

PRIME/QIP Metrics Office Hour

Thursday, May 14, 12pm

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[Play recording](#)

Housekeeping



Lines are **not** muted on entry (**New - please mute if not speaking**)

To help avoid echoing please don't use a speakerphone- this creates an audio feedback loop.



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](#)

DHCS' PRIME Proposal to CMS

Proposal: Apply the % of performance and reclaiming of funds earned in DY14 to the DY15 allocation.

- **Step 1: Calculate % of DY14 allocation earned**
 - **A1** = % of DY14 allocation earned thru DY14 performance (before reclaiming) for individual entity
 - **A2** = average % of DY14 allocation earned across all DPH (before reclaiming)
 - **Select the higher of A1 or A2** (written as "A12" below)
- **Step 2: Determine % of funds reclaimed via methods 1, 2 and 3 at the individual PRIME entity level**
 - **B** = % of DY14 allocation earned through Method 1
 - **C** = % of DY13 unearned funds earned through Method 2
 - **D** = % of the total DY14 DPH/DMPH HPP (method 3) that the entity claimed in DY14
- **Step 3: Calculate the final DY15 payment**
 - Total earned in DY15 = DY15 \$ Allocation*(A12+B) + C*(DY14 unearned funds) + D*(DY15 HPP)

DHCS' QIP Proposal to CMS

- PY3 Proposal:
 - performance period = March 1, 2019-Feb 29, 2020
 - performance threshold equal to the 25thile/minimum performance benchmark (instead of a 5 % gap closure)
 - Report due Dec 15, 2020

QIP



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

PY3 SC-3 Denominator Error

Question:

For PY3, there was a change in Reporting Criteria 2 located within the diagnosis for diabetes ICD-10 section (pg. 120 and 125/311):

Diagnosis for diabetes (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.0111, O24.0112, O24.0113, O24.0119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

The addition of the 0s make these invalid ICD-10 codes. Please advise

Response:

The added zeroes in those four codes were an added in error.

Those codes should read: O24.111, O24.112, O24.113, O24.119

Q&A: QIP

- Q:

PRIME



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

Telehealth in Current Measure Specs

- HEDIS measures allows for telehealth by default unless otherwise specified in specs.
 - Telehealth is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code. Therefore, the CPT or HCPCS code in the value set will meet criteria (regardless of whether a telehealth modifier or POS code is present). (PCS #00288305)
- Non-HEDIS measures:
 - If not addressed in the spec, check the PCS report.
 - If not addressed in the PCS report, submit question to David/Dana or via PCS.

Telehealth in Current Measure Specs

Controlling Blood Pressure - PCS #00287626

- Metric must be reported as-specified.
- Blood pressure results from a remote monitoring device that are reported by the patient during a video visit do not meet numerator criteria, even if they are charted "subjectively".
- Only include blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider.
- NCQA understands that rates may be negatively impacted by the COVID-19 pandemic and discussing how to mitigate this issue at the national level in June.

Telehealth in Current Measure Specs

2.1.6 Prenatal/Postpartum Care (PPC) - PCS #00288305

- For PPC metric, any components of the visit that are possible to be performed via synchronous telehealth (i.e., which requires real-time interactive audio and video telecommunications) may be rendered using synchronous telehealth.
- For components that are not possible to perform via telehealth (lab tests, ultrasound, pelvic exam) if the member has one of these tests during the timeframe required by the measure AND a telehealth visit (with the appropriate provider type) also during the timeframe required by the metric then this meets criteria.
- However, the PPC metric currently does not specifically include asynchronous telehealth (i.e., telephone visits or online assessments).

Telehealth in Current Measure Specs

1.3.6 Specialty Care Touches - PCS #00285480

- Q: Our facility has implemented telehealth visits not just for specialty care, but also primary care. Could those visits be considered as numerator compliant for this metric?
- A: The metric must be reported as-specified. The use of **telehealth for primary care is not considered numerator compliant for this metric**. This metric is specifically intended to measure the system's ability to respond to demand for requests for specialty expertise by increasing the number of virtual responses and appropriately minimizing in-person visits.

Telehealth in Current Measure Specs

2.6.2 Assessment & Management of Chronic Pain- PCS #00287810

- The patient provider agreement must be documented at least once during the measurement year.
- There are no specific requirements around where the agreement should occur. Therefore, patient provider agreements created or updated via a telehealth visit are considered numerator compliant

1.3.6 Target Population Error

Question:

Eligible Population: Individuals for whom PRIME Entity Specialty Care Expertise has been requested at least once during the Measurement Period (MP)

Denominator: Total # of outpatient requests received (includes requests from Urgent Care), during the 6 months prior to the MP and the first 6 months of the MP, for PRIME Entity outpatient specialty care expertise (for DY15 YE: 1/1/19 – 12/31/19).

By this logic, the denominator cuts out half of the eligible population. Is this the intention of the metric, or is the intention to align the measurement period with the denominator?

Answer:

Ignore the Eligible Population as it is currently written. It should match the current Denominator definition.

There should be no (or negligible) impact on the rate by making this correction.

Q&A: PRIME

- Q: