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Department of Health Care Services



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DATE: November 22, 2022

**QIP POLICY LETTER 22—005
SUPERCEDES QPL 22-001**

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS
ALL QIP ENTITIES

SUBJECT: DATA SHARING REQUIREMENTS FOR THE MEDI-CAL MANAGED CARE HEALTH PLANS (MCPs) PARTICIPATING IN THE QUALITY INCENTIVE POOL (QIP) DIRECTED PAYMENT PROGRAMS

PURPOSE:

This QIP Policy Letter (QPL) informs MCPs of the data sharing requirements associated with the QIP directed payment programs for Designated Public Hospital (DPH) and District and Municipal Public Hospital (DMPH) systems.

BACKGROUND:

The Department of Health Care Services (DHCS) implemented the DPH QIP directed payment program beginning in state fiscal year 2017-18, and the DMPH QIP program effective July 1, 2020, in accordance with the terms of this CMS-approved directed payment program. QIP allows participating DPH and DMPH systems (collectively referred to as QIP entities) to earn performance-based quality incentive payments from MCPs as contracted Network Providers. QIP directed payments are earned based on QIP entity performance in achieving identified targets for quality of care metrics, in collaboration with DHCS-approved contracted community partners as applicable. QIP entities must submit reports directly to DHCS containing any information necessary for DHCS to evaluate achievement of applicable performance measures and calculate the amount of QIP directed payments earned.

[MCPs' contracts with DHCS](#) require compliance with the terms of each directed payment program approved by CMS under 42 CFR 438.6(c), as specified by DHCS through technical guidance, including QPLs (see Medi-Cal Managed Care Boilerplate Contracts, Exhibit B, "Special Contract Provisions Related to Payment").

POLICY:

MCPs must assist QIP entities, including DMPHs seeking information related to DHCS-approved contracted DMPH community partners, in collecting any information that is necessary to complete QIP quality improvement efforts and reporting obligations for all years in which the QIP program is in effect. This includes providing QIP entities with the minimum necessary information outlined by DHCS, which may include, but is not limited to, Medi-Cal member eligibility, lab tests and results (to the extent allowed by applicable laws and regulations), pharmaceutical and non-pharmaceutical claims data and data for beneficiaries with other health coverage, which may include dually eligible beneficiaries as defined in state and federal law. DHCS will notify MCPs of the specific DMPH community partners with whom data must be shared, the specific data elements that must be shared with QIP entities and community partners, and any associated deadlines for the data, on a regular basis via guidance on the [DHCS QIP webpage](#). DHCS will email MCP Medical Directors when the specific data elements required are posted on the DHCS QIP webpage.

For purposes of effective, efficient, and equitable care delivery and QIP measure calculations, all Medi-Cal Managed Care Plans should share with QIP entities all the data the Plan has for each QIP entity's assigned lives that aligns with the [QIP Value Sets for MCPs Sharing document](#). Plans should send all the value set related data for entities' assigned lives, regardless of whether the data comes from the Plan's provider network, from DHCS (i.e., the Plan Data Feed), or any other source (e.g., CAIR2). Examples of data the Plans receive from DHCS that should be shared with QIP entities include Specialty Mental Health data, Pharmacy data, Dental data, and Fee-for-Service data that are related to the QIP value sets.

QIP entities should contact their QIP Liaison and MCPs should email the QIP Mailbox at qip@dhcs.ca.gov if there are any questions concerning this QPL.

Sincerely,

ORIGINAL SIGNED BY PALAV BABARIA

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