



Quality Incentive Pool (QIP) 2025: Fact Sheet

Program Background

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

Measures

QIP payments are tied to the achievement of performance 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 held financially

accountable for meeting targets on a total of 40 measures selected from:

- A **Priority (required) set of 20 measures.**
- An **Elective set of 37 measures.**

(Systems are also required to report on three informational measures in 2025 but are not held financially accountable. Two of these measures are [CalAIM](#)-related and new.)

Priority Measures

1. Asthma Medication Ratio^α
2. Breast Cancer Screening^{*α}
3. Low-Risk Cesarean Birth Rate
4. Cervical Cancer Screening^α
5. Child and Adolescent Well-Care Visits^{*‡α}
6. Childhood Immunization Status^{*‡α}
7. Chlamydia Screening in Women^{‡α}
8. Colorectal Cancer Screening^{*α}
9. Diabetes Care: Glycemic Status Assessment^{*α}
10. Controlling High Blood Pressure^{*α}
11. Developmental Screening in the First Three Years of Life^{‡α}
12. Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence^{‡α}
13. Follow-Up After ED Visit for Mental Illness^{‡α}
14. Immunizations for Adolescents^{*‡α}
15. Improving Health Equity #1
16. Provision of Postpartum Care^{*‡α}
17. Timeliness of Prenatal Care^{*‡α}
18. Tobacco Assessment and Counseling
19. Depression Screening and Follow-Up for Adolescents and Adults^{*‡α}
20. Well-Child Visits in the First 30 Months of Life^{‡α}

*Systems required to report performance data stratified by race and ethnicity for these measures / ‡ Measures aligned with the [DHCS Bold Goals](#) / ^α 2025 MCAS measure

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. Concurrent Use of Opioids and Benzodiazepines
7. Coronary Artery Disease: ACE Inhibitor or ARB Therapy for Diabetes or Left Ventricular Systolic Dysfunction
8. Coronary Artery Disease: Antiplatelet Therapy
9. Depression Remission or Response for Adolescents and Adults^α
10. Discharged on Antithrombotic Therapy
11. ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged ≥18 years old
12. Eye Exam for Patients with Diabetes
13. Exclusive Breast Milk Feeding
14. Follow-Up After High-Intensity Care for Substance Use Disorder
15. Heart Failure: ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction
16. HIV Screening
17. HIV Viral Load Suppression
18. Influenza Immunization
19. Improving Health Equity #2
20. Kidney Evaluation for Diabetes
21. Lead Screening in Children^{‡α}
22. Perioperative Care: Venous Thromboembolism Prophylaxis
23. Pharmacotherapy for Opioid Use Disorder^α
24. Pharmacotherapy Management of COPD Exacerbation
25. Plan All-Cause Readmissions^α
26. Postpartum Depression Screening and Follow-Up^{‡α}
27. Prenatal Depression Screening and Follow-Up^{‡α}
28. Prenatal Immunization Status^α
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
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
37. Hospital Consumer Assessment of Healthcare Providers and Systems: Willingness to Recommend the Hospital

Required Informational Measure

1. Percentage of Acute Hospital Stay Discharges Which had Follow-Up Ambulatory Visits Within 7 Days Post-Hospital Discharge
2. Number of Members Enrolled in ECM[^]
3. Number and Percentage of Eligible Members Receiving Community Supports, and Number of Unique Community Supports Received by Members[^]

Performance Targets

For most 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 high-performance level (typically the 90th percentile State or national Medicaid benchmark for that measure). Systems with prior year performance near or 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.

‡ Measures aligned with the DHCS Bold Goals / ^α 2025 MCAS measure /

[^] New informational measure in 2025 (systems not held financially accountable)