



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



GAVIN NEWSOM
GOVERNOR

DATE: August 26, 2021

QIP POLICY LETTER 21—005

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

SUBJECT: UPDATES AND CLARIFICATIONS FOR SELECT QIP PY4 MEASURE SPECIFICATIONS

PURPOSE:

This QIP Policy Letter (QPL) informs QIP entities and Medi-Cal Managed Care Health Plans of updates and clarifications for the Program Year 4 (PY4) measure specifications for seven measures: Q-LBP, Q-URI, Q-AAB, Q-PCE, Q-FUA, Q-TRC, and Q-CCW.

POLICY:

1. QIP entities should self-modify PY4 measure specifications for the following five measures in the manner described. Updated PY4 measure specifications will not be released by DHCS.
 - a. For the following four measures, numerator compliance and denominator inclusion should be calculated by the QIP entities using data only from services and encounters that occurred at the QIP entity's own facilities. Non-QIP entity data should be excluded from these measures.
 - Q-LBP: Use of Imaging Studies for Low Back Pain
 - Q-URI: Appropriate Treatment for URI
 - Q-AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
 - Q-PCE: Pharmacotherapy Management of COPD Exacerbation
 - b. For Q-FUA: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence, denominators should be calculated by the QIP entities using data only from encounters that occurred at the QIP entity's own facilities

(exclude non-QIP entity encounters). However, non-entity encounters and services can be included when calculating the numerator.

2. The measure specification for Q-TRC: Transitions of Care contains two errors in the PY4 Manual:
 - a. The following bullet starting at the bottom of page 312 regarding numerator non-compliance refers to a sub-rate that is not used in QIP PY4 and was erroneously included. The following bullet should be disregarded by QIP entities when calculating PY4 data and the bullet will be removed in the PY5 Manual.
 - “The following notations or examples of documentation do not count as numerator compliant:”
 - b. The following three bullets on the top of p.313 are not sub-bullets and should not have been indented:
 - *The Medication Reconciliation Post-Discharge numerator assesses whether medication reconciliation occurred. It does not attempt to assess the quality of the medication list documented in the medical record or the process used to document the most recent medication list in the medical record.*
 - *The denominator is based on the discharge date found in administrative/claims data, but organizations may use other systems (including data found during medical record review) to identify data errors and make corrections.*
 - *If a different discharge date is found in the medical record, and the organization chooses to use that date, the organization must assess all indicators using the updated discharge date, including those that were previously compliant based on administrative data.*
 - *Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (i.e., within 30 days after discharge).*
3. DHCS is providing clarification that the measure specification for Q-CCW: Contraceptive Care – All Women Ages 15-44 (CCW-AD) must be followed as written in the QIP PY4 manual. [PCS](#) Case #00272829 previously stated that women who are not sexually active or who do not have male partners can be excluded from the denominator. The PY4 measure specification does not permit these exclusions, and PCS has been updated to reflect that no such exclusions should be used for calculating and reporting QIP entity performance rates.

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