

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency

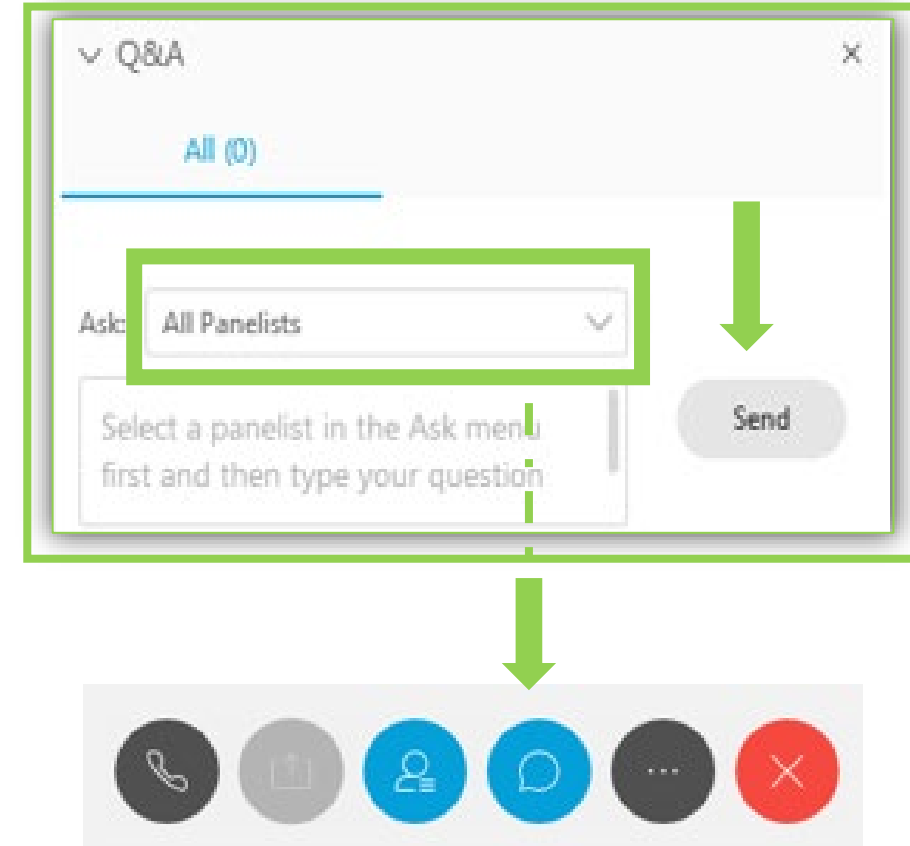


Primary Care Provider (PCP)
Quality Improvement Program (QIP)
Measurement Year 2026 Kick-Off

Amber Newell, Program Manager
Eva Lopez, Program Manager
January 13, 2026

Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have any questions throughout the presentation, **please type your question in the CHAT BOX, and address to “ALL PANELISTS”** and someone will provide you with an answer or follow-up.



Agenda

- About Partnership and QIP
- QIP Timeline and highlights
- Measurement year 2026 changes
 - Core measurement set
 - Unit-of-service measurement set
- Resources
 - eReports
 - PQD
 - Preventive care dashboard
 - Disparity dashboard
- Upcoming training events



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 Report Dashboard
 - Disparity Analysis Dashboard
- All PCPs with Medi-Cal assigned members are automatically enrolled in the program if their organization has an existing signed contract amendment related to the QIP, prior to the beginning of measurement year. Any new parent organization joining by March 31 of the current measurement year may be permitted **on an exception basis**, subject to review and approval by Partnership's Executive team, to participate in the PCP QIP.
- QIP Structure
 - Core Measurement Set (2 domains)
 - Clinical:
 - Chronic disease management, prevention and screenings, and pediatric access
 - Non-Clinical:
 - Hospital utilization, primary care utilization, and patient experience
 - Unit of Service, a.k.a. **BONUS Measures**



Contract Amendment for Pay-for-Performance Participation

As of January 1, 2026, federal law *42 CFR 438.3(i)(3)* requires network providers participating in pay-for-performance (P4P) programs to execute an agreement inclusive of specific program details.

Provider organizations must sign a contract for **each** Quality Incentive Program (QIP) they participate in. This contract(s) formalizes the agreement and commitment to the program's performance and agreed upon measure set.

Federal law requires contract amendments to be signed **annually** to ensure all agreements remain up-to-date and compliant.

Partnership is taking proactive steps by planning earlier engagement in 2026 for the 2027 measurement year.

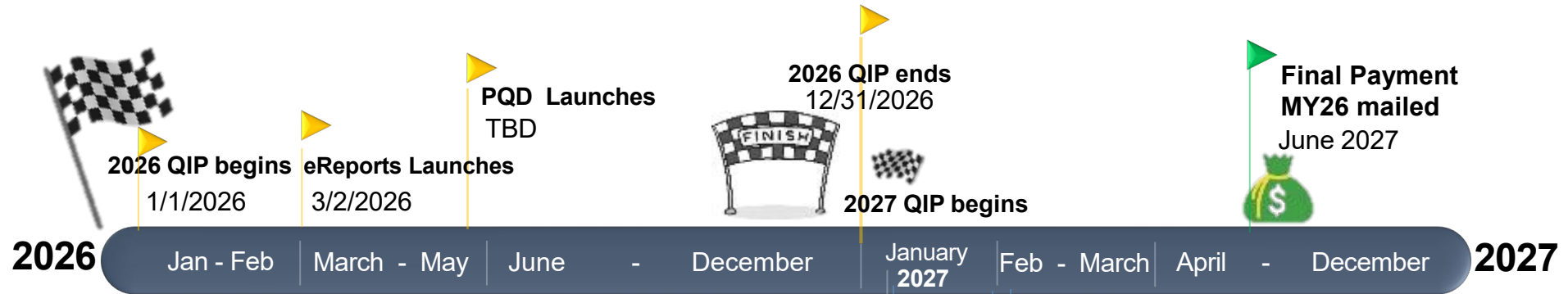
Once your organization's designated representative signs the contract, Partnership officially confirms your participation for the upcoming measurement year.

As we approach a new measurement year, the PCP QIP team will be in communication with the network and will host webinar sessions, where they will provide valuable insights and contracting updates.

If you have any questions related to this contract amendment, please reach out to Partnership's Contracting team at contracting@partnershiphp.org



PCP QIP Standard Timeline



Measurement Year

1/1/2026 – 12/31/2026

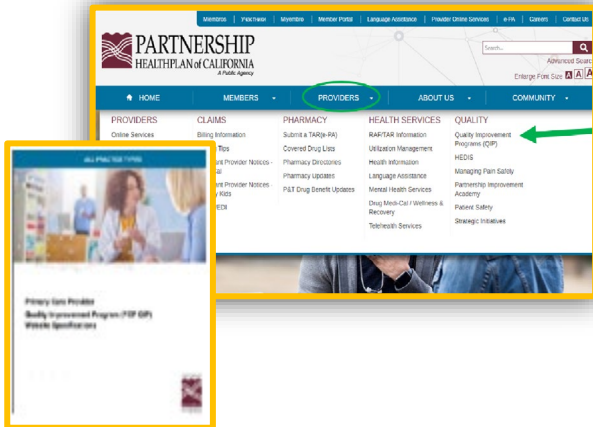
Grace Period (MY26)
1/11/2027 – 1/29/2027

Validation Period
Review final rates
inclusive of uploads
2/1/2027-2/5/2027

Final denominators
posted on eReports
1/11/2027

Preliminary Periods
Non-Clinical:
3/8/2027-3/12/2027
Unit of Service & Patient Experience:
3/15/2027-3/19/2027

Final date for
submitting clinical
data to eReports
and accepting UOS
submissions
1/29/2027



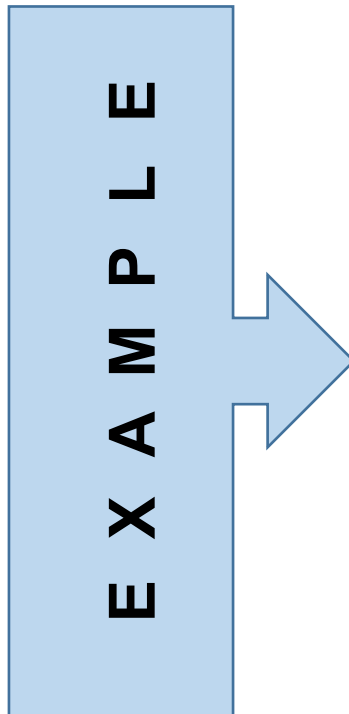
2026 Timeline Highlights

Measurement Year 2026 (MY2026): Quarter 1 – Quarter 3 Highlights

- eReports Launch: March 2
 - Kick-Off Webinar – **February 2026, Exact date TBD**
- Partnership Quality Dashboard (PQD) Launch: May - June (**exact date TBD**)
 - Kick-Off Webinar – **TBD**
- Patient Experience:
 - CG CAHPS – Providers will be notified of their qualification status in **May 2026**
 - Survey Option - Part 1 is **Due July 31**
- PCP QIP Payment for MY2025: **June 2026**

Continuous Enrollment

Defined as member assignment to the **parent organization** for at least **nine** out of **12** months during MY 2026



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 50th percentile target in order to be eligible for RI points on the measure

AND

- Have an **RI score of 15%** or higher, compared to the previous year's performance.
New for 2026
 - RI Score >15% and provider score between 50th - 75th percentile = **Partial Points**
 - OR**
 - RI Score >15% and provider score above 75th percentile but not exceeding the 90th percentile = **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.
- 4. Payment Calculation:** 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) UOS 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 \$23.25 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 and 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 and 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

2026 PCP QIP Core Measurement Set





2026 Measurement Set Programmatic Changes

Clinical Measures

- New:
 - Breast Cancer Screening (family practice and internal medicine **40-74yo**)
 - Chlamydia Screening (**only** family practice 16-24yo and internal medicine 21-24yo)
 - Kidney Health Evaluation for Patients With Diabetes (family practice and internal medicine)

Unit of Service Measures

- Changes:
 - Academic detailing, **new measure name**: Clinician Education on Improving Medication Management
- Measure(s) Retired:
 - Early administration of first HPV dose
 - Early administration of initial flu vaccine series (two doses)





2026 PCP QIP Clinical Measurement Set

CLINICAL DOMAIN							
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS	
FAMILY	INTERNAL	PEDS				FULL 90th	PARTIAL 75th
✓	✓		Comprehensive Diabetic Care - HbA1c Control	CHRONIC DISEASE MANAGEMENT	18 - 75 YRS	Please see DETAILED PCP QIP 2026 MEASURE SPECIFICATIONS IN eREPORTS	
✓	✓		Comprehensive Diabetic Care - Retinal Eye Exams		18 - 75 YRS		
✓	✓		Kidney Health Evaluation for Patients with Diabetes**		18 - 85 YRS		
✓	✓		Controlling High Blood Pressure		18 - 85 YRS		
✓		✓	Immunization for Adolescents - Combination 2	13 YRS			
✓	✓		Breast Cancer Screening**	40 - 74 YRS			
✓	✓		Cervical Cancer Screening	21 - 64 YRS			
✓		✓	Childhood Immunization Status - Combination 10	2 YRS			
		✓	Chlamydia Screening	16-20 YRS			
✓			Chlamydia Screening**	16-24 YRS			
	✓		Chlamydia Screening**	21-24 YRS			
✓	✓		Colorectal Cancer Screening	45 - 75 YRS			
✓		✓	Lead Screening in Children	2 YRS			
✓		✓	Topical Fluoride in Children* Monitoring	1 - 4 YRS			
✓	✓	✓	Reducing Healthcare Disparity	--			
✓		✓	Child and Adolescent Well Care Visit	3 - 17 YRS	PEDIATRIC ACCESS		
✓		✓	Well Child Visits in the First 15 Months of Life	15 MONTHS			
		✓	Well Child Visits in the First 15-30 Months of Life	30 MONTHS			
✓			Well Child Visits in the First 15-30 Months of Life Monitoring	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.**





2026 PCP QIP Non-Clinical Measurement Set

PRACTICE TYPE			NON-CLINICAL			
FAMILY	INTERNAL	PEDS	HOSPITAL UTILIZATION			
✓	✓		Ambulatory Care Sensitive Admissions	FULL POINT TARGET 9.17 (60th Percentile)	PARTIAL POINT TARGET 11.91 (70th Percentile)	
✓	✓		Follow-up Within 7 Days after Hospital Discharge	FULL POINT TARGET SCORE >=33%	PARTIAL POINT TARGET 28-32%	
PRIMARY CARE UTILIZATION						
✓	✓	✓	Avoidable ED Visits	FULL POINT TARGET 13.14 60th Percentile	PARTIAL POINT TARGET 16.28 70th Percentile	
✓	✓	✓	PCP Office Visits	FULL POINT TARGET Greater than 2.1 visits per member per year on average	PARTIAL POINT TARGET Between 1.8 and 2.1 visits per member per year on average	
PATIENT EXPERIENCE						
✓	✓	✓	Patient Experience	CG-CAHPS	ACCESS	COMMUNICATIONS
					FULL POINTS 50TH Percentile (49.14%)	FULL POINTS 50TH Percentile (75.83%)
				PARTIAL POINTS 25TH Percentile (40.00%)	PARTIAL POINTS 25TH Percentile (65.84%)	
SURVEY OPTION		FULL POINTS PARTS 1 AND 2	PARTIAL POINTS PARTS 1 OR 2			



2026 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 OR \$100 per advance directive/POLST <p>For a maximum incentive payment of \$10,000 per site</p>
Clinician Education on Improving Medication Management	<p>\$2,500 bonus for scheduling and hosting academic detailing meetings with at least one provider for each site, with a minimum of one medical director, one pharmacist (where applicable) and QI Department and Partnership pharmacist/medical director present. There is a two-part meeting requirement for the incentive: First meeting to review the data (\$2,500) and second meeting to follow-up for feedback (\$1,000). If a pharmacy academic meeting is scheduled with only one medical director at the first initial meeting, only \$500 will be given.</p>
Extended Office Hours	<p>(If specified in contract amendment) 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).</p>
PCMH Certification	<p>\$1,000 yearly per site, for achieving or maintaining PCMH accreditation.</p>
Peer-led & Pediatric Group Visits	<p>\$1,000 per group, either new or existing. (Maximum of 15 groups per parent organization).</p>

2026 PCP QIP

Unit of Service Measurement Set

Health Information Exchange	<p><u>One time</u> \$3,000 incentive for signing on with a local or regional health information exchange; Annual \$1,500 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	<p>\$2,000 per parent organization for submission of Health Equity implementation initiative or an annual updated Health Equity report.</p>
Tobacco Screening	<p>\$5 per tobacco use screening or counseling of members 11– 21 years of age after 3% threshold of assigned members screened.</p>
<p>Electronic Clinical Data System (ECDS)</p> <p>★ Important Note: This will become a gateway measure in 2027, so all sites are encouraged to participate in 2026.</p>	<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 <u>DataLink</u> to allow the extraction of HEDIS data by September 30, 2026. Agreements signed after September 30, <u>2026</u> will be eligible for half payment (\$1,000) through December 31, 2026 2. An additional \$3,000 per Parent Organization when <u>DataLink</u> receives HEDIS data abstraction successfully from EMR by October 31, <u>2026</u> and the Parent Organization responds timely to <u>request for</u> verification.

What Performance Tracking Tools Does Partnership Offer?

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



eReports



QIP e-Reports

Sign in with your organizational account

Log In

Sign Up:

New user, please email the QIP Team at qip@partnershiphp.org for your site's registration key (for eAdmin Only) or contact for eAdmin (creation of general accounts). Click [here](#) to register with a registration key.

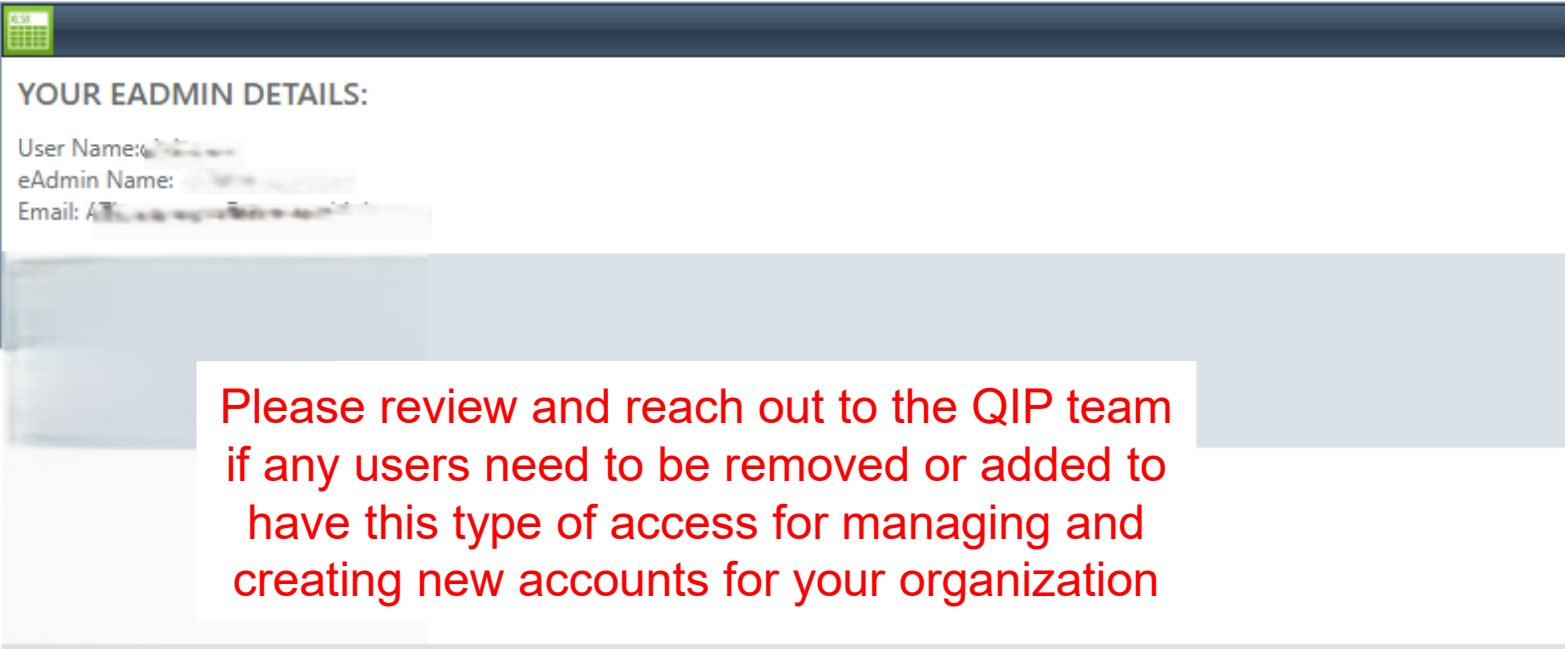
[Can't access your account?](#)

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

eReports – My eAdmin

QIP – eReports

 My eAdmins



YOUR EADMIN DETAILS:

User Name: [REDACTED]
eAdmin Name: [REDACTED]
Email: [REDACTED]

[REDACTED]


[REDACTED]


Please review and reach out to the QIP team if any users need to be removed or added to have this type of access for managing and creating new accounts for your organization





QIP Site:


 Home

 My QIP Scores


 QIP Measure Report

 QIP Member Report

 Member Search

 Upload QIP Data

 Weekly Count Report

 My eAdmins

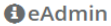
eReports – eAdmin

QIP Site:

- Home
- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Weekly Count Report
- eAdmin**
- Diagnosis Crosswalk
- QIP Specification Manual
- Templates
- PHC Internal User Menu
- Partnership Quality Dashboard
- Preventive Care Report
- Disparity Analysis Dashboard

Log Out

QIP – eReports



Name: Email:

Username: Group Name:

Providers:

Practice Type	Providers
No records to display.	

+ Add New User
Refresh

Username	First Name	Last Name	User Email	Is Active	Is Locked		
				True	False	Disable	Edit
				True	False	Disable	Edit
				True	True	Disable	Edit
				True	True	Disable	ReSend Email Verification Edit
				True	True	Disable	ReSend Email Verification Edit
				True	True	Disable	ReSend Email Verification Edit
				True	True	Disable	ReSend Email Verification Edit
				False	False	Enable	ReSend Email Verification Edit
				False	True	Enable	ReSend Email Verification Edit

+ Add New User
Refresh

Page size: 10
70 items in 7 pages

Please review and disable any user accounts that are no longer with your organization

eReports – Detailed PCP QIP Specifications Manual


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://efaidnbmnnnibpcajpcglclefindmkaj/https://qip.partnershiphp.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, 2025

2026
MEASUREMENT YEAR



eReports – Uploads

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

QIP – eReports

Templates

Select a Measure:

Download this template to upload data for the selected measure:

Data upload file format definitions for the selected measure:

Upload Instructions for Numerator Compliance:

- Identify and enter the following information in the appropriate column:
 - Members 24-29 years of age who had a cervical cytology during the measurement year or two years prior to the measurement year:
 - Member CIN (12345678A9)
 - AND
 - PAP Smear Collection Date (MM/DD/YYYY)
 - Members 30-64 years of age who had a cervical cytology during the measurement year or two years prior to the measurement year OR a high risk human papillomavirus (hrHPV) testing during the measurement year or four years prior to the measurement year:
 - Member CIN (12345678A9)
 - AND
 - PAP Smear Collection Date (MM/DD/YYYY)
 - OR
 - High Risk HPV/HPV Collection Date (MM/DD/YYYY)
- Exclusions:
 - Member CIN (12345678A9)
 - AND
 - Date of "Total", "Complete", or "Radical" Hysterectomy Date (MM/DD/YYYY)

2. Save the file to your desktop or other preferred location.



eReports – Upload Schedule

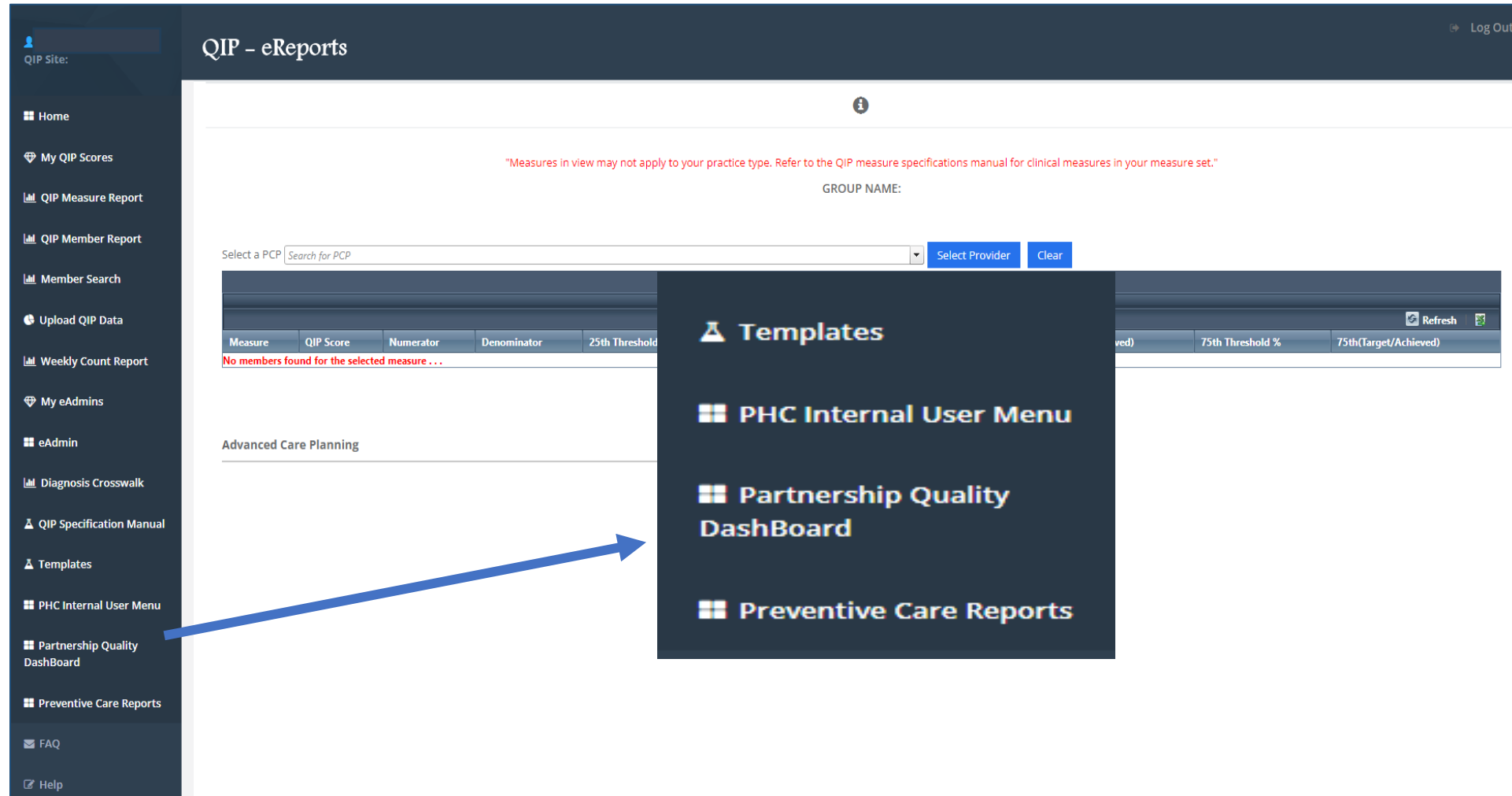
CLINICAL MEASUREMENT SET:

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 02, 2026 - JAN 29, 2027	
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		OCT 01, 2026 - JAN 29, 2027
Breast Cancer Screening Child and Adolescent Well Care Visits Chlamydia Screening Kidney Health Evaluation in Patients with Diabetes NEW		JAN 11, 2027 - JAN 29, 2027

Note: *No uploads will be accepted for Topical Fluoride in Children*



eReports – Partnership Quality Dashboard (PQD)



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 is titled 'QIP - eReports' and includes a 'Log Out' link in the top right. A red warning message states: "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 'Search for PCP' text. There are 'Select Provider' and 'Clear' buttons. A table with columns 'Measure', 'QIP Score', 'Numerator', 'Denominator', and '25th Threshold' is visible, with a red error message: "No members found for the selected measure...". A 'Refresh' button is also present. 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 'Partnership Quality DashBoard' link in the sidebar to the corresponding item in the overlay menu.

Partnership Quality Dashboard (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 QIP team (QIP@partnershiphp.org) for any questions.



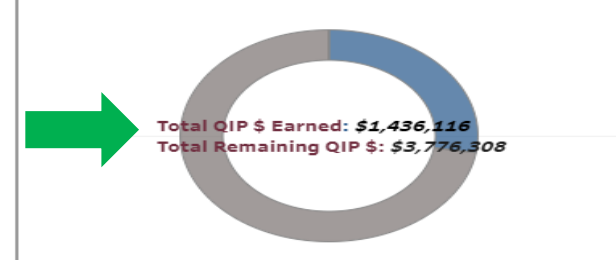
Status
ESTIMATED

Refresh Date
Oct-25

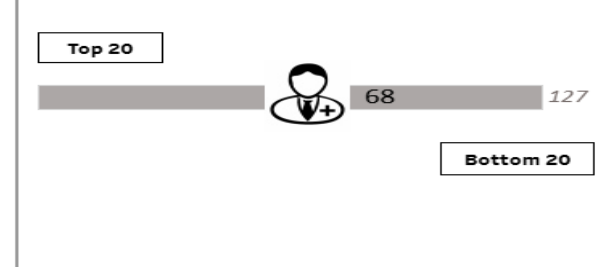
Members
33,079

Claims Timeliness
89.56% (Good)
(121,512/135,681)

Payout Status
Your organization has earned 27.55% of your Total Possible QIP \$.



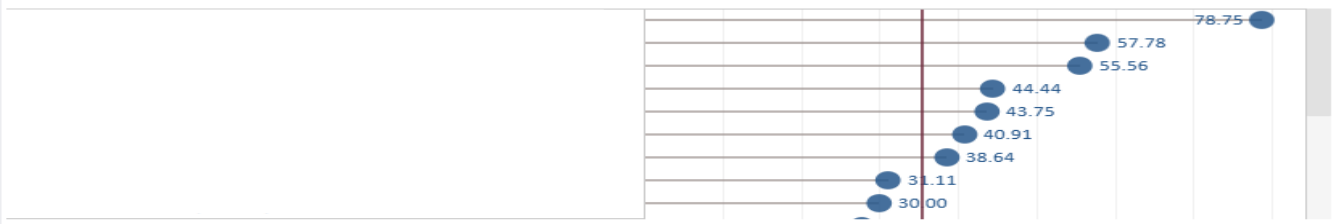
You have earned 27.11% of your possible points. The Planwide Average to date is 37.08% giving you an Overall Rank of 68 out of 127 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.



Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	75th Target	90th Target	PO QIP \$ Earned	PO Remaining QIP \$	PO Remaining QIP \$
7 Days Follow-Up	29.91	N/A	N/A	N/A	\$118,310	\$88,212	74 / 110
ACS_ADMISSION	10.24	N/A	N/A	N/A	\$106,881	\$99,641	75 / 116
Avoidable ED/1000	9.19	N/A	N/A	N/A	\$233,865	\$155,440	81 / 127
Breast Cancer Screening	49.51	52.68	59.51	63.48	\$16,629	\$256,351	59 / 113
Cervical Cancer Screening	46.36	57.18	61.56	67.46	\$1,766	\$271,215	60 / 114
Child and Adolescent Well Care Visits	42.16	51.81	58.07	64.74	\$2,649	\$583,644	62 / 103
Childhood Immunization Status CIS 10	12.20	27.49	34.79	42.34	\$0	\$417,935	51 / 96
Chlamydia Screening	22.31	55.95	64.37	69.07	\$0	\$81,222	54 / 117
Colorectal Cancer Screening	37.86	38.07	43.71	49.35	\$92,200	\$134,159	43 / 114
Controlling High Blood Pressure	64.54	64.48	69.37	72.75	\$54,071	\$207,665	31 / 111
Diabetes - HbA1C Good Control	62.95	66.67	70.07	72.99	\$72,025	\$194,209	44 / 112
Diabetes - Retinal Eye exam	40.19	53.53	59.41	64.06	\$1,645	\$211,222	40 / 112
Immunization for Adolescents IMA 2	32.79	34.31	40.88	48.80	\$89,949	\$327,987	36 / 100
Lead Screening in Children	74.68	63.84	71.11	79.51	\$216,430	\$169,016	41 / 94
PCP Office Visits	1.87	N/A	N/A	N/A	\$173,957	\$215,348	91 / 127
Well Child 15-30 Months	75.75	69.43	73.09	79.94	\$68,548	\$12,674	41 / 96
Well Child First 15 Months	56.74	60.38	64.99	69.67	\$187,191	\$350,369	27 / 96

Provider Score





PQD – Non-Clinical Drilldown

Partnership Quality Dashboard

The screenshot shows a web browser window with the following elements:

- Navigation bar: Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3
- Page Header: Partnership HealthPlan of California | Quality Dashboard | Member Drilldown Non-clinical
- Instructions:
How to get started:
1. Click on the measure name (red box) THEN, Click one or more Provider Name(s) from the Provider name dropdown.
2. To view another measure drilldown: Re-click the measure name (blue box) OR the Revert button upper left corner AND return to step 1 or 2 above.
- Measure Selection Bar: Available ED Visits | Ambulatory Care Sensitive Admissions | 7 Days Follow-Up | Office Visits

Two large blue arrows with white numbers 1 and 2 are positioned to the left of the text, indicating the steps described in the instructions.

- In the PQD, non-clinical drilldown dashboard, you can view reporting for each non-clinical measure.
- Throughout the measurement year, it is a best practice to view / download your non-clinical reports and validate your data for accuracy.
- Non-clinical code set can be access via the eReports help page



eReports and Partnership Quality Dashboard Comparison

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

eReports – Preventive Care Dashboard

Dashboard launched on January 12, 2026, with live data and will refresh daily

QIP - 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
- PHC Internal User Menu
- Partnership Quality DashBoard
- Preventive Care Reports
- FAQ
- Help

"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 %	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

Summary Information | CIS 0-2 Yrs | IMA 9-13 Yrs | 6+Visits by 15Months | 2+Visits by 30Months | 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.

Preventive Care Dashboard Supplemental Reports

Preventive Care Reports

View: Original

Summary Information | CIS_0-2 Yrs | IMA_9-13 Yrs | 6+Visits by 15Months | 2+Visits by 30Months | 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)

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				

Share

- Image
- Data
- Crosstab**
- PDF
- PowerPoint



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 HEALTH PLAN

Preventive Care Dashboard Supplemental Reports

Excel spreadsheet showing a Preventive Care Dashboard Supplemental Report. The spreadsheet includes columns for member information (CIN, DOB, Mbr Phone, Mbr Language, Mbr Full Name First, Mbr Address 1, Mbr Address 3, Mbr Address 4, Mbr Address 5, Mbr County, Current Age, Current Age Year of Data, Date 15 Mo, Most Recer, Last DOS, #DOS < 15) and a Visit Rank section (U, V, W, X).

The Visit Rank section is highlighted with a yellow border and contains the following data:

Visit Rank			
1	2	3	4
44789	44897		
44643	44680	44740	448
44895			
44750	44806	44869	
44907			
44762	44782	44841	448
44831	44869	44937	
44726	44790	44943	
44823			
44916			
44636	44769	44832	448
44855			
44655	44719	44802	448
44909			

eReports – Disparity Dashboard

- Home
- My QIP Scores
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- Preventive Care Report
- Disparity Analysis Dashboard**
- FAQ
- Help

Disparity Analysis Dashboard

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

Color Legend

- Below MPL
- 75th
- 50th
- 90th

Filters and Breakouts to Modify the Table Display

Refresh Date
Sep 25

Measure Name
(All)

Provider Name
(All)

Race/Ethnicity Group
(All)

Denominator Size
(All)

Geo Breakout 1
None

Geo Breakout 2
None

Measure and Race Drilldown

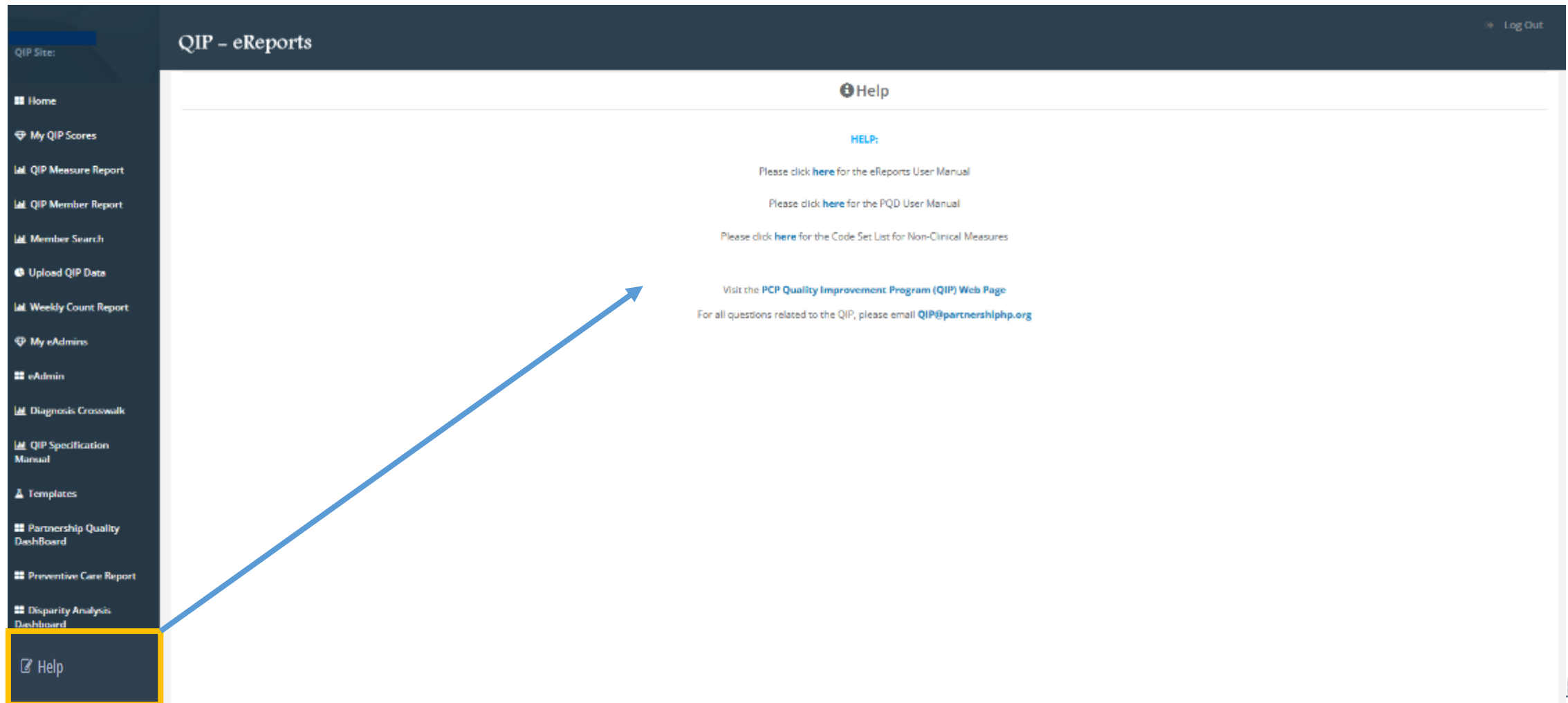
Length of the horizontal color bar represents denominator size in log scale.

Measure Name	Geo Breakout 1	Geo Breakout 2	ALL	ASIAN	BLACK	EP	HISPA	NATIVE AMERICAN	OTHER	SOUTH ASIAN	SOUTHEAS T ASIAN	UNKNOWN	WHITE
Breast Cancer Screening	None	None	50.00	24.00	36.00	55.63	52.00	40.54	66.67	51.72	52.42	46.67	
Breast Cancer Screening Monitoring	None	None	42.86	30.77	45.45	40.32	25.00	36.84	33.33	46.15	45.83	36.22	
Cervical Cancer Screening	None	None	43.33	50.00	36.73	49.62	31.36	30.93	33.33	42.65	39.41	43.71	
Child and Adolescent Well Care Visits	None	None	36.36	29.51	35.29	38.42	32.23	44.72	41.94	31.03	44.12	35.12	
Childhood Immunization Status CIS 10	None	None		0.00		19.67		40.00	33.33	0.00	6.25	8.96	
Chlamydia Screening	None	None	0.00	23.53	0.00	19.31	17.24	44.44	0.00	0.00	19.54	22.41	
Colorectal Cancer Screening	None	None	32.08	31.85	29.41	38.63	23.40	33.04	50.00	47.54	36.40	37.10	
Controlling High Blood Pressure	None	None	44.44	57.14	83.33	59.84	66.67	68.00	100.00	61.11	64.46	61.41	
Diabetes - HbA1C Good Control	None	None	60.00	65.71	100.00	50.87	52.17	58.33	83.33	83.33	60.27	62.26	
Diabetes - Retinal Eye exam	None	None	26.67	34.29	66.67	40.20	39.13	37.50	50.00	41.67	36.99	32.83	
Immunization for Adolescents IMA 2	None	None	80.00	30.00	0.00	40.06	100.00	53.64	40.00	0.00	19.18	25.28	
Lead Screening In Children	None	None		66.67		85.16		50.00	0.00		72.37	68.82	
Well Child 15-30 Months	None	None		66.67		81.60		33.33		50.00	75.00	68.57	
Well Child First 15 Months	None	None		50.00		53.95	66.67	16.67	20.00	50.00	41.67	42.55	

****Resource: [Health Equity Playbook](#)**

- **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 NCCA Quality Compass benchmarks (Internal targets used for the Colorectal Cancer Screening measure).

eReports – Help/Resource



The screenshot shows the 'QIP - eReports' application interface. On the left is a dark sidebar with a list of navigation items. The 'Help' item at the bottom of the sidebar is highlighted with a yellow box. A blue arrow points from this 'Help' item to the main content area. The main content area has a dark header with 'QIP - eReports' on the left and 'Log Out' on the right. Below the header is a white section titled 'Help' with an information icon. The text in this section provides links to user manuals and a contact email.

QIP Site: Log Out

QIP - eReports

Help

HELP:

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

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

Please click [here](#) for the Code Set List for Non-Clinical Measures

Visit the [PCP Quality Improvement Program \(QIP\) Web Page](#)

For all questions related to the QIP, please email QIP@partnershiphp.org

Home

My QIP Scores

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QIP Member Report

Member Search

Upload QIP Data

Weekly Count Report

My eAdmins

eAdmin

Diagnosis Crosswalk

QIP Specification Manual

Templates

Partnership Quality Dashboard

Preventive Care Report

Disparity Analysis Dashboard

Help

Resources

PCP QIP Program:

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

- Measure specifications (abridged version)
- Webinars
- Quarterly newsletters
- Resource page : timelines, user guides, etc.

Partnership Improvement Academy:

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

- [Best Practices for PCP QIP Measure Set](#)

Resources

Partnership 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 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 2026 Trainings

The Improving Measure Outcomes learning series is designed to help quality improvement teams turn knowledge into action. These sessions focus on Partnership's Primary Care and Perinatal Provider Quality Incentive Program (QIP) measures, offering practical strategies to close care gaps, advance health equity, and improve clinical outcomes.

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

2026 Webinar Schedule

All webinars are held from noon to 1 p.m.

February 11 - Preventive Care for Children Ages 0 – 30 Months

February 25 - Preventive Care for Children and Adolescents Ages 3 – 17 Years

March 11 - Preventive Cancer Screenings: Improving Outcomes through Early Detection

March 25 - Managing Chronic Disease: Strategies for Blood Pressure and Diabetes Control

April 8 - Sexual and Reproductive Health

April 22 - Improving Perinatal Outcomes

**Continuing education credits available.*

For details and registration, visit [Improvement Academy's event page](#)
Questions? Email improvementacademy@partnershiphp.org





Improvement Academy Upcoming 2026 Trainings

ABCs of Quality Improvement

an in-person training designed to introduce participants to key Quality Improvement (QI) methodologies, with a specific focus on the Model for Improvement – a widely used framework for driving measurable change in health care settings

Thursday, February 5, 2026

8 a.m. – 4 p.m.

Fairfield, CA

Course topics include:

- *Basic Principles of Quality Improvement*
- *Introduction to the Model for Improvement*
- *Creating an Aim Statement*
- *Using Data to Measure and Drive Improvement*
- *Developing Change Ideas*
- *Testing Changes with the Plan-Do-Study-Act Cycle*

[REGISTER HERE](#)



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.

*CME/CEs available.

Email questions to improvementacademy@partnershiphp.org





Improvement Academy Upcoming 2026 Trainings

Program Overview

The [Quality Improvement \(QI\) Project Toolkit and Training Program](#) helps our partners build the skills and structure to plan, launch, and sustain meaningful QI projects. Whether someone is new to project work or looking to expand their knowledge, this program offers practice resources and skills to move ideas into action.

Target Audience: Key stakeholders across the Partnership services area, including network providers, county partners, and community-based organizations.

What We Ask of Participants:

- Currently leading/supporting QI projects
- Prioritize attendance at all six webinars
- Come prepared to participate in discussion and activities
- Have access to a computer with webcam and microphone
- **Strongly encourage** outlining a QI initiative, a specific/measurable goal for the initiative, and prior attendance at an ABCs of Quality Improvement training

Webinar Schedule – all sessions held from noon - 1:30 p.m.

Session 1	Intro to Project Management	02/24/26
Session 2	Ready, Set, Launch	03/10/26
Session 3	On Track, On Message	03/24/26
Session 4	Turning Challenges into Progress	04/07/26
Session 5	Progress into Motion	04/21/26
Session 6	Closing and Sustaining a Project	05/05/26

[Enroll Here](#)
by 02/17/26



[Webinar Series](#)

- Live, webinar-based
- Six sessions (90 minutes each)
- 12-week cohort
- Project Lifecycle curriculum



[Toolkit Resource Hub](#)

A self-serve resource that includes:

- Ready-to-use templates
- How-to guides
- Best Practices
- Microlearnings

Questions? View our [webpage](#) or email QIProjectTraining@partnershiphp.org



Questions and Answers

Q: Is the PCP QIP 2026 Kick Off Webinar recorded? Will the presentation and recording be posted to the PCP QIP webpage?

A: The webinar is recorded, and both the presentation and recording will soon be available to providers on the [PCP QIP webpage](#).

Q: How does Relative Improvement display in the Partnership Quality Dashboard (PQD)?

A: Relative Improvement is displayed in the PQD user guide, which can be accessed through the HELP page in eReports. For full display details, refer to the PQD user guide.

Note: Relative Improvement displays may change slightly for MY2026.

Questions and Answers

Q: What measures are retiring in MY2026?

A: Two unit of service measures are retiring: Early Administration of the First HPV Dose and Early Administration of the Initial Flu Vaccine Series.

Q: Which MY2026 clinical measures will not have any partial points available?

A: The following measures will have no partial points available and will be treated as new clinical measures with full points being earned at the 50th percentile: Kidney Health Evaluation in Patient with Diabetes (Family and Internal Medicine), Breast Cancer Screening for ages 40 to 75 (Family and Internal Medicine), and Chlamydia Screening (only applied to Family and Internal Medicine practices).



Questions and Answers

Q: Is there rationale for retiring the Early Administration of the First HPV Dose and the Early Administration of the Initial Flu Vaccine Series unit of service measures?

A: Following a detailed analysis, the decision was made to retire these measures in MY2026 due to high provider performance in administering the first HPV dose and the initial flu vaccine series. This decision allows the PCP QIP to reallocate resources toward higher-value metrics that more effectively support quality improvement, regulatory compliance, and improve patient outcomes.

Q: Where is the MY2026 PCP QIP Specifications Manual located?

A: The abridged MY2026 PCP QIP Measure Specifications Manual is located on the [PCP QIP webpage](#). The detailed MY2026 PCP QIP Measure Specifications Manual will be available through the 2026 eReports, which launches on March 2, 2026.





Questions and Answers

Q: Why are manual uploads not allowed for the Topical Fluoride in Children clinical measure?

A: Currently, Partnership is only looking to capture administrative data for this measure as part its evaluation. When this measure is moved out of monitoring and into active status, Partnership may consider manual upload submissions via eReports.

Q: Will the MY2026 clinical measure targets be available in the PQD when the platform launches?

A: Yes, the MY2026 clinical measure targets will be available in the PQD. They will also be available in our detailed MY2026 PCP QIP Measure Specifications Manual once the 2026 eReports launches on March 2, 2026.





Questions

For questions, please contact Partnership's QIP Team at QIP@PartnershipHP.org

