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**DATE:** June 24, 2019

**QIP POLICY LETTER 19—002**

**TO:** ALL QIP ENTITIES

**SUBJECT:** QIP MEASURES PY 3

**PURPOSE:**

This QIP Policy Letter (QPL) informs all QIP Entities of the updated measure set and stratification requirements for Program Year (PY) 3 (July 1, 2019 – June 30, 2020).

**BACKGROUND:**

The Department of Health Care Services (DHCS) has considered all feedback received from stakeholders, including Designated Public Hospitals and Managed Care Health Plans, regarding the measure set for QIP and, in accordance with Attachment 1 of the current [Preprint](#), is updating the QIP measure set for PY 3.

**POLICY:**

All QIP entities must utilize the updated measure set for PY 3 QIP quality improvement efforts and reporting. Updates to the measure set, effective PY 3, are as follows.

Q-PC8: Childhood Immunization Status (CIS) Combination 3 is **replaced** with Q-PC10: Childhood Immunization Status (CIS) Combination 10.

The following measures are **retired**:

- Q-PC6: 7 Day Post-Discharge Follow-Up for High Risk Beneficiaries
- Q-RU4: 30-Day Unplanned Return to OR (NSQIP)
- Q-RU5: Concurrent Use of Opioids and Benzodiazepines, Rate # 1. Q-RU5 will no longer be sub rated. Rate # 2 (the native specification rate) will be the sole rate reported for Q-RU5 in PY 3 and will be reported on a pay-for-performance basis.

The following measures are **added**:

- Q-PC11: Contraceptive Care – All Women (CCW) Most and Moderately Effective Methods, Ages 15-44 (NQF 2903)
- Q-PC12: Chlamydia Screening in Women (CHL), Ages 16-24 (NQF 0033)
- Q-PC13: HIV Viral Load Suppression (HVL-AD) (NQF 2082/3210e)
- Q-PC14: Well-Child Visits in the First 15 Months of Life (W15-CH), Six or more well-child visits (NQF 1392)
- Q-RU6: Use of Opioids at High Dosage in Persons Without Cancer (NQF 2940)

The complete measure set is attached to this letter. Please note that the updates described above and attached are contingent upon feedback from the Centers for Medicare and Medicaid Services (CMS) and may be subject to change.

Additionally, effective PY 3, DHCS will require informational reporting of stratifications by age, gender, and race/ethnicity for the Comprehensive Diabetes Care measures, which include:

- Q-PC1: Comprehensive Diabetes Care: A1C Control (<8%) (CDC-H8)
- Q-PC2: Comprehensive Diabetes Care: Eye Exam (CDC-E)
- Q-PC3: Comprehensive Diabetes Care: Blood Pressure Control (CDC-BP)

Details on the stratification will be included in the QIP PY 3 Reporting Manual.

If you have any questions, please contact your QIP Liaison or email the QIP Mailbox at [QIP@dhcs.ca.gov](mailto:QIP@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY KAREN MARK**

Karen E. Mark, MD, PhD  
Medical Director

Enclosure: QIP PY 3 Measure Set

**QIP Measure Set PY 3**

<b>MEASURE NAME</b>
<b>Primary Care:</b> These measures were selected to align with health plan efforts and promote higher quality care in the ambulatory care setting.
Comprehensive Diabetes Care: Eye exam (CDC-E) (NQF 0055, Quality ID 117)
Comprehensive Diabetes Care: Blood Pressure Control (CDC-BP)
Comprehensive Diabetes Care: A1C Control (CDC-H8)
Asthma Medication Ratio (AMR)
Children and Adolescent access to PCP* (CAP)
Medication Reconciliation Post Discharge (MRP)
Immunization for Adolescents (IMA) Combination 2* (NQF 1407, Quality ID 394)
Childhood Immunizations (CIS) Combination 10*(NQF 0038, Quality ID 240)
Contraceptive Care – All Women (CCW) Most and Moderately Effective Methods, Ages 15-44 (NQF 2903)*
Chlamydia Screening in Women (CHL), Ages 16-24 (NQF 0033)*
HIV Viral Load Suppression (HVL-AD) (NQF 2082/ 3210e)
Well-Child Visits in the First 15 Months of Life (W15-CH), Six or more well-child visits (NQF 1392)*
<b>Specialty Care (CVD):</b> These measures align with the state’s quality strategy in promoting high quality care and improving overall health.
Coronary Artery Disease (CAD): Antiplatelet Therapy (NQF 0067, Quality ID 006)
Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) (NQF 0066, Quality ID 118)
Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) (NQF 0070, Quality ID #007, eMeasure ID CMS145v6)
Heart Failure (HF): ACE Inhibitor or ARB Therapy for Left Ventricular Systolic Dysfunction (LVSD) (NQF: 0081, Quality ID 005) (eMeasure ID: CMS135v6, eMeasure NQF: 2907)
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (NQF 0083, Quality ID #008) (eMeasure ID CMS144v6, eMeasure NQF 2908)
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy (NQF 1525, Quality ID 326)
<b>Inpatient:</b> These high value patient safety measures align with work already underway in public health care systems that began in DSRIP but are not part of PRIME.
Surgical Site Infections (SSI)
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin (NQF 268, Quality ID 21)
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (NQF 239, Quality ID 23)
Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections (Quality ID 76)

Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia (Quality ID 407)
Stroke and Stroke Rehabilitation: Discharged on Antithrombotic (TJC STK-2, eMeasure ID: CMS104v6)
<b>Resource Utilization:</b> These measures reflect an opportunity to reduce unnecessary utilization and improve quality of care.
Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patient 18 years and Older (Quality ID 415)
Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 to 17 years old* (Quality ID 416)
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low Risk Surgery Patients (Quality ID 322)
Concurrent Use of Opioids and Benzodiazepines
Use of Opioids at High Dosage in Persons Without Cancer (NQF 2940)

\*Pediatric measures or includes the pediatric population