



**Primary Care Provider
Quality Improvement Program
(PCP QIP)
eReports Training Webinar**

Athena Beltran-Nampraseut

Amber Newell

Eva Lopez

February 24, 2025



Housekeeping

- 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.”

Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question

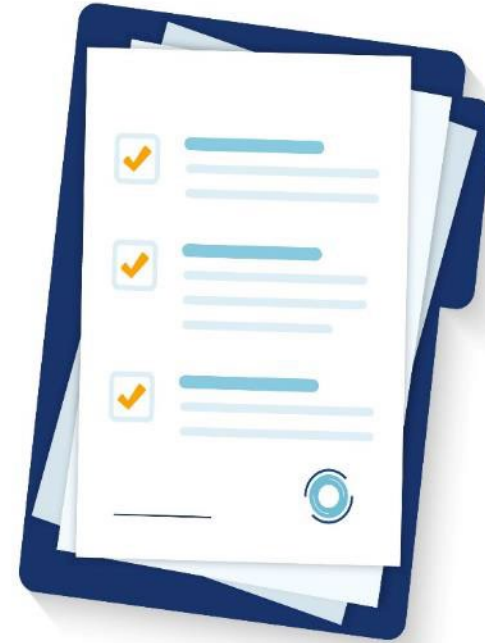
Send



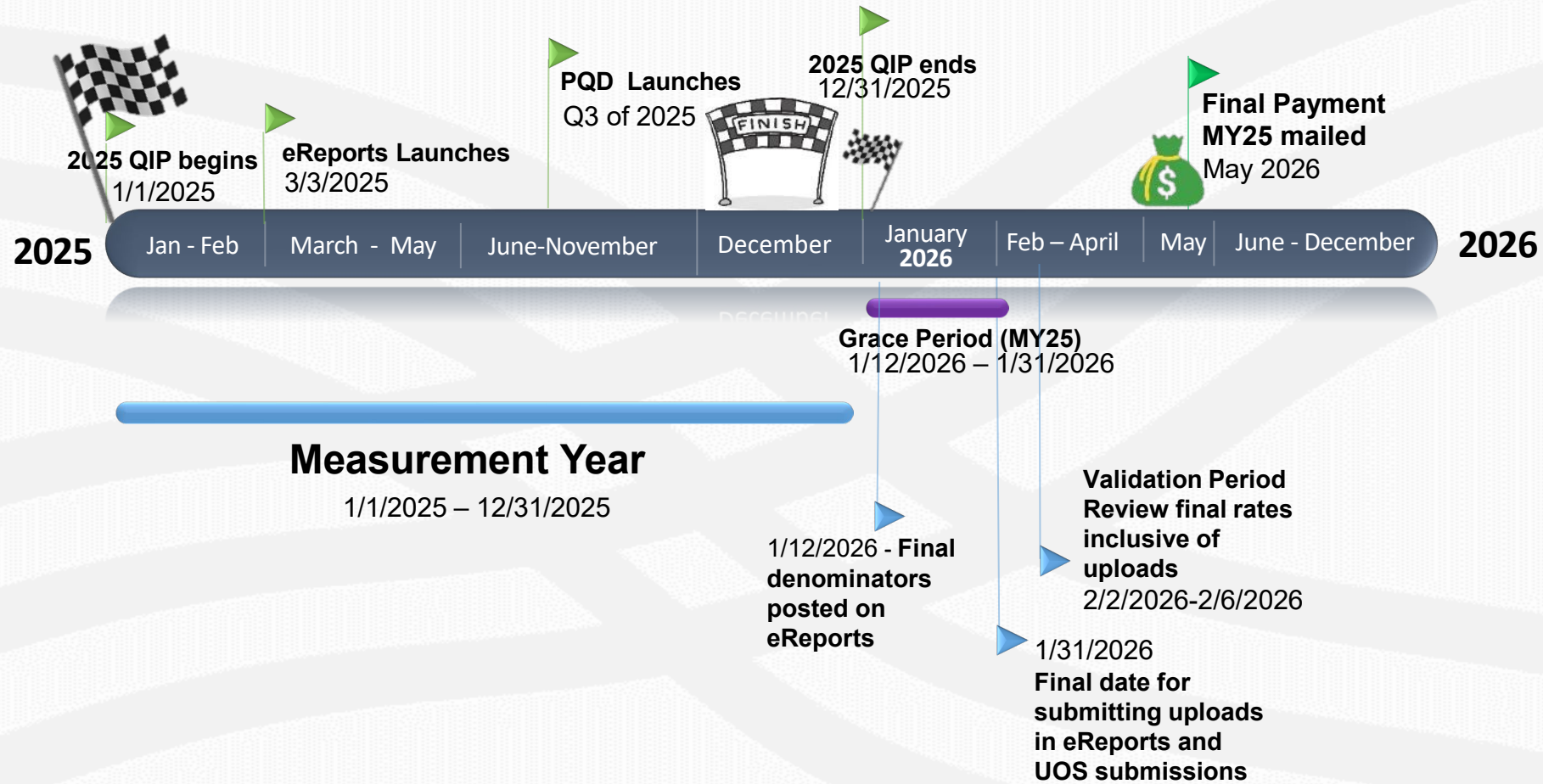
Objectives

- 2025 Measurement Year Timeline
- eReports
 - Overview
- Other online platforms:
 - Partnership Quality Dashboard (PQD)
 - Preventive Care Reports
- Annual Uploads Audit
 - Best Practices

- Resources
- Upcoming Training Events
- Chat Box: Questions & Answers



2025 PCP QIP Standard Timeline



2025 Timeline Highlights

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

- eReports Launch: Monday, March 3, 2025
- Partnership's new core claims system, Health Rules Payor (HRP) - tentative go-live scheduled in **Quarter 3 of 2025**
- Partnership Quality Dashboard (PQD) Launch: **Quarter 3 of 2025 (exact date TBD)**
 - Kick-Off Webinar – **TBD (Invites will be sent this week, TBD)**
- Reducing Healthcare Disparity (optional measure):
 - Webinar recorded and posted, access [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 31**



How Can I Access eReports? Partnership Website

PartnershipHP.org



Miembros | Участники | Miyembro | Member Portal | Language Assistance | Provider Online Services | e-PA | Careers | Contact Us

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HOME MEMBERS **PROVIDERS** ABOUT US COMMUNITY

PROVIDERS	CLAIMS	PHARMACY	HEALTH SERVICES	QUALITY
Online Services	Billing Information	Submit a TAR(e-PA)	RAF/TAR Information	Quality Improvement Programs (QIP)
Provider Manual	Coding Tips	Covered Drug Lists	Utilization Management	HEDIS
Provider Newsletter	Important Provider Notices - Medi-Cal	Pharmacy Directories	Health Information	Managing Pain Safety
Provider Directory	Important Provider Notices - Healthy Kids	Pharmacy Updates	Language Assistance	Partnership Improvement Academy
Health Information	HIPAA/EDI	P&T Drug Benefit Updates	Mental Health Services	Patient Safety
Telehealth services			Drug Medi-Cal / Wellness & Recovery	Strategic Initiatives
Workforce Development			Telehealth Services	
CalAIM				



OUR MISSION: TO HELP OUR MEMBERS, AND THE COMMUNITIES WE SERVE, BE HEALTHY



How Can I Access eReports? Partnership Website

QUALITY IMPROVEMENT PROGRAMS

Partnership HealthPlan of California offers several Improvement Programs offering financial incentives and technical assistance to providers who serve our members.

Details on each specific program can be accessed by clicking the link below.

- [Primary Care Provider Quality Improvement Program \(PCP QIP\)](#)
- [Hospital Quality Improvement Program \(HQIP\)](#)
- [Long-Term Care Quality Improvement Program \(LTC QIP\)](#)
- [Palliative Care Quality Improvement Program \(PC QIP\)](#)
- [Perinatal Quality Improvement Program \(Perinatal QIP\)](#)

Contact Us

Email: QIP@partnershiphp.org (please allow two business days for a response)

Fax: (707) 863-4316



How Can I Access eReports? Partnership Website

- PROVIDER RELATIONS
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- QUALITY IMPROVEMENT
 - ECM QIP
 - PCP QIP
 - Hospital QIP
 - LTC QIP
 - Palliative Care QIP
 - Perinatal QIP
 - HEDIS
 - Managing Pain Safety
 - Partnership Improvement Academy
 - Member Safety and Quality Assurance
 - Potential Quality Issues
- HEALTH SERVICES
- STRATEGIC INITIATIVES
- COVID VACCINE INCENTIVE PROGRAM

PCP QUALITY IMPROVEMENT PROGRAM

The Primary Care Provider Quality Improvement Program (PCP QIP), designed in collaboration with the State of California providers, offers substantial financial incentives, data resources, and technical assistance to providers who serve our capitated Medi-Cal members so that significant improvements can be achieved.

- Prevention and Screening
- Chronic Disease Management
- Appropriate Use of Resources
- Primary Care Access and Operations
- Patient Experience

Contact Us

Email: QIP@partnershiphp.org (please allow two business days for a response)
Fax: (707) 863-4316

PCP QIP Overview



To help orient our providers to the PCP QIP year, we have provided measurement set documents, a code list, and other useful tools and resources.

[Learn More about the 2025 PCP QIP](#)

[Equity Adjustment - PCP QIP Payment Methodology](#)



[PCP QIP webinar](#)

[Upcoming Webinar](#)

[On Demand Course](#)

- PROVIDER RELATIONS
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- COVID VACCINE INCENTIVE PROGRAM

PCP QIP 2025

This page includes measurement documents and tools referring to the last and current program years spanning January 1, 2024 – December 31, 2025.

[Approved 2025 PCP QIP Measure Summary \(Added December 30, 2024\)](#)

Measurement Set Documents

Measure Specifications

Measures vary by practice type. The following document includes measure descriptions and requirements as well as data submission processes by type.

[2025 PCP QIP Measure Specifications Manual](#)

Code List

Clinical Measurement Set - Please use eReports Diagnosis Crosswalk to view the code set.

Non-Clinical Measures - [Non-clinical code set](#) (Updated March 27, 2024)

Tools

[Click here for eReports](#)

Please refer to the specifications document for your practice type for a data submissions timeline and submission templates.

[Timeline for Addressing 2025 and 2026 PCP QIP Measures](#)

Added December 30, 2024

Measurement Year Performance Data by County

2023



What is eReports?

Gives you the ability to:

- Access a web-based portal 24 hours/7 days a week
- Track your **clinical** performance in real time
- Download patient reports for each of the clinical measures
- Upload supplemental data for your patients
- Access detailed specifications manual

eReports New User Access

New Providers

The QIP team will email your POs individual Secret Key (Skey) along with detailed registration instructions so the appointed eAdmin(s) can create their accounts. eAdmin access should be limited to 1-2 designated staff.

Sign Up:

First Name:

Last Name:

User Email:

Preferred Username:

Password:

Confirm Password:

Secret Key:

Password Requirements:

Please use the following rules to create your password:

- Length should be atleast 8 characters long
- At least 1 Upper case letter
- At least 1 numeric character
- At least 1 special character like !@#\$.%&^_'.
- Sample password: e.g Partner2012*

I am responsible for creating accounts for this organization.

I am responsible for managing permissions of users for eReports, including granting and revoking access.)

I am responsible for auditing user accounts periodically

I am a primary point of contact for PHC online services

I am the primary point of contact(s) for PHC's eReports Team.

I am responsible for ensuring that individuals of this organization only have permissions that are in accordance with HIPAA minimum use stands set forth in 45 CFR 1

Existing Providers

Please review your **My eAdmins** list to ensure the appropriate staff have access. Appointed staff with eAdmin access have the ability to manage existing accounts and create new ones.

QIP - eReports

My eAdmins

YOUR EADMIN DETAILS:

User: ..

eAdmin Name:

Email:

eReports Walk-Through

***Save URL to favorites for easy access: <https://qip.partnershiphp.org/>



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?](#)



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Quality Improvement Program (QIP) - A product of Partnership HealthPlan of



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Terms and Conditions:

Welcome to Partnership HealthPlan's QIP eReports system.

This is a PHC proprietary software product. This product may be only used for authorized business purposes and contains confidential data, including Protected Health Information (PHI). Confidential information and PHI may not be accessed or used without authorization. Any or all uses of this network and all files on this network may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel, law enforcement personnel, as well as authorized officials of other agencies.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

"HIPAA" shall mean Section 262 of the Health Insurance Portability and Accountability Act, P.L. 104-191 ("HIPAA") which governs the use and transmission of individually identifiable health information.

"Legal Requirement" shall mean any law or regulation affecting the use or disclosure of Protected Health Information.

"Protected Health Information" shall mean any Protected Health Information as defined in HIPAA or any similar information obtained from individuals as a result of the Customer providing products or services.

Security and Confidentiality: You acknowledge that Protected Health Information requires special safeguarding and agree to abide by the laws & Procedures of your company, state, and HIPAA regarding the protection and disclosure of Protected Health Information contained in the Site.

Safeguards: You agree that it is your responsibility to implement reasonable and appropriate administrative, technical and physical safeguards to protect the confidentiality, integrity and availability of all Protected Health Information and any and all other confidential information accessible on or through the Site.

Decline

Accept



eReports Home Screen

QIP - eReports

Log Out

Threshold Report



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: Dignity Health



Select a PCP

Core Clinical Measurement Set

Refresh

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)	50th Threshold %	50th(Target/Achieved)	90th Threshold %	90th(Target/Achieved)
Child and Adolescent Well Care 2025	0.00 %	0	3454	NA	NA	NA	NA	NA	NA
Breast Cancer Screening 2025	59.11 %	159	269	NA	NA	NA	NA	NA	NA
Cervical Cancer Screening 2025	39.20 %	479	1222	NA	NA	NA	NA	NA	NA
Childhood Immunization Status CIS 10 2025	9.03 %	28	310	NA	NA	NA	NA	NA	NA
Colorectal Cancer Screening 2025	32.92 %	290	881	NA	NA	NA	NA	NA	NA
Controlling High Blood Pressure 2025	69.20 %	182	263	NA	NA	NA	NA	NA	NA
Diabetes - HbA1C Good Control 2025	0.00 %	0	225	NA	NA	NA	NA	NA	NA
Diabetes - Retinal Eye exam 2025	0.00 %	0	225	NA	NA	NA	NA	NA	NA
Immunization for Adolescents 2025	18.29 %	45	246	NA	NA	NA	NA	NA	NA
Well Child First 15 Months 2025	13.10 %	33	252	NA	NA	NA	NA	NA	NA
Lead Screening Children 2025	61.34 %	146	238	NA	NA	NA	NA	NA	NA
Chlamydia Screening 2025	0.00 %	0	719	NA	NA	NA	NA	NA	NA
Well Child First 30 Months 2025	0.00 %	0	0	NA	NA	NA	NA	NA	NA
Breast Cancer Screening Monitoring 2025	35.29 %	48	136	NA	NA	NA	NA	NA	NA
Topical Fluoride in Children 2025	0.00 %	0	0	NA	NA	NA	NA	NA	NA

Advanced Care Planning

LAST LOGIN: 12/19/2024 3:46:48 PM
QIP SCORES UPDATED ON: 12/19/2024 6:06:10 PM

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QIP - eReports

Select a PCP

Measure
Child and Adolescent Well Care 2025
Breast Cancer Screening 2025
Cervical Cancer Screening 2025
Childhood Immunization Status CIS 10 2025
Colorectal Cancer Screening 2025
Controlling High Blood Pressure 2025
Diabetes - HbA1C Good Control 2025
Diabetes - Retinal Eye exam 2025
Immunization for Adolescents 2025
Well Child First 15 Months 2025
Lead Screening Children 2025
Chlamydia Screening 2025
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Advanced Care Planning



My QIP Score

QIP - eReports

My QIP Score

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My eAdmins

Select a PCP:	<input type="text" value="Search for PCP"/>
Select a Measure:	<input type="text" value="Breast Cancer Screening 2025"/> <input type="button" value="Display"/> <input type="button" value="Clear"/>
QIP Site:	<input type="text"/>
Numerator:	159
Denominator:	269
★ QIP Score:	59.1 %
Threshold:	



Note: The denominator list for the selected measure does not apply continuous enrollment criteria. The eligible population used to calculate the final scores for all measures is defined as capitated Medi-Cal members. For measures in the Clinical domain, the member also has to be continuously enrolled with a PCP site, with continuous enrollment defined as being assigned for nine out of the 12 months of the measurement year. Medi-Medi or dually eligible members are excluded from all measures.



QIP Measure Report

QIP - eReports

QIP Member Reports

Select a measure: **Breast Cancer Screening 2025**

Select a PCP:

Numerator Denominator

[Apply Filter and Display Report](#) [Clear](#)

Number of members displayed for the selected measure: **269**



[Refresh](#)

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	Mammography Date	PCP	NewMember	Details
Denominator							64			N	Details
Denominator							55			Y	Details
Denominator							64			N	Details
Numerator							54	10/16/2023		N	Details
Numerator							52	08/20/2024		N	Details
Numerator							61	09/05/2024		N	Details
Numerator							63	07/23/2024		N	Details
Numerator							56	09/17/2024		N	Details
Numerator							59	07/23/2024		N	Details
Numerator							60	07/16/2024		N	Details
Numerator							57	03/29/2023		N	Details
Numerator							52	11/07/2024		N	Details
Numerator							62	08/19/2024		N	Details

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QIP Member Report

QIP - eReports

Code Level QIP Member Reports

Number of members displayed: **8440**



QIP Result	Measure Name	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	PCP	NewMember
Denominator								31		N
Denominator								28		N
Denominator								51		N
Denominator								23		N
Denominator								44		N
Denominator								44		N
Denominator								32		N
Denominator								23		N

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Member Search

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QIP Member Search

Member CIN:	<input type="text" value="Enter CIN"/>
Member SSN:	<input type="text" value="Enter SSN"/>
First Name:	<input type="text" value="Enter First Name"/>
Last Name:	<input type="text" value="Enter Last Name"/>
Date of Birth:	<input type="text"/> <input type="button" value="Calendar"/>
<input type="button" value="Search Member"/> <input type="button" value="Clear"/>	

Search Criteria:
1. CIN (e.g 12345678A9)
2. SSN (e.g. 9999999999)
3. Last Name and First Name
4. Last Name and Date of Birth (e.g DOB 01/01/2017)

Search Results

Member CIN	Member First Name	Member Last Name	Member DOB	Member SSN	Gender	PCP	Details
Search for Members...							

Refresh |



Upload QIP Data

QIP - eReports

Upload QIP Data

Select a measure:

Child and Adolescent Well Care 2025

Selected File:

2025 Child and Adolescent Well Care Visit Template_eReports Screenshot.xls

View data with no errors

View data with errors

Upload data with no errors



Cancel Upload

Showing total 3 records.

CIN	DOS	Error
	01/05/2025	
	12/20/2024	
	02/02/2025	The date value for DOS cannot be later than today's date.

*Diabetes - HbA1c Good Control, Well Child visit - First 15 months of Life, Well-Child visit - First 15-30 months of Life and Controlling High Blood Pressure - Templates will release October 1 of the measurement year. Upload data will be accepted between October 1 through the end of the measurement year grace period.

*Child and Adolescent Well Care, Breast Cancer Screening, Chlamydia Screening and Topical Fluoride in Children - Templates will release on the first day of the measurement year grace period. Upload data will be accepted from the first day of the measurement year grace period to the close of the measurement year grace period on January 31 at 5 p.m.

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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 03, 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 40-51 (monitoring) NEW Child and Adolescent Well Care Visits Chlamydia Screening NEW Topical Fluoride in Children (monitoring) NEW		JAN 12, 2026 - JAN 31, 2026



Weekly Count Report

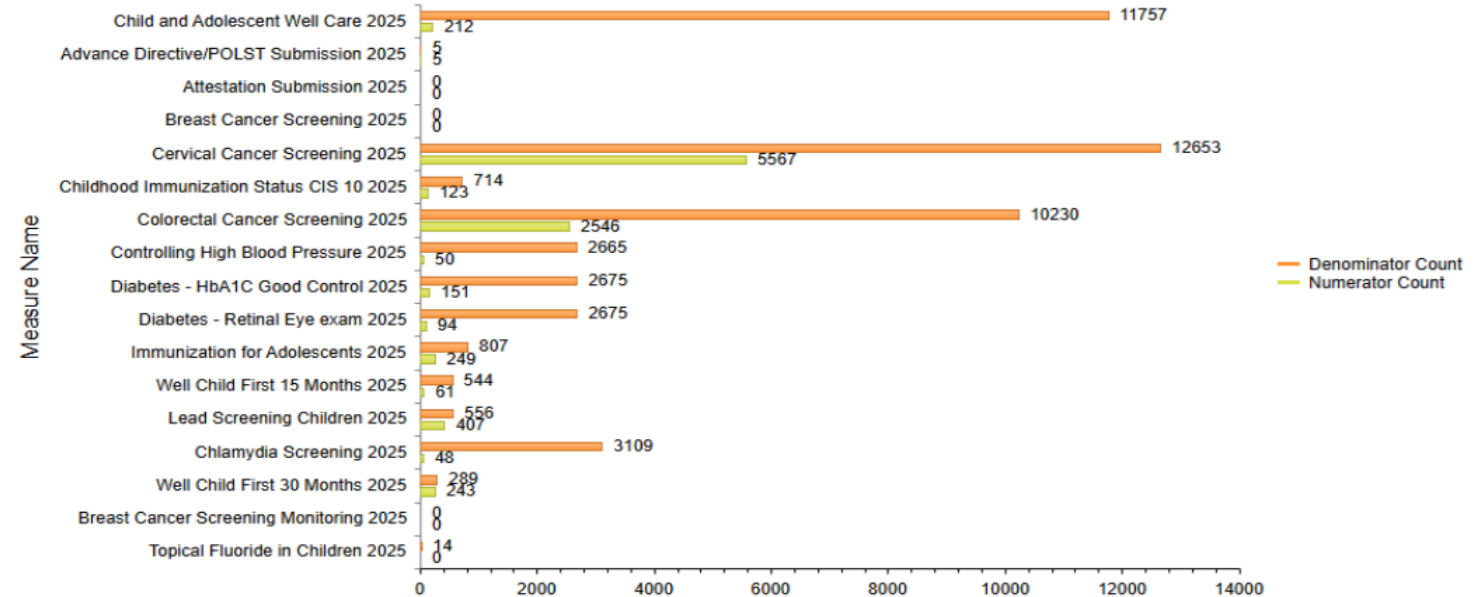
QIP - eReports

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Note: Data Uploaded Only Applies To QIP Clinical Measures

QIP counts





My eAdmin


QIP – eReports


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 YOUR EADMIN DETAILS:

YOUR EADMIN DETAILS:

YOUR EADMIN DETAILS:

YOUR EADMIN DETAILS:

YOUR EADMIN DETAILS:


YOUR EADMIN DETAILS:



eAdmin

QIP – eReports


Log Out

 eAdmin

Name:	[REDACTED]	Email:	[REDACTED]
Username:	qipintuser1	Group Name:	[REDACTED]

Providers:

Practice Type	Providers
INTERNAL MEDICINE	[REDACTED]
FAMILY	[REDACTED]
FAMILY	[REDACTED]
FAMILY	[REDACTED]
FAMILY	[REDACTED]
FAMILY	[REDACTED]
FAMILY	[REDACTED]
INTERNAL MEDICINE	[REDACTED]

[+ Add New User](#)  Refresh

Username	First Name	Last Name	User Email	Is Active	Is Locked		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	False	False	Enable	Edit
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	False	False	Enable	ReSend Email Verification Edit
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	False	False	Enable	ReSend Email Verification Edit

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Diagnosis Crosswalk

QIP - eReports

Diagnosis Code xWalk Report

[Back to report main page](#)

Select a Measure:

Select a Code Type:



Code Type ^	Code System ^	Code ^	Route	Version Date
Well-Care	CPT	99381		12/05/2024
Well-Care	CPT	99382		12/05/2024
Well-Care	CPT	99383		12/05/2024
Well-Care	CPT	99384		12/05/2024
	CPT	99385		12/05/2024
	CPT	99391		12/05/2024
	CPT	99392		12/05/2024
	CPT	99393		12/05/2024
Well-Care	CPT	99394		12/05/2024
Well-Care	CPT	99395		12/05/2024
Well-Care	CPT	99461		12/05/2024
Well-Care	HCPCS	G0438		12/05/2024
Well-Care	HCPCS	G0439		12/05/2024



Diagnosis Crosswalk

Templates


Partnership Quality Dashboard



Comprehensive Specifications Manual

2025PCPQIPMeasureSpecifications_FinalV2.pdf 1 / 81 | - 100% + | [] []

All Practice Types





**Primary Care Provider
Quality Incentive Program
Specifications**

Published: December 31, 2024

2025
MEASUREMENT YEAR

QIP Specification Manual

PHC Internal User Menu



Upload Templates

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QIP - eReports

Specs and Templates

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Select a Measure:

Select a Measure...

Display

QIP Specifications for the selected measure:

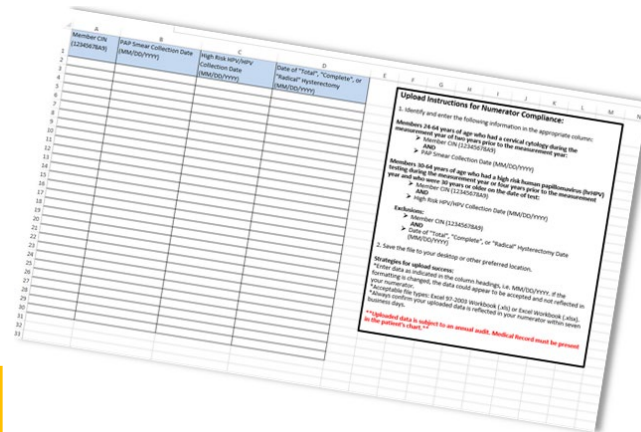


Download this template to upload data for the selected measure:

Data upload file format definitions for the selected measure:

Select a Measure...

- Child and Adolescent Well Care 2025
- Advance Directive/POLST Submission 2025
- Attestation Submission 2025
- Breast Cancer Screening 2025
- Cervical Cancer Screening 2025
- Childhood Immunization Status CIS 10 2025
- Colorectal Cancer Screening 2025
- Controlling High Blood Pressure 2025
- Diabetes - HbA1C Good Control 2025
- Diabetes - Retinal Eye exam 2025
- Immunization for Adolescents 2025
- Well Child First 15 Months 2025
- Lead Screening Children 2025
- Chlamydia Screening 2025
- Well Child First 30 Months 2025
- Breast Cancer Screening Monitoring 2025
- Topical Fluoride in Children 2025



Partnership Quality Dashboard (PQD)

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Disparity Analysis Dashboard

FAQ

Help



Partnership Quality Dashboard

View: Original

Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3

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 QIP team (QIP@partnershiphp.org) for any questions.



Status: ESTIMATED

Refresh Date: Nov-24

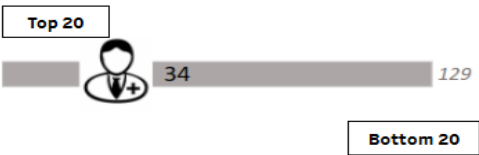
Members: 6,253

Claims Timeliness: 87.42% (Good) (45,185/51,685)

Payout Status
Your organization has earned **49.66%** of your Total Possible QIP \$.



You have earned **49.57%** of your possible points. The Planwide Average to date is **48.07%** giving you an Overall Rank of **34** out of **129** parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.



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 \$	Current	Total
ACS_ADMISSION	7.67	N/A	N/A	N/A	\$6,032	\$14,466	60	117
Avoidable ED/1000	12.23	N/A	N/A	N/A	\$14,087	\$43,195	74	129
Breast Cancer Screening	56.83	52.20	0	7	\$45,063	\$23,834	37	113
Cervical Cancer Screening	47.91	57.11	29	127	\$7,737	\$61,110	49	114
Child and Adolescent Well Care Visits	55.13	48.07	0	167	\$83,435	\$19,514	27	104
Childhood Immunization Status CIS 10	15.25	30.90	N/A	37	\$0	\$66,438	44	101
Colorectal Cancer Screening	38.09	39.81	9	43	\$20,498	\$36,908	37	113
Controlling High Blood Pressure	68.06	61.31	1	10	\$56,198	\$12,611	19	112
Diabetes - HbA1C Good Control	62.45	52.31	2	7	\$59,140	\$9,705	31	111
Diabetes - Retinal Eye exam	45.31	52.31	20	44	\$2,357	\$54,943	30	111
Immunization for Adolescents IMA 2	34.10	34.31	1	25	\$43,961	\$24,671	26	103
Lead Screening in Children	60.61	62.79	N/A	17	\$58,639	\$7,799	38	100
PCP Office Visits	2.31	N/A	N/A	N/A	\$56,815	\$467	50	129
RAR_READMISSION	1.04	N/A	N/A	N/A	\$16,333	\$4,165	68	117
Well Child First 15 Months	13.22	58.38	106	133	\$0	\$96,822	60	98

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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.
- **No upload data from eReports is captured in this dashboard**

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.

Q. What does "NULL" mean in the report(s)?

A. NULL means there is no data available to report for that metric.



Childhood Immunization Status (CIS 10)

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

Year of Age 2: (All) | PCP Name - ID#: (All)

Parent Organization: [Redacted]
 Updated: 2/9/2024 7:57:57 PM

PCP Name - ID#	Mbr CIN	Mbr DOB	Mbr Ethnicity CodeDesc	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
	[Redacted]	5/6/2022	WHITE	21	May 2024	Very Urgent		[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		6/30/2022	9/7/2022
	[Redacted]	12/13/2019	UNKNOWN	50	December 20..	Over 2 Years	(510) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		2/27/2020	5/14/2020
	[Redacted]	7/6/2020	UNKNOWN	43	July 2022	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		11/11/2020	1/11/2021
	[Redacted]	7/24/2020	HISPANIC	43	July 2022	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		9/24/2020	11/30/2020
	[Redacted]	3/11/2021	WHITE	35	March 2023	Over 2 Years	(916) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		5/17/2021	7/13/2021
	[Redacted]	9/16/2021	HISPANIC	29	September ..	Over 2 Years		[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		2/9/2022	5/16/2022
	[Redacted]	1/26/2022	UNKNOWN	25	January 20..	Over 2 Years		[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		3/31/2022	5/18/2022
	[Redacted]	5/8/2022	WHITE	21	May 2024	Very Urgent		[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		8/17/2022	10/19/2022
	[Redacted]	9/12/2020	UNKNOWN	41	September ..	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		10/11/2022	11/15/2022
	[Redacted]	3/19/2019	UNKNOWN	59	March 2021	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		6/10/2019	9/9/2019
	[Redacted]	8/15/2019	UNKNOWN	54	August 2021	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		10/16/2019	5/7/2020
	[Redacted]	3/22/2022	WHITE	23	March 2024	Very Urgent		[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null			
	[Redacted]	1/22/2020	WHITE	49	January 20..	Over 2 Years	(530) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null			
	[Redacted]	4/25/2019	WHITE	58	April 2021	Over 2 Years	(408) ..	[Redacted]	[Redacted]	Null	Null	Null	Null	Null	Null		6/21/2019	8/30/2019



Immunizations for Adolescents (IMA)

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

Vaccine Dose Report
Immunizations For Adolescents - Combination 2 (IMA-2)
 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:
 - Members currently 13 years or older: "13+"
 - Members age 12: "Very Urgent"
 - Members age 11: "Urgent"
 - Members age 10: "Priority"
 - Members age 9: "Time Permitting"

Year Age 13: (All) [dropdown]
 PCP Name - ID#: (All) [dropdown]

(All)
 2023
 2024
 2025
 2026
 2027
 2028

Month of the Year	Urgency	Year Age 13	Null	HPV/1	HPV/2	HPV/3	MCV/1	MCV/2
September 2023	Age 13+	2024						
October 2023	Age 13+	2023	11/9/2022	8/11/2023				
October 2024	Age 13+	2024	6/9/2023			6/9/2023		
July 2026	Urgent	2026						
November 2023	Age 13+	2023						
May 2025	Very Urgent	2025						
July 2026	Urgent	2026						
October 2025	Very Urgent	2025						
August 2023	Age 13+	2023						
June 2024	Age 13+	2024	8/18/2023					
June 2024	Age 13+	2024						
January 2024	Age 13+	2024	8/17/2023			8/17/2023		
October 2025	Very Urgent	2025						
July 2024	Age 13+	2024	11/15/2021	3/20/2023		8/18/2023		



Well-Child Visits in the First 15 months (W15)

View: Original Share

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



Well Care Reports

Well-Child Visits in the First 15 Months

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.

Year Date 15 Months: PCP Name - ID#:

Parent Organization: [REDACTED]

6+Visits by 15 Months

Updated: 2/9/2024 7:01:59 PM

Parent Organization	PCP Name - ID#	CIN	DOB	Mbr Ethnicity C..	Mbr Language	Mbr Full Name First	Mbr Address 1	Mbr Address 2	Mbr Address 3	Mbr Address 4	Mbr Address 5	Current Age (Yrs)	Current Age (Months)	#DOS < 15 Mos	Date 15 Months
			1/9/2021	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-2661	3	37	0	4/9/2022
			9/18/2022	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-3506	1	16	0	12/17/2023
			12/27/2021	HISPANIC	ENGLISH				RED BLUFF	CA	96080-2082	2	25	0	3/27/2023
			1/20/2021	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-3936	3	37	0	4/20/2022
			12/24/2022	HISPANIC	ENGLISH				RED BLUFF	CA	96080-4141	1	13	1	3/23/2024
			1/4/2023	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-4717	1	13	1	4/3/2024
			1/17/2022	UNKNOWN	ENGLISH				REDDING	CA	96003	2	25	7	4/17/2023
			1/3/2023	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-9009	1	13	1	4/2/2024
			9/30/2022	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-3720	1	16	0	12/29/2023
			9/5/2023	HISPANIC	SPANISH				REDDING	CA	96049	0	4	1	12/4/2024
			12/23/2022	UNKNOWN	ENGLISH				RED BLUFF	CA	96080-2733	1	13	1	3/22/2024
			10/21/2020	UNKNOWN	SPANISH				CORNING	CA	96021-2075	3	39	0	1/19/2022
			7/21/2022	HISPANIC	SPANISH				RED BLUFF	CA	96080-3511	1	18	0	10/19/2023
			7/11/2023	UNKNOWN	ENGLISH				CORNING	CA	96021-2071	0	6	1	10/9/2024



Child & Adolescent Well Care Visits

View: Original
Share

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Well Care Reports

Child and Adolescent Well Care Visits

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.

Ages 3 - 17 in 2023: DOB 1/1/2006 - 12/31/2020

Year of DOB:
 PCP Name - ID#:

Parent Organization: [REDACTED]
 Annual WellCare Visit
 Updated: 2/9/2024 7:01:59 PM

PCP Name - ID#	CIN	Mbr ID	DOB	Mbr Ethnicity C..	Mbr Language	Current Age (Yrs)	Mbr Phone	Mbr Full Name First	Mbr Address 1	Mbr Address 2	Mbr Address 3	Mbr Address 4	Mbr Address 5	Compliance Flag (WCV)	Most Recent Well Visit
[REDACTED]	[REDACTED]	[REDACTED]	6/10/2017	WHITE	ENGLISH	6		[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	N	Null
[REDACTED]	[REDACTED]	[REDACTED]	5/17/2010	WHITE	ENGLISH	13	(916) 61..	[REDACTED]	[REDACTED]	[REDACTED]	WEED	CA	96094	N	2022-09-14.. 1/20/2021
[REDACTED]	[REDACTED]	[REDACTED]	8/27/2006	WHITE	ENGLISH	17	(530) 27..	[REDACTED]	[REDACTED]	[REDACTED]	WEED	CA	96094	N	2023-09-06.. 2/22/2023
[REDACTED]	[REDACTED]	[REDACTED]	1/14/2014	WHITE	ENGLISH	10		[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	Y	2024-01-31.. 1/31/2024
[REDACTED]	[REDACTED]	[REDACTED]	6/13/2017	UNKNOWN	ENGLISH	6		[REDACTED]	[REDACTED]	[REDACTED]	WEED	CA	96094	N	2023-10-11.. 7/5/2017
[REDACTED]	[REDACTED]	[REDACTED]	1/28/2007	WHITE	ENGLISH	17		[REDACTED]	[REDACTED]	[REDACTED]	DUNSMUIR	CA	96025	N	2023-11-01.. 11/2/2020
[REDACTED]	[REDACTED]	[REDACTED]	12/20/2007	WHITE	ENGLISH	16	(530) 96..	[REDACTED]	[REDACTED]	[REDACTED]	MCCLOUD	CA	96057	N	2021-05-07.. 6/26/2019
[REDACTED]	[REDACTED]	[REDACTED]	6/9/2007	BLACK	ENGLISH	16	(760) 84..	[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	N	2022-12-09.. 12/9/2022
[REDACTED]	[REDACTED]	[REDACTED]	2/15/2015	WHITE	ENGLISH	8	(530) 34..	[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	N	2023-04-14.. 3/5/2020
[REDACTED]	[REDACTED]	[REDACTED]	12/30/2010	WHITE	ENGLISH	13	(707) 70..	[REDACTED]	[REDACTED]	[REDACTED]	WEED	CA	96094	N	2023-12-08.. 9/28/2016
[REDACTED]	[REDACTED]	[REDACTED]	6/19/2012	WHITE	ENGLISH	11	(530) 55..	[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	N	2023-12-13.. 7/6/2017
[REDACTED]	[REDACTED]	[REDACTED]	7/4/2016	UNKNOWN	ENGLISH	7	(530) 60..	[REDACTED]	[REDACTED]	[REDACTED]	REDDING	CA	96001	N	2021-06-03.. 11/21/2016
[REDACTED]	[REDACTED]	[REDACTED]	4/3/2016	WHITE	ENGLISH	7		[REDACTED]	[REDACTED]	[REDACTED]	MOUNT S..	CA	96067	N	2023-11-08.. 7/27/2021



How to Download Reports

The screenshot shows an Excel spreadsheet with a data table. The table has columns for member information (CIN, DOB, Mbr Phone, Mbr Langus, Mbr Full Name First, Mbr Address 1) and a 'Visit Rank' column highlighted in green. A context menu is open over the 'Visit Rank' header, showing various number formats. The 'Short Date' option is selected and marked with a star. The table contains data for multiple members, with the 'Visit Rank' column containing numerical values.

CIN	DOB	Mbr Phone	Mbr Langus	Mbr Full Name First	Mbr Address 1	Address 3	Mbr Address 4	Mbr Address 5	Mbr County	Current Ag	Current Ag	Year of Dat	15 Mo	Most Recer	Last DOS	#DOS < 15	Visit Rank		
			ENGLISH			CA	96130	LASSEN	0	6	2023	9/6/2023	2022-12-06	12/2/2022	2	44789	44897		
			ENGLISH			CA	96130	LASSEN	0	10	2023	5/29/2023	2022-12-11	12/13/2022	6	44643	44680	44740	448
			ENGLISH			CA	96128	LASSEN	0	6	2023	9/27/2023	2022-11-30	11/30/2022	1	44895	44806	44869	
			ENGLISH			CA	96113	LASSEN	0	6	2023	9/24/2023	2022-11-04	11/4/2022	3	44750	44806	44869	
			ENGLISH			CA	96130	LASSEN	0	4	2023	11/19/2023	2022-12-12	12/12/2022	1	44907			
			ENGLISH			CA	96130	LASSEN	1	13	2023	2/23/2023			0				
			ENGLISH			CA	96114-8506	LASSEN	0	9	2023	6/22/2023			0				
			ENGLISH			CA	96130	LASSEN	0	3	2023	12/2/2023			0				
			ENGLISH			CA	96130	LASSEN	0	6	2023	9/4/2023	2023-01-05	1/9/2023	4	44762	44782	44841	449
			ENGLISH			CA	96130	LASSEN	0	7	2023	8/8/2023			0				
			ENGLISH			CA	96130	LASSEN	0	10	2023	5/29/2023			0				
			ENGLISH			CA	96130	LASSEN	0	6	2023	9/28/2023	2023-01-11	1/11/2023	3	44831	44869	44937	
			ENGLISH			CA	96130	LASSEN	1	12	2023	3/20/2023	2023-01-11	1/17/2023	3	44726	44790	44943	
			ENGLISH			CA	96114-0783	LASSEN	0	6	2023	9/6/2023			0				
			ENGLISH			CA	96130	LASSEN	0	8	2023	7/14/2023			0				
			ENGLISH			CA	96130	LASSEN	0	7	2023	8/14/2023	2022-09-15	9/19/2022	1	44823			
			ENGLISH			CA	96130	LASSEN	0	6	2023	9/19/2023	2022-12-21	12/21/2022	1	44916			
			ENGLISH			CA	96130	LASSEN	0	7	2023	8/24/2023			0				
			ENGLISH			CA	96130	LASSEN	0	6	2023	9/17/2023			0				
			ENGLISH			CA	96130	LASSEN	0	9	2023	6/4/2023	2022-12-06	12/9/2022	4	44636	44769	44832	449
			ENGLISH			CA	96113	LASSEN	0	7	2023	8/4/2023	2022-10-21	10/21/2022	1	44855			
			ENGLISH			CA	96130	LASSEN	0	10	2023	5/5/2023	2022-11-26	11/29/2022	4	44655	44719	44802	448
			ENGLISH			CA	96130	LASSEN	0	4	2023	11/17/2023	2022-12-14	12/14/2022	1	44909			

eReports Audit



Annual Audit of Uploaded Data!

2025 Upload Best Practices

ADMINISTRATIVE DATA vs UPLOADS HELP ME STRATEGIZE!

- Can I upload *too much*?
- Did my upload get in there?
- When should I reach out for help?

Practices to be Successful in PCP QIP

When populating your upload template(s), please ensure the following:

- **Each upload template contains a maximum of 100 lines per submission.**
- **Double check your data entry against your EMR and eReports.**
 - ❖ **When uploading DOS for vaccines/well care visits, please ensure the DOS has NOT been captured via CAIR or claims.** You can use the Preventive Care Dashboard or the eReports member details via the measure report in your verification for the specific member you are uploading for. There is up to a 14-day lag (most claims are processed within 30 days) with claims and a 4-6 weeks lag with CAIR. Sometimes a typo and a different DOS is submitted with uploads which can violate the 14-day rule and prohibits the member from being able to become a numerator compliant. If this happens, the member will remain in your denominator and you need to wait until the end of the year to see this change when we submit manual adjustments. There is no need to upload for a member if a claim or CAIR DOS was already submitted and can be seen in eReports.
- **Upload only once for each DOS.** For example, if you upload on Tuesday for multiple DOS for a member and you don't see your data or DOS change after the eReports refresh (**allow 7 days**), do not upload again. Reach out to the QIP inbox and one of us will assist you from there. There may be a specific reason why your upload did not take and we will be able to identify that reason for you.

Once the upload template is submitted, **eReports will provide you a message letting you know that your upload was successfully submitted.** We highly advise users to **take a screenshot of this display for documentation purposes** in case your upload does not reflect in the next couple of data refreshes or if you have questions about your upload after eReports refreshes.



Practices to be Successful in PCP QIP

Important Reminders for Vaccinations:

- **Rotavirus vaccines** – Please verify the billed CPT code as there are two different codes based on the series given. Be sure to verify which vaccine series was given, either the 2-dose or 3-dose vaccine. If a 2 dose is being given, verify the patient has two DOS submitted or uploaded and the appropriate code was used. The same goes for the three dose.
- **For each subset of vaccinations, there MUST be at least 14 days in between each vaccination.** For example: If the first vaccination was given at 12/1, the next vaccination from any data source (claim or CAIR) to count towards the measure, would have to be given on 12/15 or later. A vaccination with a DOS of 12/14 wouldn't qualify since it violates the 14-day rule and the member would remain in your denominator.
- We highly recommend providers to **review the CDC recommended child and adolescent immunization schedule prior to scheduling and administering vaccinations.** Our vaccination measures closely follow these guidelines.
 - https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

Practices to be Successful in PCP QIP

If possible, designate one or two people to thoroughly review each non-compliant member's records prior to uploading any data. We have noticed multiple users from the same organization are uploading duplicate DOS for vaccinations or well care visits or updating the wrong date. It is important for the providers to thoroughly review the member record prior and verify their upload templates prior to uploading any supplemental data via eReports. When these verification steps are missed, it can cause issues with the logic and create additional work towards researching and fixing.

Carefully review and follow the upload template instructions. Ensure the correct formatting is used when inputting data onto the template. For examples: DOS must be formatted as MM/DD/YYYY and A1c values must be formatted as XX.X. If this required formatting is not used, your upload will most likely not be captured. If the template has multiple columns where data can be entered, please verify the placement of the inputted prior to submitting your upload template.

If a patient was provided a service prior to becoming a Partnership member or prior to being assigned to a Parent Organization, the upload option can be utilized to submit any supplemental data that was or cannot be administratively captured by Partnership. ***First, please review the member records in eReports.

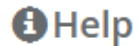


Resources

PCP QIP Webpage:

<https://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>

User Guides found under eReports in Help:



HELP:

Please click [here](#) for the eReports User Manual

Please click [here](#) for the PQD User Manual

PCP QIP Overview



To help orient our providers to the PCP QIP year, we have provided measurement set documents, a code list, and other useful tools and resources.

[Learn More about the 2024 PCP QIP](#)

[Equity Adjustment - PCP QIP Payment Methodology](#)

Webinars



[PCP QIP webinars](#)

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PCP QIP programmatic activities occur regularly throughout a measurement year. This section is a good place to come for program timeline events and other supportive information on available program data tools.

★ Preventive Care Reports User Guide can be found here



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 (**COMPLETED**) - 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: 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.

Registration is
FREE



Scan me

*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.



Questions



If you have additional questions or would like a 1:1 overview of eReports, please contact our QIP Team at:

QIP@PartnershipHP.org

Q & A

Q - In the member search, can you see where the member is assigned?

A - Yes, you are able to see which site the member is assigned to within your organization.

Q - Why aren't we able to upload supplemental data throughout the year?

A - Uploads are on a staggered schedule in attempt to collect as much administrative data possible until the end of the measurement year. Administrative data is a preferred data capture in measures which templates launch later in the year.

Q - Is there any way to move up the launch date of the chlamydia screening upload template? Many may come in through FFACT, and not under Partnership claims.

A - No, the screening must take place during the measurement year, so we prefer to capture the data administratively vs via an upload. No FFACT data will be used for the PCP QIP.

Q - For members who are incorrectly assigned to site(s), is there a way to do a bulk transfer to correct their assignment? Currently, we ask a patient to complete a provider change form and send these individual forms to Partnership.

A - Currently, we do not offer any bulk assignment. Our Member Services department does conduct call campaigns. These campaigns are restricted to 70 members per campaign and require approval from our Member Services team. If you are interested, please send an email to the QIP inbox.



Q & A

Q - For the optional measure, "Reducing Healthcare Disparity", if we decide to opt into this optional measure but are not able to satisfy that measure before the end of the year. Will this negatively impact our overall QIP scores?

A - No, it will not affect your overall QIP scores. You will just not be eligible for incentive.

Q - If the provider offices attempt to complete these various required services, however we are either unable to make contact with the patient, decline the service, or inform us that they have a Primary Care Provider elsewhere. What options are available to the provider office in these cases?

A - The QIP team does partner with our Member Services department to conduct call campaigns. Member Services will research if there is other available contact information and contact the member regarding their assignment. These campaigns are restricted to 70 members per campaign and require approval from our Member Services team. If you are interested, please send an email to the QIP inbox. In the case of patient refusal/decline, we recommend you document this information within your EMR, however this is not an acceptable reason for the member to be removed from any denominators.

Q - Last year, our eReports threshold page showed the WCV and W15 measures as part of our measure set, however, we do not see pediatrics. If this happens again, who can I contact to get these measures removed?

A - **(Correction)** Measures are displayed based on member assignment. These measures would only display if you had pediatric members assigned to your site(s) who fall into your denominators. You would need to verify your member assignment via Partnership's online service portal.



Q & A

Q - In regards to HPV, the CDC's recommendation is to start at the age of 9 years old. If HPV is given at age nine, would it count towards compliance?

A - Yes, if HPV is given at the age of nine then it would qualify towards the measure. HPV vaccines would need to be given on or between the 9th and 13th birthdays.

Q - Is there an upcoming ABCs of Quality scheduled for Fairfield?

A - Not at this time. Partnership held an ABCs of QI in Fairfield back in November 2024. We will offer another Fairfield training in the Fall/Winter of 2025.

Q - On the CIS10 preventive care reports, what does the “to be evaluated” urgency flag indicate?

A - The member is turning 2 years old in eight to twelve months.

Q & A

Q - Can you provide clear specifications for catch-up vaccines? It is slightly different from the regular schedule, and quite complex.

A - We recommend following the catch-up schedule as designed by ACIP/CDC. Please refer to: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html>

The catch-up vaccination schedule is an important guide for an individual patient who is still in need of the vaccine(s). The number of required vaccines can change based on the particulars of the catch-up schedule. Unfortunately, the QIP cannot take this schedule into account. The QIP strictly follows the standard vaccination schedule by age: <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>