

Quality Incentive Pool (QIP) 2022: Fact Sheet

PROGRAM BACKGROUND

The Quality Incentive Pool (QIP), which initially began in 2017 to come into compliance with the federal Centers for Medicare & Medicaid Services' (CMS) Medicaid and CHIP Managed Care Final Rule, was redesigned in January 2020 as PRIME, a Medi-Cal 2020 waiver program expired (read more about the transition [here](#)). QIP, a managed care directed payment program, charts a path forward outside of a waiver, ratcheting up performance expectations, aligning more closely with State and Medi-Cal managed care plan priorities, and further integrating incentives to improve health equity.

MEASURES

QIP payments are tied to the achievement of performance on a set of quality measures that span multiple domains of care. By design, QIP measures closely align with California's Department of Health Care Services' (DHCS) [Comprehensive Quality Strategy](#) and the Managed Care Accountability Set (MCAS) for Medi-Cal managed care plans.

Public health care systems are required to report each year on a total of 40 measures selected from:

- A **priority set of 20 measures** on which all public health care systems are required to report
- An **elective set of 32 measures** from which systems are required to choose at least 20

Priority Measures

1. Asthma Medication Ratio
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Child and Adolescent Well-Care Visits*
5. Childhood Immunization Status*
6. Chlamydia Screening in Women
7. Colorectal Cancer Screening
8. Comprehensive Diabetes Care: Eye Exam
9. Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) Measure has three sub-rates for these populations:
 - Total population
 - Black/African-American
 - Latinx/Hispanic
10. Controlling High Blood Pressure
11. Developmental Screening in the First Three Years of Life
12. HIV Viral Load Suppression
13. Immunizations for Adolescents*
14. Improving Health Equity #1
15. Influenza Immunization
16. Timeliness of Postpartum Care*
17. Timeliness of Prenatal Care*
18. Tobacco Assessment and Counseling
19. Screening for Depression and Follow-Up Plan
20. Well-Child Visits in the First 30 Months of Life

*Systems required to report performance data stratified by race and ethnicity for these measures.

Elective Measures

1. Advance Care Plan
2. Appropriate Treatment for Upper Respiratory Infection
3. Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis
4. BMI Screening and Follow-Up Plan
5. Cesarean Birth
6. Concurrent Use of Opioids and Benzodiazepines
7. Coronary Artery Disease: ACE Inhibitor or ARB Therapy for Diabetes or Left Ventricular Systolic Dysfunction
8. Coronary Artery Disease: Antiplatelet Therapy
9. Depression Remission or Response for Adolescents and Adults
10. Discharged on Antithrombotic Therapy
11. ED Utilization of CT for Minor Blunt Head Trauma for Patients Aged ≥ 18 years old
12. Exclusive Breast Milk Feeding
13. Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
14. Follow-Up After High-Intensity Care for Substance Use Disorder
15. Heart Failure: ACE Inhibitor or ARB or ARNI Therapy for Left Ventricular Systolic Dysfunction
16. HIV Screening
17. Improving Health Equity #2
18. Kidney Evaluation for Diabetes
19. Lead Screening in Children
20. Perioperative Care: Venous Thromboembolism Prophylaxis
21. Pharmacotherapy for Opioid Use Disorder
22. Pharmacotherapy Management of COPD Exacerbation
23. Plan All-Cause Readmissions
24. Prenatal Immunization Status
25. Prevention of Central Venous Catheter Related Bloodstream Infections
26. Reduction in Hospital Acquired C Difficile Infections
27. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
28. Surgical Site Infection
29. Transitions of Care: Medication Reconciliation Post-Discharge
30. Use of Imaging Studies for Low Back Pain
31. Use of Opioids at High Dosage in Persons Without Cancer
32. Weight Assessment & Counseling for Nutrition and Physical Activity for Children & Adolescents

PERFORMANCE TARGETS

For the majority of measures, performance targets are set based on a 10% gap closure methodology. For a given measure, the “gap” is the difference between the system’s previous year performance and the 90th national percentile value for that measure. Systems with performance above the minimum performance threshold must “close the gap” by at least 10% each year to receive full funding. Systems that are already at or above the 90th percentile on a measure must maintain that level of performance to receive funding for that measure. Systems with performance below the minimum performance threshold at the end of the program year receive no funding for the given measure.