

QIP Leads Monthly Forum

Mon, June 28, 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](#)

Program Year 4

Reminder: PY₄ Webinars to watch

June 2

PY₄ Manual Walk
through by
NCQA

To be posted on
[DHCS eQIP](#) &
[SNI Link](#)

June 1

Plan All Cause
Readmission
Walkthrough by
NCQA

On [DHCS eQIP](#) &
[SNI Link](#)

April 7

Using CMQCC
MDC for QIP
Part 1

Posted in CMQCC
MDC support
section

June 10

Using CMQCC
MDC for QIP
Part 2

Register [here](#).
To be posted in
CMQCC MDC
support section

Deep dive on submitting Medi-Cal Payer data including the new required data element "Medi-Cal Enrollee"--which will enable hospitals to report on cases with either primary or secondary Medi-Cal insurance coverage. CMQCC published an updated User Guide to reflect the new data element.

Reminder: HEDIS MY2021 Technical Updates

HEDIS released HEDIS MY2021 technical updates on March 31, 2021.

- Use the updated HEDIS MY2021 documents.
- Re-download the free version of Vol 2 specs and Value Set Directory that came with the DRR ECDS specifications from the NCQA Store.
- Re-download HEDIS Medication Directory List.
 - Instructions are on slide 28 of the [PY4 Manual webinar](#).

eCQMs

IMPORTANT CLARIFICATION: (pg 9 PY4 Manual)

Outside of QIP, not all specifications for measures of the same name are completely clinically aligned. As such, QIP entities must only use the specifications listed in this QIP Reporting Manual. As new specifications types (e.g., eCQM) become available, they may be incorporated into the QIP Reporting Manual if appropriately aligned with existing QIP measures.

CMS programs are moving towards using eCQMs where possible as it's written in CQL language, an HL7 standard, for improved standardization and clarity.

Regardless of whether a measure had CQM (claims based) specs in PRIME, you MUST use the eCQM specs in the PY₄ manual for the following measures:

Q-CMS349: HIV Screening

Q-CMS135: Heart Failure: ACE-I/ARB/ARNI for LVSD

Q-CMS147: Influenza Immunization

Q-CMS130: Colorectal Cancer Screening

Q-CMS69: BMI Screening and Follow-Up Plan

Q-CMS2: Screening for Depression & F/U Plan

Q-CMS347: Statin Therapy For The Prevention And Tx Of CVD

Q-CMS138: Tobacco Assessment and Counseling

Reminder: Inclusion of Duals

The QIP program-wide exclusion of dually eligible Medi-Medi-Cal Medicare individuals was removed in PY4.

“Individuals that are enrolled in Medi-Cal and meet the measure criteria should be included in the measure, regardless of whether they are also enrolled in another type of insurance.” *PY4 Manual page 30.*

So be sure to check all insurance types when querying for denominator inclusion.

PY4 Policy Updates

Pending:

- CMS approval of original PY4 Pre-print. Through PY6 or PY9?
- DHCS release of “PY4 Value Sets for Managed Care Plans”
- DHCS Policy Letter: R/E stratification structure for 5 priority measures + overall MCMC
 - See next slide
- DHCS Policy Letter: Non-Entity Data
 - See next slide
- DHCS thinking on audits possibly starting for PY4.

COVID-19 Modifications

- See [4/26 QIP Leads webinar](#) regarding COVID impacts and mitigation factors
- SNI (and DHLF representing the DMPH) are starting detailed discussions with DHCS.

R/E Strata for 5 measures + overall MCMC

- Details in forthcoming DHCS Policy Letter.
- From June 9 Office Hours, it's evident that not all DPH document the individual race categories for individuals who identify as multi-racial or "2 or more races".
 - DHCS has said that there will be allowance in the reporting platform for reporting "multi-racial/2 or more races" for those entities offering patients a "multi-racial/2 or more races" option in their race/ethnicity identification menus
- Stratification structure will differ from how Plans will eventually report stratified data for HEDIS.
 - HEDIS has recently stated that Race will be reported separately from Ethnicity
 - For QIP Race/Ethnicity will be reported as a cross-walk

**Table A: Race and Ethnicity
(number of individuals)**

	Hispanic or Latino	Not Hispanic or Latino	Unknown or Declined Ethnicity	TOTAL
TOTAL - not sum of underlying rows				
American-Indian or Alaska Native				
Asian - Not sum of detailed Asian races				
<i>Asian Indian</i>				
<i>Cambodian</i>				
<i>Chinese</i>				
<i>Filipino</i>				
<i>Japanese</i>				
<i>Korean</i>				
<i>Laotian</i>				
<i>Vietnamese</i>				
<i>Two or more Asian races</i>				
<i>Some other or unknown Asian race</i>				
Black or African American				
Pacific Islander - Not sum of detailed PI races				
<i>Guamanian</i>				
<i>Hawaiian</i>				
<i>Samoan</i>				
<i>Two or more Pacific Islander races</i>				
<i>Some other or unknown Pacific Islander race</i>				
White				
Some other race				
Unknown or Declined				
Multi-racial/2 or more races - calculated or direct input				

QIP Entity Specific Denominator Encounters

- Effective PY₄, DHCS agreed to limit the denominator encounters to QIP entity encounters and limit numerator qualifying events to those occurring at the QIP entity for (latter still under DHCS discussion):
 - Q-LBP: Use of Imaging Studies for Low Back Pain
 - Q-AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
 - Q-URI: Appropriate Treatment for Upper Respiratory Infection
- Only for PY₄, DHCS agreed to limit the denominator encounters to QIP entity encounters for:
 - Q-FUA: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
 - Q-PCE: Pharmacotherapy Management of COPD Exacerbation
 - DHCS will revisit decision for Q-FUA & Q-PCE year-by-year depending on how the CMS ADT Notification rule is progressively being operationalized across the nation/state.
- The associated value sets for these 5 will not be listed in the MCP Value Set document for PY₄.
- DHCS policy letter is forthcoming.

Revised PY₄ Measure Matrix

- A-G: ID; Title; Measure Steward; Spec Source; Benchmark Source
- Denominator Info
 - H. PY₄ Targe Population (green font = assigned lives)
 - I. Continuous Assignment to QIP Entity
 - J. Event Criteria
 - K. Encounter Required for inclusion in Denominator
 - L. Denominator
 - M. Must include Non-Entity Encounters or other services when calculating Denominator
- Numerator Info
 - N. Numerator Look Back (relative to end of MY)
 - O. Numerator
 - P. Must include Non-Entity Data in Numerator
- Q-V: Program Crosswalk (state & national)

Please Enter into the Chat:

- Is Column J duplicative of Column K?
- Any other information that would be helpful to include in the matrix?

COVID impact on Denominator Size

In exploring COVID mitigation options, SNI is wondering if members are able to meet requirement of 40 measures with denominator ≥ 30 (combination of COVID impact, limitation to Medi-Cal, etc).

Poll Question: Approximately how many measure may have a denominator < 30 due to impact of COVID? If you're not sure, make a guess.

- a) zero
- b) 1-3
- c) 4-6
- d) 7-10
- e) 10+

Please Enter into Chat: Of your original tentative selection of 40 measures, list which measures may have a denominator < 30 ?

Program Year 5

Approach for PY5 Menu Set

- Limit measure removals to minimize entity resource expenditure
 - Retiring: Diabetes Medical Nephropathy (CDC-MN)
 - Contraceptive Care – All Women (CCW): Steward recommends against use in P4P
- Alignment with MCAS: MY2021 (no MCAS changes impacting QIP)
- Add new CMS Core, HEDIS or HRSA measures with Medicaid benchmarks
 - 3, possibly 4, new HEDIS measures with Medicaid benchmarks
 - Prenatal Immunization Status (PRS-E)
 - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
 - Pharmacotherapy for Opioid Use Disorder (POD)
 - Kidney Evaluation for Diabetes (KED) – may have benchmark Sept 2022
- DHCS is aiming finalize menu set by July 2021.

Action Item:

Email [Dana](#) any information on measures used in your local MCP P4P program.

SNI Resources

July & August Office Hours

SNI has conflict for both July 8 & August 12 Office Hours

Poll Question 1: For July 8 Office Hours, would you prefer to

- a) Cancel
- b) Reschedule to Tues, July 13th 12-1pm

Poll Question 2: For Aug 12 Office Hours, would you prefer to

- a) Cancel
- b) Reschedule to Mon, Aug 16th 12-1pm

Patient Portal Redeployment



Guide & Resource Toolkit forthcoming

Following a recent webinar on

[*Strategies to Increase Patient Portal Utilization with Riverside University Health System,*](#)

SNI is working with a consultant to develop a step-by-step patient portal redeployment guide and over 30 tools and examples for teams to use. The guide and toolkit will be released in the coming weeks.

Please email [Zoe](#) for more information.

Questions?

