



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



GAVIN NEWSOM
GOVERNOR

DATE: April 19, 2021

QIP POLICY LETTER 21—003

TO: ALL DMPH QIP ENTITIES

SUBJECT: QIP POLICY INFORMATION RELEVANT TO THE DMPH MEASURE COMMITMENT SURVEY AND THE DMPH COMMUNITY PARTNER APPLICATION

PURPOSE:

This QIP Policy Letter (QPL) informs DMPH QIP Entities of QIP policies that are relevant for accurate completion of the DMPH metric commitment survey. It also contains information and a link to the PY4 application template for DMPHs seeking DHCS approval to use community partners for the QIP program during PYs 4 and 5.

BACKGROUND:

QIP policy information relevant to the forthcoming DMPH measure commitment survey and community partner application are being released within this QPL to allow DMPHs additional time to assess how these policies will impact commitment to a minimum number of QIP measures. The final QIP PY4 Reporting Manual and General Guidelines, which includes the full QIP Program Policies, are anticipated for release in early May 2021. All information contained herein is contingent upon the Centers for Medicare and Medicaid Services (CMS) approval of QIP PYs 4-6 Preprints.

POLICIES:

1. *DMPH Number of QIP Measures and Commitment Survey for PYs 4 and 5*

DHCS has developed two tiered groupings of DMPHs based on the sum of DMPH Net Medi-Cal Revenue from [2018](#), the most currently audited year, and PRIME revenue from 2018. Each DMPH must complete a survey committing to the minimum number of QIP measures within its tier grouping that it will report on for PYs 4 and 5. DHCS will open this survey on **July 1, 2021** and DMPHs will

have until **July 15, 2021** to complete the survey and submit their minimum measure commitment number. For DMPHs wanting to see their specific tier, please see Attachment 1, *Specific DMPH QIP Tiers*. Each tier contains a range of measures – a required minimum and a maximum possible that a DMPH could commit to report. DMPHs in Tier 2 with rural hospital designation, as defined by CA Health & Safety Code section 124840, have the option to move to Tier 1. QIP Tiers and measure ranges are in Table 1. NOTE: A DMPH **must** report on the minimum number of measures it commits to in order to receive **ANY** payment for a PY. If a DMPH does not report on the minimum number of measures it commits to via the survey, it will not receive any payment for the PY.

Table 1: DMPH QIP Tiers and Measure Ranges

DMPH QIP Tier	Measure Range		Sum of <u>2018</u> Net Medi-Cal Revenue and 2018 PRIME revenue
	Minimum	Maximum	
1	2	12	Less than \$30 million
2	10	20	\$30 million and above

When completing the measure commitment survey, DMPHs should consider that the number of measures they report partially determines their allocation, except as noted below. Each DMPH's specific allocation is determined by a minimum allocation amount of at least 0.75 percent of the total DMPH QIP pool or the following methodology, whichever is greater:

1. 60 percent by the number of measures the DMPH commits to report, proportionate to other DMPHs. Each DMPH will complete a survey by **July 15, 2021**, committing to the number of measures that it will report on for PY4 and PY5. DHCS will administer a new measure commitment survey during the last quarter of PY5.
2. 40 percent by the sum of Medi-Cal revenue proportionate to other participating DMPHs.

If a DMPH is allocated the minimum, this will proportionally adjust all other DMPH allocations.

Before committing to a specific minimum required number of measures, the DMPH must consider a multitude of factors including, but not limited to, which QIP Tier it is in, the QIP allocation methodology, the clinical services it offers, the participation of community partners (see Section 2 below), and the likelihood of its measure data to be above 30 patients for the baseline period, PY4 and PY5.

In addition, the DMPH should consider these additional QIP program requirements prior to committing to the number of measures for PYs 4 and 5:

- a. QIP Priority Measure Subset and 50 Percent DMPH Requirement

- 1) DHCS has designated 20 of the 51 PY4 QIP measures as the Priority Measure Subset. For DMPHs with primary care, at least **50 percent** of reported measures must be from the Priority Measure Subset unless the DMPH does not offer the clinical service line covered by the measure, or has a denominator of less than 30 for the PY. If a DMPH demonstrates to DHCS that either of the two criteria applies for a given priority measure, it must pick a different priority measure on which to report.
 - 2) If all priority measures have been exhausted due to either criteria, then the DMPH must demonstrate this within the QIP reporting application. At that point, the DMPH may select from the list of 31 elective measures to meet its minimum measure commitment and it is no longer held to the 50 percent priority measure requirement.
- b. One Medi-Cal Managed Care (MCMC) Life for each QIP measure
- 1) Each reported QIP measure [except Q-CDI: Reduction In Hospital Acquired Clostridium Difficile Infections and Q-SSI: Surgical Site Infection (SSI)] must include data with at least one person enrolled in MCMC in the denominator during the reporting PY in order for payment to be made. For sub-rated measures, at least one sub-rate must include data from at least one MCMC-enrolled person. An entity will earn an AV of zero and will not receive payment for a reported measure in which data does not include at least one MCMC life. However, the measure may still be used to fulfill the required number of measures for an entity's QIP reporting.
 - 2) NOTE: Any MCMC life meets this reporting requirement; the MCMC life does not necessarily have to be assigned to the DMPH unless it is required by the measure-specific criteria.
- c. QIP Target Populations
- 1) The QIP target population depends upon the specific QIP measure and can be identified within the draft measure specifications released in March 2021 to DMPH representatives who signed the [QIP PY4 user agreement](#). Among the 51 QIP measures, the possible target populations are as follows:
 - i. MCMC assigned lives
 - ii. MCMC on date of denominator encounter
 - iii. Medi-Cal any (Fee-for-Service or MCMC)
 - iv. Payer agnostic
 - v. A combination of two target populations above

2. *DMPH Community Partner Applications*

The current PYs 4-6 Preprint includes a provision allowing DMPHs to use community partner data in QIP data reporting, if approved to do so by DHCS. If approved, DMPHs must apply a consistent, identical method for including all

eligible community partner patient data for each measure selected within their application(s). Measures may be selected from the list outlined in Attachment 2, *QIP Measures Allowable for Community Partner Data*. For each approved measure, the DMPH **must** include all patients from the community partner who meet measure denominator criteria **and** have had at least one encounter with the DMPH during the measurement period. There is an additional requirement for the Breast Cancer Screening and the BIRADS to Biopsy measures. For those two measures, the qualifying DMPH encounter(s) cannot be the same as the numerator-qualifying encounter(s). For Breast Cancer Screening, the mammogram encounter cannot be the only DMPH encounter. For BIRADS to Biopsy, the biopsy encounter cannot be the only DMPH encounter. DMPHs should always refer to the full specification for each measure to ensure proper reporting.

DMPHs seeking to use community partner data must apply to DHCS using the application template available on [eQIP](#) and provide all supplemental documentation outlined in Attachment 3, DMPH Community Partner Application Materials. If a DMPH is seeking approval to use multiple community partners, one application per community partner is required. Applications will be approved or denied on a case-by-case basis, in accordance with criteria that the partnership must meet in order to be approved for this allowance.

DMPHs seeking approval to use community partners in QIP will have the opportunity to apply for approval prior to the start of each PY. For PY4, DHCS must receive applications on or by **May 15, 2021**. DMPHs will be notified of DHCS' decision by no later than **June 30, 2021**. For PY5 and beyond, DHCS must receive applications on or by November 1 prior to the start of the PY (e.g., for PY5 application, the deadline is November 1, 2021) and DMPHs will be notified of DHCS' decision no later than December 31.

DHCS' approval will be valid for two PYs for first-time applications; however, entities have the opportunity to reapply annually should they wish to add/delete measures or add/remove a community partnership for purposes of the QIP program. Please see the application template available on [eQIP](#) for more details.

QIP entities should contact their QIP Liaison or 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

Attachment 1 – Specific DMPH QIP Tiers

Tier 1 (Metric Range 2-12)	Tier 2 (Metric Range 10-20)
Bear Valley Community Hospital, Big Bear Lake	Antelope Valley Hospital, Lancaster
Eastern Plumas Health Care, Portola	El Camino Hospital, Mountain View
Jerold Phelps Community Hospital, Garberville	El Centro Regional Medical Center, El Centro
John C. Fremont Healthcare District, Mariposa	Hazel Hawkins Memorial Hospital, Hollister★
Kern Valley Healthcare District, Lake Isabella	Kaweah Delta Health Care District, Visalia
Mammoth Hospital, Mammoth Lakes	Lompoc Valley Medical Center, Lompoc★
Mayers Memorial Hospital District, Fall River Mills	Marin General Hospital, Greenbrae
Modoc Medical Center, Alturas	Oak Valley Hospital District, Oakdale★
Northern Inyo Hospital, Bishop	Palomar Medical Center, Escondido
Palo Verde Hospital, Blythe	Pioneers Memorial Healthcare District, Brawley
Plumas District Hospital, Quincy	Salinas Valley Memorial Healthcare System, Salinas
San Bernardino Mountains Community Hospital, Lake Arrowhead	San Geronio Memorial Hospital, Banning★
Seneca Healthcare District, Chester	Sierra View District Hospital, Porterville
Sonoma Valley Hospital, Sonoma	Tri-City Medical Center, Oceanside
Southern Inyo Hospital, Lone Pine	Washington Hospital Healthcare System, Fremont
Surprise Valley	
Tahoe Forest Hospital District, Truckee	★DMPHs in Tier 2 with rural hospital designation, defined by CA Health & Safety Code section 124840, have the option to move to Tier 1.
Trinity Hospital, Weaverville	

Attachment 2 – QIP Measures Allowable for Community Partner Data

QIP Measures Allowable for Community Partner Data
Q-AMR: *Asthma Medication Ratio (AMR)
Q-B2B: BIRADS to Biopsy
Q-BCS: *Breast Cancer Screening (BCS)
Q-CDC-H9: *Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)
Q-COB: Concurrent Use of Opioids and Benzodiazepines (COB-AD)
Q-FUA: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Q-CMS135: Heart Failure (HF): ACE/ARB/ARNI Therapy for LVSD
Q-IHE1: *Improving Health Equity ¹
Q-IHE2: Improving Health Equity ^{1**}
Q-PCE: Pharmacotherapy Management of COPD Exacerbation (PCE)
Q-PPC-Pre: *Prenatal and Postpartum Care (Timeliness of Prenatal Care) (PPC-PRE)
Q-PPC-Post: *Prenatal and Postpartum Care (Postpartum Care) (PPC-PST)
Q-TRC: Transitions of Care (TRC)
Q-OHD: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

* *Priority measures*

¹ *QIP Entities must report on the parent measure if reporting on a Q-IHE measure.*

^{**} *Q-IHE2 measure is allowable for community partner data only if the entity is engaging in improving equity for Q-AMR, Q-BCS, Q-PPC-Pre, and Q-PPC-Post.*

Attachment 3 – DMPH Community Partner Application Materials

The application materials are located on [eQIP](#). The below table outlines the items that must be submitted as part of the QIP PY4 DMPH Community Partner Application, which are due to DHCS by **May 15, 2021**.

	Description	Source Document
1	Completed Application	One per community partner
2	Written Contract Agreement ¹ that includes a Data Sharing/Data Use Agreement	One per community partner
3	Section 3 Responses Attachment that includes a Data Sharing Schedule	One per selected measure per community partner

¹ Written contract agreements for PY4 submitted to DHCS in draft form (i.e., not yet finalized/executed) can only receive conditional approval, with final approval contingent upon the written agreement being finalized by June 30, 2021.