

# QIP Leads Monthly Forum

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Mon, Mar 22, 2021, 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: [QIP Webinars](#)

# CAPH SNI Demographic Data Request for Advocacy

Unrelated to QIP

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# Demographic Data: Elements

## 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](mailto:drown@caph.org)

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				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\*includes hospital inpatient & outpatient, ER, clinics; also includes other encounter types: anesthesia, med orders, labs, telephone encounters, and telehealth

# Demographic Data: Scenarios

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- Patient identified as  $\geq 2$  races  $\rightarrow$  count as “Two or more”. Do not count in any other racial categories. Data is unduplicated across all categories.
- Count as “Unknown **Ethnicity**” 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

[Demographic Data Template](#) & [Info on Use Cases](#) was sent to QIP teams on 3/10

# PY3.5 Reminders

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# Reminder: Reporting Due Dates

Due Date	Measures	Performance as of:	Portal Access
March 31, 2021	"PRIME Transition" metrics	Feb 29, 2020	DHCS PRIME Reporting Application opens Mar 1  Any data entered prior to March 1 may be lost.
June 15, 2021	Immunization Sub-Pool Metrics <ul style="list-style-type: none"> <li>• Project 1.3 <i>Influenza Immunization</i></li> <li>• <i>Q-PC9 Immunization for Adolescents</i></li> <li>• <i>Q-PC10 Childhood Immunizations</i></li> </ul>	Dec 31, 2020	DHCS QIP Reporting Application opens May 15

No baseline data required for any of the above.

# Clarifications on 1.3.3. Influenza IZ

- DHCS Policy Letter [QPL 21-002](#) released March 11 via email

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 Updates

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# 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\\_AcuteChronicConditions](#) posted 3/22/21

📄 [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 Care section  
posted Monday 3/22

HEDIS MY2021  
Technical Update to be  
released March 31.

QIP will release a  
specification  
addendum in April with  
technical updates to  
HEDIS measures

Primary Care Access/Preventive Care not yet approved/posted. In the meantime, refer to the [PY4 Measure Matrix\\_2021.01.22](#) and native specifications

# R/E Stratification of 5 Priority Measures

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- Race & Ethnicity stratification (OMB Level 1 only ) for 5 priority measures
  - Breast Cancer Screening
  - Colorectal Cancer Screening
  - Controlling High Blood Pressure
  - Influenza Immunization
  - Screening for Depression and Follow-Up
- Reported for informational purposes only to inform P4P disparity metric/populations in PY6
- Separate requirement from Q-IHE1 (required) & Q-IHE2 (optional)
- Details in forthcoming DHCS policy letter and in final PY4 Manual

# BIRADS to BIOPSY: Benchmark Reporting

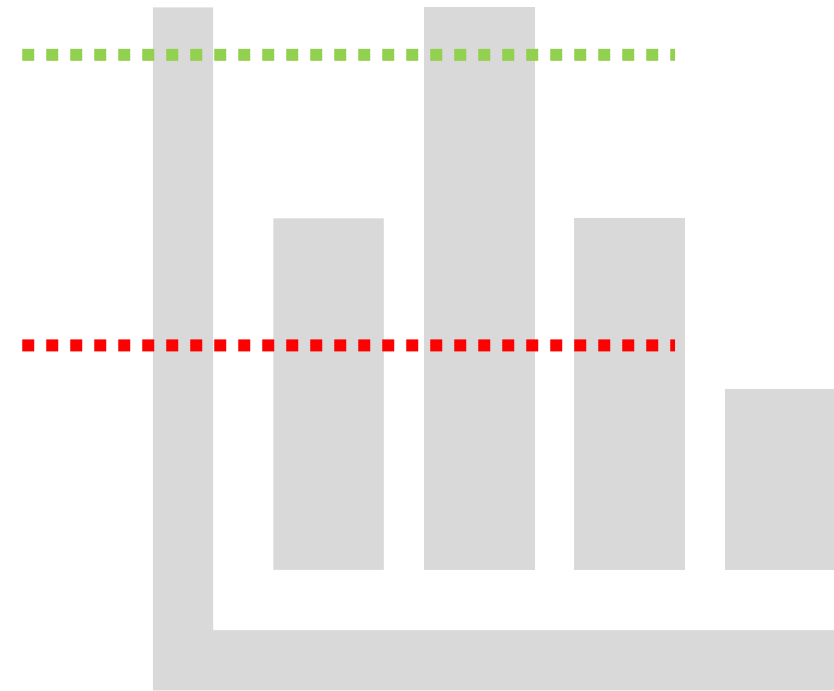
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- Since the QIP Reporting Portal will be open for submission of Immunization Sub-Pool measure data, entities will also use the Portal to report BIRADS to BIOPSY data under the PY3.5 report.
- This data will be used both to establish the PY<sub>4</sub> Benchmark and will be used as the Entity's PY<sub>4</sub> baseline performance

# Benchmarks

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- Emailed to QIP Entities on Friday, March 19
- Will not be posted on [eQIP site](#)
- Some measures (e.g. HEDIS, HRSA) are expected to have official benchmarks updated in Fall 2021 based on CY2020 data.
- Target methodology pending possible PY<sub>4</sub> COVID-modification



# Q: Benchmarks for sub-rated measures

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How do we determine what the reporting and gap closure requirements are for metrics with multiple sub-rates?

- a. Example: Follow-up after ED visit for AOD has 2 sub rates with benchmarks, but the metric name also has the same benchmarks as the 30 day sub-rate. Which rate(s) are required for reporting and will be held to 10% gap closure? **Will confirm with DHCS, but the benchmarks following the measure name were included in error. The rates associated with the two sub-rates are all that matter**
- b. Example: Child and Adolescent Well-Care Visits doesn't have benchmarks yet, but the native specs list 3 age stratifications plus a total rate. Will we report 4 rates and is 10% gap closure for each age stratification or the total rate? **There will only be the one total rate**

# Q: Achievement Value for Sub-rated Measures

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Is the metric value divided equally among sub-rates and can you earn partial achievement value for meeting target for some sub-rates?

a. Example: Weight Assessment & Counseling has 3 sub-rates. Is each sub-rate worth  $1/3$  the total metric value? If we meet target for  $2/3$  of the sub-rates will we earn  $2/3$  of the total metric value?

**ANSWER:** Yes you can earn partial achievement value by meeting sub-rates. Sub-rates AVs are averaged to determine the final measure AV.

- E.g., For WCC. If you earn 0.5, 0.75, 1 for each of the sub-rates, your total AV =  $1.25/3 = 0.42$

# Q: Reporting more than 40 measures

If we are at target for 19 non-priority metrics and meet target for some sub-rates for several other metrics, can we report over 20 non-priority metrics?

- Example: At target for 19 non-priority metrics, at target for BMI sub-rate in Weight Assessment & Counseling, and at target for follow-up in Depression Remission/Response → can we report 21 metrics to earn  $19 \frac{2}{3}$  metric value for non-priority metrics?

## ANSWER:

- You are allowed to report >20 non-priority measures. You are always responsible for reporting and hitting targets for all a measures' sub-rates.
- Funding is determined by averaging the AV's from all your reported measures across the total number of measures you report.
- Reporting >40 measures only helps you if your additional measures have an AV of 1 (e.g., higher than your average AV across the 40 measures).
- In the above example the total # reported measures is 41=20 Priority + 21 Elective Measures.
  - Assume targets are met for all 20 Priority Measures ( $\sum AV^{\text{Priority}}=20$ )
  - Targets for 2 of 3 sub-rates were missed on two measures, so  $\sum AV^{\text{Elective}}=19 \frac{2}{3}$
  - Therefore  $\sum AV^{\text{Total}}=39 \frac{2}{3}$ .
  - Funding:  $39 \frac{2}{3}$  is divided by 41=96.75% of eligible funds earned.
- Example 2: You only report 20 Elective Measures, missing targets for 2 of 3 sub-rates in only 1 measure, so  $\sum AV^{\text{Total}}=39 \frac{1}{3}$ 
  - Funding:  $39 \frac{1}{3}$  divided by 40 reported measures = 98.33% of eligible funds earned.



# Q: Over-Performance for sub-rated measures

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Q: Do we need to meet target for **all** sub-rates in order to be eligible for overperformance? What if one sub-rate is overperforming while the others are not at target?

**ANSWER: Under PRIME, all sub-rates had to meet over/high performance criteria. We will follow-up with DHCS to see if there is any allowance to average Over-performance across sub-rates, providing all sub-rates meet 10% gap closure.**

Slide 12 from [9/18/19 Unearned Funding Webinar](#).



## Other Notes

- For metrics with sub rates, entity must over/high perform on each sub rate.
  - Platform does not include this in the “Hospital Performance” report
  - Entity must calculate on own
  - DHCS will provide assistance, if necessary
    - Contact your PRIME liaison
- 1.2.11 and 1.2.13 are not eligible for over performance because targets are based on threshold achievement rather than gap closure.

# SNI Info Request: Ambulatory Care Status

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To inform strategy of a potential PY<sub>4</sub> COVID-mitigation proposal, SNI and DHCS seek to better understand staff redeployment to COVID vaccine/testing:

- current and projected staffing
- capacity for care delivery in general and specific to QIP measured services
- impact to resources dedicated to QIP QI efforts

Will make the survey brief

**March 29**

SNI sends specific  
Q's to QIP Leads

**Week of April 5th**

QIP Leads send  
responses to SNI

**Week of April 12th**

SNI compiles &  
share with DHCS

# Key Dates

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- Mar 31 Due to DHCS: PY3.5 PRIME Transition Metrics Report
- Apr 7<sup>th</sup> 12pm Webinar: by CMQCC: MDC for Q-PCo2 & Q-PCo5. Register [here](#).
- Apr 5<sup>th</sup> week Due to SNI: Ambulatory Care Status
- Apr 9<sup>th</sup> Due to SNI: Demographic Data Request (not related to QIP)
- Apr TBD Webinar by NCQA & DHCS - PY4 Manual Walkthrough
- June 1<sup>st</sup> 1pm Webinar by NCQA - Risk adjustment in Plan All Cause Readmission
- June 15 Due to DHCS: PY3.5 Reporting on Immunization Sub-Pool Metrics
- June 15 Due to DHCS: BIRADS to Biopsy; measurement period = CY2020

Canceled: April 8<sup>th</sup> QIP Office Hours

# Well-Care Visit Coding Errors

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While validating the new *Child & Adolescent Well-Care Visits* measure, one CAPH member observed some providers were incorrectly coding for a well-care visit (ICD10 code Z00.00 ) when in reality it was an order for vaccine or a clinical support visit to receive a vaccination.



**Question:** To what extent are other systems experiencing challenges with accurate coding of well-care visits?

# FFS vs MCMC 0-1 yo Populations

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- Newborns covered by mother's Medi-Cal through end of the month following birth.
- Kids enrolling in CHDP through Gateway, can get up to a year of coverage.
- Gateway Medi-Cal is FFS so these kids don't appear on health plan reports.
- One member notes they have no one under 1 in their plan enrollment files
- Impacted Measures:
  - Well Child in the First 30 Mos (15 mos rate)
  - Developmental Screening in First 3 Years of Life
- Both require continuous enrollment in the child's first year of life

**Question:** Are other members experiencing low numbers of MCMC kids <1 yo?

# QIP Orientation Slide Deck & Brief

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For members to use when orienting internal staff on QIP. Topics:

- Context for QIP, PRIME -> QIP
- Overall program structure
- Financing & timing of payments
- Metrics & alignment with DHCS MCAS
- Resources on SNI Link

**Question:** What other information would be useful to include?

# Questions?

