



PARTNERSHIP

HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Primary Care Provider Quality Improvement Program (PCP QIP)

## Measurement Year 2024 Kick-Off

### QIP Program Managers

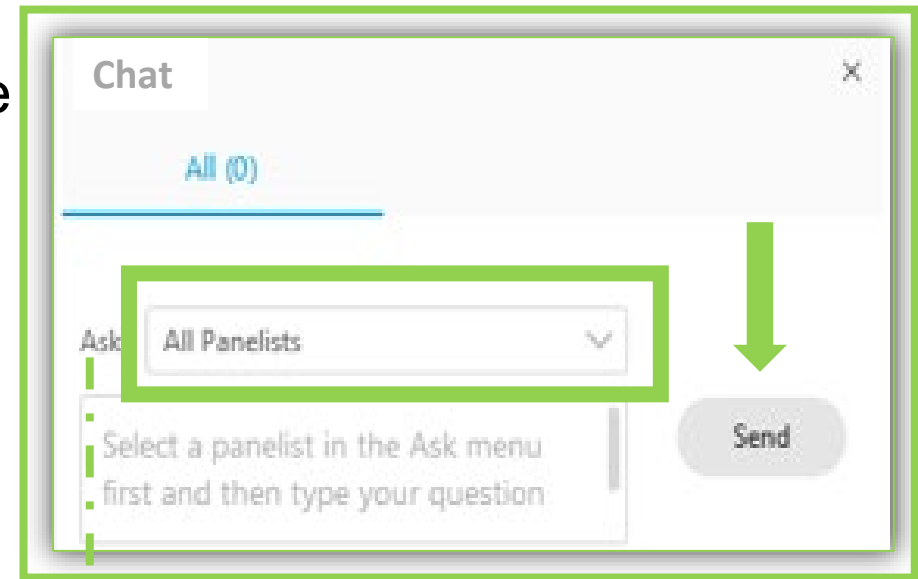
Amber Newell

Athena Beltran-Nampraseut

January 24, 2024

# 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 PHC & QIP
- QIP Timeline & Highlights
- Measurement Year 2024 Changes
  - Core Measurement Set
  - Unit-of-Service Measurement Set
- Resources
  - eReports
  - PQD
  - Preventive Care Dashboard
- Upcoming Training Events
- Q & A



## Partnership is a County Organized Health System (COHS) Plan

### Non-Profit Public Plan

Low administrative rate (4 percent) allows Partnership to have a higher provider reimbursement rate and support community initiatives

### Local Control and Autonomy

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.



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

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

1. Pay for outcomes, exceptional performance and improvement
2. Sizeable incentives
3. Actionable Measures
4. Feasible data collection
5. Collaboration with providers
6. Simplicity in the number of measures
7. Comprehensive measurement set
8. Align measures that are meaningful
9. Stable measures

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

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

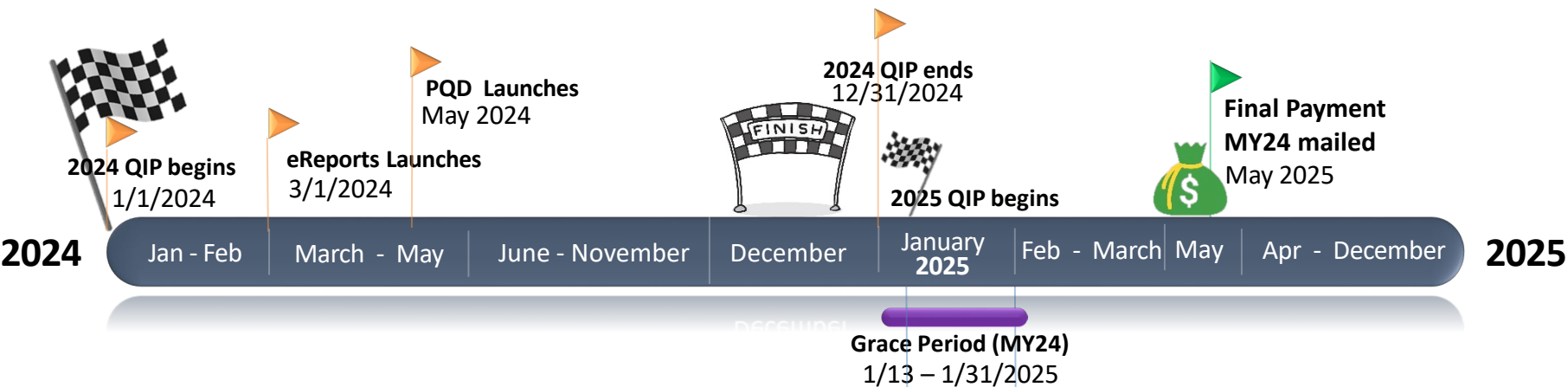
All primary care providers with Medi-Cal assigned members are automatically enrolled into the program

## QIP Structure

Core Measurement Set (2 Domains)

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

# PCP QIP Standard Timeline



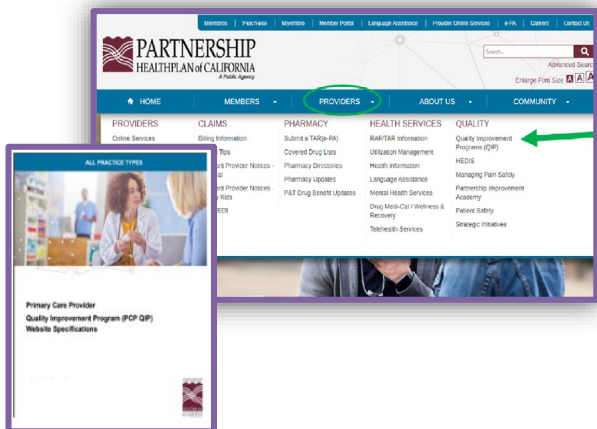
## Measurement Year

1/1/2024 - 12/31/2024

Final denominators posted on eReports

1/31/2025

Final date for submitting clinical data to eReports and accepting UOS submissions



## Measurement Year 2024 (MY2024)

January 1 – December 31, 2024

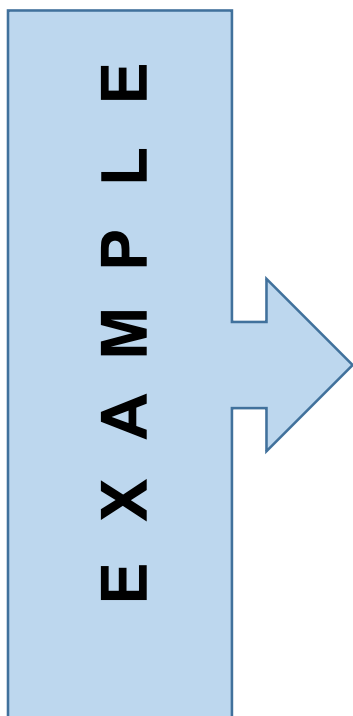
### Quarter 1 – Quarter 3

- eReports Launch: March 1st
  - Kick-Off Webinar – **February 20<sup>th</sup>** (Invites will be sent this week, 1/22-1/26)
- Partnership Quality Dashboard (PQD) Launch: May-Jun (**exact date TBD**)
  - Kick-Off Webinar – **May 8th** (Invites will be sent this week, 1/22-1/26)
- Patient Experience:
  - CG CAHPS – Qualifying Providers will be notified in **May 2024**
  - Survey Option - Part 1 is **Due July 31<sup>st</sup>**



# Continuous Enrollment

Defined as member assignment to the **Parent Organization** for at least **9** out of **12** months during MY2024



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, <b>YES</b>	8 months, <b>NO</b>

# Relative Improvement (RI)

- Available for existing/second year measures for each practice type
- A site's performance on a measure must meet the 50th 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 50th percentile and not exceeding the 90th percentile, to earn full points.

(Current year performance) – (previous year performance)

---

(100 – Previous year performance)

**\*\*RI for 2024 will not apply to New County Providers due to no baseline data\*\***

## 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 % of points earned through the core measurement set.

## Unit of Service (UOS) measurement set:

- UOS payment is independent of 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 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 (6) 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

# 2024 PCP QIP CORE MEASUREMENT SET



## Clinical Measures

- **New:**
  - Lead Screening in Children, formerly known as Blood Lead Screening (Family Practice & Pediatrics)
- **Measure Changes:**
  - Diabetic: HbA1c Good Control  $\leq 9$  & Retinal Eye Exams (Family Practice & Internal Medicine)
    - Denominator criteria requirement of diabetic diagnosis in addition to diabetic medication dispensing events
  - Cervical Cancer Screening (Family Practice & Internal Medicine)
    - Numerator criteria allow member collections
- **Measure(s) Removed:**
  - Asthma Medication Ratio (Family Practice, Pediatrics & Internal Medicine)

## Unit of Service Measures

- **New:**
  - Early Administration of the 1<sup>st</sup> HPV Dose
  - Early Administration of the Initial Flu Vaccine Series
- **Changes:**
  - Peer-Led Groups: added Pediatric group visits with separate submission template
- **Removed:**
  - Blood Lead Screening

**Note: No additions or changes were made to Non-Clinical Measures**

Eureka | Fairfield | Redding | Santa Rosa

# 2024 PCP QIP Clinical Measurement Set

CLINICAL DOMAIN								
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		
FAMILY	INTERNAL	PEDS				FULL (90th)	PARTIAL (50th)	
✓	✓		Comprehensive Diabetic Care - HbA1c Control	CHRONIC DISEASE MANAGEMENT	18 - 75 YRS	60.34%	52.31%	
✓	✓		Comprehensive Diabetic Care - Retinal Eye Exam		18 - 75 YRS	63.33%	52.31%	
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	72.22%	61.31%	
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	48.80%	34.31%	
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.37%	52.20%	
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.48%	57.11%	
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	45.26%	30.90%	
✓		✓	**Lead Screening in Children		0-2YRS		62.79%	
✓	✓		Colorectal Cancer Screening		TBD targets will be communicated in March	45 - 75 YRS	TBD	TBD
✓		✓	Child and Adolescent Well Care Visit		3 - 17 YRS	61.15%	48.07%	
✓		✓	Well Child Visits in the First 15 Months of Life		UTILIZATION	15 MONTHS	68.09%	58.38%

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

**PCPs in new PHC counties will receive full credit if the clinical measure is above the 50<sup>th</sup> percentile, for 2024 only**





# 2024 PCP QIP - Non-Clinical Measurement Set

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TBD targets will be communicated in March

PRACTICE TYPE			NON-CLINICAL			
FAMILY	INTERNAL	PEDS				
<b>APPROPRIATE USE OF RESOURCES</b>						
✓	✓	✓	Ambulatory Care Sensitive Admissions	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	
✓	✓	✓	Risk Adjusted Readmission Rate	FULL POINT TARGET SCORE <1.0	PARTIAL POINT TARGET ≥1.0 - 1.2	
<b>ACCESS AND OPERATIONS</b>						
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET TBD (60th Percentile)	PARTIAL POINT TARGET TBD (70th Percentile)	
✓	✓	✓	PCP Office Visits	Greater than 1.9 visits per member per year on average	Between 1.6 and 1.9 visits per member per year on average	
<b>PATIENT EXPERIENCE</b>						
✓	✓	✓	Patient Experience	CAHPS	<b>ACCESS</b>	<b>COMMUNICATIONS</b>
					FULL POINTS 50TH Percentile (41.97%)	FULL POINTS 50TH Percentile (70.31%)
					PARTIAL POINTS 25TH Percentile (34.83%)	PARTIAL POINTS 25TH Percentile (65.12%)
				<b>SURVEY OPTION</b>	<b>FULL POINTS</b> PARTS 1 AND 2	<b>PARTIAL POINTS</b> PARTS 1 OR 2





# 2024 PCP QIP - Unit of Service Measurement Set

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Measure	Incentive
<b>Advance Care Planning</b>	Minimum 1/1000 <sup>th</sup> (0.001%) of the sites assigned monthly membership 18 years and older for: <ul style="list-style-type: none"> <li>• \$100 per Attestation, maximum payment \$10,000 per site.</li> <li>• \$100 per Advance Directive/POLST, maximum payment \$10,000 per site</li> </ul>
<b>Extended Office Hours</b>	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.
<b>Patient Center Medical Home Certification</b>	\$1,000 per site, yearly for achieving or maintaining PCMH accreditation.
<b>Peer-led and Pediatric Group Visits</b> <b>Measure change!</b>	\$1,000 per group, either new or existing. (Maximum of 15 groups per parent organization for maximum of \$15,000 per Parent Organization).
<b>Health Information Exchange</b>	One time \$3,000 per Parent Organization (PO) incentive for signing on with a local or regional health information exchange; Annual \$1500 per PO incentive for showing continued participation with a local or regional health information exchange. This incentive is available at the parent organization level.
<b>Health Equity</b>	\$2,000 per PO for submission of a report of their implementation of their Health Equity initiative or an annual updated Health Equity report.





# 2024 PCP QIP - Unit of Service Measurement Set

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Measure	Incentive
<b>Dental Fluoride Varnish</b>	\$1,000 per PO for submission of proposed plan to implement fluoride varnish application in the medical office. \$5 per application when the minimum of 2% of sites assigned members 6 months to 5 years old received DFV administered by a non-dental practitioner at least once in the measurement year.
<b>Tobacco Screening</b>	\$5.00 per tobacco use screening or counseling of members 11– 21 years of age after 3% threshold of assigned members screened.
<b>Electronic Clinical Data System (ECDS)</b>	<p>\$5,000 per parent organization with vendor support; \$10,000 per parent organization with no vendor support</p> <p>Allowance of data exchange from Provider Electronic Health Records to PHC in order to capture clinical screenings, follow-up care and outcomes. Participation to include data collection of the following clinical components for all PHC members within your organization.</p> <ol style="list-style-type: none"> <li>1. Alcohol Screening and Counseling (11 years and older)</li> <li>2. Depression Screening</li> </ol>
<b>Early Administration of 1<sup>st</sup> HPV Dose</b> <b>New measure!</b>	Administer the first HPV dose by the age of 12 in order to have the required 6-month pause between the first and 2 <sup>nd</sup> dose and another 6 months to administer the 2 <sup>nd</sup> HPV dose before the 13 <sup>th</sup> birthday \$50 per HPV dose given before age 12.
<b>Early Administration of Initial Flu Vaccine Series (Two Doses)</b> <b>New measure!</b>	Early administration of influenza <i>and</i> to complete administration of the 2 <sup>nd</sup> dose within 60 calendar days of the 1 <sup>st</sup> dose. \$50 per two dose series completed by 15 months of age, with the 2 doses up to 60 days apart..



# What Performance Tracking Tools Do You Offer?

- eReports
- Partnership Quality Dashboard (PQD)
- Online Resources







## QIP e-Reports

Sign in with your organizational account

Log In

Sign Up:

New user, email QIP Team at [qip@partnershiphp.org](mailto: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 Specifications via eReports

AN


- QIP Site: [Redacted]
- 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
- Specs & Templates
- Partnership Quality Dashboard
- Preventive Care Reports
- FAQ
- Help



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

Tools


ALL PRACTICE TYPES Desktop




**Primary Care Provider  
Quality Incentive Program (PCP QIP)  
Detailed Specifications**

Published: December 31, 2023  
Revised:

**2024**  
MEASUREMENT YEAR



QIP Site:

## 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


Select Provider
Clear

Core Clinical Measurement Set						
Measure	QIP Score	Numerator	Denominator	25th Threshold	75th Threshold %	75th(Target/Achieved)
No members found for the selected measure ...						

Advanced Care Planning

**Templates**

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



- 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



**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 POD team (POD@partnershiphp.org) for any questions.



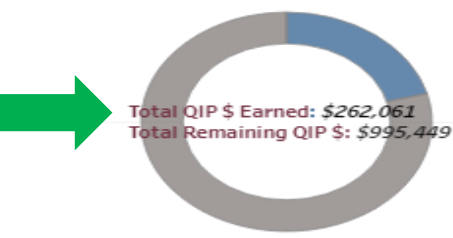
**Status**  
ESTIMATED

**Refresh Date**  
May-23

**Members**  
11,484

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

**Payout 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	PO Full Points	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

**Provider Score**

**Clinic #1234**  
**Clinic #5678**



# 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 <sup>th</sup> of each month)
Target User(s)	QI Teams	Executive/QI Leadership Teams

## 2024 PCP QIP - eREPORTS UPLOAD SCHEDULE

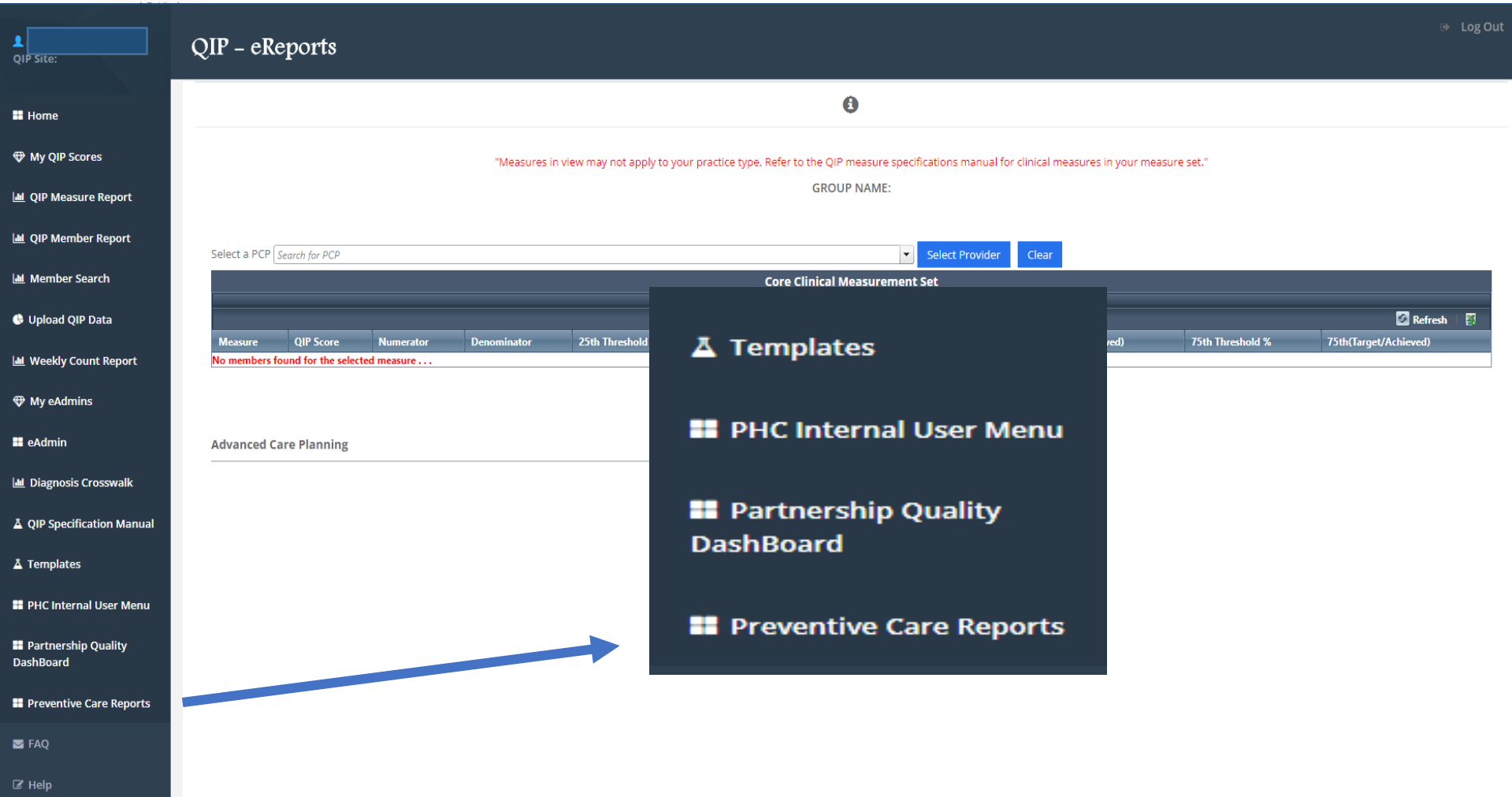


### CLINICAL MEASUREMENT SET:

Cervical Cancer Screening Childhood Immunization Status - Combo 10 Comprehensive Diabetes Care - Retinal Eye Exams Colorectal Cancer Screening Lead Screening in Children <b>*New</b> Immunizations for Adolescents - Combination 2	Mar 01, 2024 - JAN 31, 2025	
Comprehensive Diabetes Care - HbA1c Control (A1c) Controlling High Blood Pressure Well-Child Visits in the First 15 Months of Life		OCT 01, 2024 - JAN 31, 2025
Breast Cancer Screening Child and Adolescent Well Care Visits		JAN 09, 2025 - JAN 31, 2025



# Preventive Care Dashboard via eReports



The screenshot shows the 'QIP - eReports' dashboard. On the left is a dark sidebar with navigation links: 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, and Help. The main content area has a header 'QIP - eReports' and a 'Log Out' link. Below the header is a red warning 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." Below this is a 'GROUP NAME:' label and a search box for PCP with 'Select Provider' and 'Clear' buttons. A table titled 'Core Clinical Measurement Set' is partially visible, with columns for Measure, QIP Score, Numerator, Denominator, 25th Threshold, 75th Threshold %, and 75th(Target/Achieved). A red message says "No members found for the selected measure...". A dark overlay menu is open, listing: Templates, PHC Internal User Menu, Partnership Quality DashBoard, and Preventive Care Reports. A blue arrow points from the 'Preventive Care Reports' link in the sidebar to the 'Preventive Care Reports' item in the overlay menu.

# Preventative Care Dashboard - Summary

## Preventive Care Reports

View: Original

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

- eReports 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.


# Preventative Care Dashboard – Supplemental Reports

Preventive Care Reports

View: Original

CIS\_0-2 Yrs | IMA\_9-13 Yrs | 6+Visits by 15Months | Annual Well Care Visits

Share  
Image  
Data  
Crosstab  
PDF  
PowerPoint



### 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

Year of Age 2

(All)

2021

2022

2023

2024

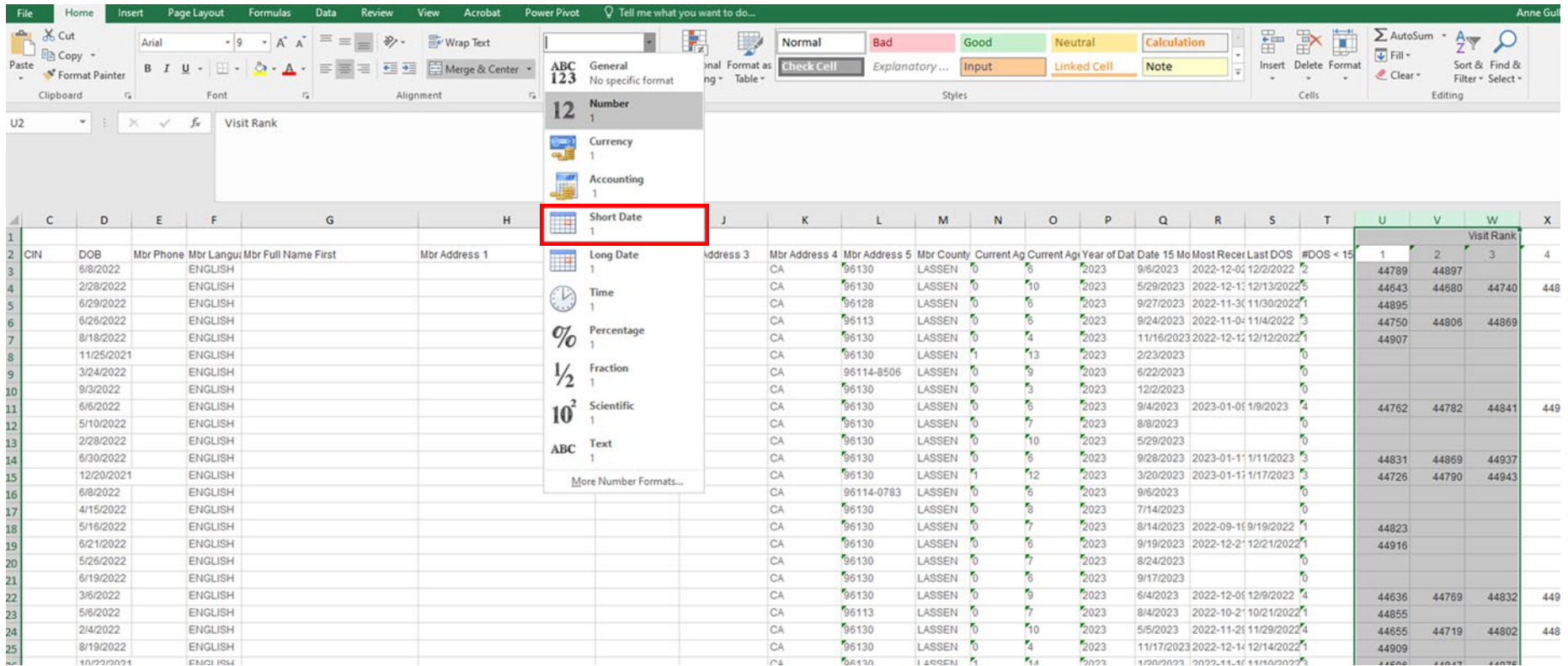
Cancel    Apply

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				

# Preventative 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 CIN, DOB, Mbr Phone, Mbr Language, Mbr Full Name First, Mbr Address 1, Address 3, Mbr Address 4, Mbr Address 5, Mbr County, Current Age, Current Age 1, Year of Data, Date 15 Mo Most Recer, Last DOS, #DOS < 15, and Visit Rank. The Visit Rank column is further divided into three sub-columns (1, 2, 3) and a total column (4).

CIN	DOB	Mbr Phone	Mbr Language	Mbr Full Name First	Mbr Address 1	Address 3	Mbr Address 4	Mbr Address 5	Mbr County	Current Age	Current Age 1	Year of Data	Date 15 Mo Most Recer	Last DOS	#DOS < 15	Visit Rank 1	Visit Rank 2	Visit Rank 3	Visit Rank 4
2	6/8/2022		ENGLISH			CA	96130	LASSEN	0	6	2023	9/6/2023	2022-12-02	12/2/2022	2	44789	44897		448
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	8/19/2022		ENGLISH			CA	96130	LASSEN	0	4	2023	11/16/2023	2022-12-12	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	2023-01-17	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	8	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			

## **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>



# Improvement Academy - Upcoming 2024 Trainings

AN

## Improving Measure Outcomes Webinar Series: February - April 2024

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

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.

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. CME/CEs are available.

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

### Planned 2024 sessions include:

- February 14, 2024 - Preventative Care for 0 - 2 Year Olds
- February 28, 2024 - Preventative Care for 3 - 17 Year Olds
- March 13, 2024 - Chronic Disease
- March 27, 2024 - Diabetes Management
- April 10, 2024 - Women's Cancer Screenings
- April 24, 2024 - Women's Sexual and Reproductive Health

Registration: [http://www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)

Contact: [improvementacademy@partnershiphp.org](mailto:improvementacademy@partnershiphp.org)







# Improvement Academy - Upcoming 2024 Trainings

AN

## **ABCs of Quality Improvement**

Tuesday, January 30 - 8:30 a.m. to 4:30 p.m. - **IN PERSON**

**Partnership HealthPlan of California**

4605 Business Center Drive - **Fairfield**

*Breakfast and lunch included for attendees*

*The ABCs of Quality Improvement (QI) is a one day in person training designed to teach you the basic principles of quality improvement.*

*The 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. Excellent refresher course for repeat attendees or skill-builder for new quality professionals.*

*CME/CEs available.*

*Register:* [http://www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)

*Contact:* [improvementacademy@partnershiphp.org](mailto:improvementacademy@partnershiphp.org)





# Improvement Academy - Upcoming 2024 Trainings

AN

## **ABCs of Quality Improvement**

Wednesday, March 20 - 8:30 a.m. to 4:30 p.m. - **IN PERSON**

### **The McConnell Foundation**

800 Shasta View Drive, **Redding**

*Breakfast and lunch provided*

*The ABCs of Quality Improvement is a one-day in person training designed to teach you the basic principles of quality improvement.*

***The 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. Excellent refresher course for repeat attendees or skill-builder for new quality professionals.***

*CME/CEs available.*

*Register:*

*[www.partnershiphp.org/Providers/Quality/Pages/Quality\\_Events.aspx](http://www.partnershiphp.org/Providers/Quality/Pages/Quality_Events.aspx)*

*Contact: [cackerman@partnershiphp.org](mailto:cackerman@partnershiphp.org)*





# Questions

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**Please feel free  
to contact PHC's  
QIP Team at:**

**[QIP@PartnershipHP.org](mailto:QIP@PartnershipHP.org)**

