

QIP Office Hours

Tue, July 13, 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](#)

DHCS PY3.5 Review: Prenatal/Postpartum

- DHCS is checking for
 - Different denominators between the Prenatal and Postpartum sub-rates. In PRIME PY3.5 and QIP PY3.5, sub-rates use different native HEDIS specification versions which have different delivery time frames.
 - Timeframes shifted back by 10 months (per COVID modification) relative to the dates listed in the PY3.5 Manual.

QIP Measure Matrix Tool

- Thank you for your feedback on the June 28 QIP Leads Webinar.
- SNI will share the updated matrix once DHCS finalizes their policy letter on the use of non-Entity data for certain measures.

Data for Dually Enrolled

- Your Medi-Cal Managed Care Plan should be providing you data for dually enrolled (Medi-Cal and Medicare) beneficiaries per [QPL-21-004](#) released July 6.

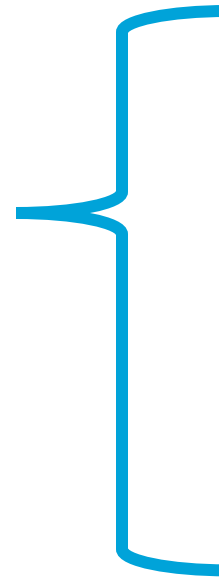
POLICY:

MCPs must assist QIP entities, including DMPHs seeking information related to DHCS-approved contracted DMPH community partners, in collecting any information that is necessary to complete QIP quality improvement efforts and reporting obligations for all years in which the QIP program is in effect. This includes providing QIP entities with the minimum necessary information outlined by DHCS, which may include, but is not limited to, Medi-Cal member eligibility, lab tests and results (to the extent allowed by applicable laws and regulations), pharmaceutical and non-pharmaceutical claims data and data for dually enrolled (Medi-Cal and Medicare) beneficiaries. DHCS will notify MCPs of the specific DMPH community partners with whom data must be shared, the specific data elements that must be shared with QIP entities and community partners, and any associated deadlines for the data, on a regular basis via guidance on the [DHCS QIP webpage](#). DHCS will email MCP Medical Directors when the specific data elements required are posted on the DHCS QIP webpage.

Correction to Q-TRC (per PCS #00348521)

Disregard the 1st bullet "The following notations or examples of documentation do not count as numerator compliant:". It refers to an indicator that is not used in QIP PY4 and was erroneously not removed from the Manual.

These 3 bullets are not sub-bullets and should not have been indented.



Note

- *The following notations or examples of documentation do not count as numerator*

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QIP PY4 Reporting Manual: Care Coordination Measures

compliant:

- *The Medication Reconciliation Post-Discharge numerator assesses whether medication reconciliation occurred. It does not attempt to assess the quality of the medication list documented in the medical record or the process used to document the most recent medication list in the medical record.*
- *The denominator is based on the discharge date found in administrative/claims data, but organizations may use other systems (including data found during medical record review) to identify data errors and make corrections.*
 - *If a different discharge date is found in the medical record, and the organization chooses to use that date, the organization must assess all indicators using the updated discharge date, including those that were previously compliant based on administrative data.*
- *Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (i.e., within 30 days after discharge).*

Sub-Rates

- Reminder: See DHCS' PY4 Benchmark document to identify sub rates that will be reported to DHCS: Q-CMS 138, Q-WCC, Q-DRR, Q-FUA, Q-PCE
- The following are reported for informational purposes only (i.e. not P4P):
 - Q-CMS138: Rate #1 (screened for tobacco in past 24 mos)
 - Q-DRR: 12-17 yo strata across all three sub-rates
- Note: DHCS PY4 Benchmark document shows one row for Q-W30. Q-W30 should have two sub-rates that have benchmarks TBD:
 - Children who turned 15 months during MY; 6+ visits
 - Children who turned 30 months old during MY; 2+ visits

Reminders

- Review PCS Reports regularly (on [SNI Link](#) or on [DHCS eQIP](#)).
 - Entities are responsible for adhering to clarifications in the PCS Report.
 - PCS report is refreshed every two weeks.
 - Check PCS report first to see if your question has been answered already.
- Send any info on measures used in your local MCP P4P program to [Dana](#).
- Share QIP PY3.5 PRIME Transition Metrics & IZ Sub Pool reports to [Dana](#).

Patient Portal Resources from SNI

Patient Portal Redeployment Guide and Resource Toolkit

- a step-by-step deployment process along with 30+ tools and example resources that aims to add value to the patient portal and improve enrollment and active use.

View [Toolkit](#).

Strategies to Increase Patient Portal Utilization

- In May, experts from RUHS shared strategies to increase patient portal utilization across clinics and departments. View [webinar recap](#) or [webinar slides & recording](#).





MEETING
THE
MOMENT
ANNUAL CONFERENCE 2021

CAPH

SN

Save the Date!

December 1-3, 2021

Quality Leaders Awards (QLAs)

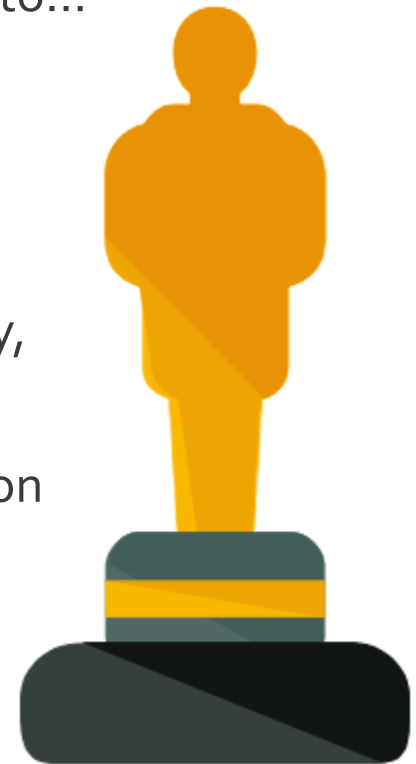
Applications are open for the 2021 QLAs!

This year, the QLAs feature new award categories that recognize an outstanding effort to...

- Promote *health equity* and reduce disparities (**Health Equity**)
- Improve *population health* by using data-driven approaches to identify and address multiple drivers of health outcomes (**Population Health**)
- *Redesign care* processes in a way that increases efficiencies, advances clinical quality, and enhances the patient experience (**Care Redesign**)
- Demonstrate *innovation* in technology, models of care, and/or system transformation that improves health outcomes and care delivery (**Innovation**)

This year's QLAs will be celebrated at our Annual Conference, which will take place on December 1-3. Applications can be found at www.safetynetinstitute.com/

Applications are due Friday, August 27, to Zoe So (zso@caph.org).



Questions?

