

DATE: June 19, 2024

QIP POLICY LETTER 24-007

TO: ALL QIP ENTITIES

SUBJECT: QIP PY7 Updates: Q-FUM, Q-FUA, Q-FUI, and Q-FUAH

PURPOSE:

This QIP Policy Letter (QPL) informs QIP entities on updates related to reporting Q-FUM, Q-FUA, Q-FUI, and Q-FUAH in PY7.

BACKGROUND:

On December 27, 2023, CMS approved the revised PY4-PY6 preprint for DPH and DMPH. The QIP program is authorized by Welfare and Institutions Code section 14197.4(c). On December 26, 2023, the Department of Health Care Services (DHCS) submitted the Designated Public Hospital (DPH) and District/Municipal Public Hospital (DMPH) a one-year QIP preprint for PY7 to the Centers for Medicare and Medicaid Services (CMS) for approval. Preprints for both DPHs and DMPHs are currently pending CMS approval. The PY7 Reporting Manual was released on December 15, 2023 for DPHs and January 3, 2024 for DMPHs. 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 PY7 report is on June 16, 2025.

POLICY:

1. Inclusion or exclusion of Individuals enrolled in “out-of-county” MCP.

For PY 7, QIP entities will now have the option to choose whether to include or exclude out-of-county Medi-Cal Managed Care patients. Entities choosing to include out-of-county Medi-Cal Managed Care patients must also include all out-of-county Medi-Cal Managed Care patients for the specific county in question. The decision to include out-of-county patients

may extend to one or more counties, at the discretion of the entity. The attestation to include or exclude applies to all four FUX measures consistently for PY7. *For those entities who did not respond by May 1, 2024, the denominators for these FUX measures will default to only including Medi-Cal Managed Care patients within the entity's county.*

2. Informational reporting of 7-day sub-rate.

To align with Medi-Cal Managed Care Accountability Set (MCAS), the 7-days sub-rate for *Q-FUM: Follow-Up After ED Visit for Mental Illness (FUM)* and *Q-FUA: Follow-Up After ED Visit for Substance Abuse (FUA)* will be informational only. In addition, *Q-FUI: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)* is not in the MCAS measure list but will align with the other FUX measures in the QIP program where the 30-day sub-rate is accountable, and the 7-day sub-rate is informational. For these sub-rate exceptions, the QIP liaison will manually adjust the sub-rate's AV and OV to "N/A" in the QIP reporting application during the review.

3. Exclusions of Medi-Cal Fee for Service

For Q-FUM, Q-FUA, Q-FUI, and Q-FUAH measures (Target Population D), the exclusion of Medi-Cal Fee-for-Service must be applied.

4. Continuous Assignment to QIP Entity

Q-FUM, Q-FUA, Q-FUI, and Q-FUAH Target Population was expanded from A to D in PY7 and there was an oversight in removing the verbiage "Continuous assignment to QIP entity" under the Eligible Population in their respective measure specifications in the PY7 Reporting Manual. Please disregard the continuous assignment to QIP entity criterion.

5. Trending Break

Q-FUM, Q-FUA, and Q-FUI are trending break measures in PY7 due to moving from Target Population A to Target Population D. For PY 7, entities must re-report baseline data (PY 6 calendar year 2023 data, using PY 7 specifications) in the "Trending Break Data For PY 6 Reported In PY 7" field in the QIP reporting application for these three (3) measures. Entities should use the most current sources of data available when re-calculating PY 6 baselines using PY 7 measure specifications.



6. Benchmarks

For Q-FUA, Q-FUI and Q-FUM in PY7, the Medicaid 10th, 25th, and 50th percentile benchmarks will be used as the minimum, median, and high-performance benchmarks.

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 JEFFREY NORRIS

Jeffrey Norris, MD

Value-Based Payment (VBP) Branch Chief
Quality and Population Health Management
California Department of Health Care Services