



Quality Incentive Pool (QIP) 2023: Fact Sheet

Program Background

The Quality Incentive Pool (QIP) began in 2017 to come into compliance with the federal Centers for Medicare & Medicaid Services' (CMS) Medicaid and CHIP Managed Care Final Rule. The program was redesigned in January 2020 when PRIME, a Medi-Cal 2020 waiver program, expired ([read more about the transition here](#)). QIP now continues as a managed care directed payment program, charting a path forward outside of a waiver and ratcheting up performance expectations that align more closely with State and Medi-Cal managed care plan priorities to improve health outcomes and health equity.

Measures

QIP payments are tied to the achievement of performance targets on a set of quality measures that span multiple domains of care. By design, QIP measures closely align with California's Department of Health Care Services' (DHCS) [Comprehensive Quality Strategy](#) and the Managed Care Accountability Set (MCAS) for Medi-Cal managed care plans.

Public health care systems are required to report each year on a total of 40 measures[†] selected from:

- A **priority set of 20 measures**
- An **elective set of 36 measures**

Priority Measures

1. Asthma Medication Ratio
2. Breast Cancer Screening*
3. Cervical Cancer Screening
4. Child and Adolescent Well-Care Visits^{†*}
5. Childhood Immunization Status^{†*}
6. Chlamydia Screening in Women[†]
7. Colorectal Cancer Screening*
8. Eye Exam for Patients With Diabetes
9. Hemoglobin A1c Control for Patients With Diabetes — Measure is reported with the following population rates:
 - Total population
 - Black or African American
 - Hispanic or Latino
10. Controlling High Blood Pressure*
11. Developmental Screening in the First Three Years of Life[†]
12. HIV Viral Load Suppression
13. Immunizations for Adolescents^{†*}
14. Improving Health Equity #1
15. Influenza Immunization*
16. Provision of Postpartum Care^{†*}
17. Timeliness of Prenatal Care^{†*}
18. Tobacco Assessment and Counseling
19. Screening for Depression and Follow-Up Plan^{†*}
20. Well-Child Visits in the First 30 Months of Life[†]

Elective Measures

1. Adult Immunization Status
2. Advance Care Plan
3. Appropriate Treatment for Upper Respiratory Infection
4. Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis
5. BMI Screening and Follow-Up Plan
6. Cesarean Birth
7. Concurrent Use of Opioids and Benzodiazepines
8. Coronary Artery Disease: ACE Inhibitor or ARB Therapy for Diabetes or Left Ventricular Systolic Dysfunction
9. Coronary Artery Disease: Antiplatelet Therapy
10. Depression Remission or Response for Adolescents and Adults
11. Discharged on Antithrombotic Therapy
12. ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged ≥18 years old
13. Exclusive Breast Milk Feeding
14. Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
15. Follow-Up After ED Visit for Mental Illness
16. Follow-Up After High-Intensity Care for Substance Use Disorder
17. Heart Failure: ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction
18. HIV Screening
19. Improving Health Equity #2
20. Kidney Evaluation for Diabetes
21. Lead Screening in Children
22. Perioperative Care: Venous Thromboembolism Prophylaxis
23. Pharmacotherapy for Opioid Use Disorder
24. Pharmacotherapy Management of COPD Exacerbation
25. Plan All-Cause Readmissions
26. Postpartum Depression Screening and Follow-Up
27. Prenatal Depression Screening and Follow-Up
28. Prenatal Immunization Status
29. Prevention of Central Venous Catheter Related Bloodstream Infections
30. Reduction in Hospital Acquired C Difficile Infections
31. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
32. Surgical Site Infection
33. Transitions of Care: Medication Reconciliation Post-Discharge
34. Use of Imaging Studies for Low Back Pain
35. Use of Opioids at High Dosage in Persons Without Cancer
36. Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents

Performance Targets

For the majority of measures, performance targets are set based on a 10% gap closure methodology. For a given measure, the "gap" is the difference between the system's previous year performance and the 90th national percentile value for that measure. Systems with performance above the minimum performance threshold must "close the gap" by at least 10% each year to receive full funding. Systems that are already at or above the 90th percentile on a measure must maintain that level of performance to receive funding for that measure. Systems with performance below the minimum performance threshold at the end of the program year receive no funding for the given measure.

* Systems required to report performance data stratified by race and ethnicity for these measures. † Priority measures aligned with the DHCS Bold Goals. ‡ QIP was initially designed so that public health care systems report their performance on a total of 40 measures, 20 of which are the required priority measures. However, in response to the impacts of COVID, DHCS has modified QIP to add two flexibilities. First, systems may select to submit 30 total measures instead of 40. If systems choose this option, their eligible funding is reduced. Second, systems are held accountable to meeting targets on the nine priority measures (noted by ‡ in this document) that are aligned with the DHCS Bold Goals outlined in the DHCS Comprehensive Quality Strategy, rather than all 20 priority measures.