

# QIP Manager Metrics Office Hours

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Thurs, Nov 5, 2020, 12-1PM

[Recording Link](#)

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Recordings of the webinar and slide deck posted on [SNI Link/QIP/Webinars](#)

# Housekeeping

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**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.



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](#)

# Peer-Sharing Webinar in December

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- Originally, no webinar was scheduled due to holidays.
- Due to member interest, SNI is scheduling a webinar for structured peer-sharing on PY<sub>4</sub> preparation.

**Poll Question: Which date would you prefer?**

A. Monday, Dec 7<sup>th</sup> 12-1pm

B. Monday, Dec 14<sup>th</sup> 12-1pm

- Chat in topics for break-out group discussions

# FAQ on Duals: Assigned Lives & Primary Payor

## V. MEASURE EXCLUSIONS

### A. Duals

1. Medi-Cal beneficiaries that also have Medicare Parts A and B coverage for at least one month during the QIP program year, should be excluded prior to determining a measure's QIP eligible population:
2. Medi-Cal beneficiaries that have only Medicare Part A coverage, should be excluded from measure denominators when Medi-Cal is not the primary payer for measure specific denominator eligible services.
3. Medi-Cal beneficiaries that have only Medicare Part B coverage, should be excluded from measure denominators when Medi-Cal is not the primary payer for measure specific denominator eligible services.

Question (PCS #00302980): In the process of switching our HIV denominator to look at all Medi-Cal beneficiaries at the date of DPH visit, we are coming across cases where it's a challenge to distinguish whether someone is enrolled in Medi-Cal as of the date of the visit - does this mean the payor of the visit? One example we commonly see is a patient is assigned to us from our health plan (found in our monthly enrollment files), but the qualifying DPH medical visit shows the primary payer as Medicare Part B only, and therefore patients like these are not qualifying for the denominator. Should they?

A: You are correct to use primary payer and if the primary payer is Medicare, then you would not include those patients in the denominator.

# FAQ on Duals

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Q: Does the duals logic line 1 (exclude Medi-Cal beneficiaries that also have Medicare Parts A and B coverage) also apply to MCMC non-assigned lives and Medi-Cal FFS patients (target pop 3)?

A: Yes, if a Medi-Cal beneficiary has Medicare A and B for one month during the program year, then nothing else matters and they are removed from all denominators.

Q: Denominator excludes all events where Medicare Part A or Medicare Part B is the primary payer?

A: This is a Duals logic line 2 and 3, since if they had A and B for at least one month they would have already been removed from the denominator before you look at the payer of specific denominator event.

# FAQ on Duals: Primary Payer; Medicare Advantage

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Q: Should the denominator also exclude events where the Medi-Cal is the primary payer but the patient was covered by Medicare Parts A and B at some point during the program year?

A: If these patients have Medicare Parts A and B for at least one month during the program year, they are excluded, period. If they do have Medicare Parts A and B for less than one month, and Medi-Cal is the payer for a specific denominator service, then that patient would not be excluded from that particular denominator.

Q: Do Medicare Managed Care plans count towards Medicare Part A and Part B? If so, how do we identify if they are Part A, Part B, or Part A and B?

A: Medicare Advantage is a bundle of both Medicare A and Medicare B (see page 4 of <https://www.medicare.gov/Pubs/pdf/12026-Understanding-Medicare-Advantage-Plans.pdf>)

# FAQ on Duals: Use of EPP data

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**DHCS “Volume Charts”:** Medi-Cal utilization data sent from DHCS to DPHs for use in reconciling EPP data with MCPs

- The DHCS “Volume Charts” should have a column for Medicare A, Medicare B, and a column summarizing the two – A only, B only, both, or neither.
- Part A covers all Inpatient services. Part B covers all Outpatient, ER and Professional services.
- Members could use the DHCS data and logic to carve out duals for QIP.

# QIP Q&A





# In Case You Missed It

## SNI Webinar Recap: Patient Portal Engagement During COVID-19.

Oct 21, 1-2pm.

Dr. Jim Meyers shared strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase patient and staff buy-in.

[Click here](#) to view key takeaways that emerged from the session.

## SNI Webinar Recap: Patient Portal Engagement During COVID-19

On October 21, 2020, SNI hosted the webinar, Patient Portal Engagement during COVID-19 with Jim Meyers as a part of a [series of offerings on telehealth](#). The webinar slides and recording are available [here](#). Below are key takeaways that emerged from the session.

Public health care systems (PHS) have historically low patient portal uptake, and many have attempted to increase enrollment with little success. With COVID-19, PHS are seeing new demand from patients and providers to use the portal as a "one stop shop" for virtual care.

### Strategies to Increase Patient Portal Engagement:



#### Engage Patients and Providers

Survey patients and providers about their top priorities to build a portal that is responsive to users' needs.



#### Break Down Digital Barriers

People with limited access to technology can still access the portal through smartphones, library computers,

PHS identified the top functionalities providers and patients would want for the portal:

1. View lab results
2. View and schedule appointments
3. Secure message/e-mail
4. Request medication refills
5. Connect with video visit

# Upcoming Webinars

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**Understanding and Addressing Digital Disparities. November 9, 12-1PM.** CCHS' Digital Disparities Workgroup discuss early efforts to ID & address disparities in telehealth access & engagement. [Register](#)

**Getting It Right: Matching Patient Preference/Access, Provider Location, and Visit Modality. November 16, 12-1PM.** AHS & RUHS share approaches to adapt provider scheduling templates in response to COVID-19. Presenters will share strategies to match patient preferences, providers' location at home & in-person, & multiple visit modalities (e.g., in-person, telephone, & video). [Register](#)

**Best/Next Practices in Pediatric Well-Care and Provision of Immunizations. November 30, 12-1PM.** Family care and pediatric practices are working to make up for lost time in childhood immunizations and well care visits. What solutions and successes are county systems finding, as they balance safety, access, patient experience, and virtual and in-person care? Join us for a discussion with leaders from two parts of the LAC DHS & RUHS. [Register](#)

- *Note that a separate invitation for this webinar was sent to designated pediatric leaders.*

# Questions?

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