



QIP PY5 Reporting Manual Updates

April 26, 2022

[Recording link](#)

Housekeeping



Please mute locally. Lines are also muted on entry. Please don't use a speakerphone in order to prevent an audio feedback loop or an echo.



At any time, feel free to chat your question or raise your hand.



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The webinar will be recorded and saved on [eQIP](#).



Agenda

BRIEF INTRODUCTIONS

PHE UNWIND STRATEGY

QIP TIMELINE

PROCESS FOR SUBMITTING QUESTIONS

**QIP PROGRAM POLICIES / GENERAL
GUIDELINES UPDATES**

QIP PY5 MEASURE SET UPDATES

MEASURE-LEVEL UPDATES

Public Health Emergency (PHE) Unwinding

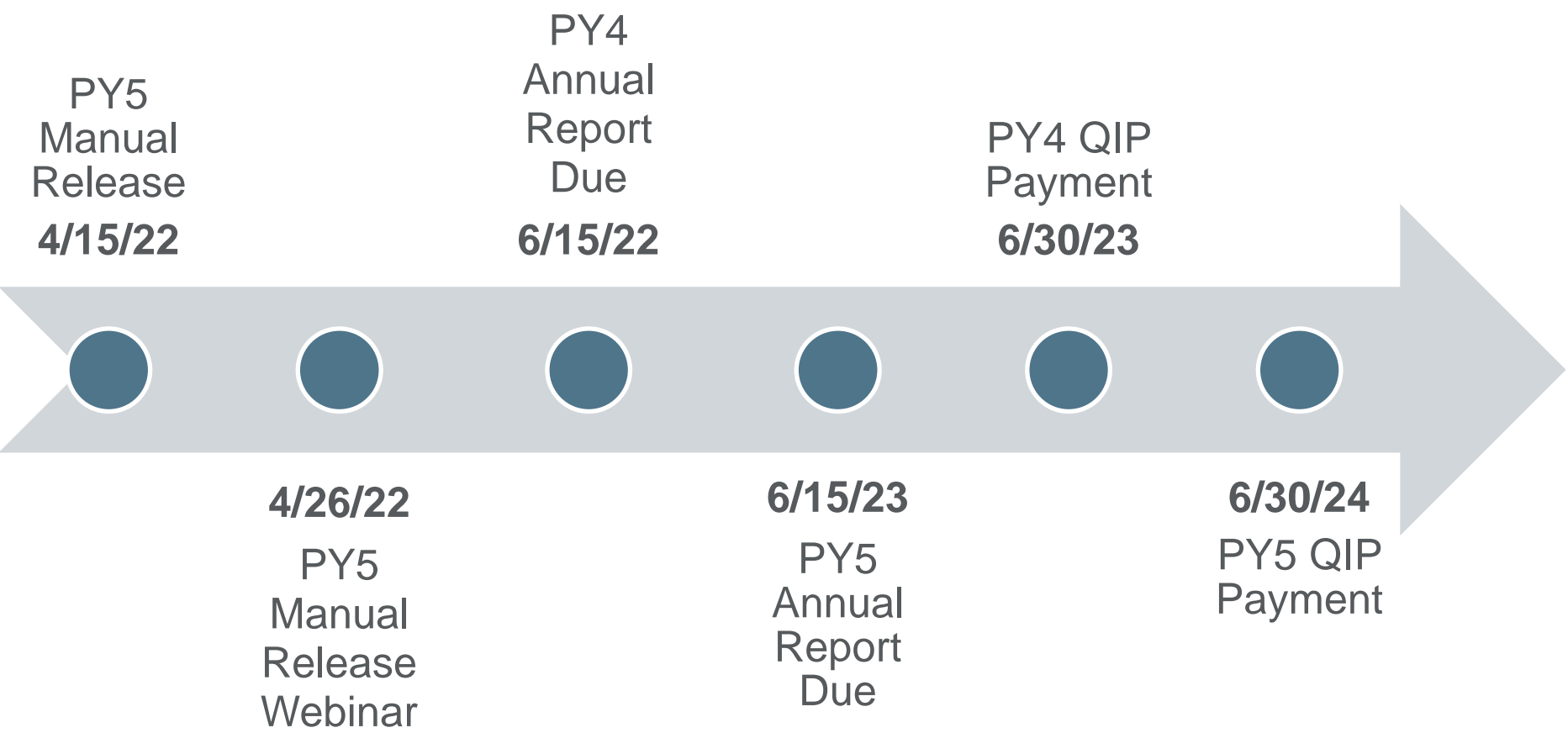
- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
 - Become a **DHCS Coverage Ambassador**.
 - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#).
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available.

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately.**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners.

- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

QIP Timeline



Measure Specification Questions

As soon as possible, please do the following two things:



*Review the Manual
& PCS Reports*



*Submit Measure-
Related Questions*

Important Notes:

- Some questions may be routed to measure stewards who are national organizations. There is no guarantee how soon they can provide a response or if they will respond before the QIP reporting deadline.
- Generally, PCS responses are valid for three Program Years. If a measure underwent significant changes, some PCS responses may no longer be valid, and entities may need to resubmit the question.

Reminder: Process for Submitting Measure Specification Questions

Measure Specification Questions



Submit to NCQA's PCS system
(select 'CA QIP' program & applicable 'Program Year')



NCQA answers question, engaging measure steward,
SNI, DHLF, and/or DHCS



NCQA sends PCS response to DMPH/DPH

PCS report published biweekly on eQIP

PCS Submission Instructions

Refer to QIP PY5 Reporting Manual Appendix 2, "Instructions for Policy Clarification Support (PCS) System"

Reminder: Manual Updates

Changes from the PY4 Manual

Deletions are not
visible

Additions are shown
in **red**

QIP Program Policy Updates

Summary of Key Updates

Section	Updates
V.A. Minimum Data Reporting Requirements	Added guidance on minimum reporting requirements for priority measures.
V.D. DMPH Community Partner Eligible Measures	Added measures to Table 2: QIP Measures Allowable for Community Partner Data.
V.K. Health Plan Data	Updated guidance regarding data sharing.
VI.B. Benchmarks	Added guidance for measures with identified trending breaks.
VI.C. Trending Breaks	Added guidance for re-reporting baseline for measures with identified trending breaks.
VI.D. Target Setting	New sub-section on ratio-based risk-adjusted measures (see slide 11 for details).

QIP Program Policy Updates

Target Setting for Ratio Based Risk-Adjusted Measures

Impacts Q-PCR,
Q-CDI, and Q-SSI

Uses calibrated observed to
expected (O/E) ratio threshold
methodology:

$$\text{Calibrated O/E} = (\text{Entity O/E}) / (\text{State Average O/E})$$

QIP entity performance
targets are set using the
Calibrated O/E

(shown in table below)

Achievement Value	QIP Entity Calibrated O/E
AV = 1.0	<0.9
AV = 0	≥0.9

QIP General Guidelines Updates

Summary of Key Updates

Section	Updates
VIII.D. Local Mapping	Clarified guidance on billable encounters codes and deleted codes. Added two categories to the Allowable Local Mapping.
VIII.E. Paid, Suspended, Partial, Pending, and Denied Claims	New section for PY5 (see slide 13).
VIII.F. Telehealth Allowances and Guidance	New section for PY5 (see slide 14).
X. QIP Target Populations	Added guidance on individuals with “other health coverage” (see slide 15).
XI. Use of Non-Entity Service Data	New section for PY5 (see slide 16).
XIII. Sampling	Added guidance on sampling rules for measure specification types and individual measure specifications (see slide 17).
XIV.B. Stratification of Reported Data by Race and Ethnicity	Replaced entire section with new guidance for PY5 (see slide 18).

QIP General Guidelines Updates

Paid, Suspended, Partial, Pending, and Denied Claims

- For most measures, the QIP entity must include all paid, suspended, partial, pending, and denied claims.
- Measures with specific guidance:
 - Q-PCR:
 - ✓ Include all services (including denied claims) when applying risk adjustment.
 - ✗ Do not include denied services when identifying all other events (e.g., the index hospital stay (IHS)).
 - Q-URI, Q-AAB, and Q-LBP:
 - ✓ Include all claims to determine the eligible population.
 - ✗ Do not include denied claims when identifying numerator events.
 - Q-COB and Q-OHD:
 - ✓ Include paid claims only.

QIP General Guidelines Updates

Telehealth Allowances and Guidance



HEDIS

- Synchronous telehealth (real-time audio and video), telephone, and asynchronous telehealth (e-visits, virtual check-ins) are considered separate modalities.
- A measure silent about telehealth includes synchronous telehealth.
- A measure will indicate when telephone visits or asynchronous telehealth are eligible for use.

eCQMs – All 2022 eCQMs used in PY5 are eligible for telehealth encounters (*except CMS69 and CMS138*).

CMS Adult and Child Core Set – No specific telehealth restrictions; find measure specific details at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/telehealth-ta-resource.pdf>

QIP General Guidelines Updates

QIP Target Populations

New definition for “individuals with other health coverage”



Individuals with coverage in addition to Medi-Cal, where Medi-Cal is not the primary payer (i.e., individuals with Medi-Cal that have either Medicare or Private Insurance as the primary payer).

New Target Population labeling



Target Populations A, B, C, D, E are indicated as such in the General Guidelines and in the heading at the top of each measure specification.

Measure Steward	Specification Source	NQF Endorsement	Target Population
National Committee for Quality Assurance	HEDIS MY 2022	#2372	Target Population A: Medi-Cal Managed Care beneficiaries assigned to the QIP Entity and meeting measure specific continuous assignment criteria. Individuals with other health coverage must be all included or all excluded.

QIP General Guidelines Updates

Use of Non-Entity Service Data

For certain measures, QIP entities are permitted to use all data (including non-entity data) they have access to in order to calculate the denominator and numerator.

Table 7 outlines the inclusion of non-entity service data for all PY5 measures:

Table 7: Inclusion of Non-Entity Service Data by Measure

QIP Measure ID	Measure Name (*Priority Measure)	Inclusion of Non-Entity Services for Denominator	Inclusion of Non-Entity Services for Numerator
Q-QPP47	Advance Care Plan	No	No Advance Care Plans obtained from a non-QIP entity but that are accessible in the QIP entity medical record during the measurement year are allowable
Q-URI	Appropriate Treatment for Upper Respiratory Infection	Only for negative medication and comorbid condition history, and competing diagnosis histories	No

QIP General Guidelines Updates

Sampling – Three Ways

HEDIS & CMS Adult and Child Core Set

- Depends on data collection method – Administrative, Hybrid, or Electronic Clinical Data Systems (ECDS)

eCQMs, eMeasures, CQMs

- Depends on measure type - eCQMs & eMeasures or CQMs

Other Measure Types

- Varies by measure

Note: Section XIII. Sampling includes detailed instructions on sampling methods.

QIP General Guidelines Updates

Race and Ethnicity Stratifications

Entities reporting on the following measures in PY5 must apply the guidance below on race and ethnicity stratifications:

Measures	Race and Ethnicity Stratification Guidance
Q-WCV, Q-CIS, Q-IMA, Q-PPC-Pre, Q-PPC-PST	Stratify reported data by race and ethnicity (Informational)
Q-HBD	<p>Report the Total Population rate, Black/African American sub-rate, Hispanic/Latino sub-rates (Accountable)</p> <p>Report all other sub-rates for all Q-HBD race/ethnicity groups (Informational)</p>
Q-IHE1, Q-IHE2	<p>Only report the numerator and denominator for the priority population selected for the entity’s selected eligible equity metric (Accountable)</p> <p>Do not report all other race and ethnicity strata</p>

Note: Table 9 includes detailed instructions on reporting race and ethnicity stratifications.



Questions



QIP PY5 Measure Set Updates

QIP PY5 Measure Set

Overview

52 Total QIP
PY5 Measures

9 Measure
Categories

20 Priority
Measures

Priority Measures

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Child and Adolescent Well Care Visits
4. Childhood Immunization Status
5. Chlamydia Screening in Women
6. Colorectal Cancer Screening
7. Developmental Screening in the First Three Years of Life
8. Immunizations for Adolescents
9. Preventive Care and Screening: Influenza Immunization
10. Preventive Care and Screening: Screening for Depression and Follow-Up Plan
11. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
12. Well-Child Visits in the First 30 Months of Life
13. Controlling High Blood Pressure
14. Eye Exam for Patients With Diabetes
15. Hemoglobin A1c Control for Patients With Diabetes
16. HIV Viral Suppression
17. Asthma Medication Ratio
18. Improving Health Equity #1
19. Prenatal and Postpartum Care: Timeliness of Prenatal Care
20. Prenatal and Postpartum Care: Postpartum Care

New Measures for QIP PY5

Measure Name	Measure Description
Q-KED: Kidney Health Evaluation for Patients with Diabetes	The percentage of individuals 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
Q-PRS-E: Prenatal Immunization Status	The percentage of deliveries in the measurement period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder	<p>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among individuals 13 years of age and older that result in a follow-up visit or service for substance use disorder.</p> <p>Two rates are reported to assess the percentage of visits/discharges for which the individual received follow-up for substance use disorder within the 7 OR 30 days after the visit or discharge.</p>
Q-POD: Pharmacotherapy for Opioid Use Disorder	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among individuals 16 years of age and older with a diagnosis of OUD.

New Appendices

Appendix	Description
Appendix 8: HEDIS General Guideline 39: Individual-Collected Samples	Provides information for HEDIS measures that include the use of individual-collected samples.
Appendix 9: HEDIS General Guideline 17: Individuals in Hospice	Includes additional details for excluding individuals in hospice from HEDIS measures.
Appendix 10: HEDIS General Guideline 40: Individual-Reported Services and Biometric Values	Provides information for HEDIS measures regarding the use of individual-reported services and biometric values.



Measure-Level Updates from PY4: HEDIS

HEDIS Updates

High-Level Updates of Importance

HEDIS-Wide Measure Updates

Updates

Updated all measures (e.g., eligible population/denominator, numerator, definitions, medications lists, measure notes) to the HEDIS MY2022 version.

Added references to Appendix 9: HEDIS General Guideline 17: Individuals in Hospice.

Removed language regarding reducing sample size from HEDIS hybrid measures.

Measure Specific HEDIS Updates

Measure Name

Updates

Q-CIS: Childhood Immunization Status

- **Revised** optional exclusions for immunocompromising conditions to be required exclusions.
- **Updated** value sets and logic for the MMR numerator.

Q-CIS: Childhood Immunization Status
Q-IMA: Immunizations for Adolescents

- **Revised** optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators.

Q-DRR-E: Depression Remission or Response for Adolescents and Adults

- **Updated** the logic for the measure to be expressed in FHIR.

HEDIS Updates

High-Level Updates of Importance

Measure Specific HEDIS Updates (cont.)

Measure Name	Updates
Q-FUA: Follow-Up After Emergency Department Visit for Substance Use	<ul style="list-style-type: none">• Revised terminology from “alcohol or other drug abuse or dependence (AOD)” to “substance use” or “substance use disorder (SUD).”• Added a pharmacy benefit requirement.• Added ED visits with a diagnosis of unintentional and undetermined drug overdose to the denominator.• Revised and restructured the numerator logic and value sets.
Q-CBP: Controlling High Blood Pressure	<ul style="list-style-type: none">• Aligned the administrative specification with the hybrid specification and replaced the visit type requirement with a visit type exclusion.
Q-TRC: Transitions of Care	<ul style="list-style-type: none">• Added physician assistant as an appropriate provider type to perform a medication reconciliation.
Q-LBP: Use of Imaging Studies for Low Back Pain	<ul style="list-style-type: none">• Expanded age range to increase the upper age limit to 75 years.• Added required exclusions for osteoporosis, lumbar surgery, spondylopathy, fragility fractures and palliative care.• Added exclusions for individuals with advanced illness and frailty.
Q-EED, Q-HBD, Q-PCR	<i>Significant updates presented on slides 27 and 28.</i>

HEDIS Updates

Diabetes Measures

PY4 Measure (with indicators)	PY5 Measures
Comprehensive Diabetes Care (CDC): 1. (Q-CDC-H9) HbA1c Poor Control (>9.0%) 2. (Q-CDC-E) Eye Exam 3. (Q-CDC-MN) Medical Attention for Nephropathy	Q-HBD: Hemoglobin A1c Control for Patients with Diabetes (<i>HbA1c Poor Control (>9.0%) indicator only</i>)
	Q-EED: Eye Exam for Patients with Diabetes

PY5 Update to Q-HBD and Q-EED:

- Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid induced diabetes to be required exclusions.

HEDIS Updates

All-Cause Readmissions (Q-PCR)

- **Updated** the Q-PCR data elements table to align with the native specification.

Metric	Age Stratification	Data Element	Required Entity Calculations	Entity Reporting vs QIP Reporting App Calculations
PlanAllCauseReadmissions	18-44	MemberCount	For each Age Stratification	Entities Report Total Population only
	45-54	OutlierMemberCount	For each Age Stratification	Entities Report Total Population only
	55-64	OutlierRate	OutlierMembercount / MemberCount (Per mille)	Entities Do Not Report; QIP Reporting Application will calculate Total Outlier Rate
	18-64	Denominator	For each Age Stratification	Entities Report Total Population only
		ObservedCount	For each Age Stratification	Entities Report Total Population only
		ObservedRate	ObservedCount / Denominator (Percent)	Entities Do Not Report; QIP Reporting Application will calculate Total Observed Rate
		ExpectedCount	For each Age Stratification	Entities Report Total Population only
		ExpectedRate	ExpectedCount / Denominator (Percent)	Entities Do Not Report; QIP Reporting Application will calculate Total Expected Rate
		CountVariance	For each Age Stratification	Entities Report Total Population only
		OE	ObservedCount / ExpectedCount	Entities Do Not Report; QIP Reporting Application will calculate O/E

Reminder: Obtaining HEDIS Value Sets

- Obtained at the [NCQA Store](#) under “Technical Specifications for Health Plans”
- QIP entities are responsible for purchasing the appropriate HEDIS value sets for each QIP Program Year.
- Entities may also obtain HEDIS Volume 2 (and value sets) **for free** by purchasing the [QIP HEDIS MY 2022 Digital Measures for ECDS Reporting](#).

Reminder: Using HEDIS National Drug Code (NDC) List

1. HEDIS NDC list can be found in [NCQA's HEDIS MY 2022 Medication List Directory](#) (MLD). Entities must **redownload** the updated MLD (released March 31, 2022).
2. Search for the HEDIS measure ID to identify the Medication List Name in the 'Measures to Medication Lists' tab:

A	B	C	D
Measure ID	Measure Name	Medication List Name	Medication List OID
LBP	Use of Imaging Studies for Low Back Pain	Corticosteroid Medications	2.16.840.1.113883.3.464.1004.2049
LBP	Use of Imaging Studies for Low Back Pain	Dementia Medications	2.16.840.1.113883.3.464.1004.1729
LBP	Use of Imaging Studies for Low Back Pain	Osteoporosis Medications	2.16.840.1.113883.3.464.1004.2145

3. Use the Medication List Name to find the NDC codes in the 'Medication Lists to Codes' tab:

A	B	C	D	E	F	G
Medication List Name	Medication List OID	Medication List Version	Code	Generic Product Name	Brand Name	Route
Corticosteroid Medications	2.16.840.1.113883.3.464.1004.2049	2022-03-31	00003029305	1 ML triamcinolone acetonide 40 MG/ML Injection	1 ML triamcinolone acetonide 40 MG/ML Injection [Kenalog]	injection
Corticosteroid Medications	2.16.840.1.113883.3.464.1004.2049	2022-03-31	00003029320	triamcinolone acetonide 40 MG/ML Injectable Suspension	triamcinolone acetonide 40 MG/ML Injectable Suspension [Kenalog]	injection

Reminder: HEDIS MY2022 Technical Update

Released March 31, 2022

- Entities that purchased *HEDIS MY 2022 Volume 2** and/or *HEDIS MY 2022 Digital Measures for ECDS Reporting: CA QIP Program Year 5 (MY 2022) Edition* prior to March 31, 2022 **must redownload Value Set Directory file and digital measures package for MY2022** (after the MY2022 Technical Update release on March 31, 2022).
- Redownload at <https://my.ncqa.org/> to obtain coding and digital measure updates.

*Measure specification updates for non-digital HEDIS measures are included in the QIP PY5 Reporting Manual.



Measure-Level Updates from PY4: MIPS CQM

MIPS CQM Updates

High-Level Updates of Importance

MIPS CQM-Wide Measure Updates

Updates
Updated all measures (e.g., denominator, numerator, instructions, definitions, rationale and notes where applicable, and all measure flows and narratives) to the MIPS CQM 2021 version.
Updated measure flow narratives and updated measure flowsheets and narratives to reflect the QIP measurement year (2022).
Changed references to “eligible clinicians” to “QIP entities.”
Changed location of Sample Calculation box and added a <i>Sample Calculations</i> narrative section.

Measure Specific MIPS CQM Updates

Measures	Updates
Q-QPP118, Q-QPP6, Q-QPP47	Updated to include guidance on telehealth.



Measure-Level Updates from PY4: MIPS eCQM

eCQM Updates

High-Level Updates of Importance

MIPS eCQM-Wide Measure Updates

Updates

Updated all measures (e.g., version number, initial population/denominator, numerator, rationale, and clinical recommendation statements where applicable) to the MIPS eCQM 2022 version.

Changed references to “eligible clinicians” to “QIP entities.”

Measure Specific MIPS eCQM Updates

Measure Name

Updates

Q-CMS130: Colorectal Cancer Screening

Added online assessments and telephone visits as appropriate encounters.

Q-CMS147: Preventive Care and Screening: Influenza Immunization

Q-CMS130: Colorectal Cancer Screening

Added palliative care as an exclusion.

Q-CMS347: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Updated measure to align with updated 2018 ACC/AHA Cholesterol Guidelines.

eCQM Clarifications

Q-CMS69 Numerator

Q-CMS69: Preventive Care and Screening: BMI Screening and Follow-Up Plan

- For Q-CMS69v9 (PY4) and Q-CMS69v10 (PY5), the measure steward, CMS, alerted that the measure narrative and logic were misaligned. For PY4 and PY5 reporting, they confirmed the following:
 - The follow-up plan must be documented on the day of or within 12 months after the most recent BMI but within the performance period.
 - The qualifying encounter and the documented follow-up plan must **both** occur within the performance period.

Example 1:

The qualifying encounter occurs on August 1, 2022. A documented follow-up plan occurs on October 15, 2022.

This example meets numerator criteria for PY5.

Example 2:

The qualifying encounter occurs on August 1, 2022. A documented follow-up plan occurs on January 15, 2023.

This example does **NOT** meet numerator criteria for PY5, because the follow-up plan does not occur within the performance period.



Measure-Level Updates from PY4: CMS Adult and Child Core Set

CMS Adult and Child Core Set Updates

High-Level Updates of Importance

Core Set-Wide Updates

Updates
Updated all measures (e.g., eligible population, denominator, numerator, definitions and medications lists where applicable) to the Adult and Child 2021 Core Set version.
Changed references to “states” to “QIP entities.”

Measure Specific Core Set Updates

Name	Updates
Q-DEV: Developmental Screening in the First Three Years of Life	<ul style="list-style-type: none">• Updated Guidance for Reporting example to align with the measure intent.• Updated screening tools based on 2020 American Academy of Pediatrics Statement.
Q-COB: Concurrent Use of Opioids and Benzodiazepines	<ul style="list-style-type: none">• Added guidance to explain the process for counting total days’ supply in the Event/Diagnosis when there are multiple prescriptions with overlapping days of supply.



Measure-Level Updates from PY4: Other Measures

Other Measure Updates

High-Level Updates of Importance

Other Measure-Wide Updates

Updates

Updated measures to their most current versions available.

Other Measure Specific Updates

Measure Name	Update
Q-IHE1: Improving Health Equity	Updated to indicate that the Q-IHE1 Eligible Equity Measure must also be a Priority Measure.



Questions



Appendix

PY5 Manual Organization

QIP Program Policies

- Provides information about participating in the QIP program, such as:
 - Reporting calendar
 - Compliance requirements
 - Payment information

General Guidelines for QIP Data Collection and Reporting

- Highlights key information for reporting QIP performance measures, such as:
 - Value sets, NDC Lists, Local Mapping
 - QIP Target Populations
 - Sampling
 - Standard QIP Summary of Changes from PY4 Manual
 - Standard QIP Modifications from Native Specification

Measure Specifications


- Includes all QIP measure specifications, organized by measure category

Appendices

- Appendix 1: List of Acronyms
- Appendix 2: Instructions for Policy Clarification Support (PCS) System
- Appendix 3: HEDIS Practitioner Type Definitions
- Appendix 4: California Maternal Quality Care Collaborative (CMQCC) Reporting
- Appendix 5: HEDIS General Guideline 36: Collecting Data for Measures with Multiple Numerator Events
- Appendix 6: HEDIS Guidelines for Measures Reported Using Electronic Clinical Data Systems (ECDS)
- Appendix 7: HEDIS General Guideline 46: Principal vs. Secondary Diagnosis
- Appendix 8: HEDIS General Guideline 39: Individual-Collected Samples
- Appendix 9: HEDIS General Guideline 17: Individuals in Hospice
- Appendix 10: HEDIS General Guideline 40: Individual-Reported Services and Biometric Values

PY5 Manual Navigation

Bookmarks

- **All key headings are available as bookmarks in the PY5 Manual**
 - Use the PDF navigation pane in the left-hand column of the Manual to view and use the bookmarks  to navigate through the document.



PY5 Manual Navigation

Measure Specifications

- **Measure Category Summary Tables**

- Measure titles link to the measure specification within the PY5 Manual.
- Measure description is included.

Care Coordination Measures Summary Table
Q-TRC: Transitions of Care (TRC)
<p>Measure Description: The percentage of discharges from a QIP entity facility for individuals 18 years of age and older who had:</p> <ul style="list-style-type: none"> • <i>Medication Reconciliation Post-Discharge.</i> Documentation of medication reconciliation on the date of discharge from a QIP entity facility through 30 days after discharge (31 total days).
Q-PCR: Plan All-Cause Readmissions (PCR)
<p>Measure Description: For individuals 18 years of age and older, the number of acute inpatient and observation stays at a QIP entity facility during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p> <p>Note: Report only individuals 18–64 years of age.</p>

- **Measure Specification Tables**

- The beginning of each measure specification includes a table with Measure Steward, link to Specification Source, NQF Endorsement information, and Target Population.

Q-TRC: TRANSITIONS OF CARE (TRC)			
Measure Steward	Specification Source	NQF Endorsement	Target Population
National Committee for Quality Assurance	HEDIS MY 2022	N/A	Target Population A: Medical Managed Care beneficiaries assigned to the QIP Entity and meeting measure specific continuous assignment criteria. Individuals with other health coverage must be all included or all excluded.

How Measure Updates Appear in the Manual

Standard Changes and Modifications

XVI. STANDARD QIP SUMMARY OF CHANGES FROM PY4 MANUAL

A. ALL SPECIFICATIONS

- Updated all dates to align with the QIP PY5 reporting period and native specifications.
- Removed references to PY4 reporting.
- Updated QIP target population language for all measures (refer to [Section X. QIP Target Populations](#) for target population details).

Changes from PY5 Manual that apply to multiple measures are included in the General Guidelines, Section XVI.

XVII. STANDARD QIP MODIFICATIONS FROM NATIVE SPECIFICATIONS

A. ALL SPECIFICATIONS

- Priority Measures are noted by the presence of an asterisk in front of the title. Please refer to *QIP Program Policies* Section, [Section V.C. Priority Measure Reporting](#), for directions on reporting Priority Measures by QIP entity characteristics.
- Removed all references to Commercial and/or Medicare product lines, except the Medicare Special Needs Plan (SNP) and “living long-term in an institution” exclusion.

Modifications from native specifications that apply to multiple measures are included in the General Guidelines, Section XVII.

How Measure Updates Appear in the Manual

Measure-Specific Updates

Q-CIS: *CHILDHOOD IMMUNIZATION STATUS (CIS)

Measure Steward	Specification Source	NQF Endorsement	Target Population
National Committee for Quality Assurance	HEDIS MY 2022	#0038	Target Population A: Medi-Cal Managed Care beneficiaries assigned to the QIP Entity and meeting measure specific continuous assignment criteria. Individuals with other health coverage must be all included or all excluded.

Summary of Changes from PY4 Manual:

QIP Programmatic Updates:

- Removed "10" from measure title acronym to align with native specification and other HEDIS measures used in QIP.

HEDIS MY 2022 Updates:

- Added reference to Section XIV. B. Stratification of Reported Data by Race and Ethnicity.
- Revised optional exclusions for immunocompromising conditions (e.g., immunodeficiency) to be required exclusions.
- Revised optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators.
- Updated value sets and logic for the MMR numerator, because single antigen vaccines are no longer used.

Measure-Specific Modifications from Native Specification:

- QIP only calculates Combination 10 for reporting; therefore, all references to other Combinations have been removed.
- Removed the HEDIS MY 2022 race and ethnicity stratifications, as they are not reported for QIP.
- Included reference to Section XIV. B. Stratification of Reported Data by Race and Ethnicity.
- Added reference to Appendix 5: HEDIS General Guideline 36. Collecting Data for Measures With Multiple Numerator Events.

Description

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three

Measure-specific updates are listed in the "Summary of Changes" section at the top of each measure.

Measure-specific modifications from the native specifications are listed at the top of each measure.

Measures that Refer to HEDIS NDC Lists

Measure Name
Q-AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
Q-AMR: Asthma Medication Ratio (AMR)
Q-BCS: Breast Cancer Screening (BCS)
Q-CBP: Controlling High Blood Pressure (CBP)
Q-CHL: Chlamydia Screening in Women (CHL)
Q-EED: Eye Exam for Patients with Diabetes (EED)
Q-FUA: Follow-Up After Emergency Department Visit for Substance Use (FUA)
Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
Q-HBD: Hemoglobin A1c Control for Patients with Diabetes (HBD)
Q-KED: Kidney Health Evaluation for Patients with Diabetes (KED)
Q-LBP: Use of Imaging Studies for Low Back Pain (LBP)
Q-POD: Pharmacotherapy for Opioid Use Disorder (POD)
Q-PCE: Pharmacotherapy Management of COPD Exacerbation (PCE)
Q-URI: Appropriate Treatment for Upper Respiratory Infection (URI)