

DATE: May 19, 2026

QIP POLICY LETTER 26-003

TO: ALL QUALITY INCENTIVE POOL (QIP) ENTITIES

SUBJECT: UPDATES TO CALENDAR YEAR (CY) 2025 REPORTING

PURPOSE:

This QIP Policy Letter (QPL) informs QIP entities of several new updates and general reminders related to specific measures:

New Updates:

1. **Q-AIS-E:** Adult Immunization Status Changes
2. **Q-TRC:** Transitions of Care Sub-Rates Change
3. **Q-FUAH, Q-ECM, and Q-COMS:** Not Reported in CY2025
4. **Q-HCAHPS:** Minimum Surveys Requirement
5. **Better Of Measures** (Q-FUA, Q-FUI, Q-FUM, Q-CCS, Q-CIS, Q-IMA, Q-CHL) Reporting Requirements
6. **[For DMPH only]:** Requirement to report 30% of Total Measures from the CY2024 report

General Reminders:

1. **Inverted Rate Measures** (Q-AAB, Q-LBP, and Q-URI)
2. **Q-CDI, Q-PCR, and Q-SSI** – When Reporting as a New Measure
3. **Q-PCR** – Required Reporting Data Elements
4. **Q-SSI** – Required Prior Year’s Sum of Predicted Infection Count
5. **Q-CMS130 and Q-CMS314** – Required Reporting Steps Results
6. **AV Manual Adjustment** for the following measures:
 - a. Ratio-Based Risk Adjusted Measures (**Q-CDI, Q-PCR, and Q-SSI**)
 - b. Measures containing accountable sub-rates with non-identical denominators which have D<30 (**Q-CMS138, Q-GSD, G-PDS-E, Q-PND-E, Q-W30**)
7. **QPLs References**



BACKGROUND:

The QIP program is authorized by the Welfare and Institutions Code section 14197.4(c). On January 15, 2025, the Centers for Medicare and Medicaid Services (CMS) approved the one-year QIP preprints for the Designated Public Hospitals (DPHs) and District and Municipal Public Hospitals (DMPHs) for CY2025.

The QIP PY8 Reporting Manual for CY2025 was released on Friday, December 13, 2024, for the DPHs and Wednesday, January 1, 2025, for the DMPHs. The reporting requirements related to CY2025, as well as additional clarifications and modifications to reporting since the release of the manual are outlined in this policy letter to provide further guidance to QIP entities for reporting their QIP CY 2025 performance data. The submission deadline for the CY2025 report is **Monday, June 15, 2026**. For the seven "better of" measures, the QIP Reporting Application will remain open until its reporting due date on **Monday, June 22, 2026**.

POLICY:**New Updates:**

1. **Q-AIS-E:** Adult Immunization Status changes:
 - a. Trending break applies only to the zoster and pneumococcal sub-rates. QIP entities must copy and paste their CY2024 influenza and Tdap rates to establish the CY2025 baseline.
 - b. Effective CY2025, the Pneumococcal Immunization sub-rate will be included in the Pay-for-Performance (P4P) calculations. The target rate will be manually adjusted by the QIP Liaisons for the platform to auto-calculate the accurate AV, OV and next CY Target Rate.
 - c. The Hepatitis B sub-rate will be reported for informational purposes only. While data submission is required, this sub-rate will not be included in Total AV of the measure.
2. **Q-TRC:** Transitions of Care will transition from four (4) sub-rates to two (2) sub-rates as outlined below:
 - a. Patient Engagement After Inpatient Discharge
 - b. Medication Reconciliation Post-Discharge
3. **Q-FUAH, Q-ECM, and Q-COMS** will not be reported in CY2025
As previously communicated via the QIP Updates dated Thursday February 5, 2026, "Clarification on MCP-Produced Rates Request for ECM, COMS, and FUAH",

QIP entities are **not** expected to report or produce rates for Q-ECM, Q-COMS, and Q-FUAH.

4. **Q-HCAHPS**

- a. The minimum surveys requirement for Q-HCAHPS should be ≥ 300 and is reported as the denominator.
- b. Health Plan stratification is not a reporting requirement for Q-HCAHPS. QIP entities must enter 0 in the MCP boxes and report the numerator and denominator in the H-RECMND-DY row.
- c. As a reminder, QIP Entity reporting Q-HCAHPS measure will need to provide the following information on the measure narrative:
 - i. Include data from all modes of survey administration
 - ii. Include the modes of survey(s) e.g. by mail, phone, web (or any applicable combination)
 - iii. If a mode of adjustment applies or if there are multiple modes, report the mode adjustment(s) as calculated per official HCAHPS guidance:
 - $Y = \text{numerator/denominator}$
 - $\text{Mode-Adjusted} = Y + \text{Mode Adjustment}$
 - iv. Baseline (CY2024) mode adjusted rate
 - v. Do not calculate or report the patient mix adjustment.

The QIP Liaison will then manually adjust the AV for this measure based on performance of the mode adjusted rate and $D \geq 300$.

5. **"Better Of" Measures (Q-FUA, Q-FUI, Q-FUM, Q-CCS, Q-CIS, Q-IMA, Q-CHL)**

- a. MCP-produced or QIP entity-produced rates, whichever is not tied to payment, should be entered into the data methodology narrative (CY2025 numerator, denominator, and rate, including the baselines, if the measure is being reported for the first time).
 - i. If an entity uses MCP-produced rates tied to payment and chooses not to produce its own QIP entity-produced rate, the entity should state in the data methodology narrative: "No QIP entity-produced rate was created for this measure."
 - ii. If an entity uses a QIP entity-produced rate tied to payment, then any MCP-produced rate should be entered into the data methodology narrative (numerator, denominator, and rate for each

- MCP). Both baseline and CY performance data produced by the MCP(s) should be provided where available.
- b. For CY2025, entities may switch reporting the MCP-produced rates or QIP entity-produced rates for pay-for-performance (P4P) from their CY2024 QIP Report. A prior decision to use an MCP produced rate does not obligate the entity to continue using an MCP produced rate in future years.
 - c. Please refer to QIP Updates on Guidance on MCP-produced Rates and MCP-produced Rates Scenarios for Better-Of Measures, both released on April 22, 2026.
 - d. For Q-IMA and Q-CIS, when an MCP produced rate is selected as the P4P rate, race and ethnicity stratification is not required in the "Stratification of Reported Data" section. To complete this section:
 - i. Enter the Aggregate Rate Numerator and Denominator in the "Other/Declines/Unknown" fields.
 - ii. Enter 0 in all other subpopulation fields.
 - e. **For Q-FUA, Q-FUI, and Q-FUM:** QIP Entities must include or exclude individuals enrolled in "out-of-county" MCPs according to their CY2024 report.
6. **[For DMPH only]:** Requirement to report 30% of Total Measures from the CY2024 report in CY2025
- a. Per item 1d. in [QPL 24-010](#), DMPHs must report 30% of their total measures from CY2024, rounded to the nearest integer, in CY2025. For the DMPHs that attested to three (3) or more measures but cannot report 30% of their CY2025 total measures from their CY2024 QIP Report, they must provide a summary of the exemption to the rule under **Report-Level Question 2** within the QIP Reporting Application.
 - b. If no other priority measures are an option for the QIP entity to report, then Entity may substitute the priority measure with an elective measure, and it should be documented in **Report-Level Question 2**.

General Reminders:

1. Inverted Rate Measures (**Q-AAB, Q-LBP, and Q-URI**)
These measures are reported as an inverted rate [1-(numerator/eligible population)]:
 - a. **Q-AAB:** Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

- b. **Q-LBP:** Use of Imaging Studies for Low Back Pain (LBP)
- c. **Q-URI:** Appropriate Treatment for Upper Respiratory Infection (URI)

The QIP Reporting Application does not automatically calculate the inverse rate.

Please refer to respective measure specifications in QIP PY8 (CY2025) Reporting Manual for more details.

2. **Q-CDI, Q-PCR, and Q-SSI** – When Reporting as a New Measure
When reporting Q-CDI, Q-PCR, and Q-SSI as a new measure in CY2025, the baseline is not needed as the performance of these measures are not assessed by gap closure. To bypass the baseline, please enter 0.001 as the numerator and denominator and add in the measure narrative *"The baseline data are not real and have been entered as directed by DHCS."*
3. **Q-PCR** – Required Reporting Data Elements
When reporting Q-PCR, the elements should be entered into the data methodology narrative. Please refer to measure specifications in QIP PY8 (CY2025) Reporting Manual.
4. **Q-SSI** – Required Prior Year's Sum of Predicted Infection Count
When reporting Q-SSI, the prior year's sum of predicted infection count must be entered into the data methodology narrative. Please refer to measure specifications in QIP PY8 (CY2025) Reporting Manual.
5. **Q-CMS130 and Q-CMS314** – Required Reporting Steps Results
 - a. When reporting Q-CMS130 and Q-CMS314, the step results (criteria 1, criteria 2, and de-duplication of criteria 1 & 2) should be entered into the data methodology narrative. Please refer to measure specifications in QIP PY8 (CY2025) Reporting Manual.
 - b. Both **Q-CMS130** and **Q-CMS314** require the inclusion of individuals with OHC i.e., individuals with a non Medi-Cal primary insurance (e.g., Medicare or private insurance) with Medi-Cal as a secondary payer (either Medi-Cal Fee for Service or Medi-Cal Managed Care Plan). The individual meeting the target populations should only be reported once in either target population, not both, to avoid duplication.
6. **AV Manual Adjustment** for the following measures:

The QIP liaison will manually adjust the following items accordingly in the QIP Reporting Application during review:

- a. Ratio-Based Risk Adjusted Measures (**Q-CDI, Q-PCR, and Q-SSI**). The AV will be manually adjusted based on the Calibrated O/E threshold methodology and the OV changed to "N/A" because over-performance does not apply to these three calibrated measures.
- b. For measures containing accountable sub-rates with non-identical denominators (**Q-CMS138, Q-GSD, G-PDS-E, Q-PND-E, Q-W30**), the AV and OV of sub-rate with D<30 will be manually adjusted to "N/A" to be excluded in Total AV.

7. QPLs References

- a. [QPL 25-007](#) Approved Community Partnerships for CY 2025
- b. [QPL 25-006](#) CY 2025 Trending Break Measures
- c. [QPL 25-005](#) CY 2025 Q-DSF-E Reporting Update
- d. [QPL 25-004](#) CY 2025 FUX, CCS, CIS, IMA, and CHL Technical Specifications
- e. [QPL 25-003](#) CY 2025 Q-BCS-E Reporting Update
- f. [CY2025 Program Policies](#)
- g. [CY2025 General Guidelines](#)

Please contact your QIP liaison or email the QIP Mailbox at qip@dhcs.ca.gov if there are any questions concerning this QPL.

Sincerely,

ORIGINAL SIGNED BY SHAUN GARCIA

Shaun Garcia

Division Chief, Quality and Health Equity
Quality and Population Health Management
California Department of Health Care Services