



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: January 27, 2021

QIP POLICY LETTER 21—001

TO: ALL QIP ENTITIES

SUBJECT: PROGRAM YEAR (PY) 3.5 UPDATES DUE TO COVID-19

PURPOSE:

This QIP Policy Letter (QPL) informs entities of the following changes to the PY 3.5 reporting and performance requirements:

1. Changes PY 3.5 Measurement Period for Core QIP and PRIME Transition reporting
2. Changes PY 3.5 Performance Targets for Core QIP and PRIME Transition reporting
3. Updates reporting timelines and requirements for all funding sub-pools (Core QIP, PRIME Transition, and Immunization)
4. Describes the COVID-19 Public Health Emergency Immunization sub-pool for July 1, 2020 through December 31, 2020

BACKGROUND:

DHCS has made these changes in response to the COVID-19 public health emergency. Changes are authorized by amendments to the PY 3.5 [preprints](#) approved by the Centers for Medicare and Medicaid Services on November 23, 2020.

POLICY:

1. *Changes to PY 3.5 Measurement Period for Core QIP and PRIME Transition measure reporting* – With the exception of measures reported for purposes of accessing the Immunization sub-pool, all Core QIP and PRIME Transition measures now have a measurement period of **March 1, 2019 through February 29, 2020**. This 12-month measurement period ensures that performance rates are not impacted by COVID-19 response efforts. Please continue to refer to the PY 3.5 Reporting Manual released in February 2020 for other measure specification details. DHCS will not release a new iteration of the PY 3.5 manual and the measurement period contained within the PY 3.5 manual

will need to be adjusted accordingly by entities as they conduct their data gathering activities.

2. *Changes to PY 3.5 Performance Targets for Core QIP and PRIME Transition measure reporting* – With the exception of measures reported for purposes of accessing the Immunization sub-pool, all Core QIP and PRIME Transition measures now have a 25th percentile minimum performance benchmark target that entities must meet or exceed to earn an achievement value of 1. The 25th percentile minimum performance benchmarks for a majority of PY 3.5 metrics can be found in the QIP PY 3 Benchmarks v.2 document (released on July 24, 2019) and the PRIME DY 15 Benchmarks v.4 document (released December 12, 2019). Two PRIME transition metrics had benchmarks that changed for the PY 3.5 transition period (Influenza Immunization and Postpartum Care) and their 25th percentile minimum performance benchmarks can be found in QIP PY 3.5 PRIME Transition Benchmarks v.2, released January 13, 2021.
3. *Reporting timelines and requirements for all three funding pools*

Core QIP metrics (DPHs only) – PY 3.5 now uses the same measurement period as PY 3 measures. As such, no additional reporting is required for Core QIP measures for PY 3.5. DHCS will use data within PY 3 reports to calculate and validate PY 3.5 payments from the Core QIP sub-pool.

PRIME Transition Metrics – PY 3.5 data using the updated measurement period of March 1, 2019 through February 29, 2020 will be due to DHCS via the PRIME reporting portal on **March 31, 2021**. The QIP preprint **does not allow extensions**. When logging into the PRIME reporting portal on or after March 1, 2021, entities will use the drop-down menu to select the PY 3.5 measurement period. Please do not report PY 3.5 data prior to March 1, 2021. Any data entered prior to that date may be lost. Entities will be held to the following narrative requirements for PY 3.5 PRIME transition reporting.

- a) Report-level narratives are required.
- b) Domain-level narratives are required.
- c) Project-level narratives are required. Please provide any relevant updates from DY15 Mid-Year (MY) narratives. For example, if an entity's DY15 MY narrative described plans to implement something for the project during the second half of DY15, the narrative should provide an update on whether that occurred or not.
- d) Metric-level data methodology narratives are required for all metrics.
- e) Metric-level quality improvement (QI) narratives are required for all metrics. If there are no major changes in performance data from DY15 MY and there are

not any relevant updates to the QI information previously provided in the DY15 MY narrative, an entity may submit a short statement that the QI activities outlined in the DY15 MY narrative continued through February 29, 2020.

Immunization sub-pool metrics – PY 3.5 data using the measurement period of January 1, 2020 through December 31, 2020 is due to DHCS via the QIP Reporting Application by **June 15, 2021**. Entities may begin reporting by May 15, 2021. Along with quantitative data, entities must also submit data collection methodology narratives and QI narratives.

4. *COVID-19 Public Health Emergency Immunization sub-pool* – In order to incentivize routine immunization efforts in the midst of the COVID-19 pandemic, the amended preprint created the COVID-19 Public Health Emergency Immunization sub-pool. There are separate sub-pools for DPHs and DMPHs. Funds in the DPH sub-pool will consist of the unearned funds from Core QIP PY 3.5 funds and QIP PY 3.5 PRIME Transition funds. Funds in the DMPH sub-pool will consist of unearned funds from QIP PY 3.5 PRIME Transition funds. Entities must demonstrate top performance on any of the measures shown below to access immunization sub-pool funds.

COVID-19 Public Health Emergency Immunization Sub-Pool Measures
Immunization for Adolescents (IMA) Combination 2 (NQF 1407, Quality ID 394)
Childhood Immunizations (CIS) Combination 10 (NQF 0038, Quality ID 240)
Preventive Care and Screening: Influenza Immunization (NQF 0041)

The applicable measurement period for these measures is January 1, 2020 through December 31, 2020. Reporting on all three of these measures for calendar year 2020 is required for all DPHs. The top four performing DPHs for each measure will earn funds from the DPH sub-pool. Reporting for these three measures in calendar year 2020 is optional but encouraged for all DMPHs. The top nine performing DMPHs for each measure will earn funds from the DMPH sub-pool. Payments to the top performing DPHs and DMPHs will be calculated based on the value of unearned funds available in the immunization sub-pools, and the top performer's usual PY 3.5 measure value. If there are not enough funds to fund all eligible top performers for their full measure values, DHCS will distribute funds on a pro rata basis, similar to the Medi-Cal 2020 PRIME High Performance Pool.

For measure specifications, DPHs should refer to the QIP PY 3.5 Core QIP and PRIME Transition reporting manuals, released in February 2020. The measurement period for all three measures is correctly outlined within the respective specification manuals to report data for calendar year 2020.

- For the IMA Combination 2 measure and the CIS Combination 10 measure, the specifications are in the PY 3.5 Core QIP specification manual.

- For the Influenza Immunization measure, the specification is in the QIP PY 3.5 PRIME Transition manual.

For DMPHs only:

To enable a larger number of DMPHs to access the DMPH Immunization sub-pool, DHCS has modified the eligible population for all three measures. **Note that these population changes to the specifications only apply to DMPHs AND only apply to the Immunization sub-pool reporting** (i.e., for DMPHs who already participate in Project 1.3 – Specialty Care, these entities should adhere to the denominator population outlined in the PY 3.5 reporting manual when submitting the Influenza Immunization measure for regular PY 3.5 reporting). DHCS will provide DMPHs modified versions of these three measure specifications for the Immunization sub-pool by no later than February 15, 2021. These will be shared via email with only DMPH contacts who have a signed PY 3.5 Reporting Manual User Agreement. A list of each DMPH entity's signatory for this User Agreement will be made available on DHCS' new [eQIP](#) SharePoint site for reference.

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 KAREN MARK

Karen E. Mark, MD, PhD
Medical Director