



Quality Incentive Pool (QIP) 2027: Fact Sheet

About QIP

For the millions of individuals enrolled in Medi-Cal, the **Quality Incentive Pool (QIP)** is a sweeping and proven driver of better and more equitable care. The managed care directed payment program, which began in 2017, is also a cornerstone of value-based care in California's safety net. QIP accelerates and expands public health care systems' quality improvement work by tying essential funding to clear goals and measurable progress.

The **California Health Care Safety Net Institute (SNI)** supports this work by providing its member health care systems with expert guidance on QIP. This includes interpreting program and reporting requirements, navigating challenges, and helping systems improve performance so they can secure essential funding for patient care.

QIP Measures

QIP measures span multiple domains of care and 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 35 measures**.

Systems must also report on three informational measures, although performance on them does not affect QIP payments.

Priority Measures

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

‡ Better-of measure. Note: QIP entities have the option to use Managed Care Plan (MCP) data for pay for reporting on better-of measures.

α 2026 MCAS measure. Note: MCAS 2027 Measure List not released yet.

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
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. Improving Health Equity #2
19. Kidney Evaluation for Diabetes
20. Perioperative Care: Venous Thromboembolism Prophylaxis
21. Pharmacotherapy for Opioid Use Disorder^α
22. Pharmacotherapy Management of COPD Exacerbation
23. Plan All-Cause Readmissions
24. Postpartum Depression Screening and Follow-Up^{‡α}
25. Prenatal Depression Screening and Follow-Up^{‡α}
26. Prenatal Immunization Status
27. Prevention of Central Venous Catheter-Related Bloodstream Infections
28. Reduction in Hospital-Acquired C Difficile Infections
29. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
30. Surgical Site Infection
31. Transitions of Care
32. Use of Imaging Studies for Low Back Pain
33. Topical Fluoride for Children
34. Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents
35. HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

Required Informational Measures

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

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.

* CalAIM services

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