

DATE: October 01, 2026

QIP POLICY LETTER 26-004

TO: ALL QUALITY INCENTIVE POOL (QIP) ENTITIES

SUBJECT: CALENDAR YEAR (CY) 2026 REPORTING UPDATES

PURPOSE:

This QIP Policy Letter (QPL) informs the QIP entities of the CY2026 reporting updates to the following:

- Six (6) trending break measures (Q-AAB, Q-CMS138*, Q-DSF-E*, Q-FUI, Q-LSC-E*, and Q-URI),
- Two (2) new measures (Q-COL-E* and Q-DRR-E),
- Age stratification clarification for Q-BCS-E*, and
- CMQCC calculated rates are required when reporting Q-PC02 and Q-PC05

BACKGROUND:

The QIP program is authorized by the Welfare and Institutions Code section 14197.4(c). In December 2025, the Department of Health Care Services (DHCS) submitted the QIP preprints for the Designated Public Hospitals (DPHs) and District and Municipal Public Hospitals (DMPHs) for CY2026 to the Centers for Medicare and Medicaid Services (CMS). All information contained herein is contingent upon CMS' approval of the QIP CY2026 Preprints for the DPHs and DMPHs.

POLICIES:

1. Trending Break Measures

For CY2026, the following six (6) measures are trending break measures due to the changes in the individual measure specifications between two (2) CYs that require modification to the CY2026 target rates. QIP entities must re-report baseline data (CY2025 data, using the CY2026 measure specifications) in the ***"Trending Break Data For CY2025 Reported In CY2026"*** field within the QIP Reporting Application. QIP entities should use the most current

sources of data available when re-calculating the CY2025 baselines, using the CY2026 measure specifications.

- i. Q-AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- ii. Q-CMS138: *Tobacco Use: Screening and Cessation Intervention¹
- iii. Q-DSF-E: *Depression Screening Follow-Up for Adolescents and Adults (DSF-E)¹
- iv. Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)^{1,2}
- v. Q-LSC-E: *Lead Screening in Children (LSC-E)²
- vi. Q-URI: Appropriate Treatment for Upper Respiratory Infection (URI)

Notes:

** Indicates a Priority Measure*

¹ *For Q-CMS138*, Q-DSF-E*, and Q-FUI, all sub-rates are reported as trending breaks.*

² *For the "better of" measures, Q-FUI and Q-LSC-E*, if the entities choose to report the MCP-produced rate for P4P, they must also report the MCP-produced baseline data.*

2. New Measures

For CY2026, the following two (2) measures will be considered new measures due to substantive changes in the individual measure specifications. QIP entities must report baseline data (CY2025 data, using the CY2026 measure specifications) in the "**Data For CY2025 Reported In CY2026**" field within the reporting application.

- i. Q-COL-E: *Colorectal Cancer Screening (COL-E)
- ii. Q-DRR-E: Depression Remission or Response for Adolescents and Adults (DRR-E)

3. Q-BCS-E: *Breast Cancer Screening (BCS-E): Age Stratification Clarification

There was an error in the age stratifications listed in the CY 2025 [QPL 25-003](#). The age ranges displayed for BCS-E were incorrect. For both CY 2025 and CY 2026, the BCS-E measure should be reported using the following age stratifications: 42-51 years (informational only), 52-74 years (P4P), Total Population, 42-74 years (informational only).

4. CMQCC Calculated Rates Required for Q-PC02 and Q-PC05

Exclusive Human Milk Feeding (PC-05) and Cesarean Birth (PC-02) rates are calculated by the CMQCC's Maternal Data Center (MDC) to produce Medi-Cal specific performance rates. When reporting these measures, the QIP entity must download its own QIP-specific rates directly from the MDC and manually enter them into the DHCS QIP reporting application by the QIP reporting deadline. QIP entities should not use rates they calculate on their own.

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 CHRIS ESGUERRA

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