

QIP Manager Metrics Office Hours

Thurs, Jan 14, 2021, 12-1PM

[Recording Link](#)

Presenters: David Lown dlownd@caph.org, Dana Pong dpong@caph.org
Recordings of the webinar and slide deck posted on [SNI Link/QIP/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.



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](#)

PY3.5 Updates

PY3.5 Program Updates

- **UPDATE:** CMS approved the [COVID-Modified Preprint for PY3.5](#); posted on [DHCS QIP site](#).
 - Only “PRIME Transition” metrics is due 3/31/21. “QIP Core” metrics already reported.
 - Measurement period ending 2/29/20 instead of 12/31/20
 - Targets = PY3.5 minimum performance benchmark
- High Performance Pool: [9/28 webinar](#) for metrics & mechanics; [10/19 webinar](#) for FAQ
- Exclusion of Dual Eligibles (this rule still applies for PY3.5); [11/5 Office Hour](#) for FAQ
- 2.1.6 Postpartum Metric benchmark: DHCS sent to QIP listserv yesterday. SNI posted [here](#).
- Narratives still required:
 - But DHCS is considering allowing entities to write “No updates” and pasting in DY15MY narratives if truly no updates between 12/31/20 (end of DYMY) and 2/29/20 (end of PY3.5).
 - DHCS will still expect explanation for huge changes in performances

Reminder: Reporting Due Dates

| Due Date | Measures | Performance as of |
|----------------|---|-------------------|
| March 31, 2021 | "PRIME Transition" metrics | Feb 29, 2020 |
| June 15, 2021 | Project 1.3 <i>Influenza Immunization</i> Update: due June 15 instead of Mar 31 | Dec 31, 2020 |
| | <i>Q-PC9 Immunization for Adolescents</i> | |
| | <i>Q-PC10 Childhood Immunizations</i> | |

No baseline data required for any of the above.

PY4 Over-Performance

as per Pre-Print sent to CMS on 12/31/2020; pending CMS approval

Two Methods

| | Method #1 Over-performance on Priority Metrics | Method #2 Over-performance on Elective Metrics |
|--|---|--|
| Unearned funds reclaimed from: | Any missed metrics (Priority and Elective) | PY4-5: ≤2 missed Priority Metrics PY6-7: ≤1 missed Priority Metrics PY8-9: No missed Priority Metrics Any Elective metric |
| Reclaiming based on performance of: | Priority metrics only | Elective metrics only |
| Gap Closure Required to Reclaim: | 15% or 20% (and must also be ≥ 50 th percentile) | 15% or 20% (and must also be ≥ 50 th percentile) |
| OR Top Performance Required to Reclaim: | ≥90 th percentile | N/A |

Over-performance Values (OV)

| Progress toward performance target | Method 1: Over-performance on Priority Measures | Method 2: Over-performance on Elective Measures |
|--|---|---|
| $\geq 15\%$ to $< 20\%$ gap closure (and $\geq 50^{\text{th}}$ percentile/ median benchmark) | 0.5 | 0.25 |
| 20% gap closure (and $\geq 50^{\text{th}}$) | 1.0 | 0.50 |
| $\geq 90^{\text{th}}$ percentile | 1.0 | N/A |

Reclaiming Rules...

1. Calculate **achievement values (AVs)** and **missed metric AVs** for Priority Metrics and Elective Metrics
2. Calculate **over-performance values (OVs)** for over-performance on Priority Metrics and Elective Metrics
3. Use up all of the **Priority Metric OVs** to reclaim (Method 1)
4. Then use up all of the **Elective Metric OVs** to reclaim (Method 2)
 - But you are limited in the # of missed Priority Metrics values you can reclaim with Elective Metric OVs - limited to 2 missed Priority metric values in PY₄, declining to zero by PY₈

Example

MP = Sum missed Priority Metric AV
ME = Sum missed Elective Metric AV
PO = Sum Priority Metric OVs
EO = Sum Elective Metric OVs

- Of 40 reported metrics, 5 Priority & 3 Elective Metrics have AV = 0 (<5% gap closure)
- So, DPH has 8 missed metric values ("5MP" & "3ME") in their "reclaiming pool"
- DPH over-performed on 2 Priority metrics & 7 Elective metrics, worth 1.5 Priority (PO) & 3 Elective (EO) Over-performance metric values, respectively

| Missed Metric Type | Missed Metric AVs | Over-Performance Values | Metric Values Reclaimed via Method 1 (PO) | Remaining Missed AVs after Method 1 | Metric Values Reclaimed via Method 2 (EO) | FINAL Missed AVs after Method 2 | FINAL Metric Values Reclaimed after Method 2 |
|--------------------|-------------------|-------------------------|---|-------------------------------------|---|---------------------------------|--|
| Priority | 5 | 1.5 | 1.5 | MP-PO = 5-1.5 = 3.5 | 2 (max is 2) | 3.5-2 = 1.5 | 1.5+2 = 3.5 |
| Elective | 3 | 3 | 0 | 3 | 1 | ME-1 = 2 | 0+1 = 1 |

In summary, DPH reclaims a total of 4.5 out of 8 missed metric values

- 3.5 Priority Metric Values reclaimed (only 2 from Elective Metrics)
- 1.5 missed Priority Metric values left unearned
- 1 Elective Metric value reclaimed
- 2 missed Elective Metric values left unearned

Other PY4 Topics

PY 4 Manual

- Tentative release date: Jan 31, 2021
- If not by then, SNI will ask DHCS to release a draft of the Manual by then – sections where there are no outstanding issues.
- Manual Walk-through Webinar by NCQA – Date TBD
- Webinar on 2 CMQCC measures – end of Feb/early March
- [Link](#) to PY4 measures listed in the submitted pre-print; same as in Jan 6 email to QIP teams

Entity Data for Benchmarking Survey

| | # Total -Yes | #DMPH -Yes | #DPH -Yes | DPH Rationales for No |
|---|-----------------|---------------|--------------|--|
| BIRADS to Biopsy | 20 | 4 | 16 | (1) significant % pts get biopsies at other hospitals; we can't control their timelines to completion. |
| Discharged on Antithrombotic Therapy* | 19 | 6 | 13 | (4) Denominator <30 |
| Peri-operative Prophylactic Antibiotics Administered after Surgical Closure | 19 | 4 | 15 | (1) Difficult to build into OR (1) No capacity to build report |
| Receipt of Appropriate FU for Abnormal CRC Screening | 18 | 2 | 16 | (1) Denominator <30 |
| Treatment Preferences (Inpatient) | 16 | 4 | 12 | |
| Unhealthy Alcohol Use Screening & FU | 16 | 6 | 10 | |

*SNI is waiting for The Joint Commission to confirm availability of benchmark data

Improving Equity Metric

- Who already has all the data they need to determine which metric/population they will use for Q-IE?
- Who was planning on focusing on Q-DM₁: Diabetes Poor Control for either Black/AA or Latinx population?
- Who was planning on working on a “State Identified Disparity”?
- Who was planning on continuing to work on the same metric/population that they did under PRIME?
- Enter into chat box: What metrics are you thinking of pursuing and for what population?

Rx Carve Out

- Per [QPL-20-002 Policy Letter](#)
 - “DHCS will notify MCPs of the QIP specific data elements required to be shared on a regular basis via guidance on the DHCS QIP website, and of the deadline by which the necessary data should be provided to the QIP entities”
- DHCS does not specify the frequency (“regular basis” not defined by DHCS) or format of QIP data that MCPs provide QIP entities.
- DHCS does specify the deadline for MCPs to provide that data: April 1 after end of the PY
- Update: Magellan will send the retail pharmacy data in NCPDP 4.7 file format to the plans.
- The plans should be able to carve out pharmacy claims based on ordering provider or where the patient is empaneled and provide those claims to the health systems.
- NCPDP 4.7 file format (more complicated) vs. Calinx file format (simpler, already in use)
 - Plans may need to first remove “competitive” cost data if sending NCPDP files to Providers
 - Q: Do providers prefer Calinx file format?
 - Q: Has anyone discussed pharmacy data format with their MCP?

QIP Q&A

