



PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Primary Care Provider Quality Improvement Program (PCP QIP)

Measurement Year 2025 Kick-Off

QIP Program Managers

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January 15, 2025

Webinar Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, **please type your question in the CHAT BOX, and address to “ALL PANELISTS.”**



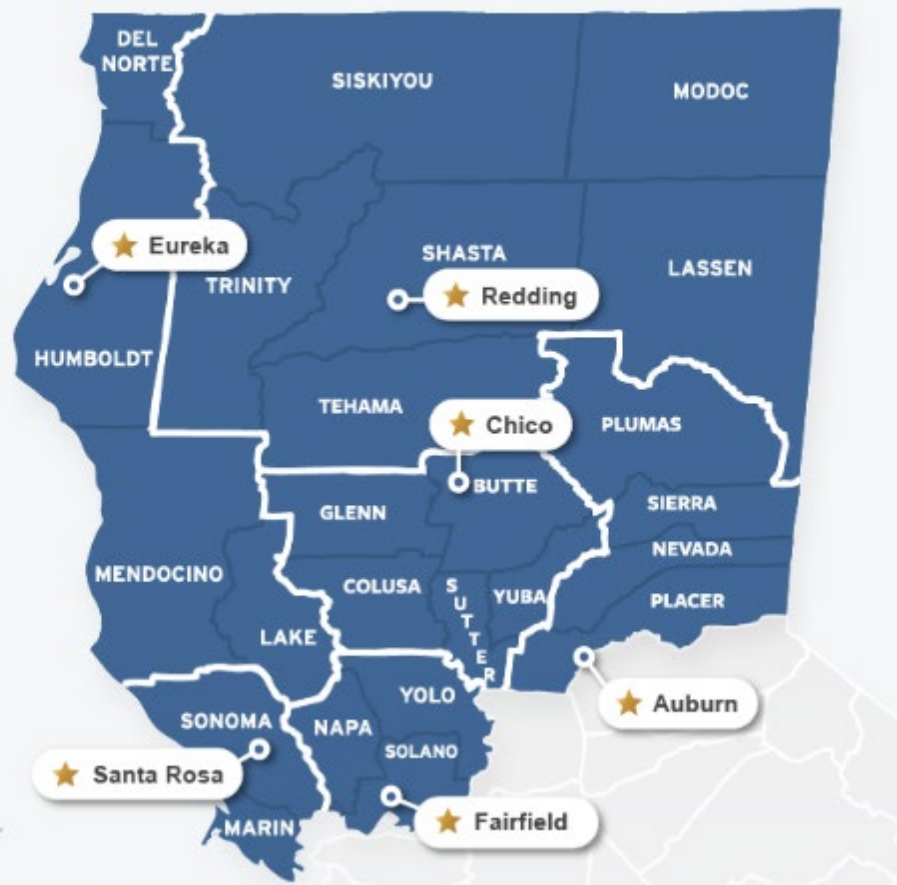
Agenda

- About Partnership & QIP
- QIP Timeline & Highlights
- Measurement Year 2025 Changes
 - Core Measurement Set
 - Unit-of-Service Measurement Set
- Resources
 - eReports
 - PQD
 - Preventive Care Dashboard
 - Disparity Dashboard
- Upcoming Training Events
- Q & A



About Us

Regional Offices



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.



How We Are Organized

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives.

Local Control and Autonomy

A local governance is sensitive and responsive to the area's health care needs.

Community Involvement

Advisory boards participate in decision-making regarding the direction of the plan.



PCP QIP Guiding Principles

- Pay for outcomes, exceptional performance and improvement
- Sizeable incentives
- Actionable Measures
- Feasible data collection
- Collaboration with providers
- Simplicity in the number of measures
- Comprehensive measurement set
- Align measures that are meaningful
- Stable measures

What is QIP?

The QIP provides financial incentives, data reporting, online performance tracking tool and technical assistance

- eReports
- Partnership Quality Dashboard (PQD)
- Preventive Care Dashboard
- Disparity Analysis Dashboard

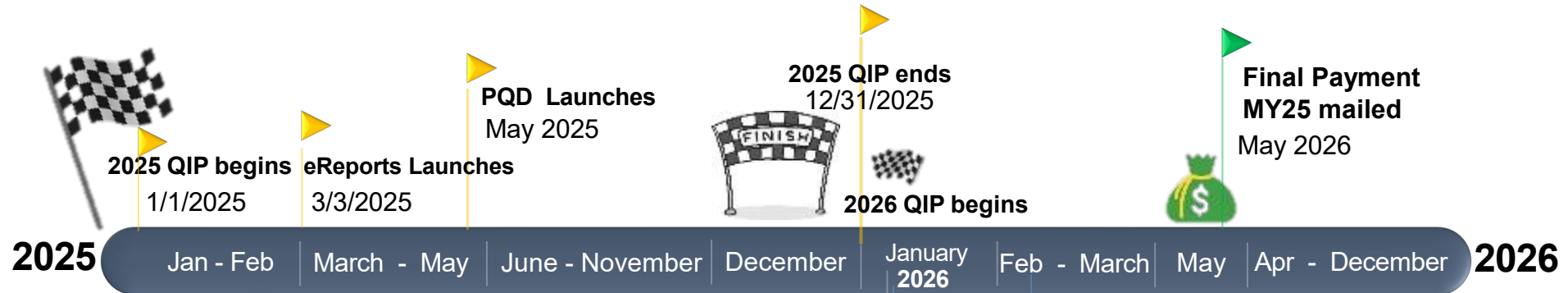
All primary care providers with Medi-Cal assigned members are automatically enrolled into the program

QIP Structure

Core Measurement Set (2 Domains)

- Clinical:
 - Chronic Disease Management, Prevention & Screenings and Pediatric Access
- Non-Clinical:
 - Appropriate use of Resources, Access and Operations and Patient Experience
- Unit of Service, a.k.a. **BONUS Measures**

PCP QIP Standard Timeline



Measurement Year

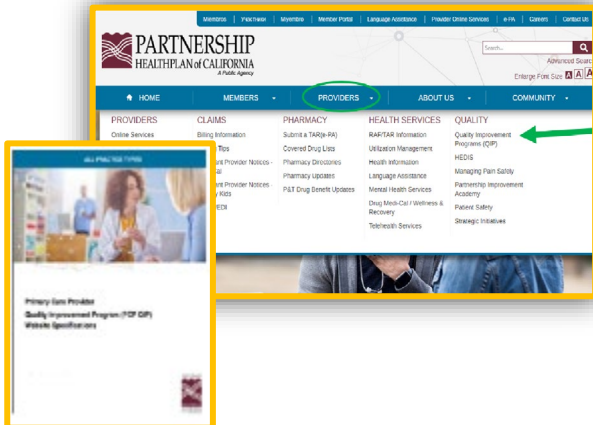
1/1/2025 – 12/31/2025

Grace Period (MY25)
1/12/2026 – 1/31/2026

Validation Period
Review final rates
inclusive of uploads
2/2/2026-2/6/2026

Final denominators
posted on eReports
1/12/2026

Final date for
submitting clinical
data to eReports
and accepting UOS
submissions
1/31/2026



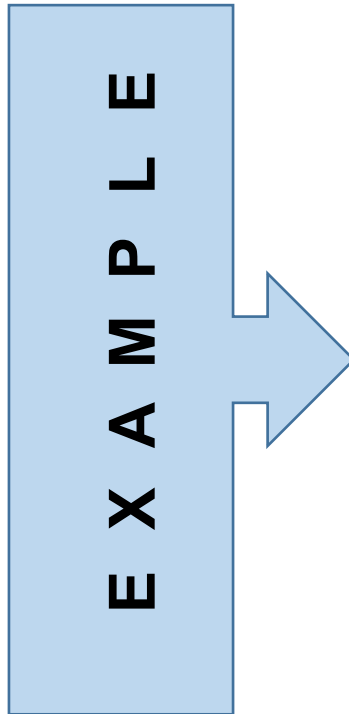
2025 Timeline Highlights

Measurement Year 2025 (MY2025): Quarter 1 – Quarter 3 Highlights

- eReports Launch: March 3rd
 - Kick-Off Webinar – **February 18, 2025, from Noon-1pm. Register [HERE](#)**
- Partnership Quality Dashboard (PQD) Launch: May - June (**exact date TBD**)
 - Kick-Off Webinar – **TBD**
- Reducing Healthcare Disparity (optional measure):
 - Webinar - **January 28, 2025, from Noon-1pm. Register [HERE](#)**
 - POs will be notified of their qualification status: **March 3-7, 2025**
 - Sites must notify the QIP Team of their intent to participate by **March 31, 2025**
- Patient Experience:
 - CG CAHPS –Providers will be notified of their qualification status in **May 2025**
 - Survey Option - Part 1 is **Due July 31st**

Continuous Enrollment

Defined as member assignment to the **Parent Organization** for at least **nine** out of **12** months during MY2025



Month	Assigned: Pt. 1	Assigned: Pt. 2
January	Yes	Yes
February	Yes	Yes
March	No	No
April	Yes	No
May	No	No
June	No	Yes
July	Yes	Yes
August	Yes	No
September	Yes	Yes
October	Yes	Yes
November	Yes	Yes
December	Yes	Yes
Total/Denom Status	9 months, YES	8 months, NO

Relative Improvement (RI)

- Available for existing/second year measures for each practice type
- A site's performance on a measure must meet the 75th percentile target in order to be eligible for RI points on the measure

AND

- Have an **RI score of 15%** or higher, ending up thereby achieving performance equal to or exceeding between the 75th percentile and not exceeding the 90th percentile, to earn full points.

$$\frac{(\text{Current year performance}) - (\text{previous year performance})}{(100 - \text{Previous year performance})} \times 100$$

Payment Methodology

Core Measurement Set (Clinical and Non-Clinical):

- 1. Points Earned:** the number of points a site earns out of the total points distributed across the core measurement set
- 2. Member Months:** the sum of monthly enrollment counts over the course of the 12- month measurement period
 - Example: If a site has 1,000 members each month, for the full measurement year the site has accumulated 12,000 member months (1,000 X 12)
- 3. PMPM (Per Member Per Month):** amount budgeted for incentive payment. The number of member months is multiplied by the site's PMPM to determine the maximum amount an individual site can earn. This amount is then multiplied by the total points earned through the core measurement set.

Unit of Service (UOS) measurement set:

- UOS payment is independent from the financial incentive calculated for the Core Measurement Set.
- A PCP site receives payment according to the measure specifications if the requirements for at least one (1) Unit of Service measure are met.



Payment Methodology

PMPM Determination

The methodology for calculating the PCP site PMPM amount will have two (2) components:

- 1) A base rate of \$4 PMPM minimum.
- 2) A site adjusted supplemental rate. This rate may range from an additional \$0 (\$4 PMPM minimum) to a maximum of approximately \$20 PMPM.

Below are the weighted percentage breakdown of the Core Adjustments:

Percentage Weight	Equity Adjustment Factor
40%	Acuity Adjustment (2 components: 20% each)
20%	Socio-demographic risk factors
20%	Difficulty in Recruiting PCPs (2 components: 10% each)
20%	Below Average Resources



Payment Methodology Factor Breakdown

The following six factors will be used to generate the site adjusted supplemental rate:

- **Factors 1a & 1b (Core Adjustment)**
 - An adjustment for the severity of the patient mix of the site, based on an estimate of the additional workload of caring for that patient population
- **Factor 2 (Core Adjustment)**
 - An adjustment for unfavorable socio-demographic mix of patient population
- **Factors 3a & 3b (Core Adjustment)**
 - An adjustment for the difficulty in hiring primary care clinicians at the site
- **Factor 4 (Core Adjustment)**
 - An adjustment for low practice resources
- **Factor 5 (Supplemental Adjustment)**
 - An adjustment for major disruptions in service related to natural disasters
- **Factor 6 (Supplemental Adjustment)**
 - An adjustment to support pediatric access for sites meeting certain criteria

2025 PCP QIP Core Measurement Set





2025 Measurement Set Programmatic Changes

Clinical Measures

- **New:**

- Chlamydia Screening (16-20yo) (Pediatrics)
- Well-Child Visits in the First 15-30 Months of Life (Pediatrics)
- Reduction of Healthcare Disparity (Participation is optional) (Family Practice, Internal Medicine, and Pediatrics)

- **Monitoring Measures:**

- Breast Cancer Screening (40-49yo) (Family Practice & Internal Medicine)
- Chlamydia Screening (Family Practice 16-24yo & Internal Medicine 21-24yo)
- Well-Child Visits in the First 15-30 Months of Life (Family Practice)
- Topical Fluoride in Children (Family Practice & Pediatrics)

Non-Clinical Measures

- **New:**

- Follow-up within 7 days after Hospital Discharge (Family Practice & Internal Medicine)

- **Measure(s) Removed:**

- Risk Adjusted Readmission Rate (RAR)





2025 Measurement Set Programmatic Changes

- **Changes:**

- Patient Experience: (Family Practice, Internal Medicine, and Pediatrics)
 - Added links to measure resources and member benefits located on the PCP QIP webpage.
 - Added a second survey and results example focusing on the member experience directly with their personal doctor.

Unit of Service Measures

- **New:**
 - Academic Detailing
- **Changes:**
 - Peer-Led and Pediatric Group Visits: Expanding the qualifying pediatric well child group visit to include both Well-Child Visits in the First 15 months of Life and Well-Child Visits in the First 15-30 Months of Life.
- **Measure(s) Removed:**
 - Dental Fluoride Varnish

Targets

- **Changes:**
 - Partial Points raised to 75th Percentile
 - Full Points raised to 90th Percentile
 - Exception to this change are new measures





2025 PCP QIP Clinical Measurement Set

CLINICAL DOMAIN								
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	
✓	✓		Comprehensive Diabetic Care - HbA1c Control	CHRONIC DISEASE MANAGEMENT	18 - 75 YRS	PLEASE SEE DETAILED PCP QIP 2025 MEASURE SPECIFICATIONS IN eREPORTS		
✓	✓		Comprehensive Diabetic Care - Retinal Eye Exam		18 - 75 YRS			
✓	✓		Controlling High Blood Pressure		18 - 85 YRS			
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS			
✓	✓		Breast Cancer Screening		50 - 74 YRS			
✓	✓		Cervical Cancer Screening		21 - 64 YRS			
✓		✓	Childhood Immunization Status - Combination 10		2 YRS			
		✓	Chlamydia Screening		16-20 YRS			
✓		✓	Lead Screening in Children		0-2YRS			
✓	✓		Colorectal Cancer Screening		45 - 75 YRS			
✓	✓	✓	Reducing Healthcare Disparity *Optional Measure*		ALL AGES			
✓		✓	Child and Adolescent Well Care Visit		UTILIZATION			3 - 17 YRS
✓		✓	Well Child Visits in the First 15 Months of Life					15 MONTHS
		✓	Well Child Visits in the First 15-30 Months of Life	15-30 MONTHS				

***New measures are eligible for full points only, no partial points available. New measure full point target is set at the 50th percentile.*



2025 PCP QIP Clinical Monitoring Measurement Set

CLINICAL DOMAIN MONITORING MEASURES							
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS	
FAMILY	INTERNAL	PEDS				FULL	PARTIAL
✓	✓		Breast Cancer Screening	PREVENTATIVE SCREENINGS	40 - 49 YRS	PLEASE SEE DETAILED PCP QIP 2025 MEASURE SPECIFICATIONS IN eREPORTS	
✓			Chlamydia Screening		16 - 24 YRS		
	✓		Chlamydia Screening		21 - 24 YRS		
✓		✓	Topical Fluoride in Children		1 - 4 YRS		
✓			Well Child Visits in the First 15-30 Months of Life	UTILIZATION	15-30 MONTHS		



2025 PCP QIP Non-Clinical Measurement Set

PRACTICE TYPE			NON-CLINICAL			
FAMILY	INTERNAL	PEDS				
APPROPRIATE USE OF RESOURCES						
✓	✓		Ambulatory Care Sensitive Admissions	FULL POINT TARGET TBD (TBD Percentile)	PARTIAL POINT TARGET TBD (TBD Percentile)	
✓	✓		Hospital Follow Up 7 Days after Discharge	FULL POINT TARGET SCORE TBD	PARTIAL POINT TARGET TBD	
ACCESS AND OPERATIONS						
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET TBD (TBD Percentile)	PARTIAL POINT TARGET TBD (TBD Percentile)	
✓	✓	✓	PCP Office Visits	FULL POINT TARGET TBD	PARTIAL POINT TARGET TBD	
PATIENT EXPERIENCE						
✓	✓	✓	Patient Experience	CAHPS	ACCESS	COMMUNICATIONS
					FULL POINTS 50TH Percentile (44.55%)	FULL POINTS 50TH Percentile (74.70%)
				PARTIAL POINTS 25TH Percentile (36.39%)	PARTIAL POINTS 25TH Percentile (64.70%)	
				SURVEY OPTION	FULL POINTS	PARTIAL POINTS
PARTS 1 AND 2	PARTS 1 OR 2					

TBD targets will be communicated in March





2025 PCP QIP

Unit of Service Measurement Set

Measure	Incentive
Advance Care Planning	<p>Minimum 1/1000th (0.001%) of the sites assigned monthly membership 18 years and older for:</p> <ul style="list-style-type: none"> • \$100 per Attestation, maximum payment \$10,000 per site • \$100 per Advance Directive/POLST, maximum payment \$10,000 per site
Extended Office Hours	<p>For Capitated PCPs only. Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification). Non-capitated PCPs will have additional funding added to the Core measure set.</p>
PCMH Certification	\$1000 yearly per site, for achieving or maintaining PCMH accreditation.
Peer-led & Pediatric Group Visits	\$1000 per group, either new or existing. (Maximum of 15 groups per parent organization).
Health Information Exchange	<p>One time \$3000 incentive for signing on with a local or regional health information exchange; Annual \$1500 incentive for showing continued participation with a local or regional health information exchange. This incentive is available at the parent organization level.</p>
Health Equity	\$2000 per parent organization for submission of Health Equity implementation initiative or an annual updated Health Equity report.
Tobacco Screening	\$5.00 per tobacco use screening or counseling of members 11– 21 years of age after 3% threshold of assigned members screened.





2025 PCP QIP

Unit of Service Measurement Set

Measure	Incentive
Electronic Clinical Data System (ECDS)	<p>Maximum of \$5,000 per parent organization.</p> <p>Allowance of data exchange from Provider Electronic Health Records to Datalink to capture clinical screenings, follow-up care and outcomes. Participation to include data collection of specific clinical components for all Partnership members within your organization.</p> <ol style="list-style-type: none"> 1. \$2,000 per Parent Organization who signs an agreement with Datalink to allow the extraction of HEDIS data by September 30, 2025. Agreements signed after September 30, 2025, will be eligible for half payment (\$1,000) through December 31, 2025 2. An additional \$3,000 per Parent Organization when Datalink receives HEDIS data abstraction successfully from EMR by October 31, 2025, and the Parent Organization responds timely to request for verification.
Early Administration of 1 st HPV Dose	Administer the first HPV dose by the age of 12 to have the required 6-month pause between the first and 2 nd dose and another 6 months to administer the 2 nd HPV dose before the 13 th birthday \$50 per HPV dose given before age 12 after 5% threshold of assigned members completed administration.
Early Administration of Initial Flu Vaccine Series (Two Doses)	Early administration of influenza <i>and</i> to complete administration of the 2 nd dose within 60 calendar days of the 1 st dose. \$50 per two dose series completed by 15 months of age, with the 2 doses up to 60 days apart after 5% threshold of assigned members completed administration.
Academic Detailing New Measure!	\$2,500 bonus for scheduling & hosting academic detailing meetings with at least one provider for each site, with a minimum of one Medical Director, one Pharmacist (where applicable) & QI team and Partnership HealthPlan pharmacist/medical director present. There is a two-part meeting requirement for the incentive: First meeting to review the data (\$2500) and Second meeting to follow-up for feedback (\$1000). If a pharmacy academic meeting is scheduled with only one medical director at the first initial meeting, only \$500 will be given.



What Performance Tracking Tools Does Partnership Offer?

- eReports
- Partnership Quality Dashboard (PQD)
- Preventative Care Dashboard
- Disparity Dashboard
- Online Resources



eReports



QIP e-Reports

Sign in with your organizational account

Log In

Sign Up:

New user, email QIP Team at qip@partnershiphp.org for your site's registration Key. Click [here](#) to register with a registration Key.

[Can't access your account?](#)

eReports web address: <https://qip.partnershiphp.org/>

PCP QIP Detailed Specifications Manual via eReports


QIP Site:

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- eAdmin
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates

Adobe Acrobat: PDF edit, convert, sign tools | chrome-extension://efaidnbmninnbpcapjgclclefindmkaj/https://qip.partnershiphp.org/qipdata/specs/2023%20PCP%20QIP%20Measure%20Sp

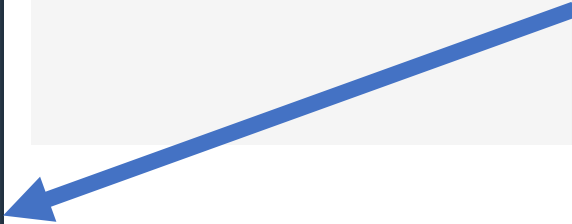

qip.partners... / 2023 PCP QIP ...L_9.11.23_V2 Desktop

ALL PRACTICE TYPES



**Primary Care Provider
Quality Incentive Program (PCP QIP)
Detailed Specifications**
Published: December 31, 2024
Revised:

2025
MEASUREMENT YEAR



PQD via eReports

ATHENA NAMPRASEUT
QIP Site: Log Out

QIP - eReports

"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."

GROUP NAME:

Select a PCP Select Provider Clear

Measure	QIP Score	Numerator	Denominator	25th Threshold	75th Threshold %	75th(Target/Achieved)
<i>No members found for the selected measure...</i>						

Refresh

Advanced Care Planning

- Templates
- PHC Internal User Menu
- Partnership Quality Dashboard
- Preventive Care Reports

PQD - Homepage

Partnership HealthPlan of California
Quality Dashboard
Home

- PQD is an online platform that integrates many sources of quality performance data to enable PCPs and PHC staff to prioritize, inform and evaluate quality improvement efforts.
- QIP data is updated monthly on the 10th in PQD.
- Please reach out to PQD team (PQD@partnershiphp.org) for any questions.



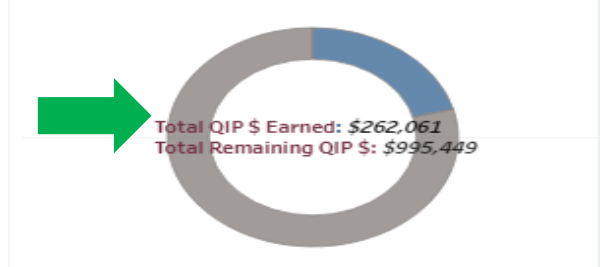
Status
 ESTIMATED

Refresh Date
 May-23

Members
 11,484

Claims Timeliness
 98.53% (Excellent)
 (16,219/16,461)

Payment Status
 Your organization has earned 20.84% of your Total Possible QIP \$.



You have earned 20.99% of your possible points. The Planwide Average to date is 22.62% giving you an Overall Rank of 52 out of 99 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.



Parent Organization Name
Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	PO Partial Points NNT	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$	Progress
ACS_ADMISSION	8.88	N/A	N/A	N/A	\$58,976	\$10,886	44 / 92
Asthma Medication Ratio	64.79	64.26	3	4	\$18,521	\$65,313	64 / 86
Avoidable ED/1000	9.92	N/A	N/A	N/A	\$15,434	\$54,428	56 / 99
Breast Cancer Screening	43.79	50.95	54	96	\$0	\$83,834	35 / 91
Cervical Cancer Screening	45.29	57.64	388	541	\$0	\$83,834	37 / 92
Child and Adolescent Well Care Visits	24.02	48.93	890	1195	\$0	\$125,751	8 / 76
Childhood Immunization Status CIS 1	19.72	34.79	33	49	\$0	\$83,834	18 / 72
Colorectal Cancer Screening	23.94	40.23	214	392	\$0	\$69,862	60 / 91
Controlling High Blood Pressure	51.96	59.85	49	82	\$0	\$83,834	2 / 89
Diabetes - HbA1C Good Control	31.03	60.10	182	209	\$0	\$83,834	35 / 89
Diabetes - Retinal Eye exam	31.03	51.09	N/A	126	\$0	\$69,862	46 / 89
Immunization for Adolescents IMA 2	46.52	35.04	0	0	\$83,834	\$0	7 / 75
PCP Office Visits	1.99	N/A	N/A	N/A	\$69,862	\$0	54 / 99
RAR_READMISSION	1.27	N/A	N/A	N/A	\$15,434	\$54,428	61 / 92
Well Child First 15 Months	22.73	55.72	30	35	\$0	\$125,751	11 / 65





eReports and Partnership Quality Dashboard Comparison

	eReports	PQD
Real-Time Data Monitoring	Yes	No
Historical Data Monitoring	No	Yes
Measure Set (s)	Clinical	Clinical & Non-Clinical
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Twice a week (Tues & Thurs)	Monthly (10 th of each month)
Target User(s)	QI Teams	Executive/QI Leadership Teams



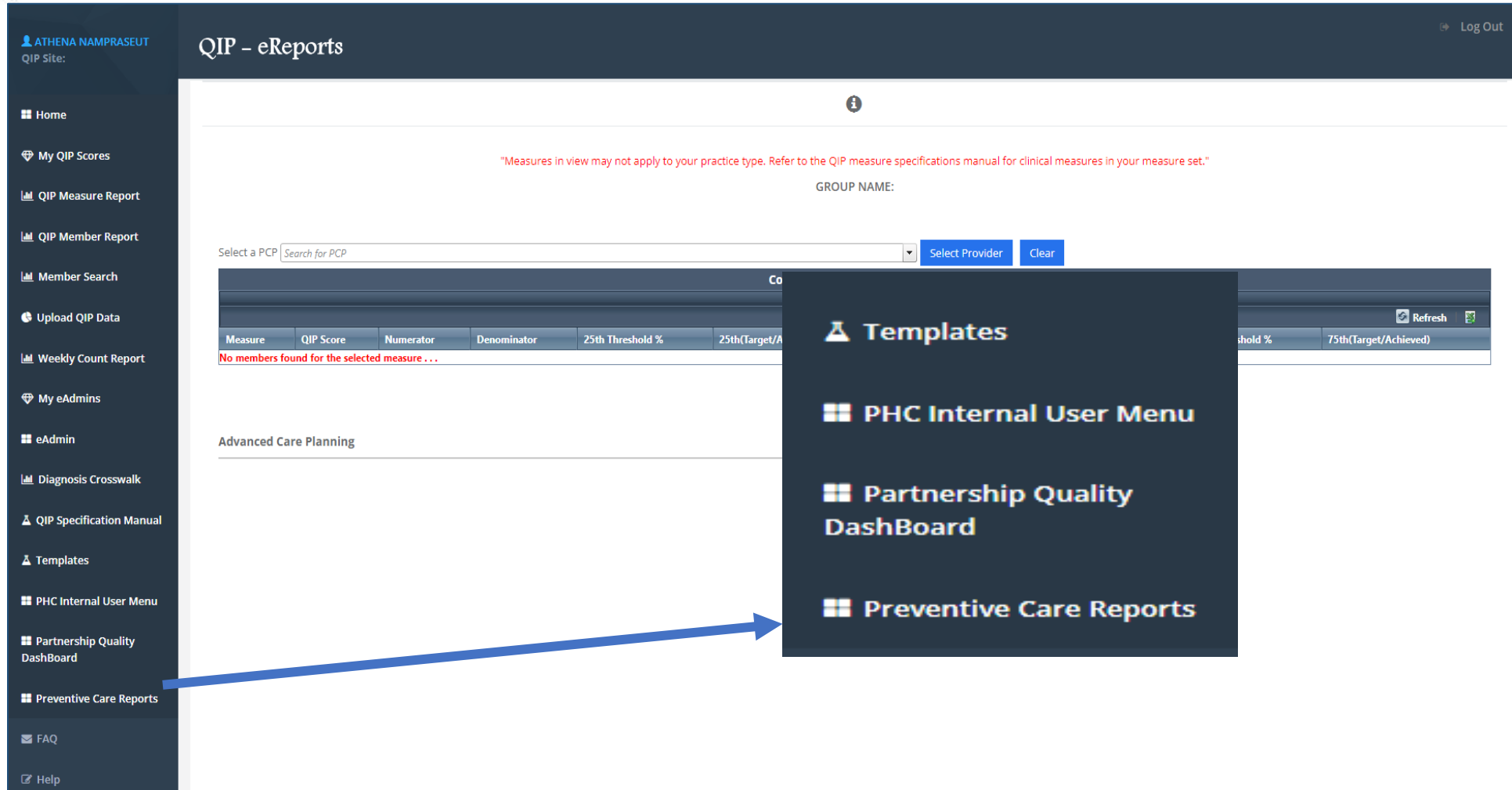
eReports – Upload Schedule

2025 PCP QIP - eREPORTS UPLOAD SCHEDULE

CLINICAL MEASUREMENT SET:

Cervical Cancer Screening Childhood Immunization Status - Combo 10 Comprehensive Diabetes Care - Retinal Eye Exams Colorectal Cancer Screening Lead Screening in Children Immunizations for Adolescents - Combination 2	MAR 01, 2025 - JAN 31, 2026	
Comprehensive Diabetes Care - HbA1c Control (A1c) Controlling High Blood Pressure Well-Child Visits in the First 15 Months of Life Well-Child Visits in the First 15-30 Months of Life NEW		OCT 01, 2025 - JAN 31, 2026
Breast Cancer Screening Breast Cancer Screening 40-49 (monitoring) NEW Child and Adolescent Well Care Visits Chlamydia Screening NEW Topical Fluoride in Children (monitoring) NEW		JAN 12, 2026 - JAN 31, 2026

Preventive Care Dashboard via eReports



The screenshot shows the 'QIP - eReports' dashboard. On the left is a dark sidebar with a navigation menu. The main content area has a header with the user name 'ATHENA NAMPRASEUT' and 'QIP Site:'. Below the header is a message: '"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."' followed by a 'GROUP NAME:' label. There is a search bar for 'Select a PCP' with a 'Search for PCP' placeholder, a 'Select Provider' button, and a 'Clear' button. Below this is a table with columns: Measure, QIP Score, Numerator, Denominator, 25th Threshold %, and 25th(Target/Achieved). A red message states 'No members found for the selected measure...'. Below the table is a section for 'Advanced Care Planning'. A dark overlay menu is positioned over the right side of the dashboard, listing: Templates, PHC Internal User Menu, Partnership Quality Dashboard, and Preventive Care Reports. A blue arrow points from the 'Partnership Quality Dashboard' menu item in the sidebar to the 'Partnership Quality Dashboard' item in the overlay menu.

ATHENA NAMPRASEUT
QIP Site:

Home
My QIP Scores
QIP Measure Report
QIP Member Report
Member Search
Upload QIP Data
Weekly Count Report
My eAdmins
eAdmin
Diagnosis Crosswalk
QIP Specification Manual
Templates
PHC Internal User Menu
Partnership Quality Dashboard
Preventive Care Reports
FAQ
Help

QIP - eReports

Log Out

"Measures in view may not apply to your practice type. Refer to the QIP measure specifications manual for clinical measures in your measure set."

GROUP NAME:

Select a PCP Search for PCP Select Provider Clear

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)
No members found for the selected measure...					

Advanced Care Planning


Templates
PHC Internal User Menu
Partnership Quality Dashboard
Preventive Care Reports

Preventive Care Dashboard - Summary

Preventive Care Reports

View: Original
Share

Summary Information
CIS_0-2 Yrs
IMA_9-13 Yrs
6+Visits by 15Months
Annual Well Care Visits



Preventive Care Reports

These reports are supplemental to eReports and do not indicate measure compliance. The source of data is PHC's administrative data only. Dates of service that have been uploaded into eReports are not visible in these reports.

Immunization Dose Reports
The intent of the immunization dose reports is to enhance visibility of immunizations given, including for members not yet in the annual denominators for the Child Immunization Status and Immunizations for Adolescents measures. Data sources for this report include California Immunization Registry (CAIR) data, PHC's claims and encounter data, and immunization data received through PHC's Clinical Data Repository.

Well Care Reports
Like the Immunization reports, Well Care reports promote visibility of well visits completed for members who are not yet in the denominator for the Well Child Visits in the First 15 Months and the Child and Adolescent Well Care measures. The data source for these reports is PHC's claims and encounter data. Note that dates of service must be a minimum of 14 days apart to count towards numerator compliance.

Recommended Use

- Use reports to engage with members sooner, to help keep members on track with recommended immunization schedules and well care visits.
- Review service dates against measure requirements, to determine if members still require additional dates of service before aging out of the measure.
- If immunization dates of service are not captured on this report, please report them in CAIR. This will help to ensure data is captured administratively in eReports.

Important Notes

- Reports may not include recent dates of service due to claims lag (up to 3 months) and the timeframe by which PHC integrates CAIR data (typically a 4-6 week lag).
- Duplicate immunization dates, or dates of service close in time may be represented as separate immunizations on the report, depending on how records were entered in CAIR or services were billed. Confirm all service dates in eReports and against measure specification to ensure compliance.

Frequently Asked Questions

Q. Members with letter "E" in their Client ID Number (CIN) show up with scientific notation formatting when I download the report.
A. This is due to Excel's auto-formatting. To fix this, open a new workbook and import the downloaded immunization report as a text file.

- Select the Data tab from the ribbon
- Select 'From Text' under Get External Data menu
- Locate your report from the folder it was downloaded to. Click Import.
- Use the Import Wizard to import the file
 - Step 1. Delimited data type (Next)
 - Step 2. Tab delimited check (Next)
 - Step 3. Highlight the column for CIN and change the column data format to Text (Finish, OK)

Q. Why are there more or less columns in the report for each vaccine-type than number of doses required for the series?
A. The number of immunization columns reflects the maximum number of dates of service for any given member in the report. If none of the members had any doses under a vaccine-type, there will be no placeholder columns for that vaccine. If a single member had many different dose dates under a series, that number of columns will display under the series. To confirm the number of required doses in a series refer to the QIP measure specifications document for Childhood Immunization Status and Immunizations for Adolescents measures.

Q. The columns showing dates of service are not in a standard date format when I export the dose report.
A. To fix this, highlight all columns in the exported report that should show dates of service. On the Excel ribbon, change the format from General to Short Date.

Preventive Care Dashboard – Supplemental Reports


QIP - eReports

Preventive Care Reports

View: Original

Share

Summary Information
CIS_0-2 Yrs
IMA_9-13 Yrs
6+ Visits by 15Months
Annual Well Care Visits



Vaccine Dose Report

Childhood Immunization Status - Combo 10 (CIS-10)
Immunization Dates of Service

Export Instructions:
 -Select PCP(s) and apply age filter if preferred.
 -Click anywhere in the gray space below the "Updated" date to actively select the data.
 -Click the download button from the menu bar above and export the report as a crosstab to view the report in Excel.

Urgency Flag:

- Very Urgent: Members turning 2 in the upcoming 4 months
- Urgent: Members turning 2 in 5 -7 months
- To be Evaluated: Members turning 2 in 8 – 21 months
- Newborn – To be Evaluated: Members born in the past 3 months

Share

- Image
- Data
- Crosstab
- PDF
- PowerPoint

Year of Age 2

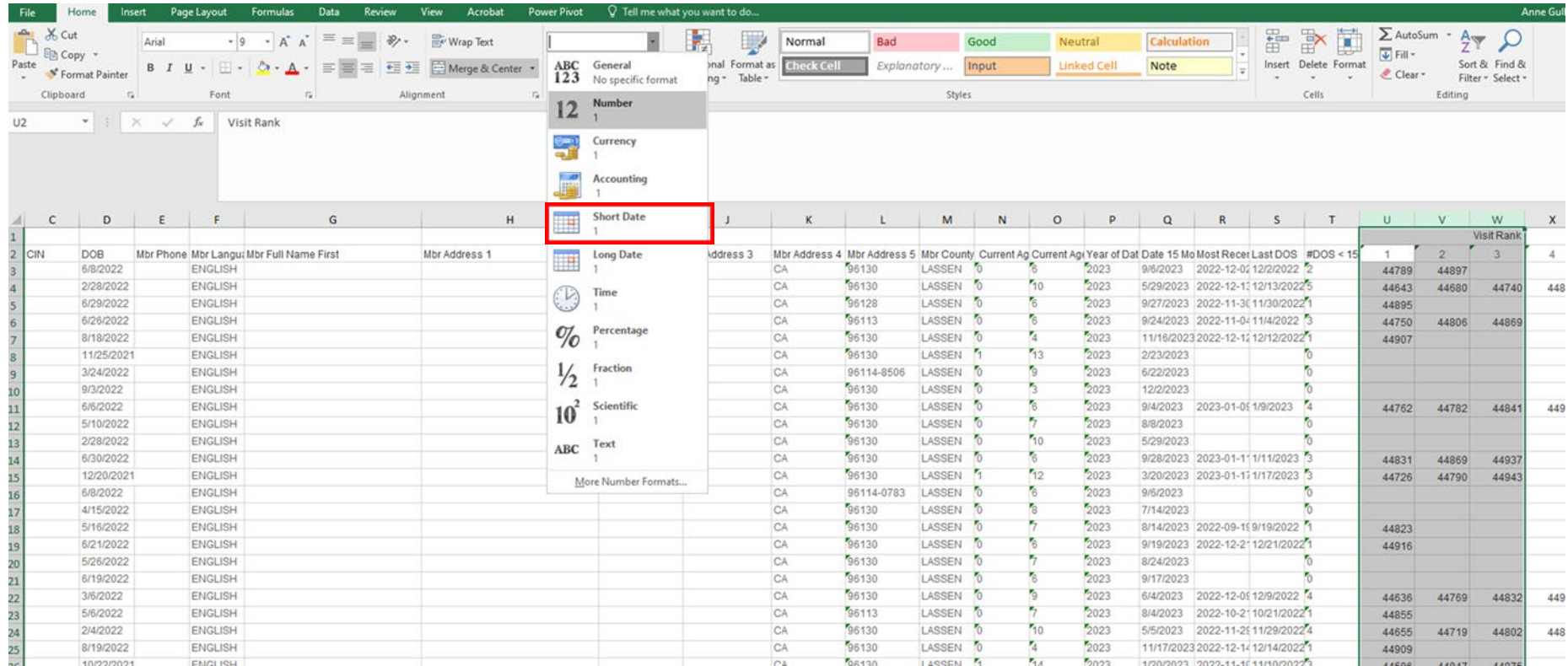
(All) (All) 2021 2022 2023 2024

PCP Name - ID#

(All)

PCP Name - ID#	Mbr CIN	Mbr DOB	Current Age (Months)	Month of Age 2	Urgency	Phone	Mbr Full Name First	Address	Hep A Illness	Hep B Illness	Measles Illness	Mumps Illness	Rubella Illness	VZV Illness	Null	DTaP1	DTaP2	DTaP3
		12/7/2019	37	December 2	Over 2 Years	(530)			Null	Null	Null	Null	Null	Null		2/10/2020	4/10/2020	6/10/2020
		2/16/2021	23	February 2	Very Urgent	(530)			Null	Null	Null	Null	Null	Null				
		2/22/2019	47	February 2	Over 2 Years				Null	Null	Null	Null	Null	Null		4/23/2019	7/2/2019	10/1/2019
		6/18/2021	19	June 2023	Urgent				Null	Null	Null	Null	Null	Null		8/13/2021	11/3/2021	1/21/2022
		4/18/2020	33	April 2022	Over 2 Years	(530)			Null	Null	Null	Null	Null	Null		7/7/2020	9/28/2020	12/1/2020
		3/15/2021	22	March 2023	Very Urgent				Null	Null	Null	Null	Null	Null		5/17/2021	7/21/2021	11/8/2021
		6/8/2022	7	June 2024	To Be Evalu...	(530)			Null	Null	Null	Null	Null	Null		8/16/2022	12/2/2022	
		4/13/2019	45	April 2021	Over 2 Years	(530)			Null	Null	Null	Null	Null	Null		6/21/2019	8/26/2019	11/4/2019
		2/28/2022	11	February 2	To Be Evalu...	(530)			Null	Null	Null	Null	Null	Null		4/29/2022	6/28/2022	8/30/2022
		12/29/2020	25	December 2	Over 2 Years				Null	Null	Null	Null	Null	Null		3/12/2021	5/14/2021	8/13/2021
		6/29/2022	7	June 2024	To Be Evalu...	(530)			Null	Null	Null	Null	Null	Null		9/28/2022	11/30/2022	
		7/20/2019	42	July 2021	Over 2 Years	(831)			Null	Null	Null	Null	Null	Null		12/31/2019	2/6/2020	3/12/2020
		6/26/2022	7	June 2024	To Be Evalu...				Null	Null	Null	Null	Null	Null				
		8/18/2022	5	August 2024	To Be Evalu...	(530)			Null	Null	Null	Null	Null	Null				

Preventive Care Dashboard – Supplemental Reports



The screenshot shows an Excel spreadsheet with a dropdown menu for cell formatting. The 'Short Date' option is highlighted with a red box. The spreadsheet contains columns for member information and visit ranks.

	C	D	E	F	G	H	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
	CIN	DOB	Mbr Phone	Mbr Lang	Mbr Full Name First	Mbr Address 1	Address 3	Mbr Address 4	Mbr Address 5	Mbr County	Current Ag	Current Ag	Year of Dat	Date 15 Mo	Most Recer	Last DOS	#DOS < 15	1	2	3	4
3		6/8/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	9/8/2023	2022-12-04	12/2/2022	2	44789	44897		
4		2/28/2022		ENGLISH				CA	96130	LASSEN	0	10	2023	5/29/2023	2022-12-11	12/13/2022	5	44643	44680	44740	448
5		6/29/2022		ENGLISH				CA	96128	LASSEN	0	6	2023	9/27/2023	2022-11-30	11/30/2022	1	44895			
6		6/26/2022		ENGLISH				CA	96113	LASSEN	0	6	2023	9/24/2023	2022-11-04	11/4/2022	3	44750	44806	44869	
7		8/18/2022		ENGLISH				CA	96130	LASSEN	0	4	2023	11/16/2023	2022-12-11	12/12/2022	1	44907			
8		11/25/2021		ENGLISH				CA	96130	LASSEN	1	13	2023	2/23/2023			0				
9		3/24/2022		ENGLISH				CA	96114-8506	LASSEN	0	9	2023	6/22/2023			0				
10		9/3/2022		ENGLISH				CA	96130	LASSEN	0	3	2023	12/2/2023			0				
11		6/6/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	9/4/2023	2023-01-05	1/9/2023	4	44762	44782	44841	449
12		5/10/2022		ENGLISH				CA	96130	LASSEN	0	7	2023	8/8/2023			0				
13		2/28/2022		ENGLISH				CA	96130	LASSEN	0	10	2023	5/29/2023			0				
14		6/30/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	9/28/2023	2023-01-11	1/11/2023	3	44831	44869	44937	
15		12/20/2021		ENGLISH				CA	96130	LASSEN	1	12	2023	3/20/2023	2023-01-11	1/17/2023	3	44726	44790	44943	
16		6/8/2022		ENGLISH				CA	96114-0783	LASSEN	0	6	2023	9/6/2023			0				
17		4/15/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	7/14/2023			0				
18		5/16/2022		ENGLISH				CA	96130	LASSEN	0	7	2023	8/14/2023	2022-09-15	9/19/2022	1	44823			
19		6/21/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	9/19/2023	2022-12-21	12/21/2022	1	44916			
20		5/26/2022		ENGLISH				CA	96130	LASSEN	0	7	2023	8/24/2023			0				
21		6/19/2022		ENGLISH				CA	96130	LASSEN	0	6	2023	9/17/2023			0				
22		3/6/2022		ENGLISH				CA	96130	LASSEN	0	9	2023	6/4/2023	2022-12-05	12/9/2022	4	44636	44769	44832	449
23		5/6/2022		ENGLISH				CA	96113	LASSEN	0	7	2023	8/4/2023	2022-10-21	10/21/2022	1	44855			
24		2/4/2022		ENGLISH				CA	96130	LASSEN	0	10	2023	5/5/2023	2022-11-25	11/29/2022	4	44655	44719	44802	448
25		8/19/2022		ENGLISH				CA	96130	LASSEN	0	4	2023	11/17/2023	2022-12-14	12/14/2022	1	44909			

Disparity Dashboard

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- My eAdmins
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- Partnership Quality Dashboard
- Preventive Care Reports
- Disparity Analysis Dashboard**

Disparity Analysis Dashboard

Partnership HealthPlan of California
Quality Dashboard
Disparity Analysis - Measure and Race Geo Drilldown

Filters and Breakouts to Modify the Table Display

Refresh Date: Apr 24 | Measure Name: (All) | Provider Name: (All) | Race/Ethnicity Group: (All) | Denominator Size: (All)

Geo Breakout 1: None | Geo Breakout 2: None

Color Legend: Below MPI (orange), 50th (light blue), 75th (medium blue), 90th (dark blue)

Length of the horizontal color bar represents denominator size in log scale.

EXAMPLE

Measure Name	Geo Breakout 1	None	BLACK	EAST ASIAN	HISPANIC	NATIVE AMERICAN	OTHER	SOUTH ASIAN	SOUTHEAS ASIAN	UNKNOWN	WHITE
Breast Cancer Screening	None	33.33	33.64	48.98	58.74	25.00	40.24	48.39	42.14	46.81	37.50
Cervical Cancer Screening	None	39.58	44.44	34.75	45.84	34.04	46.74	50.35	42.09	42.45	39.15
Child and Adolescent Well Care Visits	None	7.58	12.17	8.11	16.09	11.76	12.10	11.40	16.06	13.32	11.83
Childhood Immunization Status CIS 10	None	37.50	12.50		34.51		22.86	0.00	37.50	25.82	17.33
Colorectal Cancer Screening	None	24.71	23.56	32.43	31.36	27.50	31.02	31.36	34.60	30.41	27.91
Controlling High Blood Pressure	None	6.90	7.14	0.00	7.62	0.00	8.75	7.81	4.61	4.46	10.60
Diabetes - HbA1C Good Control	None	26.42	14.00	37.50	19.08	0.00	22.62	13.43	26.73	15.20	23.54
Diabetes - Retinal Eye exam	None	26.42	24.00	37.50	21.19	14.29	21.43	26.87	38.61	21.57	20.90
Immunization for Adolescents IMA 2	None	14.29	19.35	80.00	51.93	0.00	23.40	7.78	33.33	26.09	16.28
Lead Screening in Children	None	33.33	69.23		33.44		70.37	0.00	50.00	78.11	74.51
Well Child First 15 Months	None	0.00	16.67		15.61		16.67	42.86	0.00	17.14	17.65

- **Purpose:** The Disparity Dashboard can be used to promote ease of identification of PCP QIP measure performance across race/ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race/ethnicity group stratification.
- **Filters:** Change Refresh date (measurement year), Measure name, Parent Organization, Provider (site name), Race/Ethnicity Group and Denominator Size with the drop-down menu.
- View/Change the Geographic Breakout in 3 different ways: Sub Region, County, Parent Org, PCP name (site).
- Color-code measure performance against most recent HEDIS report-year NCQA Quality Compass benchmarks (Internal targets used for the Colorectal Cancer Screening measure).

Resources

PCP QIP Program:

<http://www.PartnershipHP.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

- Measure Specifications (abridged version)
- Code List (non-clinical code set)
- Webinars
- QI Newsletter

Partnership Improvement Academy:

<http://www.PartnershipHP.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx>

Resources

Patient Experience:

Partnership now offers additional resources focusing on how to prioritize the patient experience and enhance patient care!

- Measure Resources are available on the PCP QIP webpage [here](#).
- Resources include:
 - Patient Experience Background and Importance
 - CAHPS Survey Performance
 - Tips and Ideas
 - Provider Support
- Information on a list of covered services for Partnership members, such as, Routine and Preventative Care Services, Specialty Care Services, Transportation Services and more is available on the Partnership HealthPlan website [here](#).



Benefits

Routine and preventive care are covered services, as well as medically necessary services when given by a Partnership provider. Routine care helps you stay healthy and helps keep you from getting sick. Routine care includes preventive care. Preventive care includes routine checkups and helps prevent health problems or finds them before they become worse. Medically necessary services are reasonable services needed to protect your life, keep you from getting very ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

Some services need pre-approval from your provider and Partnership.

Partnership covers the basic health benefits and services listed below. Click the benefit or service for more information including if a pre-approval is needed.

Members with Limited Medi-Cal
 Coverage for some members only includes breast and cervical cancer treatment and/or long-term care services. This is decided by your local Medi-Cal office.

Visit your Member Handbook for a list of covered services (click here).

Alcohol and Drug Treatment	Mental Health Care
Behavioral Health Treatment (BHT)	Minor Consent Services
California Children's Services (CCS)	Outpatient Hospital Services
Care Coordination	Podiatry (foot care from a doctor of podiatry)
Case Management Services	Prenatal Care
Child Health and Disability Prevention (CHDP)	Prescription Drugs
Circumcision (routine)	Preventive (Well-Care) Services
Continuity of Care	Primary Care Services
Diabetes Prevention Program	Provisional Postpartum Care Extension Program
Durable Medical Equipment (DME)	Regional Center Services
Doula Services	Sensitive Services
Emergency Care	Skilled Nursing Care
Family Planning Services	Specialty Care
Health Education	Specialty Mental Health Services
Home Health Care	Transportation - Non-emergency medical
Hospice	Transportation - Non-medical
Inpatient Hospital Care	Vision Care
Medi-Cal Dental Program (Dental Services)	X-Rays and Lab Services
Medical Supplies	



Improvement Academy -Upcoming 2025 Trainings

Improving Measure Outcomes Webinar Series: February - April 2025

The **Improving Measure Outcomes Webinar Series** allows Quality Improvement teams to make knowledge actionable, improving quality service and clinical outcomes around specific measures of care.

Target Audience: Clinicians, practice managers, quality improvement teams, and staff who are responsible for participating and leading quality improvement efforts within their organization.

These learning sessions will cover Partnership's Primary Care Provider Quality Incentive Program measures. Content will focus on direct application on best practices including eliminating health disparities with examples from quality improvement teams who are doing the work.

Planned sessions include:

- February 12, 2025 - Pediatric Preventative Care for Ages 0 - 30 Months
- February 26, 2025 - Pediatric Preventative Care for Ages 3 - 17 years
- March 12, 2025 - Chronic Disease and Colorectal Cancer Screening
- March 26, 2025 - Perinatal Care and Chlamydia Screening
- April 9, 2025 - Breast and Cervical Cancer Screenings
- April 23, 2025 - Diabetes Control

**Sessions offered during the lunch hour and approximately 60 minutes in length. CME/CEs will be offered for live attendance.*

http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx

Questions: improvementacademy@partnershiphp.org



Improvement Academy -Upcoming 2025 Trainings

The ABCs of Quality Improvement is an in-person training designed to teach you the basic principles of quality improvement:

- Introduction to Quality Improvement and the Model for Improvement
- Learn how to create an Aim Statement (project goal)
- Learn how to use data to measure quality and drive improvement
- Tips for developing change ideas for improvement
- Testing changes via the Plan-Do-Study-Act cycle

Who Should Attend? This course is designed for clinicians, practice managers, quality improvement team members, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Date: Thursday, January 30, 2025

Time: 8 a.m. – 4 p.m.

Location: Ukiah Valley Conference Center

200 S. School Street, Ukiah

Registration and light breakfast from 8 – 8:30 a.m.

Lunch will be provided.

*The AAFP has reviewed ABCs of Quality Improvement (QI) and deemed it acceptable for AAFP credit. Term of approval is from 11/07/2024 to 11/07/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session ABCs of Quality Improvement (QI) is approved for 5.50 Live AAFP Prescribed credits.

**Provider approved by the California Board of Registered Nursing, Provider Number CEP16728, for 5.50 contact hours.

**Registration is
FREE**



Scan me

Email questions to improvementacademy@partnershiphp.org

Improvement Academy -Upcoming 2025 Trainings

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- Introduction to Quality Improvement and the Model for Improvement
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- Learn how to use data to measure quality and drive improvement
- Tips for developing change ideas for improvement
- Testing changes via the Plan-Do-Study-Act cycle

Who Should Attend? This course is designed for clinicians, practice managers, quality improvement team members, and staff who are responsible for participating and leading quality improvement efforts within their organization.

Date: Tuesday, March 25, 2025

Time: 8:30 a.m. – 4:30 p.m.

Location: The McConnell Foundation

800 Shasta View Dr, Redding

Registration and light breakfast from 8:30 – 9 a.m.

Lunch will be provided.

*The AAFP has reviewed ABCs of Quality Improvement (QI) and deemed it acceptable for AAFP credit. Term of approval is from 11/07/2024 to 11/07/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session ABCs of Quality Improvement (QI) is approved for 5.50 Live AAFP Prescribed credits.

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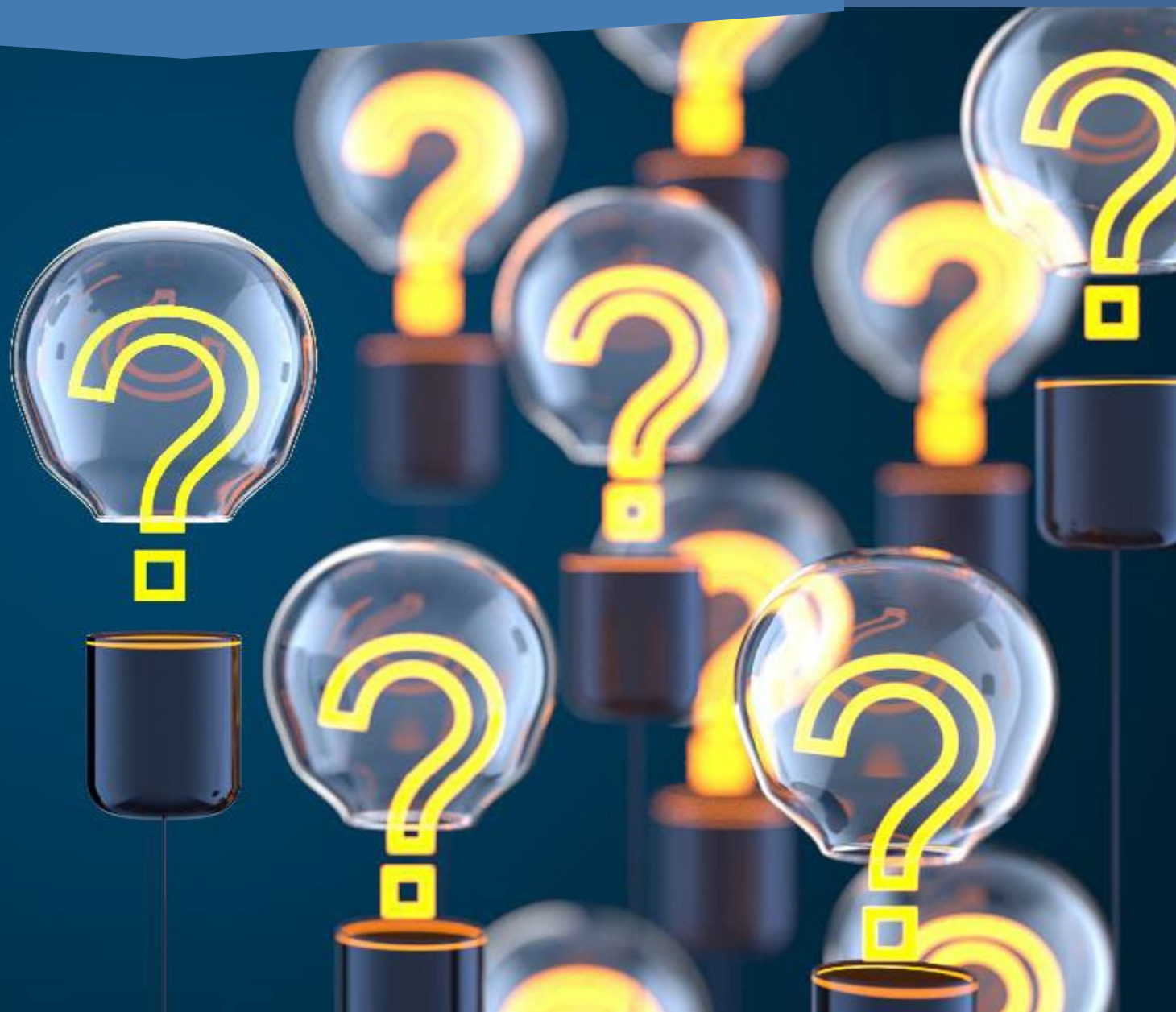


Scan me



Questions

Please feel free to contact
Partnership's QIP Team
at: QIP@PartnershipHP.org



Q – When will the final points achieved for 2024 PCP QIP be updated in eReports?

A – Final scores will be posted in eReports during the first week of February during the validation period. Note: Final Points are not viewable in eReports. Final points will be posted in PQD when it launches for MY2025 in May/June 2025.

Q – Did the Relative Improvement (RI) requirements change from earning points if you achieve performance equal to or exceeding between 50th percentile and not exceeding the 90th percentile change?

A – Yes. Requirements changed based upon on the changes made to the new measurement year targets. Partial points targets have been increased to 75th percentile so this changed the RI requirement for earning full points based on RI to the following:

- A site's performance on a measure must meet the 75th percentile target to be eligible for RI points on the measure
- Have an RI score of 15% or higher, as compared to the previous year's performance, ending up thereby achieving performance equal to or exceeding between the 75th percentile and not exceeding the 90th percentile, to earn full points.

Q&A

Q – Where can we find the supplemental rates for 2024 & 2025?

A – MY2024 PMPM rates will be available in PQD when it launches for the new measurement year in May/June 2025. MY2025 PMPM rates will not be available until the launch of PQD in 2026.

Q – How are unfavorable social-demographic risks measure and/or captured in Equity Adjustment?

A – This Factor 2 adjustment is reliant on California Healthy Places Index (HPI) data produced by the Public Health Alliance of Southern California (healthyplacesindex.org). Please visit the PCP QIP Equity Adjustment specifications [manual](#) for more information.

Q – For Topical Fluoride in Children, does the topical fluoride need to be administered during a medical visit? Does it count if done during a dental visit?

A – The applications can be given during either visit as long as the appropriate billing codes is used.

Q&A

Q – Where will we see the monitoring measures displayed in eReports?

A – On the eReports home page

Q – Why did the starting age range for the Breast Cancer Screening measure get bumped up to 50 years old?

A – It did not get bumped up. For the last few years, the BCS age range has started at age of 50 years. We recognize the USPSTF recommendations have opened the age range to include ages 40-74 years and we are allowing the MY2025 BCS 40-49yo monitoring measure to be a time of preparation for MY2026 when this age range will be included in the clinical core measure set.

Q – Is PQD going to be updated with December 2024 data?

A – Yes. PQD will be updated with December 2024 data within the next couple of weeks.

Q&A

Q – Can you please confirm if the denominators for the Chlamydia Screening measure will include ALL female patients ages 16-24 years, not just those who indicate they are sexually active?

A – Yes, the denominators for the Chlamydia Screening measure will include ALL female patients ages 16-24 years. Sexual activity is not a factor to pulling patients into the denominator.

Q - When will the targets be available for the 2025 QIP Program?

A – Targets will be available in our detailed specifications manual when eReports launches on March 3, 2025. If you would like them earlier, please send a request to the QIP inbox: qip@PartnershipHP.org . Since these targets are concerning proprietary information, they must be hidden behind a firewall so they will be sent via SECURE email.

Q – Aside from the ABC of QI trainings which will be held in Ukiah and Redding, will there be a third ABC of QI held anywhere else this year?

A – Please reach out to the [Improvement Academy](#) for information about these trainings.