

**DATE:** November 4, 2024

**QIP POLICY LETTER 24-003**

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

**SUBJECT:** UPDATES TO PROGRAM YEAR (PY) 7 REPORTING

**PURPOSE:**

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

1. **Q-AIS-E's Pneumococcal Sub-rate – Informational Only**
2. **New Measures: Q-TRC (sub-rates), and Q-FUAH – Updated Guidance**
3. **Target Population A: Other Health Coverage (OHC) – Updated Guidance on Resubmission of Baseline**
4. **Q-IHE1 – Eligible Equity Measures Clarification**
5. **Allowable Gap and References to Continuous Enrollment: Q-W30, Q- EED, and Q-GSD**
6. **Q-PC05 – Clarification on Birthweight**
7. **Trending Break Measures**
8. **Q-CMS347 ASCVD Risk Score Calculation**
9. **Inclusion or Exclusion of Individuals Enrolled in “Out-of-County” MCPs Reporting (please see QIP POLICY LETTER 24-007)**
10. **Accountable Sub-rates with Non-Identical Denominators (Q-W30, Q-HBD, Q-CMS138, Q-PND-E, and Q-PDS-E)**

**BACKGROUND:**

On December 27, 2023, the Centers for Medicare and Medicaid Services (CMS) approved the revised PY4-PY6 preprints for the Designated Public Hospitals (DPHs) and District Municipal Public Hospitals (DMPHs). The QIP program is authorized by the Welfare and Institutions Code section 14197.4(c). On December 26, 2023, the Department of Health Care Services (DHCS) submitted the DPH and DMPH one-year QIP preprints for PY7 to CMS for approval. The preprints for both the DPHs and DMPHs are currently pending CMS approval. The PY7 Reporting Manual was released on December 15, 2023, for the DPHs and January 3, 2024, for the DMPHs.

The reporting requirements related to PY7, 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 PY7 performance data. The deadline for the PY7 report is on June 16, 2025.

## **POLICY:**

### **1. Q-AIS-E's Pneumococcal Sub-rate – Informational Only**

For Q-AIS-E: Adult Immunization Status (AIS-E), the pneumococcal sub-rate will be informational only due to unavailable benchmark. For this sub-rate exception, the QIP liaison will manually adjust the sub-rate's AV and OV to "N/A" in the QIP reporting application during the review.

### **2. New Measures: Q-TRC (sub-rates), and Q-FUAH – Updated Guidance**

a) Q-TRC: Transitions of Care (TRC) added three (3) new sub-rates:

- Rate 1: Notification of Inpatient Admission
- Rate 2: Receipt of Discharge Information
- Rate 3: Patient Engagement After Inpatient Discharge

Hence, there are four (4) total sub-rates are reported for Q-TRC including the original Rate 4: Medication Reconciliation Post-Discharge.

- For baseline reporting in PY7, the entity must report CY 2023 data, using the PY7 measure specification in the "**Data for PY6 Reported In PY7**" field.
- Rate 1 and Rate 2: If the entity has direct access to the EHR, the entity must report identical numerator and denominator e.g. 125/125 (AR=100%). In addition, it must enter "Our entity provides PCPs or ongoing care providers direct access to the EHR." into the data methodology narrative field.
- Rate 4: If the entity reported Q-TRC in PY6, then the entity must copy and paste its PY6, CY 2023 aggregate data as baseline in the "**Data for PY6 Reported in PY7**". For an entity that did not report Q-TRC in PY6 or entity whose decision to include or exclude OHC deviates from PY6, entity must report baseline data (CY 2023 data, using the PY7 measure specifications).

b) Q-FUAH: Percentage of Acute Hospital Stay Discharges Which Had Follow-Up Ambulatory Visits Within 7 Days Post Hospital Discharge is a

new and required informational measure. To obtain data for benchmarking, all QIP entities are required to report this measure for informational purposes only in addition to their required number of P4P measures. A DPH must report 40 measures and Q-FUAH to fulfill 41 total measures. A DMPH must report its committed number of measures and Q-FUAH. For example, if a DMPH has committed to ten (10) measures, then the DMPH must also report Q-FUAH. Thus, the total reported measures for said DMPH will be eleven (11) measures. For Q-FUAH (Target Population D), the exclusion of Medi-Cal Fee-for-Service must be applied. Additionally, when reporting Q-FUAH, all individuals with OHC must be included.

### 3. Target Population A: Other Health Coverage (OHC) - Updated Guidance on Resubmission of Baseline

For the Target Population A measures listed in PY6, if an entity chooses to deviate from PY6 on including or excluding Medi-Cal Managed Care (MCMC) individuals with OHC, then must answer “Yes” to the question “*Did you deviate from PY6 on including or excluding OHC (Answer: Yes, No, or N/A)?*” and re-report baseline data (CY 2023 data, using the PY7 measure specifications) in the “**Data for PY6 Reported In PY7**” field in the QIP reporting application. Entities should use the most current sources of data available when re-calculating PY6 baselines, using the PY7 measure specifications.

If an entity did not deviate from PY6 on including or excluding MCMC individuals with OHC (answer “No”), then entity must copy and paste its PY6, CY 2023 aggregate data as baseline in the “**Data for PY6 Reported In PY7**”.

### 4. Q-IHE1 – Eligible Equity Measures Clarification

In PY7, Q-IHE1: Improving Health Equity reverts to a Priority Measure and only those Eligible Equity Measures that are also Priority Measures are to be chosen for Q-IHE1. The following three (3) Elective Measures from the Eligible Equity Measure list will not qualify for Q-IHE1:

- Q-CMS147: Preventive Care and Screening: Influenza Immunization;
- Q-CMS314: HIV Viral Suppression; and
- Q-PC05: Exclusive Breast Milk Feeding

### 5. Allowable Gap and References to Continuous Enrollment: Q-W30, Q-EED, and Q-GSD

Per NCQA PCS response # 00471767, there is an error in the PY7 Reporting

Manual. This language was inadvertently carried over from the HEDIS source specifications and affects Q-W30, Q-EED and Q-GSD in PY7. The correct term used in the allowable gap section in QIP should be "continuous assignment" rather than "continuous enrollment" for all Target Population A measures and should read, "To determine continuous assignment for a Medicaid individual for whom assignment is verified monthly."

## 6. Q-PC05 – Clarification on Birthweight

Per NCQA PCS response # 00471799, there is an error in the PY7 Reporting Manual, and the Excluded Population on page 410 should state, "Patients whose term status or gestational age is missing and birthweight <3000 gm."

## 7. Trending Break Measures

For PY7, entities must re-report baseline data (CY 2023 data, using the PY7 measure specifications) in the "**Trending Break Data for PY 6 Reported In PY 7**" field in the QIP reporting application for the six (6) measures listed below. Entities should use the most current sources of data available when re-calculating PY6 baselines, using the PY7 measure specifications.

- i. Q-AMR: \*Asthma Medication Ratio (AMR)
- ii. Q-CMS314: HIV Viral Suppression (formerly Q-HVL)
- iii. Q-CMS347: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease  
*Note: QPHM approved baseline recalculation using January 2024 ASCVD risk scores for the 2023 population to estimate the subpopulation.*
- iv. Q-FUA: \*Follow-Up After Emergency Department Visit for Substance Use (FUA)
- v. Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
- vi. Q-FUM: \*Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Notes: \* indicates Priority Measure

Please make sure to refer to the above updates for **2.a) Q-TRC (sub-rates);** and **3. Target Population A: Other Health Coverage (OHC).**

## 8. Q-CMS347 ASCVD Risk Score Calculation

The baseline recalculation can use January 2024 ASCVD risk scores for the 2023

population to estimate the subpopulation. This would only apply to Population Criteria 4: Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of  $\geq 20$  percent during the measurement period.

**9. Inclusion or Exclusion of Individuals Enrolled in “Out-of-County” MCPs Reporting (please see QIP POLICY LETTER 24-007)**

Per an entity’s attestation on May 1, 2024, on including or excluding out-of-county Medi-Cal Managed Care patients to all four FUX measures (Q-FUA, Q-FUAH, Q-FUI, and Q-FUM) for PY7, it must enter “Our entity included out of county Medi-Cal Managed Care patients.” or “Our entity excluded out of county Medi-Cal Managed Care patients.” into the data methodology narrative field.

However, if an entity chooses to expand the denominator to be more inclusive from excluding to including out-of-county Medi-Cal Managed Care patients at the time of PY7 reporting for all four FUX measures, they must enter “Our entity included Medi-Cal Managed Care patients in order to expand the denominator.” into the data methodology narrative field.

For an entity that did not respond by May 1, 2024, the denominators for these four FUX measures will default to only including Medi-Cal Managed Care patients within the entity’s county. Thus, the entity must enter “Our entity excluded out of county Medi-Cal Managed Care patients.” into the data methodology narrative field.

**10. Accountable Sub-rates with Non-Identical Denominators (Q-W30, Q-HBD, Q-CMS138, Q-PND-E, and Q-PDS-E)**

The QIP liaison will manually adjust during review the following items in the reporting platform:

- For the measures containing accountable sub-rates with non-identical denominators (Q-W30, Q-HBD, Q-CMS138, Q-PND-E, and Q-PDS-E), the AV and OV to “N/A” of sub-rate with  $D < 30$  according to the PY7 Reporting Manual policy on measure’s sub-rate denominator population limited by patient’s demographic characteristics and prevalence of a particular condition, risk factor, and/or patient behavior.
- For the Ratio Based Risk Adjusted Measures (Q-PCR, Q-SSI, and Q-CDI), the AV using the Calibrated O/E methodology per PY7 Reporting Manual and the OV to “0.0” because over-performance doesn’t apply to these three calibrated measures.

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Please contact your QIP Liaison or email the QIP Mailbox at [qip@dhcs.ca.gov](mailto:qip@dhcs.ca.gov) if there are any questions concerning this QPL.

Sincerely,

**ORIGINAL SIGNED BY JEFFREY NORRIS**

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