



PRIME/QIP Metrics Office Hour

Thursday, January 16, 12:00-1:00pm

Presenters: David Lown, dlowncaph.org
Dana Pong, dpongncaph.org

[Recording Link](#)

Housekeeping



- Lines are muted on entry



- Please mute locally & unmute to ask questions



- At any time, feel free to chat your question & we will read out



- Webinar will be recorded and saved on SNI Link: [PRIME Webinars](#) and [QIP Webinars](#)

Reminder: Transcribing Questions

- On Office Hours we transcribe questions asked into the live PowerPoint deck, which will be saved on SNI Link
- Goal is to create more user-friendly resource
- **Help us today by:**
 - Chatting in your questions



Prop 56 Behavioral Health Integration Incentive Program (BHIIIP)

- Goal: Incentivize improvement of physical & BH outcomes, care delivery efficiency, & patient experience by establishing or expanding fully integrated care in a Medi-Cal managed health care plan's (MCP) network.
- \$95M of Prop 56 funding for BHIIIP Apr 2020 -Dec 2022.
- Provider application due to MCP 5pm on Jan 21, 2020.
- In your application, **do not define milestones to earn funding as performance on metrics you also report for PRIME, QIP or WPC.** An alternative would be to use process goals that support performance on those metrics.

More info on
[DHCS website](#)

Refer to
[SNI's crosswalk](#)
of BHIIIP measures
and PRIME, QIP &
WPC measures.

QIP



Reminder: QIP Questions are saved on the [PCS report on SNI Link](#)

Q&A: QIP

- *RU6: Use of Opioids at High Dosage in Persons Without Cancer*
 - PY3 Manual has many native dates (i.e., based on calendar year). PCS will list correct PY3 dates as follows:
 - p.308 Guidance for Reporting: This measure applies to individuals age 18 and older. Age should be based on age as of **July 1** of the measurement period.
 - p.309 Index Prescription Start Date (IPSD) - The earliest date of service for an opioid prescription during the measurement period. The IPSD must occur at least 90 days before the end of the measurement period (i.e. **July 1 – April 2**).
 - p.309 Eligible Population: Age: Age 18 and older as of **July 1** of the measurement period.
 - p.310 **June 30** of the measurement period.
 - p.310 Step 2: Identify individuals with an IPSD on **July 1** through **April 2** of the measurement period.

Q&A: QIP

- Q: Regarding the value sets for PY3. Is there a specific version recommended or expected to be used for PY3 reporting period? We noticed HEDIS 2019 has up to V6.
- Q: Getting baseline rates for QIP Year 4, since we will be using PRIME measures and population, will those rates be the baseline for moving forward?
- Q: In QIPY3 spec for PC9 (iz's for adolescents) it references encounter value sets from eCOM and using ONLY CPT 99394 for Office visits 0-17 and lists the cpt twice. Was it an intentional change to remove CPT 99384 which was used in the PY2 spec?
- Q: The PY3 Next Target rate in the tool where we reported our PY2 numbers were all 10% gap closures. Can we assume they should be 8.5% if we made the previous year and the number in the tool is incorrect in those cases?
 - QIP for PY3.5 will all gap closures be 10%?
- Q: QIP measures like RU6 are newly added to PY3. Are they P4R for PY3, or P4P using PY2 as baseline?

Q&A: QIP

- Q: for QIP 3.0 do you anticipate the hospitals still producing the data for the metrics and submitting to the State (like in PRIME) or would the data production shift to the Health Plans?
- Q: Will we continue to be able to select the measures we report on in PY₄, similar to in PY₂ or PY₃ (with prior year baseline also reported and used to establish goal for the current year)?
- Q: Have any conversations been had with the health plans to provide the member lists that have 12 months consecutive enrollment?
- Q: Do we know when will the menu of proposed metrics for QIP 3.0 (PRIME+QIP) be released?
- Q: For PY₄/QIP 3.0, will there be a core set of measures that are required vs. individually selected?
- Q: Is there an opportunity to avoid DHCS using PRIME entity benchmarks in lieu of standardized, national/state benchmarks?

PRIME



Reminder: PRIME Questions are saved on the [PCS report on SNI Link](#)

Q&A: PRIME

- Question for the PRIME HbA1c Control metrics -- the DY15 specs require to use both claims/encounter data and pharmacy data for denominator creation whereas previous specifications allowed us to choose which to use (or both). We are thinking that this will change our overall denominator significantly and possibly our performance. Will there be an opportunity to submit baseline data using DY15 specs (aka a trending break)? Are other entities having issues with this?
- Q: