

# QIP Manager Office Hours

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Thurs, Feb 11, 2021, 12-1PM

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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](#)

# PY4 Updates

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# Poll:

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- Only QIP leads to respond...
- **Question 1:** Compared to a non-COVID scenario, what % of QIP resources are currently engaged in QIP?
- **Question 2:** You may have started building measures based on native specs or PRIME specs. If so, what % of PY<sub>4</sub> measures are mostly built?

# Improving Health Equity Measure

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*Per current draft, subject to further details added in final specs:*

## Q-IE<sub>1</sub>

- Required Priority Measure
- Measure: Diabetes Poor Control
- 2 Sub-populations:
  - Black / African American
  - Latinx
- If denominator is <30 for both sub-populations, entity must choose another Eligible Equity Measure & Population

## Q-IE<sub>2</sub>

- Not-required. Elective measure
- Eligible Equity Measure (listed in Q-IE spec)
- Eligible Priority Population as listed in spec
- Baseline data:
  - < high performance benchmark
  - $\geq 3$  percentage point lower performance relative to the overall or highest performing population

Eligible Equity Measures and Priority Populations are based on state and national data. Likely will include all Priority Measures.

Q-IE<sub>1</sub> & Q-IE<sub>2</sub> must be based on different Eligible Equity Measures. The Priority Populations can be the same for Q-IE<sub>1</sub> & Q-IE<sub>2</sub>. For any reported Q-IE measure, you must also report on the parent measure.

# PY4 PCS Questions on *Controlling BP*

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Q: It looks like the major difference between the Admin Spec and the Hybrid Spec is that for the Admin Spec, the BP reading must be taken during the visit (outpatient, e-visit, virtual, telephone, remote monitor) and the Hybrid spec just specifies to use the most recent BP without specifying when this BP reading must have been taken (so it is a bit more flexible)?

A: Correct, the hybrid specification does not require a BP in conjunction with a visit; therefore, the most recent eligible BP reading documented in the appropriate medical record by any provider may be used for reporting (even if it is only a BP check). The BP must be documented during the measurement year to meet criteria. Keep in mind that there is no provider type requirement when assessing numerator criteria (a BP collected by a nurse or medical assistant is acceptable).

Q: The Hybrid Spec excludes BPs taken with a non-digital manual cuff by the patient, but digital readings taken by the patient are ok?

A: BPs taken by the patient using a non-digital device (e.g., with a manual blood pressure cuff and a stethoscope) do not meet criteria; however, patient reported BPs are acceptable when taken using any digital device. There is no requirement for the medical record documentation to state that the BP was taken with a digital device or that the BP was NOT taken with a manual device to meet criteria. However, please note that a BP is not eligible for use if the medical record documentation specifically states the BP was taken by the patient using a manual blood pressure cuff and a stethoscope.

# PY4 PCS Questions on *Controlling BP*

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Q: Both the Admin and Hybrid allow for all kinds of visits?

A: BP readings from outpatient visits, telephone visits, e-visits, and virtual check-ins are appropriate settings for both the administrative and hybrid specifications.

Q: If a patient took their BP at the pharmacy with a digital device a day before their virtual visit and reports that to their provider- we are ok using this with the Hybrid specification?

A: Yes, if the patient collects a BP reading at the pharmacy with a digital device and the provider documents the patient-reported BP in the medical record, then it may be used to assess numerator criteria provided that the BP does not meet any of the exclusion criteria. When using medical record or supplemental data to report the measure, if a patient reports a BP during an outpatient, telehealth visit, e-visit or virtual check-in there is no requirement for the BP to be collected on the same day as the visit. If the date of the BP collection is different from the date of the visit, then the date the BP was taken is used for reporting (not the date it was reported by the patient).

# Telehealth & Public Health Emergency

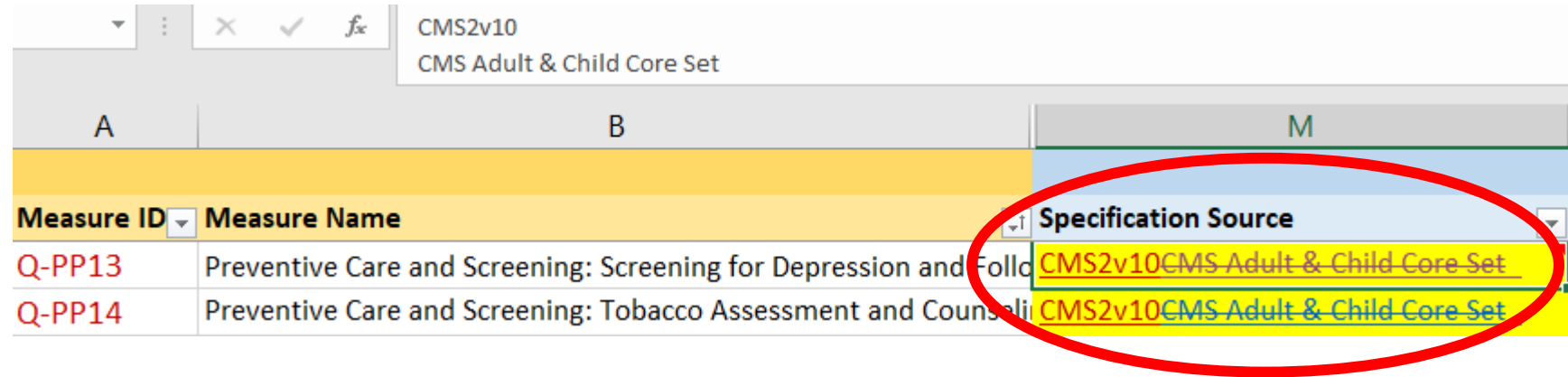
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- Local mapping is allowed for telehealth (TH) in 2020 (e.g., for Immunization measures)
- PY3.5 Influenza Measure
  - Members have noted variation in use of TH modifiers for TH visits from 2020 that were coded with in-person E&M codes:
    - Some are coded with telehealth modifiers (GQ, GT, 95, POS 02).
    - Other are coded without TH modifiers and were getting counted as in-person visits, and negatively affecting performance rates.
- Given PHE flexibilities, entities should validate they are not inadvertently counting TH visits as in-person visits if those visits don't have the correct TH modifier.



# Correction to Matrix (version 2021.1.22)

Error:



The screenshot shows a table with three columns: A, B, and M. The table has a header row with columns A, B, and M. Below the header, there are two rows of data. The first row has a yellow background for the first two columns and a blue background for the third. The second row has a yellow background for the first two columns and a yellow background for the third. A red circle highlights the 'Specification Source' column for both rows. The text 'CMS2v10 CMS Adult & Child Core Set' is visible in the background of the table.

A	B	M
Measure ID	Measure Name	Specification Source
Q-PP13	Preventive Care and Screening: Screening for Depression and Follow up	CMS2v10 CMS Adult & Child Core Set
Q-PP14	Preventive Care and Screening: Tobacco Assessment and Counseling	CMS2v10 CMS Adult & Child Core Set

**Correction:** Screening for Depression and Follow up: [CMS2v10](#) (12 and older)  
Tobacco Assessment and Counseling: [CMS138v8](#) (screening within 24 months)

# QIP Q&A

