by their second birthday: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV)

Obtaining HEDIS Value Sets

Reminder:

- All code set source locations are listed in the “**Value Sets for this Measure**” section at the top of each measure specification.

HEDIS Value Sets:

- Obtained at the [NCQA Store](#) under “HEDIS Volume 2: Technical Specifications for Health Plans.”
- Refer to HEDIS 2019 Volume 2 value sets for PY3 Manual.
- DPHs are responsible for purchasing the appropriate HEDIS value sets for each QIP Program Year.

Obtaining HEDIS Value Sets



HEDIS & Quality Measurement	Accreditation	Certification	Recognition	Data and Reports	Other Products
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Home > HEDIS & Quality Measurement > HEDIS Publications: Overview

HEDIS Publications: Overview

HEDIS Volume 2: Technical Specifications for Health Plans

A required resource for anyone involved in collecting, calculating or submitting HEDIS data, HEDIS Volume 2 features the complete technical specifications for each measure. It also includes general guidelines for data collection and reporting, detailed instructions about how to perform the necessary calculations and guidelines for sampling.

HEDIS is the gold standard in health care performance measurement, used by more than 90 percent of the nation's health plans and many leading employers and regulators. HEDIS is a set of standardized measures that specifies how organizations collect, audit and report performance information across the most pressing clinical areas, as well as important dimensions of customer satisfaction and patient experience.

Order HEDIS 2020 Volume 2:

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Using HEDIS NDC List

1. HEDIS NDC list can be found on [NCQA's NDC website](#).
2. Click on the link for the HEDIS Medication List Directory (MLD) of NDC Codes:

HEDIS 2019 MEDICATION LIST DIRECTORY (MLD) OF NDC CODES

- [HEDIS 2019 MLD of NDC Codes User Manual \(.pdf\)](#)
- [HEDIS 2019 MLD of NDC Codes \(.xls\)](#)

3. Search for the HEDIS measure ID to identify the Medication List Name in the 'Measure ID to Medications List' tab:

A	B	C
Measure ID ▼	Measure Name ▼	Medication List Name ▼
LBP	Use of Imaging Studies for Low Back Pain	Corticosteroid Medications

4. Use the Medication List Name to find the NDC codes in the 'Medications List to NDC Codes' tab:

A	B	C	D	E	F	G
Medication List ▼	NDC Code ▼	Brand Name ▼	Generic Product Name ▼	Route ▼	Description ▼	Drug ID ▼
Corticosteroid Medications	00085056605	Celestone Soluspan	betamethasone 6 mg/mL injectable suspension	injectable	Corticosteroid	d00628
Corticosteroid Medications	00085432001	Celestone Soluspan	betamethasone 6 mg/mL injectable suspension	injectable	Corticosteroid	d00628

Measures that Refer to HEDIS NDC List

Measure #	Name
Q-PC1 – PC3	Comprehensive Diabetes Care (CDC)
Q-PC4	Asthma Medication Ratio (AMR)
Q-PC5	Medication Reconciliation Post Discharge (MRP)
Q-PC7	Children and Adolescents' Access to Primary Care Practitioners (CAP)
Q-PC9	Immunizations for Adolescents (IMA) Combination 2
Q-PC10	Childhood Immunization Status (CIS) Combination 10
Q-PC12	Chlamydia Screening in Women (CHL), Ages 16-24
Q-PC14	Well-Child Visits in the First 15 Months of Life (W15), Six or More Well-Child Visits



Measure-Level Updates: QPP (MIPS CQM)

MIPS CQM Updates

High-Level Updates of Importance

MIPS CQM-Wide Measure Updates

Updates
Removed all Claims QPP specifications
Updated references from “Registry” to “MIPS Clinical Quality Measure” and “CQM” throughout measures to align with native specifications
Updated all measures to the MIPS CQM 2019 version
Updated denominator, numerator, instructions, definitions, rationale and notes where applicable, and all measure flows and narratives
Updated coding in the numerator, denominator or exceptions where applicable
Updated the target population criteria for all Specialty Care measures

Measure Specific MIPS CQM Updates

Measure #	Name	Updates
		None of the MIPS CQM measure-specific updates in PY3 were of significance.



Measure-Level Updates: CMS Adult and Child Core Set

CMS Adult and Child Core Set Updates

High-Level Updates of Importance

Core Set-Wide Updates

Updates
Updated all measures to the Adult and Child 2019 Core Set version
Updated eligible population, denominator, numerator, definitions and medications lists where applicable

Measure Specific Core Set Updates

Measure #	Name	Updates
Q-RU5	Concurrent Use of Opioids and Benzodiazepines	<ul style="list-style-type: none">• Changed from the Pharmacy Quality Alliance to 2019 Adult Core Set• Rate 1 removed: QIP entities report only Rate 2
Q-PC11	<ul style="list-style-type: none">• Contraceptive Care: All Women (CCW) Most and Moderately Effective Methods, Ages 15-44	Added measures to the PY3 Manual
Q-PC13	<ul style="list-style-type: none">• HIV Viral Load Suppression (HVL-AD)	
Q-RU6	<ul style="list-style-type: none">• Use of Opioids at High Dosage in Persons Without Cancer	

Measure Specific Core Set Updates

Concurrent Use of Opioids and Benzodiazepines Updates

- Changed measure specification and source **from** Pharmacy Quality Alliance **to** 2019 Adult Core Set measure
- QIP entities will report only the rate formerly known as Rate 2:
 - The percentage of individuals age 18 and older with concurrent use of prescription opioids and benzodiazepines. Individuals with a cancer diagnosis or in hospice are excluded.

Note: A lower rate indicates better performance. DPHs will report **one** rate.

- Both the numerator and denominator can be fulfilled by prescription claim(s) that have originated from any provider prescription (not limited to Rx claims originating from a DPH provider prescription).

Measure Specific Core Set Updates

Added Core Set Measures

Measure #	Name	Measure Description
Q-PC11	Contraceptive Care: All Women (CCQ) Most and Moderately Effective Methods, Ages 15-44	Among women ages 15 to 44 at risk of unintended pregnancy, the percentage that: Were provided a most effective or moderately effective method of contraception.
Q-PC13	HIV Viral Load Suppression (HVL-AD)	Percentage of Medi-Cal beneficiaries age 18 and older with a diagnosis of HIV who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement period.
Q-RU6	Use of Opioids at High Dosage in Persons Without Cancer	The percentage of individuals age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more. Individuals with a cancer diagnosis or in hospice are excluded.



Measure-Level Updates: eCQM

eCQM Updates

High-Level Updates of Importance

eCQM-Wide Measure Updates

Updates
Updated all measures to the eCQM 2020 version
Updated initial population/denominator, numerator, rationale, and clinical recommendation statements where applicable
Updated the target population criteria for all Specialty Care measures


Measure Specific eCQM Updates

Measure #	Name	Updates
Q-PC12	Chlamydia Screening in Women (CHL), Ages 16-24	Added measure to the PY3 Manual <i>(see Manual for detail)</i>
Q-SC5 Q-SC6	<ul style="list-style-type: none">Heart Failure (HF): ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction (LVSD)Heart Failure (HF): Beta-Blocker Therapy for LVSD	Population #2 added to Initial Population criteria

Measure Specific eCQM Updates

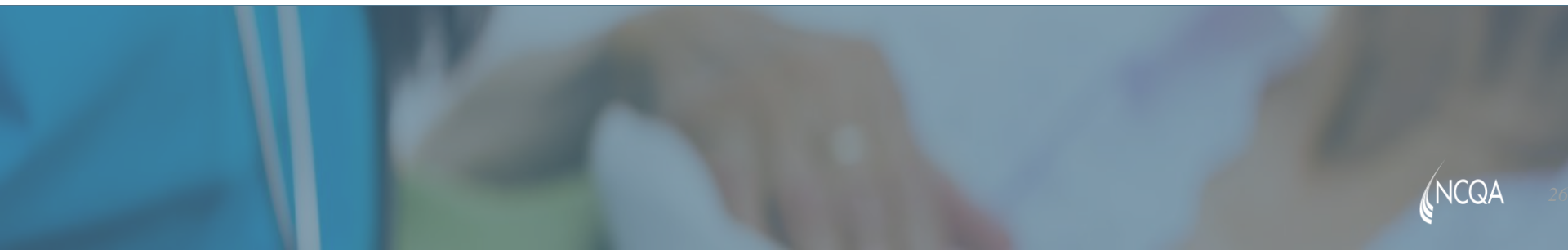
Heart Failure (HF): ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction (LVSD) and Heart Failure (HF): Beta-Blocker Therapy for LVSD

Added Population #2 to the Initial Population criteria

Initial Population	<p>Population #1: All patients aged 18 years and older with a diagnosis of heart failure with at least one DPH Primary Care Encounter or one DPH Cardiology Encounter during the measurement period and with Medi-Cal Managed Care assignment to the DPH on the date of the qualifying DPH Primary Care Encounter or Cardiology Outpatient Encounter.</p> <p>*Initial Population Note: To identify DPH Cardiology Encounters, entities must identify patient encounters with a cardiologist provider using the following criteria to define a cardiologist:</p> <ul style="list-style-type: none">• An Internist who specializes in diseases of the heart and blood vessels and manages complex cardiac conditions, such as heart attacks and life-threatening, abnormal heartbeat rhythms.• Cardiologists can be board-certified through the American Board of Internal Medicine, which is recognized by the American Board of Medical Specialties. <p> Population #2: All patients aged 18 years and older with Medi-Cal Managed Care assignment to the DPH and diagnosis of heart failure on the date of the qualifying DPH Hospital Discharge Encounter</p>
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Measure-Level Updates: Other Measures



Other Measure Updates

High-Level Updates of Importance

Other Measure-Wide Updates

Updates

Updated measures to their most current versions available

Other Measure Specific Updates

Measure #	Name	Update
Q-PC13	HIV Viral Suppression (HVL-AD)	Added measure to the PY3 Manual (see <i>Manual for detail</i>)
Q-PC6 Q-RU4	<ul style="list-style-type: none">7 Day Post-Discharge F/U for High Risk Beneficiaries30-Day Unplanned Return to OR (NSQIP)	Removed measures from the PY3 Manual

Other Measure Specific Updates

Removed Other Measures

Measure #	Name	Measure Description
Q-PC6	7 Day Post-Discharge F/U for High Risk Beneficiaries	The number of discharges during the measurement year for high-risk DPH Medi-Cal managed care beneficiaries 21 years of age and older, who received an outpatient encounter (in-person, virtual or telephone, including automated telephone calls with reliable escalation protocols) the date of discharge through 7 days after discharge (8 total days).
Q-RU4	30-Day Unplanned Return to OR (NSQIP)	The DPH's All Cases adjusted percentile based on risk adjusted odds ratio for all procedures that occurred prior to midnight of Post-Operative Day 30 and were unplanned at the time of the Primary Procedure.



Measure-Level Updates: Specialty Care Measures

Specialty Care Population Criteria Updates

MIPS CQM Measures

- Renamed Initial Population to QIP Specialty Care Population
- Removed reference to DPH Cardiology in-person and virtual encounters, leaving only “DPH Cardiology Encounter”
- Updated Description and Denominator Reporting Criteria – revised placement of the QIP Specialty Care Population to align with Measure Flow Narrative

Example SC Measure Description	Example SC Denominator Reporting Criteria
<p>Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen at the DPH within a 12 month period and in the QIP Specialty Care Population who were prescribed aspirin or clopidogrel.</p>	<p><u>Denominator Criteria (Eligible Cases):</u> Patients Aged ≥ 18 years on date of encounter <u>AND</u> Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09 [...] <u>AND</u> Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212 [...] <u>WITHOUT</u> Telehealth Modifier: GQ, GT, 95, POS 02 <u>AND</u> The qualifying patient encounter must be a DPH Outpatient Encounter as fulfilled by: OR: DPH Primary Care Encounter OR: DPH Cardiology Encounter <u>AND</u> Medi-Cal Managed Care assignment to the DPH on the date of qualifying DPH Outpatient Encounter</p>

Specialty Care Population Criteria Updates

eCQM Measures

- Added “in the QIP Specialty Care Population” to the measure description
- Updated Description and Initial Population – revised placement of the QIP Specialty Care Population criteria to align with measure logic

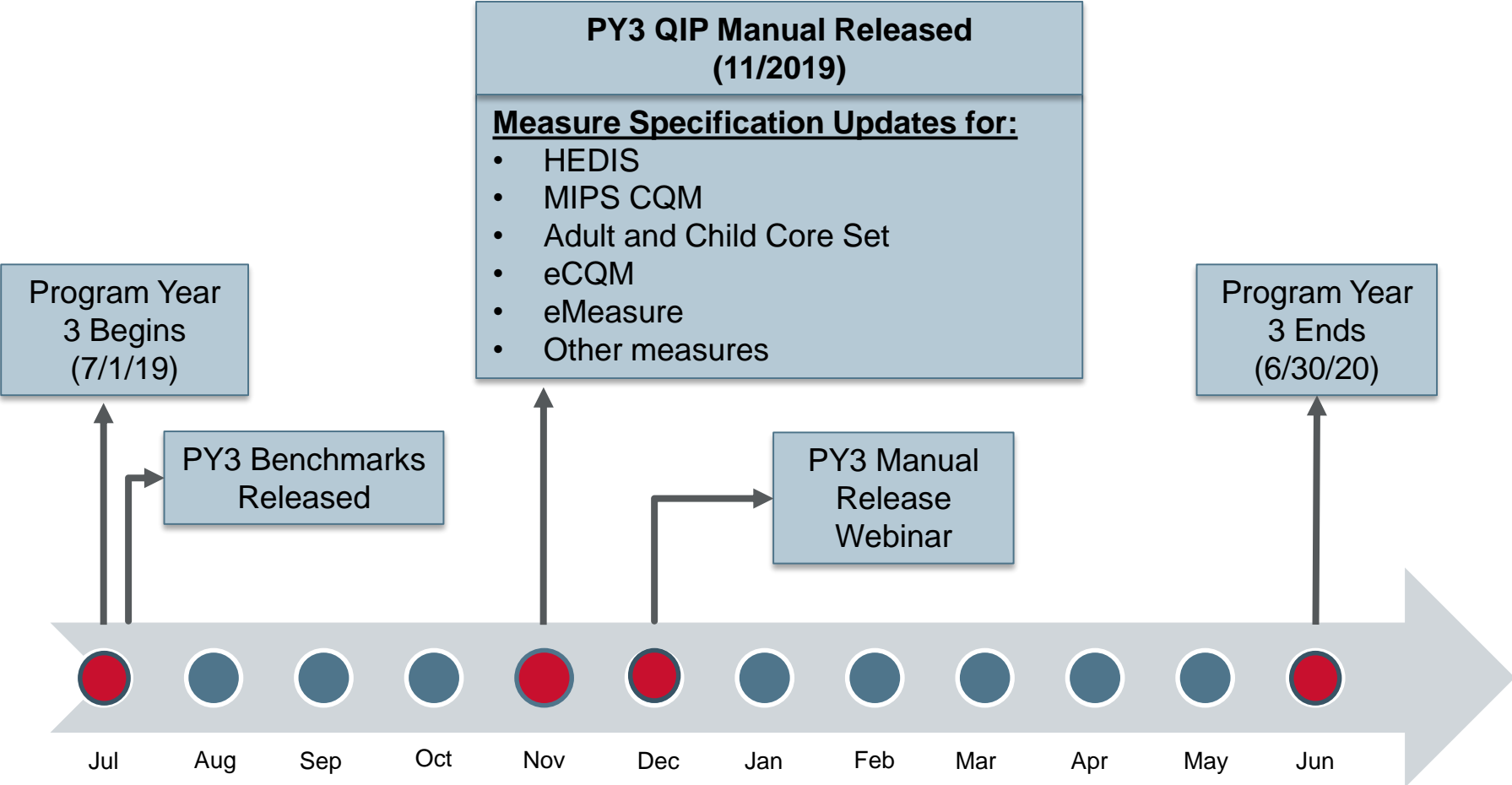
Example SC Measure Description	Example SC Initial Population
<p>Percentage of patients, aged 18 years and older with a diagnosis of coronary artery disease seen by the DPH within a 12 month period who also have a prior MI or a current or prior LVEF <40% in the QIP Specialty Care Population who were prescribed beta-blocker therapy</p>	<p>Initial Population = exists ([“Patient Characteristic Birthdate”: “Birth Date”] BirthDate where Global.”CalendarAgeInYearsAt”(BirthDate.birthDate time, start of “Measurement Period”)>= 18) and Count(“Qualifying Encounter”)>= 2 where: ≥1 DPH Outpatient Encounter as fulfilled by: OR: DPH Primary Care Encounter OR: DPH Cardiology Encounter AND: Medi-Cal Managed Care assignment to the DPH on the date of qualifying DPH Outpatient Encounter</p>

Trending Breaks – PY3 Reporting

- No Trending Breaks (between PY2 & PY3) identified for any PY3 measures

Looking Ahead

Manual Timeline & Updates



Remember to review the manual and submit questions about measures as soon as possible



Questions