

**DATE:** November 25, 2025

## **QIP POLICY LETTER 25-004 (Revised)**

**TO: ALL QUALITY INCENTIVE POOL (QIP) ENTITIES**

**SUBJECT:** CALENDAR YEAR (CY) 2025 TECHNICAL GUIDANCE FOR REPORTING “BETTER OF” MEASURES (FUA, FUM, FUI, CCS, CIS, IMA, AND CHL)

### **PURPOSE:**

This QIP Policy Letter (QPL) intends to provide further guidance to QIP entities related to CY2025 reporting requirements for these “better of” measures:

1. Follow-Up After Emergency Department Visit for Substance Use (FUA)
2. Follow-Up After Emergency Department Visit for Mental Illness (FUM)
3. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
4. Cervical Cancer Screening (CCS)
5. Childhood Immunization Status (CIS)
6. Immunizations for Adolescents (IMA)
7. Chlamydia Screening (CHL)

### **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 Municipal Public Hospitals (DMPHs) for CY2025.



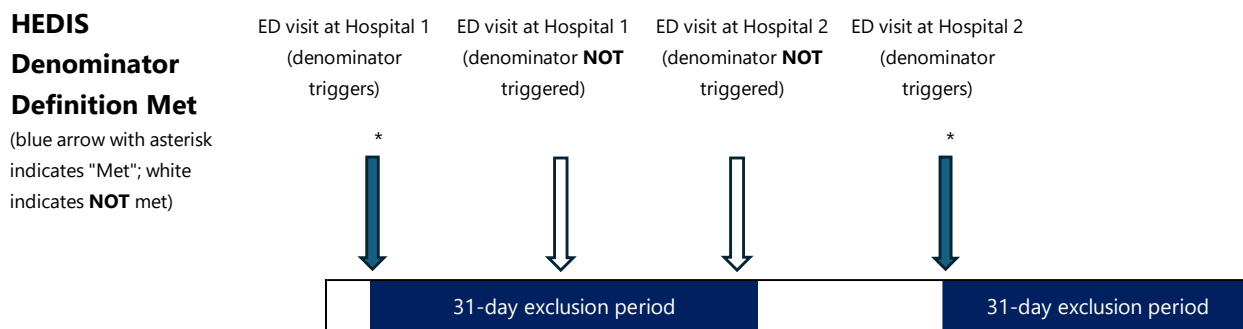
As part of the long-term strategic process of QIP moving to MCP-produced rates, in CY2025 QIP Entities may use the "better of" the two rates (MCP-produced or QIP entity-produced) to tie to payment in QIP. In CY2024, the three "better of" measures were FUA, FUM, and FUI (also known as "FUx" measures). In CY2025, QIP program includes those prior measures and adds four more measures to the "better of" list: CCS, CIS, IMA, and CHL.

## POLICY:

### For FUA and FUM:

MCPs will continue to apply native HEDIS denominator logic (as they did in CY2024), which **includes a 31-day exclusion period after *any* prior event<sup>1</sup> that meets denominator criteria**. In QIP entity-specific numerators, denominators, and rates, **MCPs are to only include members with index ED visits at specific NPI(s) associated with each QIP entity** to mirror the QIP target population.

Below is an infographic of **how HEDIS denominator logic should be applied for FUA and FUM:**



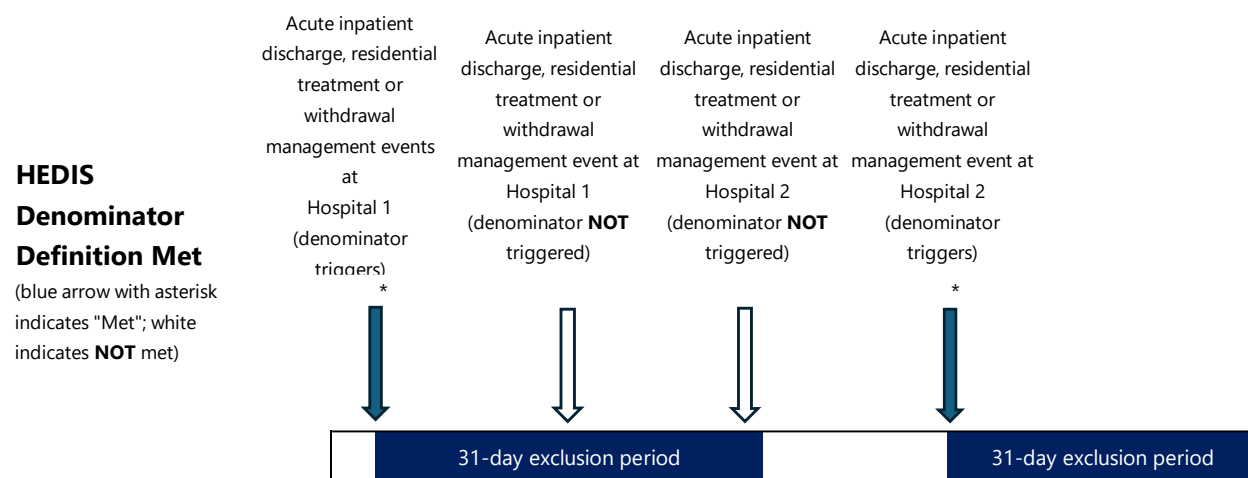
**For CY2025 reporting, QIP Entities that choose to report QIP Entity-produced rates for FUA and FUM must continue to use the specification in the QIP Reporting Manual.** This is the same approach as CY 2024. After discussion with National Committee for Quality Assurance (NCQA), it was determined that the changes DHCS previously made to the denominator trigger were not an allowable adjustment.

<sup>1</sup> For FUA and FUM, denominator triggering events are ED visits. For FUI, there are a broader range of denominator triggering events, including but not limited to qualifying hospitalization.

**For FUI:**

For FUI, due to the different denominator logic (based on acute discharge and not ED visit), when reporting QIP entity-produced rates, QIP entities must use HEDIS specification denominator logic (below) to the extent data is available to align with the MCP-produced rate.

Below is an infographic of **how HEDIS denominator logic should be applied for FUI** (this is the same infographic as FUA and FUM, except for the events which potentially trigger the denominator; these triggers are acute inpatient hospital discharges, residential treatment, or withdrawal management):



This approach for FUA, FUM, and FUI has not yet been integrated into the [DHCS California Technical Specifications \(CaTS\) for Quality Measures](#), which defines how to derive site-specific rates from MCP-level rates. DHCS expects to integrate this guidance into a future version of CaTS.

**For Additional “Better of” Measures (CCS, CIS, IMA, and CHL):**

For CY2025 reporting of CCS, CIS, IMA, and CHL measures, QIP Entities must continue to follow the QIP CY2025 Reporting Manual to generate QIP entity-produced rates. MCPs will continue to apply the native HEDIS denominator logic to establish an MCP-level denominator, and then MCPs must apply CaTS to arrive at site-level numerators, denominators, and rates. CaTS provides MCPs with operating instructions on how to produce numerators and denominators for DHCS programs. [All Plan Letter 25-015](#) requires MCPs to use CaTS, which may be updated periodically by DHCS.

For CY2025 QIP reporting, MCPs are only to include members with index qualifying events (see prior footnote) at specific NPI(s) that are associated with each QIP entity/facility to mirror the QIP target population, as well as to provide numerator and denominator data along with total rates.

**MCP Rate Production Format:**

For all measures in this QPL, MCPs should provide each QIP entity with the following: site-level numerators, denominators, and rates, and also an aggregated numerator, denominator, and rate across all relevant QIP sites for a single QIP entity.

**Due Dates:**

MCPs are required to submit all applicable "better of" measures data (FUM, FUA, FUI, CCS, CIS, IMA, and CHL) to their respective QIP Entity contacts by June 8, 2026. This included site-level (or NPI specific in the case of FUA and FUM) and aggregate numerators, denominators, and rates, as well as any other information required by APL 25-015.

Additionally, to accommodate reporting "better of" the two rates (MCP-produced or QIP entity-produced), the QIP online reporting platform for these measures will be open until 11:59PM on June 22, 2026.

Sincerely,

**ORIGINAL SIGNED BY PALAV BABARIA**

**Palav Babaria, MD, MHS**

Chief Quality & Medical Officer

Deputy Director, Quality and Population Health Management

California Department of Health Care Services