

QIP Office Hours

Thurs, March 11, 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: [QIP Webinars](#)

Unrelated to QIP

CAPH SNI Demographic Data Request for Advocacy

Populations:

- CY2019: # unduplicated patients across all encounters*
- CY2020: # unduplicated patients across all encounters*
- CY2020: # unduplicated patients across all encounters*, excluding encounters solely for COVID-19 testing or vaccinations

Stratifications:

- Race/ethnicity (Level 1 only)
 - Unknown = null field or per patient response
- SOGI
- Preferred Language
- Zip Code

DUE DATE: Friday April 9 (sooner if you can)

QUESTIONS: email drown@caph.org

*includes hospital inpatient & outpatient, ER, clinics, etc

Race	Hispanic or Latino	Not Hispanic or Latino	Unknown Ethnicity (null field or per patient response)	Declined Ethnicity
White				
Black or African-American				
American-Indian and Alaska Native				
Asian				
Native Hawaiian and Other Pacific Islander				
Some other race				
Two or more races				
Unknown (null field or per patient response)				
Declined				
Total	0	0	0	0

Demographic Data: Scenarios

- Patient identified as ≥ 2 races \rightarrow count as “Two or more”. Do not count in any other racial categories. Data is unduplicated across all categories.
- Count as “Unknown” in all Race categories* if:
 - Patient identifies as “Hispanic or Latino” but no other category
 - Patient does not identify as “Hispanic or Latino” and does not have an option for “Not Hispanic Latino”
- Gender Identity: Patient reports “unknown” \rightarrow count as “other”.
- FYI: Unlike all the other demographic tables, the SO & GI tables do not have lines for indicating the count of null values (“unknown to the health system”)

*even if “Hispanic or Latino” is presented to patients in a Race/Ethnicity menu

PY3.5 Reminders

“PRIME Transition” Metrics due 3/31



DHCS PRIME Application is experiencing technical issues. (DHCS 3/4 email).

Avoid reporting in the application for now.

Keep data in a separate, back-up document.

DHCS to email once issue resolves.

Due Date	Measures	Performance as of:	Portal Access
3/31/21	“PRIME Transition” metrics	2/29/20	DHCS PRIME Reporting Application is open
6/15/21	Immunization Sub-Pool Metrics <ul style="list-style-type: none"> • Project 1.3 Influenza Immunization • Q-PC9 Immunization for Adolescents • Q-PC10 Childhood Immunizations 	12/31/20	DHCS QIP Reporting Application opens May 15

No baseline data required for any of the above.

Clarifications on 1.3.3. Influenza IZ

- Forthcoming DHCS Policy Letter

Influenza Immunization	PRIME Transition 1.3.3	Immunization Sub-Pool
Measurement Period	Mar. 1, 2019 – Feb. 29, 2020	Jan. 1, 2020 – Dec. 31, 2020
Denominator	Oct. 1, 2019 – Feb. 29, 2020	Oct. 1, 2020 – Dec. 31, 2020
Numerator	Aug. 1, 2019 – Feb. 29, 2020	Aug. 1, 2020 – Dec. 31, 2020
Submission Date	March 31, 2021	June 15, 2021

- Both the PRIME Transition and Immunization Sub-Pool versions are displayed in the Flu graphic posted on [SNI Link](#).
- PY3.5 minimum benchmark remains 55.00%

PY4 Measure Specifications

Draft PY4 Measure Specs Posted

<https://safetynetinstitute.org/member-portal/programs/medicaid-managed-care/quality-incentive-program/reporting/>

QIP Program Year 4 Draft Measure Specifications

These draft measure specifications are being provided to QIP entities in advance of the release of the official QIP PY4 Reporting Manual (to be released in March). Although there are no anticipated changes to these measure specifications, these are considered draft and not the official, final version of the measure specifications.

- 📄 [Draft_MeasureSpecs_Appendix](#) posted 3/8/21
- 📄 [Draft_MeasureSpecs_ImprovingHealthEquity](#) posted 3/8/21
- 📄 [Draft_MeasureSpecs_Behavioral Health](#) posted 2/26/21
- 📄 [Draft_MeasureSpecs_CareCoordination](#) posted 2/26/21
- 📄 [Draft_MeasureSpecs_ExperienceofCare](#) posted 2/26/21
- 📄 [Draft_MeasureSpecs_MaternalPerinatalHealth](#) posted 2/26/21
- 📄 [Draft_MeasureSpecs_OveruseAppropriateness](#) posted 2/26/21
- 📄 [Draft_MeasureSpecs_PatientSafety](#) posted 2/26/21

Draft measure specifications still pending: General Guidelines, Primary Care, Acute & Chronic Conditions

Measures with 2-Part Target Populations

- Q-CMS130: Colorectal Cancer Screening
- Q-CMS69: Preventive Care and Screening: BMI Screening and Follow-Up Plan
- Q-CDF: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Q-HVL: HIV Viral Load Suppression
- Target Population:
 - Unique individuals meeting at least one of the following criteria:
 - Medi-Cal Managed Care Beneficiaries with XX months of continuous assignment to the QIP Entity during the program year.
 - Individuals enrolled in Medi-Cal (Managed Care or Fee for Service) on the date of a primary care* denominator encounter.

* For Q-HLV this will read “primary care or HIV specialty care denominator encounter”

2-Part Target Populations, continued

The above two overlapping groups must be added together and deduplicated prior to applying the Initial Population specifications. The following steps must be taken to determine the total target population:

1. Calculate the number of individuals meeting criteria 1
2. Calculate the number of individuals meeting criteria 2
3. De-duplicate the two lists by calculating the number of *unique individuals* meeting either criteria 1 or criteria 2.

The number obtained from Step 3 is the final Target Population to be used for rate calculation.

At the time of reporting, entities must include the results of each step (1, 2 and 3) within the metric level data methodology narrative of the QIP report.

Q-CMS6g: BMI Screening and Follow-Up Plan

- Continuous Assignment changed to 12 months (matrix says 24 months)

Got Technical Metric Q's?

- A. Email [Dana Pong](#) and David Lown , or
- B. Submit directly to my.ncqa.org
- My Questions > Ask a Question > PCS > *select a queue*
 - "CA QIP 4": PY4
 - "CA QIP PY3.5": PY1-3 & PY3.5 Core QIP
 - "CA PRIME": PRIME & PY3.5 PRIME transition
 - [PCS instructions](#) refresher



FYI: QIP Office Hours on April 8 will be canceled due to scheduling conflict.

Poll: Location of PCS Report

DHCS launched their Sharepoint site for QIP and will post QIP PCS reports there.

Question: Given the above, do you still want to be able to download the QIP PCS report from [SNI Link](#)?

- A. Yes, please continue to post PCS report on SNI Link.
- B. No / No preference.

QIP Q&A

