

Hospital Quality Incentive Program (HQIP) Quarterly Newsletter Spring 2025



Important Announcements and Events

HQIP Advisory Group

May 27, 2025, 11 a.m. – 12:30 p.m.

Spring is here and with it, comes our second HQIP Advisory Group of the year. In this advisory group we will review the changes to the 2025-26 measurement specifications and discuss in more detail the important updates found in this newsletter.

2025 Hospital Quality Symposium

The Partnership 2025 Hospital Quality Symposium (HQS) is coming your way. As always, the same symposium will be held in two locations to provide an opportunity for our hospitals to attend without having to travel too far from home. HQIP participants that attend the HQS fulfill the measure requirement for the Quality Capacity measure. The event begins with registration and breakfast at 8:30 a.m. Symposium sessions may include sessions on health equity, substance use disorder treatment, ways to improve workflows for ED follow-ups, and strategies for QIP success.

Save the Dates!

HQS at our Fairfield office on July 29, 2025 from 8:30 a.m. – 4:30p.m.

[Registration link for Fairfield Event](#)

HQS at our Redding office on July 31, 2025 from 8:30a.m. – 4:30p.m.

[Registration Link for Redding Event](#)

Change to Claims Lag

Partnership is implementing a new claims system this summer that impacts our claims data as it pertains to HQIP measures that have a numerator and denominator rate. Historically, the HQIP employs a claims lag sweep at the beginning of October that gives us final data for the measurement period of July 1 through June 30 each year. This allows us to ensure that we are capturing the most accurate data for the measurement year. Due to the cutover process for our new claims system, there will not be a claims lag sweep for FY24/25 and we will be adjusting our measurement period for the Risk Adjusted Readmissions, 7-day Clinical Visit Follow-up, and the Substance Use Disorder Referral Measures.

To accommodate for our system change, the measurement period for these measures for FY24/25 is now July 1, 2024 – March 31, 2025. This change affects the denominator for these measures. The numerators will continue to be counted until June 30, 2025. **Measures that do not have a numerator and denominator rate are not impacted by this change.** All other submission deadlines are still in place with their normal due dates of August 31, 2025.

If you have any questions or concerns, please email hqip@partnershiphp.org.

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Measurement Set Specifications News

Where can I find information about the HQIP?

For all your HQIP needs, check out [Partnership's Hospital QIP page](#). Here you will find links to our past and upcoming events, webinars and measurement set documents.

Specifications Updates

The 2024-25 HQIP Measurement Set was published to our website in July and has been recently revised. You can find the [revised set here](#). While we try not to make many changes throughout the year, sometimes this is inevitable, especially when changes occur outside of [Partnership that impact the QIP](#). [Read on to find out more](#).

Measure 2: 7-day Follow-up Clinical Visits:

Our Health Analytics team in conjunction with HQIP have worked together to revise the numerator and denominator definitions for the 7-day Follow-Up Clinical Visits measure. This change was made to align the HQIP measure with the Primary Care Provider QIP measure, which started in January. Below is a snapshot of the clarified language.

Denominator: The number of acute inpatient and observation visits on or between July 1 and June 30 of the measurement year by members' age 18 to 64 years of age continuously enrolled from the date of discharge through 30 days after discharge (31 days).

Numerator: The number of members in the denominator who had a follow-up visit within 7 calendar days of hospital discharge.

Measure 3: Palliative Care:

The big news in Palliative Care is that the Palliative Care Quality Collaborative (PCQC) announced it is dissolving the organization in April 2025. We know this has a significant impact to our hospitals and other providers who utilize PCQC for their Palliative Care programs, and will make reporting and auditing difficult. Those hospitals impacted by this change will have the following two options for the 2024-25 measurement year.

Option 1: If a hospital can submit data from their EMR for the 2024-25 measurement year, they may earn points for the measure.

Option 2: If a hospital finds it too difficult to extract data from their EMR, the points normally earned for the measure will be redistributed amongst other measures. Please send an email to hqip@partnershiphp.org by August 31 if you cannot submit data from your EMR.



HOSPITAL QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

Large Hospitals are ≥ 50 licensed, general acute (LGA) beds

Small Hospitals are < 50 licensed, general acute (LGA) beds

Very Small Hospitals are < 25 licensed, general acute (LGA) beds

**2024-2025
MEASUREMENT YEAR**

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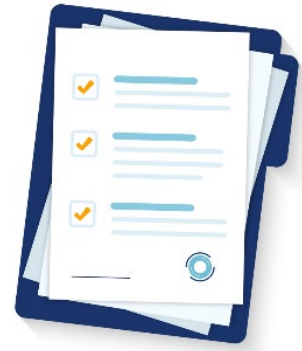
Measure 9: Increasing Screening Mammogram Capacity:

Since this measure was added this year, we have discovered some difficulties with getting data for a few hospitals that use outside vendors for mammography. Therefore, we are making an adjustment to exclude large size hospitals with at least 50 licensed general acute beds from the measure. Points will be adjusted accordingly.

Pro Tips for HQIP Success

Tip #1: Beat the End of Year Rush

Getting all your end of year submissions in can be stressful. Take a load off and check a few things off your list by sending in your Health Information Exchange Attestation before June 30. Birthing hospitals can also submit their evidence for Measure 8 showing by-laws, policy and procedure and/or provider privileges lists for midwives and family physicians. End of year focused: Mobile Mammography, midwives and family physicians, HIE.



Tip #2: How to Increase Screening Mammography Capacity

Since first time screenings are now recommended to start at age 40, hospitals have a built-in chance to increase the number of screenings this measurement year. A great way to increase capacity for screening mammography is to outreach to those members who now fall into the age demographic.

Partnership Hospital QIP Team

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Please email us at HQIP@Partnershiphp.org with questions or feedback regarding the Hospital QIP.