CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

PRIME / QIP Manager MONTHLY FORUM

Monday, June 22, 2020, 12-1PM

Play recording

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Recordings of the webinar and slide deck posted on SNI Link QIP Webinars and PRIME Webinars

Housekeeping

Please mute locally. Lines are also muted on entry.

Please don't use a speakerphone in order to prevent an audio feedback loop, an echo.

Feel free to chat your question & we will read out. If you'd like to verbally ask your question, let us know via the chat and we'll unmute you.

Webinar will be recorded and saved on SNI Link: PRIME Webinars and QIP Webinars

Agenda

1. PRIME DY15 (3 min)
2. QIP PY3 (5 min)
3. QIP PY3.5 (5 min)
4. QIP PY4-8 (35 min)
5. Wrap-Up (2 min)

PRIME DY15

PRIME DY15 (July 2019 – June 2020)

Same slide as in June 9 COVID Impact webinar

- DY 15 performance significantly impacted by COVID
- Proposal submitted by DHCS to CMS: **Use DY14 performance to draw down DY15 funding**
  - Use % of DY14 allocation earned (higher of the individual entity performance **OR** the DPH average performance) and apply to DY15 allocation
  - Then use the % of funds earned through reclaiming mechanisms and High Performance Pool (HPP) in DY14 to determine DY15 funding
    - E.g., if entity earned 5% of DY14 HPP, it would earn 5% of DY15 HPP
  - More details on SNI Link here
- Current status:
  - Per CMS request, DHCS submitted the proposal via edits to Attachment II (done 5/22). CMS now reviewing.

PRIME DY15 Reporting for Sept 30

- The DY15 Year End payment will be calculated according to whatever proposal is approved, truing up the amount paid out at Mid Year.
- Year End Reporting required (9/30/2020).
  - Data:
    - All usual data required. To be used by DHCS for informational purposes and/or as baselines for PY3.5 as part of a COVID mitigation strategy.
  - Narratives:
    - DHCS open to discussing reduced narrative reporting, such as requiring only domain-level narratives instead of metric-level. Currently under discussion.

QIP PY3

QIP PY3 (July 2019 – June 2020)

(mostly) Same slide as in June 9 COVID Impact webinar

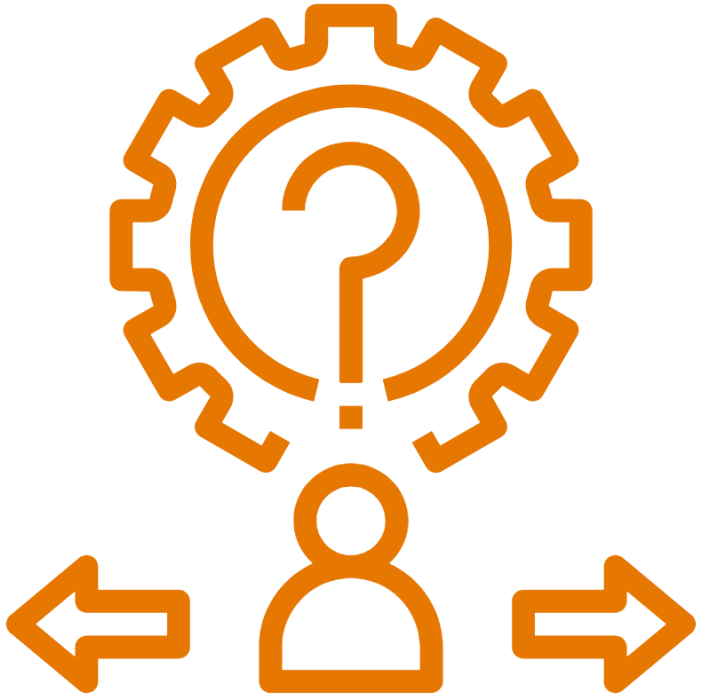
- PY3 performance significantly impacted by COVID
- CMS was not open to using performance entirely outside of the rate year (July 2019-June 2020) to determine PY3 funding
- From discussion with SNI, DHCS proposed to CMS:
  - Performance period = March 1, 2019-Feb 29, 2020
  - Performance target = 25%ile/minimum performance benchmark (instead of a gap closure methodology)
- Current status:
  - CMS requested proposal be submitted through amendment to the PY3 pre-print. DHCS finalizing. SNI has reviewed.

QIP PY3.5

QIP PY3.5 COVID Catch-22

(mostly) Same slide as in June 16 Office Hours

Entities need to know targets in advance of the program year



PY3.5 impacted by COVID-19 even more than PY3. Therefore its not possible to know the right target setting methodology for PY3.5 performance until end of the program year.

Financial accountability for performance only really ideal in a stable performance environment

Solving for either one alone risks huge loss of funds

DHCS wants to incentivize resuming delayed primary and chronic care

QIP PY3.5 COVID Mitigation

Slide updated from June 16 Office Hours

- DHCS intends to include proposal or placeholder language in PY3.5 pre-print which they will submit for a final time in the next few weeks
- SNI has proposed two approaches (latter based on DHCS suggestion):
  - Simple approach:
    - 2/29/2020 performance (before official PY3.5 program period of 7/1/20-12/31/20) against a 25th %ile minimum threshold
    - OR
      - 2/29/20 performance against 25th %ile for highly COVID-impacted metrics AND
      - 2/29/20 performance against much reduced gap closure for less COVID-impacted metrics
    - Both Would require incredibly significant CMS flexibility

QIP PY3.5 COVID Mitigation

- Complex approach:
  - Multiple year-end scenarios, entity/geographic specificity, multiple level decision trees determining target setting for categories of metrics based on COVID impact on metrics
  - Incredibly complicated to detail, get approved, and implement
- DHCS response to proposals
  - Reconsidering approvability of Simple approach
  - Complex Approach
    - No multiple year-end scenarios (too complex). Use same approach across the program.
    - No gap closure. Use only minimum threshold
  - Unknown if minimum threshold is possible for highly COVID impacted metrics, care delivery-wise & mathematically. Discussing w/MTAC & CAC.
- DHCS proposed replacing some PY3.5 metrics with COVID specific process metrics

QIP PY3.5 COVID Metrics – Draft Ideas

Same slide as in June 16 Office Hours

- Hospital COVID Preparedness Plan (process)
  - adapted from CDC's Comprehensive Hospital Preparedness Plan for COVID-19.
  - Establishing and/or update.
  - Existence of a Crisis Care Policy (updated CPHD version 6/8/2020)
- Health System: COVID-19 Testing By Race/Ethnicity/SO/GI
  - # of tests with race/ethnicity/ SO/GI data divided by # of tests administered
  - FYI only: stratification of tests by race/ethnicity, SO/GI and test result
- % COVID-19 Asxic Hospital Admissions Tested for COVID-19
- % Asxic D/Cs to SNF Tested for COVID-19
- Testing or screening of ambulatory patients being seen in-person
- Telehealth: % of primary vs specialty utilization via in-person, phone, video.
  - FYI: Further stratified by race/ethnicity/SO/GI/age/zip code

QIP PY4-8

COVID Recovery/Resurgences Impacts

- Staff availability: metric programming (updates or new metrics), quality improvement, clinical care
- Care delivery: In-person (encounters, procedures, diagnostics); Video (real-time); Phone; Virtual Visit; Secure email; Messaging, Remote Monitoring
- Patient access to and/or comfort engaging in care
- Coding: billing vs reimbursement during vs after public health emergency (PHE)?
- Metric spec updates for telehealth: lots of metric overlap between any new metric set & PY3.5 metric set
- Interplay between the last two e.g., phone visit coded as in-person during PHE, but not after PHE
- Metric Benchmarks
- PHE duration & willingness of CMS to approve QIP mitigation proposals

How do we create a program that is both…

Focused on provision of high quality clinical care

- Establish a pandemic-agnostic metric set for overall high quality clinical care and population health (prevention, acute & chronic care)
- Hold in abeyance: Pandemic impact on care delivery & ± telehealth in the current specs

&

Able to respond flexibly as the pandemic evolves?

Flex program mechanics in response to pandemic:

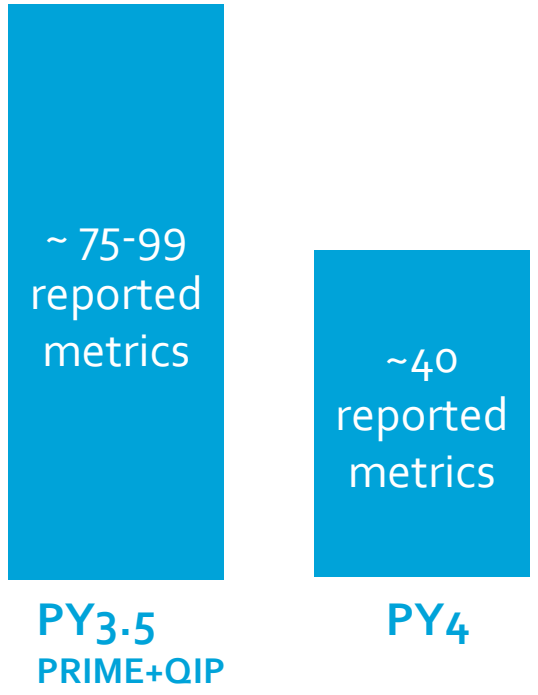
- Triggered scenarios
- # required metrics
- active vs inactive metrics
- Baseline period
- Target setting: min. threshold vs adjusted gap closure

SNI is discussing with DHCS

Pandemic-Agnostic Metric Set for PY4-8

Goals:

- Improve the quality of care provided to patient populations
- Build on the successes of PRIME and QIP and addresses known program weaknesses
- Align DPH & DMPH efforts w/ DHCS & health plan priorities
- Optimal # of metrics to allow for organizational focus (not too many metrics), while also balancing financial risk per metric and choice of metrics (not too few metrics)
- Provide choices of metrics across the spectrum of care provided by PHS to Medicaid Managed Care beneficiaries (i.e., different types of members, services and populations)



Survey Matrix: Revisions Since March

1st Revision: DHCS released June 18

- Added columns:
  - Q: Assess numerator requirement for in-person service
  - R: Assess denominator requirement for in-person service
  - S: Assess whether Telehealth is explicitly excluded from the denominator
    - HEDIS measures slated for telehealth additions not assessed.

2nd Revision to be released early July

- July 1, HEDIS releases MY2020 & MY 2021 Volume 2 specs which include updates to 40 measures to better align with telehealth changes.
  - 20 of the 40 are in QIP PY4-8 survey
  - Once released, SNI will update matrix columns Q, R, S
- Entities to review updates in July and respond to the survey accordingly.

Survey Matrix: Revisions Since March

- Removed
  - Adult BMI Assessment
  - Medication Management for People with Asthma
  - Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
  - Diabetes Foot Exam: not adopted by HRSA & has no Medicaid benchmark.
- Added to Matrix & Survey
  - Childhood and Adolescent Well Care Visits (combo W34 & AWC)
- Name Changes
  - Stroke & Stroke Rehab: Anticoagulant Therapy
    - Changed to Discharged on Antithrombotic Therapy
  - Some eCQMs (e.g., HF: ACE/ARB to HF:ACE/ARB/ARNI)
  - Comprehensive Diabetes Care: Medical Attention for Nephropathy
    - Changed to Kidney Health Evaluation for Patients With Diabetes

Survey Matrix: Revisions Since March

- Removed from Survey
  - Above mentioned metrics removed from Matrix, plus
  - Well-Child Care Visits for Ages 3, 4, 5, and 6 (W34)
  - Adolescent Well-Care Visits (AWC)
- Be sure to review the "Introduction_Instructions" tab in the metric matrix. New additions to this tab begin in blue text.
- Note the comment flags in the matrix. Provides more detail to all of the above comments.

Survey Matrix: Instructions

- Please answer "Yes" (either "likely will choose" or "only if needed") **for at least 40 measures**.
- There should be no "select from drop down" upon survey completion
- If possible, please comment on every measure regardless of response

	D	E
	Response Counter	*DPH: There should be at least 40 "Yes" responses ("likely will" or "only if needed"). Red fill will disappear once the sum of "Yes" responses hits 40.* *DPH & DMPH: There should be no "select from drop down" upon survey completion*
	Yes - we likely will report on this measure	0
	Yes - but we would only report on this measure if needed	0
	No - we would definitely not report on this measure	0
	select from drop down	83

	Are you in favor of including this measure in the PY4-8 menu set?	**Comments or Rationale for your Response** *If possible, please comment on every measure regardless of response*
of th	Select from drop down menu	
	Select from drop down menu	

Survey Matrix: HEDIS Retirements

HEDIS Retirements	In Survey	Measure
Retired as of July 1 spec release	No	Adult BMI Assessment • Not yet retired from CMS Core set but likely will be for 2021 Medication Management for People with Asthma
Retired for Medicaid as of HEDIS 2020	No	Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
Slated for retirement as of HEDIS MY2023	Yes	Annual Dental Visit
Officially retired but still exist as, or in, other measures	Yes	Medication Reconciliation Post-Discharge (MRP) • In Transitions of Care (TOC) • still need DHCS to produce Medicaid benchmark Comprehensive Diabetes - Medical Attention for Nephropathy • Replaced w/ (new) Kidney Health Eval for Patients w/ Diabetes • First year status in MY2020, so 1st benchmark available Oct 2021 • Name updated in survey

Survey Matrix: Target Pop & Denominators

1. MCMC Assigned Lives. Excludes Duals. (52 metrics)
2. MCMC beneficiary as of the date(s) of the of the denom event(s).
   Excludes Duals. (9 metrics)
3. Medi-Cal beneficiary as of the date(s) of the denominator event(s).
   Includes MCMC Assigned Lives, MCMC non-assigned Lives and FFS Medi-Cal.
   Excludes Duals (16 metrics)
4. Payer Agnostic (9 metrics)

K	L	M	N
		QIP PY4-8 Specific Measure Info	
PY3.5 Target Population (for reference)	PY4-8 Target Population	Continuous Assignment to QIP Entity	Event Criteria
Foster Kid Project P	MCMC assigned live	MY	See Child and Adolescent Well-
PRIME Eligible Popu	Medi-Cal beneficiar	N/A	≥1 QIP Entity encounter during t
NA	MCMC assigned live	MY. This measure applies only if dental ca	None
NA	MCMC assigned live	**Continuous Assignment**: 105 days prior to	An encounter with a diagnosis c

Survey Matrix: Benchmarks

- Some of the survey metrics still don't have established benchmarks. (20-28)
- Pre-COVID benchmarks still represent high quality care
- Where HEDIS is the benchmark source, you can access values through purchasing NCQA Quality Compass. HEDIS 2019 benchmarks are available. HEDIS 2020 available in Oct.

Z	AA	AB	AC	AD	AE	AF
						Benchmark Data
Benchmark category	**Other comments**	**Meets DHCS' bmark criteria?**	CMS Core CA Rate 2018	CMS Core Mcaid Median 2018	CMS Core Mcaid Bottom Quartile 2018	CMS Core Mcaid Top Quartile 2018
HEDIS Medicaid		Y	NA	48.9	40	57
None. Q: PRIME enti	Specs include CPT II	N				
HEDIS Medicaid		Y				
HEDIS Medicaid		Y	6 mos: 26.112 wks: 4	6 mos: 34.812 wks: 5	6 mos: 30.612 wks: 4	6 mos: 37.612 wks: 5
HEDIS Medicaid		Y				

CMQCC Measures

Due to the value of CMQCC Maternal Data Center for reporting & QI, entities will likely have to use the MDC to report on these measures (if in the measure set):

- **Elective Delivery**
- **Exclusive Breast Milk Feeding**
  - CMQCC has a new version that includes exclusions for contraindications. DHCS to likely share spec in next couple weeks for entity feedback.
- **NTSV C-section**
  - CMQCC & DHCS are reviewing data. High perf. benchmark may lower slightly.
- **Live Births Weighing Less Than 2,500 Grams**
  - CMQCC feels this is more of a population health indicator than a hospital quality indicator. If you agree, vote no on this measure and indicate rationale.

CMQCC Measures – Target Population

- In the survey, population = Medi-Cal Managed Care (MCMC) beneficiary as of the denominator event.
- DHCS is in support of changing to all Medi-Cal instead.
- San Francisco Health Network:
  - "We have a substantial # of patients with restricted Medi-Cal who deliver at our birth center. Limiting to MCMC reduces # by more than half. Metrics are more analogous to inpatient metrics and should be payer agnostic. All of our improvement in BF has come from inpatient interventions. "
- (Prenatal/Postpartum Care is a HEDIS measure so population = MCMC)

Timeline

June 5	Survey re-opens
June 18	DHCS sent Matrix Revision #1
Early July	DHCS to send Matrix Revision #2
July 9	Office Hours: Members discuss HEDIS telehealth revisions
July 17	**Members to email preliminary survey results to Dana (Please use the same survey template)**
July 22 & 27	Member discussion on preliminary results
July 31	Final survey results due to SNI
Aug 1-13	DPH, DMPH, MCP survey results analyzed
Aug 14-Aug 31	DHCS and QQAG to deliberate on results & recommendations
Sept	DHCS deliberates further & sends PY4-8 metric list to CMS for approval
Jan 2021	PY4 Manual released

WRAP UP

Coming Soon Telehealth Peer-sharing & Resources

SNI is developing new technical assistance to support members' transition to telehealth, both in the immediate term to respond to the coronavirus emergency and ongoing as telehealth becomes the new norm.

First telehealth offering to be announced shortly.

For more info, contact Zoe So (zso@caph.org)

SNI Link: Coronavirus Resource Webpage

In case you missed it…

Coronavirus Resources for Members

SNI and CAPH have compiled resources to assist members with responding to the Coronavirus.

COVID-19: Impact on Public Health Care Systems' Programs

6.9.20 – COVID-19 Impact on PHS Programs Webinar & Recording Link

Resources from Other Health Care Systems

- Transition Plan to Resume Deferred Services, Riverside University Health System
- COVID-19 Clinic Staff Guidebook, Riverside University Health System
- COVID-19 Community Testing Handbook, Riverside University Health System
- Kaiser Permanente's Mitigation Phase COVID 19 Playbook and Surge Planning Playbook

Safety Net User Groups

Who: Reporting, analytics or clinical operations leads

What: Systems well-established on Epic or Cerner share how they address technical & operational practices and lessons learned

Info on SNI Link

Contact Zoe So to be added to the listserv

eSNUG

Epic Safety Net User Group

8/18/20	Optimization of ordering tools
6/16/20	Contra Costa: Electronic Case Reporting w/ OCHIN & Sutter.
4/21/20	COVID-19
2/18/20	Santa Clara: Predictive models

cSNUG

Cerner Safety Net User Group

6/24/20	COVID-19 Peer sharing
4/22/20	COVID-19 Peer sharing
2/26/20	HealtheIntent

Questions?