

QIP Office Hours

Thurs, Oct 14, 2021, 12-1PM

[Recording Link](#)

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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](#)

Updates

PY4 Programmatic Updates

- Ongoing: PY4 negotiations with DHCS & CMS
- Pending: CMS approval of original PY4 pre-print
- Pending: Details from DHCS on Audit
- Pending: Updated PY4 Benchmarks from DHCS (see next slide)
- Due Oct 18 to DHCS: Any feedback on the QIP PY3 Evaluation emailed on Oct 6
- Oct 1: "PY4 R/E Stratification & Q-IHE" webinar slides/recording posted on [eQIP](#).
- Oct 4: "PY4 Value Sets for MCP & entity data sharing" posted on QIP [webpage](#).
- Minimum "denominator" cases for Risk Adjusted Measures:
 - Q-PCR: 150 Index Hospital Stays (IHS)
- Save the Date: Jan 25-26, 2022: DHCS Annual QIP Virtual Conference.

PCS #00361968 Provider Type Data

Q: Q-WCC specs tell us the visit required for the denominator needs to be with a PCP or an OB/GYN. We don't receive the classification of the provider from our managed care plan Health Net. If we include the non-entity data, we may be adding people to the denominator because they could be seeing a specialist. If we don't include the data because we can't determine if they are PCP/OB/GYN then we aren't including non-entity data. Do you recommend we try and request the classification from HealthNet? If so, we would need to request all data from 2021 to be resent. How is this handled by HEDIS? Is "provider type" something that typically shows up in Plan's claims data?

A: HEDIS is not prescriptive about the method an organization uses to flag provider accountability (i.e., provider type). It is up to the health plan to have a process for identifying practitioner type, which is subject to the HEDIS auditing process. For the HEDIS WCC measure, **the organization must be able to confirm that an outpatient visit was performed by the appropriate provider type for inclusion in the eligible population**. If your managed care plan reports the WCC measure to HEDIS, it is possible that they have provider type information that may be helpful for you when reporting the measure for QIP.

Peer Q: Are you receiving provider type data from your MCPs?
If not, how are you handling this issue for WCC?

PY4 Updated Benchmarks Status

(by Matrix Column G : Benchmark Data Source)

Benchmarks with updates pending for PY4:

- HEDIS Medicaid: Medicaid Quality Compass (QC) released on 9/24
 - Q-PCR & Q-W₃₀: Switching from DHCS data to HEDIS Medicaid QC data
- FQHC CA; HRSA MY2020 benchmarks already released by HRSA
- CMQCC (PCo2, PCo5) CMQCC MDC shared with DHCS on 10/8

Benchmarks likely or already to remain set for PY4:

- DHCS (except PCR All Cause Readmissions – switching to HEDIS benchmark)
- QPP; Adjusted Medicare (QPP) QPP benchmarks released between Dec-Feb
- NHSN CA SIR (CDI) Most recent published data on this is still from 2019
- CDPH SSI Continue using 2019 data. 2020 data not usable due to 2020 voluntary reporting.
- TJC (STK-2) Awaiting TJC response. Due to COVID, updated benchmarks may not be available.
- Adjusted HEDIS Medicare (TRC) It's complicated

To Be Determined:

- MNCM (DRR) Request submitted to MNCM.

PY5 Update: Assigned Lives & Non-Entity Data

- Measures keeping assigned lives in the target population:
 - Q-HLV: HIV Viral Load Suppression
 - Q-CMS130: Colorectal Cancer Screening – keep assigned lives in the target population
- Measures removing assigned lives from the target population:
 - Q-CMS69: BMI Screening/Follow-up
 - Q-CMS2: Depression Screening/Follow-up
- Non-Entity data allowed for use in determining Negative Histories:
 - Q-AAB, Q-URI:
 - Negative Medication History; Negative Comorbid Condition History
 - Q-LBP:
 - Negative Diagnosis History
- Non-Entity data allowed for use in determining numerator only:
 - Q-PCE: COPD Exacerbations

HEDIS COL measure – Public Comment

HEDIS® Ad Hoc Public Comment

Reviewers are asked to submit comments in writing via the NCQA [public comment website](#) by **11:59pm (ET), Thursday, October 21, 2021**.

NCQA seeks comments on proposed revisions to the measure for HEDIS Measurement Year (MY) 2022:

- Add the Medicaid product line for reporting, because the younger age range, in addition to Medicaid expansion, increases the applicability of the measure to the Medicaid population.
- Add members 45–49 years to align with updated guidelines.
- Specify performance rates stratified by 45–49 years, 50–75 years and a total rate, which would permit continued trending for adults 50–75 and highlight performance in younger adults for whom screening is newly recommended. We also seek comments on options for stratifying the measure by age, given that the measure includes stratifications for socioeconomic status (SES), race and ethnicity: Would reporting SES, race and ethnicity for each age stratum feasibly provide useful information, and would the benefits of such reporting justify potential burden?

CAPH

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MEETING THE MOMENT

ANNUAL CONFERENCE 2021

[Register here](#)

December 1-3, 2021

9am-2pm

Questions?

