



# Partnership Quality Dashboard Quality Incentive Program Provider User Guide

*Last Updated: October 22, 2025*

## Table of Contents

Introduction .....	3
Log In.....	3
Data Refresh Schedule.....	3
Compatible Web Browsers .....	3
General Navigation Tips .....	4
Downloading Instructions.....	4
Contact Us.....	5
PQD Dashboards .....	6
Home Dashboard.....	6
QIP Stoplight Dashboard .....	15
QIP Stoplight Trend Chart .....	17
QIP Stoplight - QIP Targets .....	19
Provider Dashboard .....	20
Measure Performance Dashboard.....	24
Scorecard Dashboard .....	26
Drill Down – Clinical.....	28
Drill Down – Non-Clinical .....	29
Avoidable ED, ACS Admissions, 7 Days Follow-Up and Office Visits Reports.....	30
Final Statement Dashboard (FS1-FS3).....	32
Relative Improvement .....	35
Disparity Dashboard: .....	39
FAQs.....	40

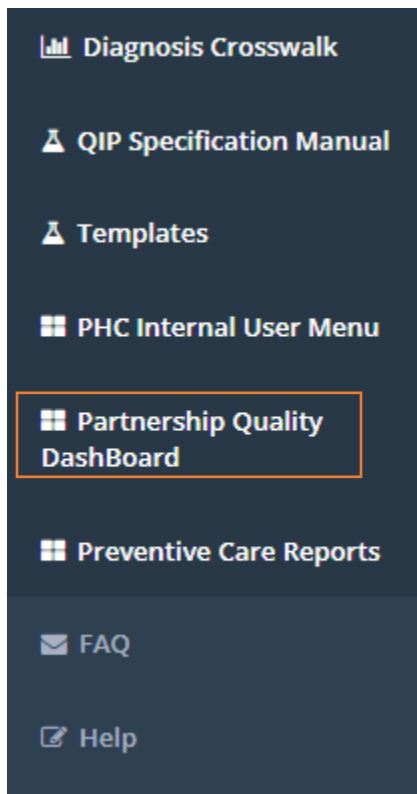
## Introduction

The Partnership Quality Dashboard (PQD) is a Tableau dashboard that is integrated into eReports and designed to visualize Primary Care Provider Quality Incentive Program (PCP QIP) data. PQD dashboards are designed to inform, prioritize, and evaluate quality improvement efforts. Dashboards and performance metrics built into the PQD provide the ability to track and trend QIP data.

Performance data in PQD can be rolled up, in executive summary views and drilled-down to the patient demographic level. We hope you find the PQD actionable, informative, and supportive in pursuit of your QI goals. If you have any questions or feedback, please contact the PCP QIP team.

## Log In

Login to PQD by clicking the PQD link in eReports. This link is located on the menu bar on the left side of your screen:



## Data Refresh Schedule

PQD measurement year data will update monthly on the 10th of each month. Note: There is a one month data lag in PQD (Example: On June 10, May's data will become available). If there are any known or anticipated delays to the PQD data refresh, the QIP team will provide timely communication to the provider network.

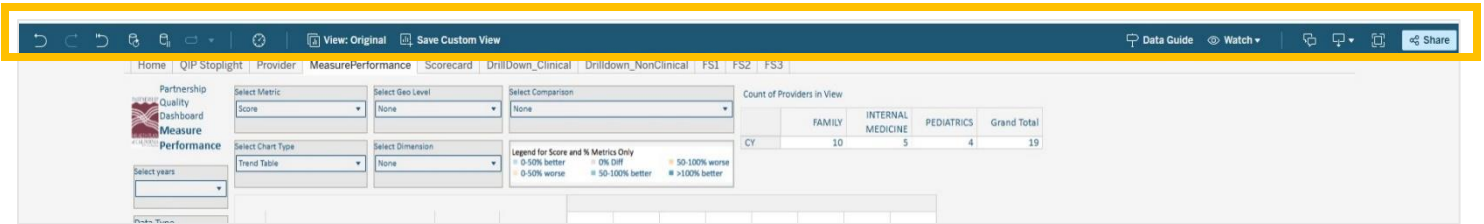
## Compatible Web Browsers





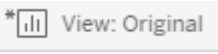
The PQD functions in these browsers:

- Chrome on Windows, Mac, and Android 4.4 or later
- Apple Safari on Mac and iOS 8.x or later
- Microsoft Edge
- Mozilla Firefox 3.x or later on Windows and Mac

## General Navigation Tips


The Tableau menu bar offers users the ability to interact with the data in a variety of ways.

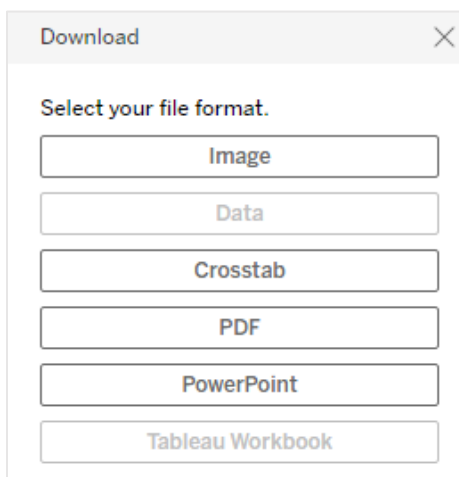


- Click  to undo your last action.
- Click  to reset view
-  Refresh  Pause These two buttons are not applicable in navigating the dashboard and can be ignored.
- If you have a preferred view with filters applied, use  and name and save your view. You can select this from your list of views without having to re-apply filters next time you visit PQD.
- Hovering over certain data points in any dashboard will display a pop-up tool tip displaying more detailed information about the data.

## Downloading Instructions

Tableau offers several formats to export visualizations and supporting data from PQD.

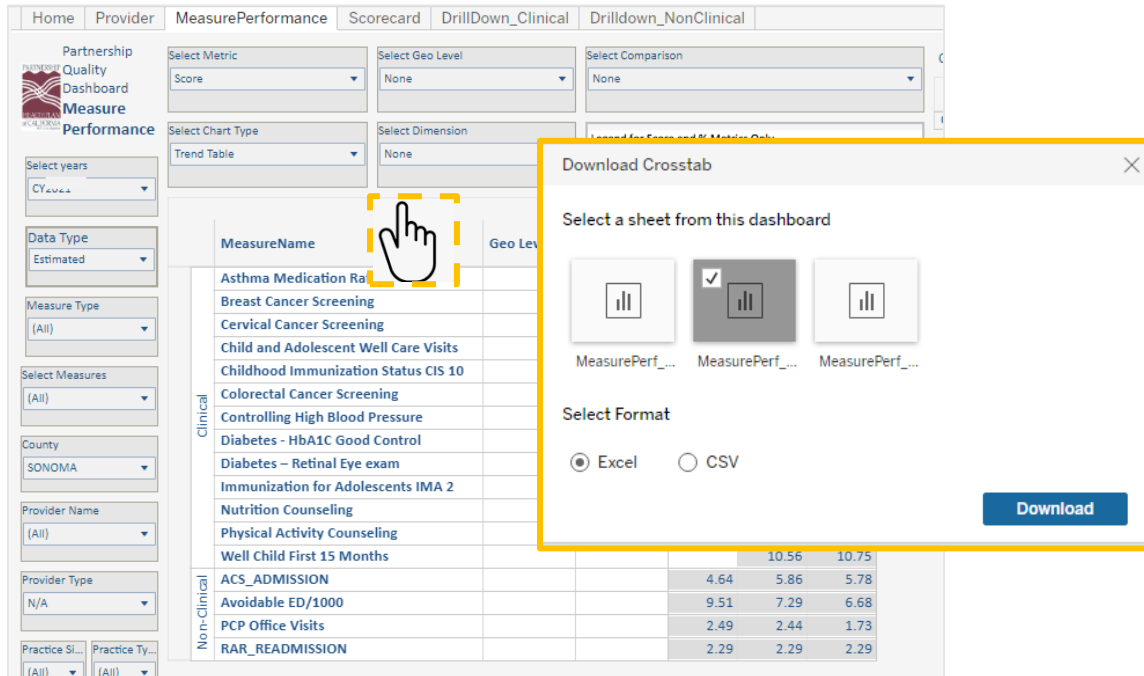
- Use the download  Download button from the Tableau menu bar. Select a format option:



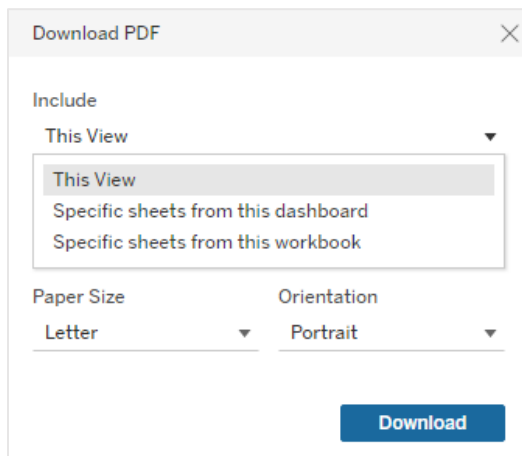
*If the option is grayed out, this format is not available for this dashboard or you need to select the data that you want to download.*

- Data vs. Crosstab format. Both options export to Excel or CSV; however, the Crosstab format is the export of the data in the table view only whereas the Data format contains full data with all underlying filter and parameter options. PQD has multiple dashboards built into each view, so upon download you will need to select which sheet you need.

If you actively select the header of the chart, you want underlying data for, before clicking download, the sheet will be selected for you.



- Download PDF or Power Point



Download PDF or Power Point is a great way to download multiple dashboard views at once into a single document.

Use the option “Specific sheets from this workbook” and select all or specific dashboards to export.

You will want to do this after you have populated the dashboard with your preferred filters.

- Downloading the Tableau workbook is not available. Please contact the QIP team with any questions.

### Contact Us

For technical assistance or questions about the PQD, please contact the QIP team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org)

## **PQD Dashboards**

### **Home Dashboard**

The Home Dashboard summarizes QIP performance at the parent organization (PO) level. This dashboard provides a summary of performance across all primary care sites in the parent organization that are participating in the PCP QIP. Individual site performance is broken out in Provider Score at the bottom of page.

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.

**1** **Status** ESTIMATED **Refresh Date**

**Members** 33,414 **Claims Timeliness** 88.45% (Good) (97,737/110,502)

**2** **Payout Status**  
 Your organization has earned **22.37%** of your Total Possible QIP \$.

**Total QIP \$ Earned: \$1,172,159**  
**Total Remaining QIP \$: \$4,067,630**

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

Measure	PO Score	50th Target	75th Target	90th Target	PO QIP \$ Earned	PO Remaining QIP \$	PO QIP %
7 Days Follow-Up	23.72	N/A	N/A	N/A	\$78,086	\$129,546	77 / 110
ACS_ADMISSION	10.49	N/A	N/A	N/A	\$103,968	\$103,664	74 / 117
Avoidable ED/1000	8.71	N/A	N/A	N/A	\$294,428	\$98,099	79 / 128
Breast Cancer Screening	46.81	52.68	59.51	63.48	\$16,732	\$257,973	62 / 115
Cervical Cancer Screening	43.40	57.18	61.56	67.46	\$1,788	\$272,918	58 / 116
Child and Adolescent Well Care Visits	33.42	51.81	58.07	64.74	\$0	\$588,569	56 / 104
Childhood Immunization Status CIS 10	11.83	27.49	34.79	42.34	\$0	\$419,509	53 / 98
Chlamydia Screening	19.05	55.95	64.37	69.07	\$0	\$81,389	52 / 118
Colorectal Cancer Screening	35.93	38.07	43.71	49.35	\$93,785	\$133,994	39 / 115
Controlling High Blood Pressure	59.77	64.48	69.37	72.75	\$0	\$263,289	19 / 112
Diabetes - HbA1C Good Control	56.47	66.67	70.07	72.99	\$18,548	\$249,307	33 / 114
Diabetes - Retinal Eye exam	32.01	53.53	59.41	64.06	\$1,113	\$212,966	45 / 114
Immunization for Adolescents IMA 2	31.09	34.31	40.88	48.80	\$69,212	\$350,297	34 / 102
Lead Screening in Children	74.74	63.84	71.11	79.51	\$242,109	\$144,845	44 / 95
PCP Office Visits	1.85	N/A	N/A	N/A	\$174,883	\$217,644	87 / 128
Well Child 15-30 Months	74.39	69.43	73.09	79.94	\$68,669	\$12,720	36 / 98
Well Child First 15 Months	43.41	60.38	64.99	69.67	\$8,837	\$530,899	35 / 97

**4** **Provider Score**  
 Clinic #1234  
 Clinic #5678

90.00  
42.22

**5** **Top 20**  
 66 / 128  
**Bottom 20**

Instructions for each quadrant on next few



1

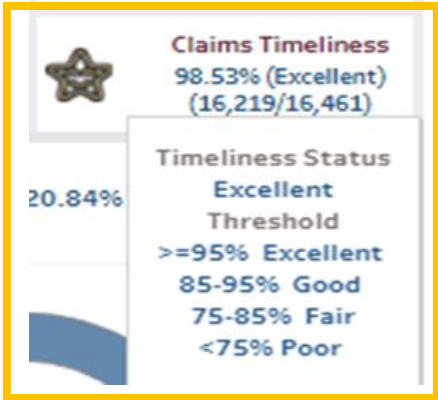
**Status:** Estimated or Final. If the current measurement year is selected, status will be estimated until QIP payment is finalized after the year end. Data displayed is not a guarantee of payment.


**Refresh Date:** The date of the most recent QIP measurement month captured.

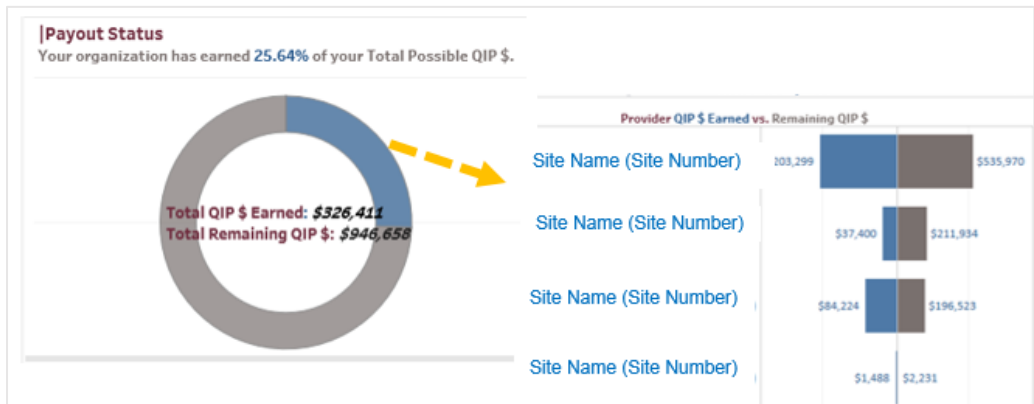
**Members:** This is the total assigned monthly snapshot of Partnership membership for your parent organization. Does not include Medi-Medi or dual-insured members.

**Claims Timeliness:** The percentage of total submitted claims during the year that are received within 90 days of the service date. Hover over the claims timeliness graphic to display a status legend:

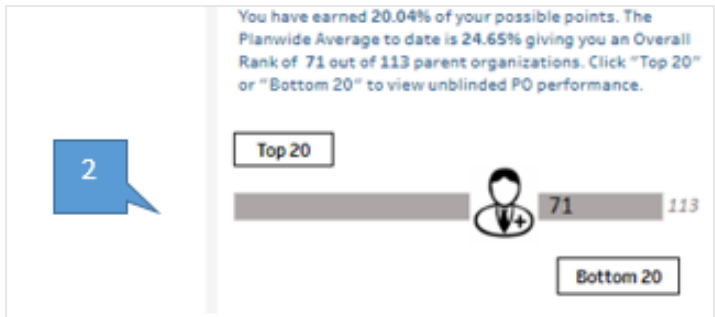
**Payout Status:** This chart displays estimated dollars currently earned as a proportion of the total available QIP payment if full points are earned, rolled up at the parent organization level. Hovering on the chart, a tool tip chart pops up showing the individual site estimated dollars earned/remaining distribution.



Hover over  and a key will appear which includes the current status of your organization's claims timeliness and the definition of each threshold.



Hover over the circle graph and pop-out will display. The pop-out display is a breakdown for each of your individual site's estimated totals earned and remaining in the QIP.



This section explains your parent organization's weighted relative rank in performance against other parent organizations in the PCP QIP network.

Click the **top and bottom 20** boxes to see an un-blinded list of the top and bottom performers.

**Measure** = Alphabetized list of measures for the measurement year

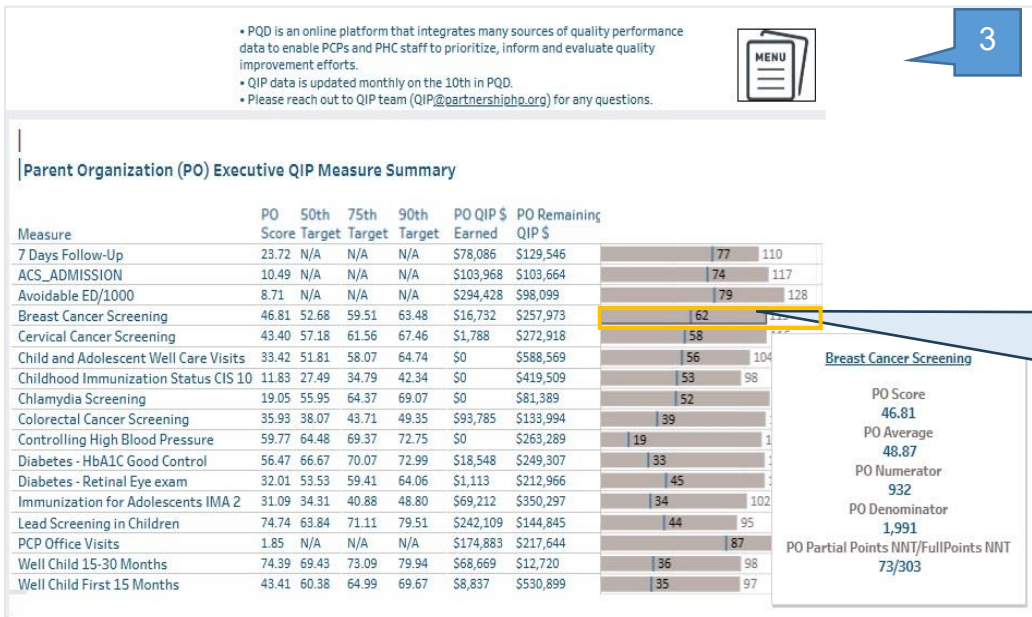
**PO Score** is aggregated for all provider sites in the organization as the sum of the numerator / sum of the denominator.

**Targets** = The current measure year 50<sup>th</sup>, 75<sup>th</sup> and 90<sup>th</sup> percentile targets. If N/A is displayed in the column, this indicates the target is not available. Please refer to the summary of measures within the PCP QIP specifications manual.

**PO dollars earned and remaining dollars** are calculated by aggregating payout dollars at the site level. These dollars are estimated using

QIP's payment calculation until data is marked as final.

**Ranking:** Rank by measure is shown at the parent organization level against all parent organizations reporting on the measure in the QIP.



Menu details on next page.

Hover over each of the gray bar for pop-out to see your organization's total numerator, denominator and NNT (number of needed to treat) counts for that selected measure



4

This chart breaks out site's scores ranked against the QIP network plan-wide weighted average.

Hover over the red vertical bar to see the plan-wide weighted average QIP score.

at integrates many sources of quality performance staff to prioritize, inform and evaluate quality

on the 10th in PQD.

(QIP@partnershiphp.org) for any questions.

**MENU**

**Summary**

Month	PO QIP \$	PO Remaining
Target	Earned	QIP \$
1/A	\$78,086	\$129,546
1/A	\$103,968	\$103,664
1/A	\$294,428	\$98,099
3.48	\$16,732	\$257,973
7.46	\$1,788	\$272,918

Measurement Year

Patient satisfaction

CLAIM



To view historical data from the prior two (2) measurement years, Click on "Menu" icon and select the applicable measurement year.

### Untimely Claims and Patient Satisfaction Reports

The Menu Icon on the Home dashboard allows you to select measurement year, access untimely claims drill-down, and patient experience scores.

at integrates many sources of quality performance  
 staff to prioritize, inform and evaluate quality

on the 10th in PQD.  
 (QIP@partnershiphp.org) for any questions.

**Summary**

10th	PO QIP \$	PO Remaining
Target	Earned	QIP \$
I/A	\$78,086	\$129,546
I/A	\$103,968	\$103,664
I/A	\$294,428	\$98,099
3.48	\$16,732	\$257,973
7.46	\$1,788	\$272,918

Measurement Year

Patient satisfaction

CLAIM

5

Clicking the menu icon opens two additional menu icons; **patient satisfaction** and **untimely claims**.  
 Click the menu icon again to close menu and read the report.

### Untimely Claims Drill-Down

Once you click on the “Claims” icon from the menu, a null report will appear. For data to display, you must select a measurement year.

- 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](mailto:QIP@partnershiphp.org)) for any questions.



## Untimely Claims Drill Down Report

Measurement Year

CY2025

### Untimely Claims Drilldown (4,657), CY2025



Patient satisfaction

Provider Name/ID	Claim Id	Mbr CIN	Member Name	Date Of Service	Receiv
				9/4/2024	1/1/20
				9/16/2024	1/1/20
				8/3/2024	1/1/2025
				8/3/2024	1/1/2025
				10/22/2023	1/1/2025

To export the report, you can click on the download icon from the main menu ribbon on top right corner of the dashboard.



### Patient Satisfaction

If your organization participated in CG CAHPS, you can view your performance by selecting the patient experience icon under the Home Page menu. To access and compare your child and adult access and communications to the partial and full points thresholds, use the CAHPS category to switch between each category.

If the organization participated in the survey option, you can view your earned points on the FS1 dashboard.

# Patient Experience CG-CAHPS Score Comparison

Measurement Year

CY2024

CAHPS Category

Adult Access

Measurement Year

CY2025

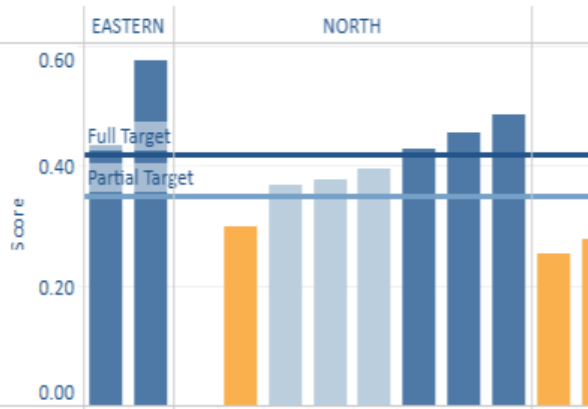
In CY2024, your organization is eligible for Patient Experience-CG CAHPS. Adult and Child CG-CAHPS is based on a maximum points distribution. Please refer to the PCP QIP Measure Specifications for your practice type and location.

Click your PO name below to highlight your rank position/View historical performance in tooltip

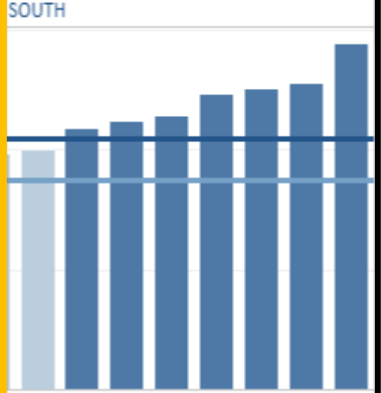
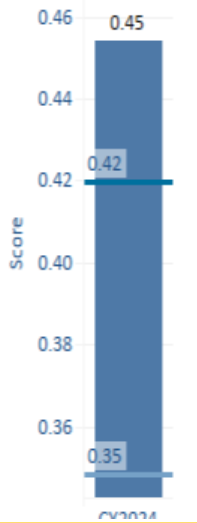


PO Name

## Planwide Adult Access



## PO Adult Access Score



**Tip:** Click the menu icon again to close the menu box.  
Click the patient satisfaction icon again to close the report.



## QIP Stoplight Dashboard

The Stoplight Dashboard displays patient gap to reach targets/benchmarks and remaining QIP payout by measure if the target has not been reached. Instructions for 1) show trend chart and 2) show QIP targets to follow in the next few pages.



# QIP Stoplight

Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout  
Gap Size & Dollars Remaining - Estimated Until QIP Data Is Finalized For The Measurement Year

(As of September 2025)

1 → Show Trend Chart

2 ← Show QIP Targets

Refresh Date: September 2025

Target/Benchmark Filter: PCP QIP Full Points target

■ < 10 From Target    
 ■ < 30 From Target    
 ■ > 30 From Target    
 Gap Size & Dollars Remaining    
 ■ Target Met

Measure	Total Org Gap	Total Org Num	Total Org Denom	Site #1	Site #2	Site #3	Site #4
Breast Cancer Screening	182	820	1,629	9 \$50,750	40 \$47,632	44 \$83,143	3 \$5,195
Cervical Cancer Screening	1,033	4,510	8,537	112 \$50,750	267 \$47,632	104 \$83,143	9 \$5,195
Child and Adolescent Well Care Visits	1,222	3,774	7,927	213 \$76,124	158 \$71,449	280 \$124,714	1 \$1,732
Childhood Immunization Status CIS 10	85	73	417	5 \$50,750	11 \$47,632	19 \$83,143	2 \$5,195
Colorectal Cancer Screening	942	1,942	6,662	119 \$42,291	196 \$39,694	163 \$69,286	0 \$0

### Dashboard Filters

- **Refresh date:** Monthly refresh dates
- **Target/Benchmark Filter:** HEDIS 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup> & 90<sup>th</sup> Percentile and PCP QIP partial and full points

Refresh Date	Target/Benchmark Filter
September 2025	PCP QIP Full Points target

**Gap Size and Dollar Remaining Chart:**

- **Measure:** Clinical measures within PCP QIP measure set
- **Total Org Gap:** Number needed to treat for parent organization to meet partial or full points for the measure
- **Total Org Numerator:** Number of patients in the parent organization who have met the measure
- **Total Org Denominator:** Number of patients in the parent organization who qualify for the measure

Measure	Total Org Gap	Total Org Num	Total Org Denom
Breast Cancer Screening	182	820	1,629

**Gap Size and Dollar Remaining Chart Key:**

**Target Met:** Green box when clinic has met target and no remaining potential earned dollars

**<10 from Target:** Yellow box when clinic has less than 10 members to treat prior to meeting target. Remaining potential dollars will be displayed.

**<30 from Target:** Orange box when clinic has less than 30 members to treat prior to meeting target. Remaining potential dollars will be displayed.

**>30 from Target:** Red box when clinic has more than 30 members to treat prior to meeting target. Remaining potential dollars will be displayed.

				<span style="background-color: #f1c40f;">■</span> < 10 From Target	<span style="background-color: #f39c12;">■</span> < 30 From Target	<span style="background-color: #e74c3c;">■</span> > 30 From Target	<span style="background-color: #27ae60;">■</span> Target Met
Measure	Total Org Gap	Total Org Num	Total Org Denom				
Breast Cancer Screening	182	820	1,629	9 \$50,750	40 \$47,632	44 \$83,143	3 \$5,195
Cervical Cancer Screening	1,033	4,510	8,537	112 \$50,750	267 \$47,632	104 \$83,143	9 \$5,195
Child and Adolescent Well Care Visits	1,222	3,774	7,927	213 \$76,124	158 \$71,449	280 \$124,714	1 \$1,732
Childhood Immunization Status CIS 10	85	73	417	5 \$50,750	11 \$47,632	19 \$83,143	2 \$5,195
Colorectal Cancer Screening	942	1,942	6,662	119 \$42,291	196 \$39,694	163 \$69,286	0 \$0

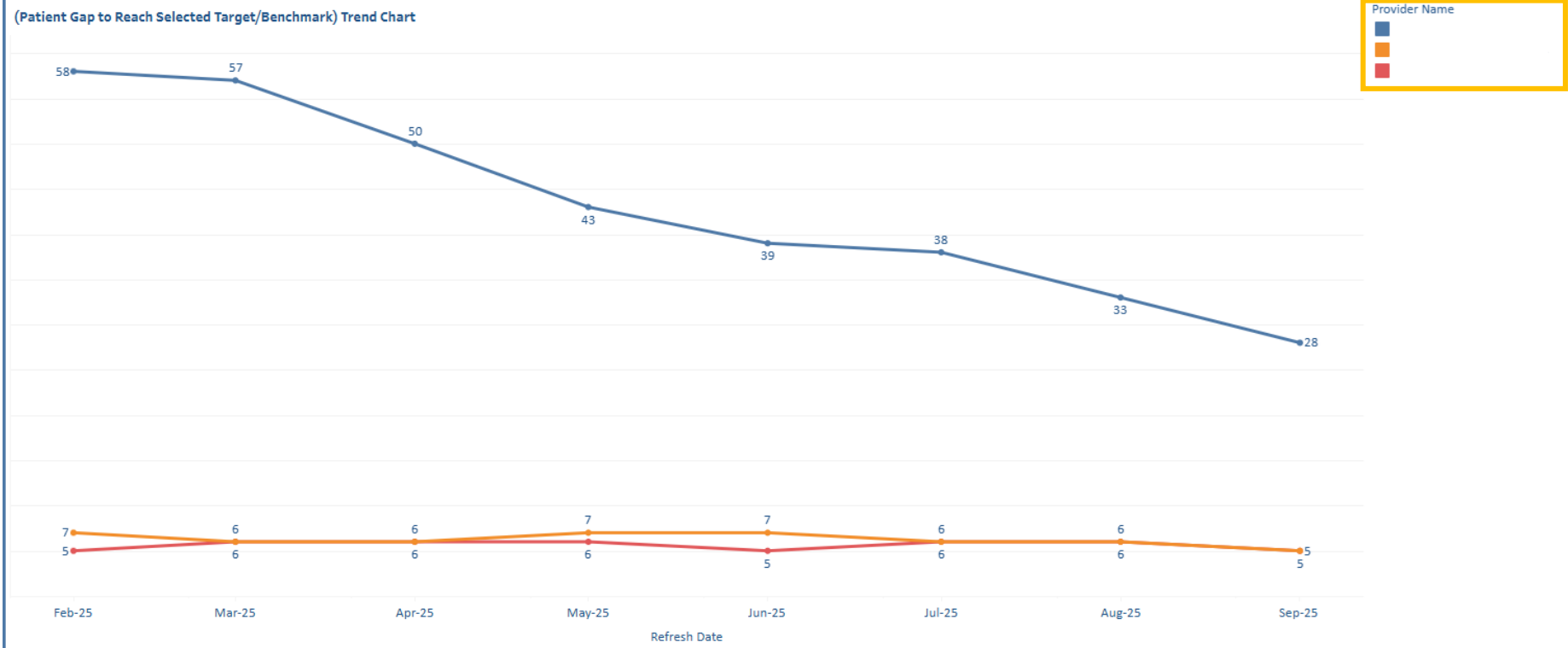
QIP Stoplight Trend Chart

Show Trend Chart



Refresh Date: September 2025  
 Target/Benchmark Filter: PCP QIP Full Points target

Measure Selection: Breast Cancer Screening



- The Stoplight Trend Chart provides a snapshot of patient gaps to reach the selected measure or target/benchmark throughout the measurement year. Each trend line represents the individual sites under a parent organization with a corresponding color noted in provider name key on the top right-hand corner of the trend chart.
- The refresh date, target/benchmark filter and measure selection filters can be used to manipulate the data to your trending needs.

**Note:** Only one measure trend can be displayed at one time. You will use the measure selection filter to populate trend for the applicable measure.

## QIP Stoplight - QIP Targets



Show QIP Targets

### Core Measurement Set

Measure Name	Full Point Target 90 <sup>th</sup> Percentile (unless otherwise indicated)	Partial Point Target 75 <sup>th</sup> Percentile (unless otherwise indicated)
<b>CLINICAL DOMAIN: CLINICAL MEASURES</b>		
Breast Cancer Screening		
Cervical Cancer Screening		
Child and Adolescent Well Care Visits		
Childhood Immunization Status: Combo 10		
Chlamydia Screening (16-20yo) <b>*Monitoring only for Family and Internal Medicine</b>	<b>50th Percentile</b>	N/A – New measures do not qualify for partial points in the first measurement year
Colorectal Cancer Screening	<b>75th Percentile</b>	<b>50th Percentile</b>
Comprehensive Diabetes Care: HbA1c Control	<b>75th Percentile</b>	<b>50th Percentile</b>
Comprehensive Diabetes Care - Retinal Eye Exams	<b>75th Percentile</b>	<b>50th Percentile</b>
Controlling High Blood Pressure		
Immunizations for Adolescents – Combo 2		
Lead Screening in Children		
Well-Child Visits in the First 15 Months of Life		
Well-Child Visits in the First 15-30 Months of Life <b>*Monitoring only for Family Medicine</b>	<b>50th Percentile</b>	N/A – New measures do not qualify for partial points in the first measurement year
<b>MONITORING MEASURES</b>		
Breast Cancer Screening (40-51yo) <b>*Monitoring Measure*</b>	<b>50th Percentile</b>	N/A – New monitoring measure. Will not qualify for partial points in first active measurement year
Topical Fluoride in Children <b>*Monitoring Measure*</b>	<b>25th Percentile</b>	N/A - New monitoring measure. Will not qualify for partial points in first active measurement year

- The QIP target is a chart with a list of the PCP QIP core measurement set and their applicable full and partial point targets.

## Provider Dashboard

The Provider Summary Dashboard summarizes performance by individual provider site. It provides a view of the estimated QIP dollars earned and remaining at the measure level and grand totals across the core measurement set.

**Status:** all displayed data in current year is estimated until year-end payment is finalized.

**Refresh Date:** Displays month of most recent data capture.

**Members:** Displays number of members assigned to the provider site for the selected. Hover over the trend icon to display a member-months trend chart.

**Claims Timeliness:** Displays percent of timely claims. Hover over the claims timeliness graphic to display a status legend.

Click the menu icon and select a provider site to display the performance summary dashboard.



Status/PMPM  
ESTIMATED/\$12.05



Members  
7,784

### Performance Summary

Measures are grouped into **Clinical**, **Non-Clinical**, and **Monitoring** measures.

**NNT** is number of patients needed to treat to hit the identified target






**QIP \$ Earned** shows current estimated earnings

**Total Possible QIP \$** shows potential estimated earnings if partial or full points targets are met.

#### |Performance Summary|

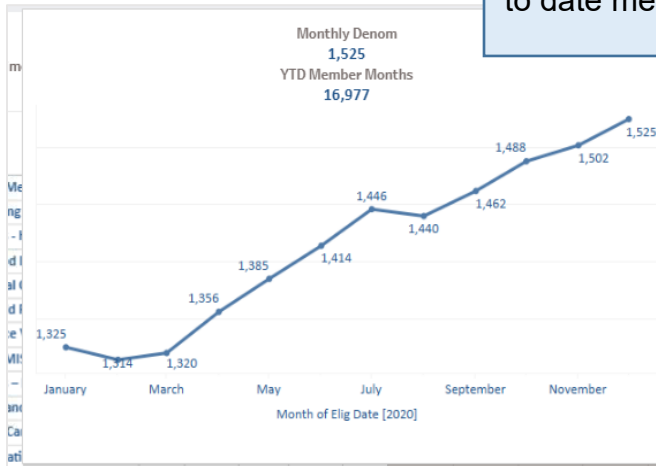
This table provides a timely summary of a individual provider's performance, showing score, **Full Points/Partial Points/No Points**, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select Ranking	
Clinical	Chronic Disease Mgmt	Controlling High Blood Pressure	68.80	69.37	4	72.75	23	0	6	\$0	\$75,431	\$75,431	27	
		Diabetes - HbA1C Good Control	56.41	66.67	37	70.07	48	0	6	\$0	\$75,431	\$75,431	102	
		Diabetes - Retinal Eye exam	35.04	N/A	N/A	59.41	86	0	5	\$0	\$62,859	\$62,859	110	
	Peds Access	Child and Adolescent Well Care Visits	41.21	58.07	428	59.09	454	0	9	\$0	\$113,146	\$113,146	73	
		Well Child First 15 Months	34.92	N/A	N/A	64.99	38	0	9	\$0	\$113,146	\$113,146	90	
	Preventative Screening	Breast Cancer Screening	56.99	59.51	17	63.48	42	0	6	\$0	\$75,431	\$75,431	106	
		Cervical Cancer Screening	45.57	N/A	N/A	61.56	356	0	6	\$0	\$75,431	\$75,431	171	
		Childhood Immunization Status CIS 10	3.74	N/A	N/A	34.79	34	0	6	\$0	\$75,431	\$75,431	171	
		Colorectal Cancer Screening	39.56	38.07	0	43.71	70	4	5	\$50,287	\$62,859	\$12,572	113	
		Immunization for Adolescents IMA 2	22.93	N/A	N/A	40.88	37	0	6	\$0	\$75,431	\$75,431	139	
	Non-Clinical	Hosp Utilization	Lead Screening in Children	75.00	71.11	0	74.93	0	6	6	\$75,431	\$75,431	\$0	90
			7 Days Follow-Up	30.41	25.00	N/A	31.00	N/A	4	5	\$50,287	\$62,859	\$12,572	145
Primary Care Utilization		ACS_ADMISSION	7.29	11.91	N/A	9.17	N/A	5	5	\$62,859	\$62,859	\$0	173	
		Avoidable ED/1000	3.09	16.28	N/A	13.14	N/A	5	5	\$62,859	\$62,859	\$0	129	
		PCP Office Visits	2.65	1.70	N/A	2.00	N/A	5	5	\$62,859	\$62,859	\$0	112	
Monitoring		Peds Access	Well Child 15-30 Months	69.77	N/A	N/A	N/A	N/A	0	0	\$0	\$0	\$0	105
		Preventative Screening	Breast Cancer Screening Monitoring	48.66	N/A	N/A	N/A	N/A	0	0	\$0	\$0	\$0	107
			Chlamydia Screening	22.65	N/A	N/A	N/A	N/A	0	0	\$0	\$0	\$0	114
			Topical Fluoride in Children Monitoring	0.00	N/A	N/A	N/A	N/A	0	0	\$0	\$0	\$0	
		Grand Total							29	90	\$364,581	\$1,131,459	\$766,878	146


	<b>Status/PMPM</b> ESTIMATED/\$12.62		<b>Refresh Date</b> Aug-25
	<b>Members</b> 6,480 		<b>Timeliness</b> 88.45% (Good) (97,737/110,502)

1

Hover over **members trend icon** to see monthly and year to date member months.



**2025-2026 Measure Strategy Timeline**  
 Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.

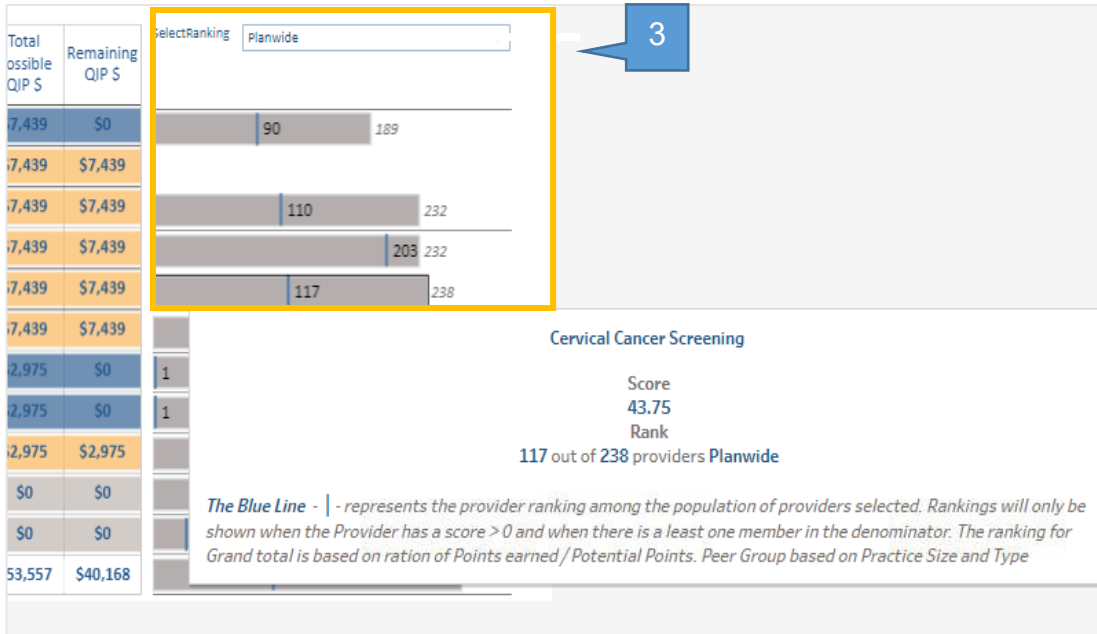


2

Click the chart icon for the Measure Strategy timeline graphic.

**Timeline for Addressing 2025 and 2026 PCP QIP Measures**

2025				2026
Quarter 1 January – March	Quarter 2 April – June	Quarter 3 July - September	Quarter 4 October – December	Quarter 1 January – March
<b>Year-round: On-call system to reduce emergency visits, hospital follow-ups to prevent readmissions, and control of congestive heart failure and chronic obstructive pulmonary disease to reduce admissions.</b>				
<b>Annual Measures</b>				
<b>Multi-Year Measures</b>				
<b>Early Measures</b>				
<ul style="list-style-type: none"> <li>Childhood Immunization Status (0-2 years)</li> <li>Updated: Well-Child Visits (0-30 months)</li> <li>Lead Screening in Children (0-2 years)</li> <li>Controlling High Blood Pressure (18-85 years)</li> <li>Diabetes Management: HbA1C good control (18-75 years)</li> <li>Child (3-11 years) and Adolescent (12-17 years) Well Care Visits</li> <li>New: Chlamydia Screening (16-24 years)</li> <li>New: Reducing Healthcare Disparity Improve performance in a specific group in one of the following measures, in order of priority:               <ul style="list-style-type: none"> <li>Child and Adolescent Well Care Visits</li> <li>Breast Cancer Screening</li> <li>Controlling High BP</li> <li>Colorectal Cancer Screening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Updated: Breast Cancer Screening (40-75 years)</li> <li>Cervical Cancer Screening (21-64 years)</li> <li>Colorectal Cancer Screening (45-75 years)</li> <li>Adolescent Immunization (10-12 years)</li> <li>Diabetes Management: Retinal Eye Exams (18-75 years)</li> </ul>	<ul style="list-style-type: none"> <li>Well-Child Visits (0-30 months)</li> <li>Lead Screening in Children (0-2 years)</li> <li>*Schedule those with January – March birthdays</li> <li>Childhood Immunization Status (0-2 years)</li> <li>Adolescent Immunization (13 years)</li> </ul>	<p>Annual measures gap are closed using eReports uploads before CE and RI are applied in January.</p> <ul style="list-style-type: none"> <li>Controlling High Blood Pressure</li> <li>Diabetes Management: HbA1C good control</li> <li>Child and Adolescent Well Care Visits</li> </ul>	<p><b>Grace Period: January 12-30</b></p> <ul style="list-style-type: none"> <li>Review eReports data after CE and RI applied.</li> <li>Upload missing data in eReports for prior measurement year.</li> </ul>
Revised 3/10/2025				



View provider rank by measure in this view. Use the filter to view your measure performance rank against:

- Plan-wide performance
- DHCS region performance (Rural Upper Central, rural upper North or North Bay)
- Partnership region (Auburn, Chico, Redding, Eureka, Fairfield, or Santa Rosa)
- County
- Practice Type (Family, Internal, Pediatric)
- Peer Group (practice size and type)

Hover over the blue link in the ranking bar chart for a tool tip with more details.

**Additional Provider Menu Features:**

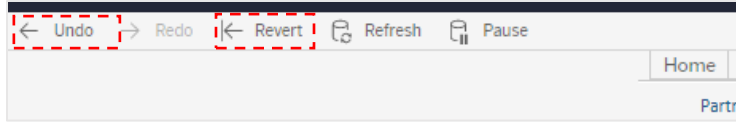
Hover over the **info icon** for a more detailed description of the dollars earned/dollars remaining definitions and the QIP payout calculation logic that is displayed in PQD.

Click the **document icon** for a hyperlink to the online version of the **QIP Measure Specifications**.

**Primary Care Provider Quality Improvement Program (PCP QIP) Website Specifications**

## Measure Performance Dashboard

The measure performance dashboard displays measure performance trending for current or multiple measurement years, view performance in a table or trend chart, compare against regional performance, or stratify by member demographic variables.



**Tip:** Use **Revert** on the upper left menu bar to clear all filters selected in this view. Use **Undo** to clear a single click.

Select one or multiple measurement years.

County filter is only applicable if your organization spans over multiple counties.

Performance is summarized for all sites in your organization unless a unique provider name(s) is selected.

Member demographic filters.

Home QIP Spotlight Provider MeasurePerformance Scorecard DrillDown\_Clinical Drilldown\_NonClinical FS1 FS2 FS3

Partnership Quality Dashboard Measure Performance

Select Metric: Score Select Geo Level: None Select Comparison: None

Select Chart Type: Trend Table Select Dimension: None

Count of Providers in View

	FAMILY	INTERNAL MEDICINE	PEDIATRICS	Grand Total
CY2025	10	5	4	19

Legend for Score and % Metrics Only

- 0-50% better
- 0-50% worse
- 0% Diff
- 50-100% better
- 50-100% worse
- >100% better

MeasureName	Geo Levels	Dimensions	CY2025							
			Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Breast Cancer Screening				39.51	40.59	41.84	43.59	43.87	45.48	46.81
Breast Cancer Screening Monitoring				28.36	29.27	30.94	32.57	33.19	34.64	36.47
Cervical Cancer Screening				36.92	37.73	39.06	40.15	40.95	42.27	43.40
Child and Adolescent Well Care Visits				4.51	8.55	12.68	16.91	21.40	27.72	33.42
Childhood Immunization Status CIS 10				8.97	9.77	10.82	10.73	11.40	11.99	11.83
Chlamydia Screening				5.31	8.23	10.57	13.36	15.35	16.92	19.05
Colorectal Cancer Screening				31.84	32.30	33.13	33.53	34.49	35.30	35.93
Controlling High Blood Pressure				23.19	35.62	43.37	47.01	52.71	57.10	59.77
Diabetes - HbA1C Good Control				16.03	27.97	38.29	42.66	48.49	53.75	56.47
Diabetes - Retinal Eye exam				9.38	13.83	19.11	22.05	25.00	28.68	32.01
Immunization for Adolescents IMA 2				19.73	20.76	24.85	26.84	27.27	29.67	31.10
Lead Screening In Children				71.53	73.25	73.68	73.85	74.36	74.05	74.74
Topical Fluoride in Children Monitoring				0.00	0.00	0.00	0.00	0.00	0.00	0.00
Well Child 15-30 Months				43.12	39.08	62.62	65.14	70.83	73.57	74.39
Well Child First 15 Months				23.34	27.29	31.53	34.85	38.62	42.75	43.41
7 Days Follow-Up				20.00	22.02	24.04	24.76	26.17	24.57	23.72
ACS_ADMISSION				11.83	10.14	10.77	11.83	11.43	11.39	10.59
Avoidable ED/1000				7.84	9.64	8.93	8.85	9.09	9.43	9.37
PCP Office Visits				2.04	1.97	1.94	1.95	1.95	1.94	1.85

Measure Type: Clinical

Measure Type: Non-Clinical

Get Info

Hover on get info for additional details.

Partnership Quality Dashboard Measure Performance

Select Metric: Score | Select Geo Level: None | Select Comparison: None

Select Chart Type: Trend Table | Select Dimension: None

Count of Providers in View

	FAMILY	INTERNAL M..	PEDIATRICS	Grand Total
CY..	3	1	2	6
CY.	3	1	2	6

Legend for Score and % Metrics Only

- 0-50% better
- 0% Diff
- 0-50% worse
- 50-100% worse
- 50-100% better
- >100% better

MeasureName: Adolescent Well Care

Geo Levels: Jan-, Feb-, Mar-, Apr- (CY2020), Jan-, Feb- (CY2021)

Expanded Ethnicity Filter List:

- (All)
- AMERASIAN
- ASIAN INDIAN
- ASIAN/PACIFIC ISLANDER
- BLACK
- CAMBODIAN
- CHINESE
- FILIPINO
- GUAMANIAN
- HAWAIIAN
- HISPANIC
- JAPANESE
- KOREAN
- LAOTIAN
- NATIVE AMERICAN
- OTHER
- SAMOAN
- UNKNOWN
- VIETNAMESE
- WHITE

Use filters on the left menu of this dashboard to refine the data. Use filters on the top to change parameters and stratify the data.

**Select Metric:** Default is measure score. You can change this filter to view # of members within the measures (Members in Measure) or another calculated parameter.

**Select Geo-level:** break out measure performance by County if your organization crosses counties or measure performance by individual Provider site.

**Select Dimension:** break out measure performance by any of the filter selections including demographic data. Aid Category is based on membership Aid Code data received from DHCS.

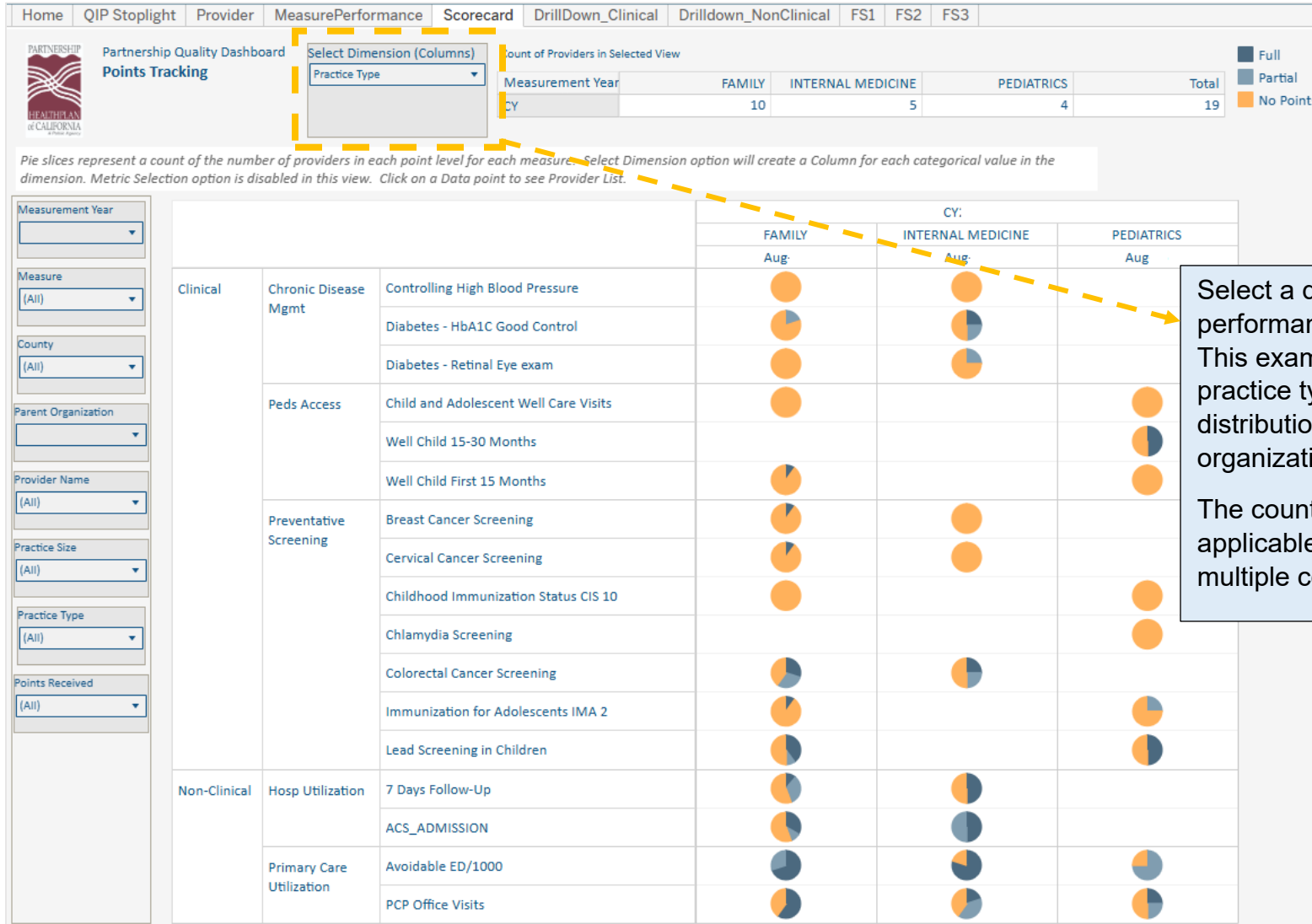
**Select Chart Type:** change the view from table to trendline or trend with clinical measure benchmarks.

**Select Comparison:** Score must be selected from Select Metric. Performance will be color coded against selected metric in the chart type – table view or shown against a trend chart in the Trend line chart view.

The Ethnicity filter now features **all** expanded ethnicity options

## Scorecard Dashboard

The Scorecard displays the proportion of sites earning full or partial points, at the organization level or broken out by site.



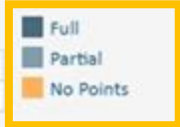


# Partnership Quality Dashboard Points Tracking

Select Dimension (Columns)  
Parent Organization

Count of Providers in Selected View

Measurement Year	FAMILY	INTERNAL MEDICINE	PEDIATRICS	Total
CY	1	7	3	11



Pie slices represent a count of the number of providers in each point level for each measure. Select Dimension option will create a Column for each categorical dimension. Metric Selection option is disabled in this view. Click on a Data point to see Provider List.

Color Key for Potential Points earned

Measurement Year: [All]

Measure: [All]

County: [All]

Parent Organization: [All]

Provider Name: [All]

Practice Size: [All]

Practice Type: [All]

Points Received: [All]

			CY	Aug-	Provider Name
Clinical	Chronic Disease Mgmt	Controlling High Blood Pressure			Provider A (12345) Provider B (23456) Provider C (34567) Provider D (45678) Provider E (56789) Provider F (1230)
		Diabetes - HbA1C Good Control			
		Diabetes - Retinal Eye exam			
	Peds Access	Child and Adolescent Well Care Visits			
		Well Child 15-30 Months			
		Well Child First 15 Months			
	Preventative Screening	Breast Cancer Screening			
		Cervical Cancer Screening			
		Childhood Immunization Status CIS 10			
		Chlamydia Screening			
Colorectal Cancer Screening					
Immunization for Adolescents IMA 2					
Non-Clinical	Primary Care Utilization	Avoidable ED/1000			
		PCP Office Visits			



Click into any measure to display a sub-chart which shows the points earned at the individual provider site level for that measure

## Drill Down – Clinical

This dashboard displays member compliance month by month for your clinical measures. The Dashboard will initially appear blank until a specific measure and site are selected from the measure name **and** provider name filters.

The screenshot shows the Partnership HealthPlan of California Quality Dashboard. At the top right, there is a ribbon menu with a download icon (highlighted in yellow) and a 'Share' button. The dashboard header includes the logo and the text 'Partnership HealthPlan of California Quality Dashboard' and '|Member Drilldown Clinical|'. The main content area features a table with columns for 'Provider Name', 'Member Name', 'CIN', 'Ethnicity', and 'Elig Date' (with sub-columns for Feb-25, Mar-25, Apr-25, May-25, Jun-25, and Jul-25). The table shows compliance status for three ethnicities: OTHER, WHITE, and UNKNOWN. A legend at the bottom left indicates that blue dots represent 'Compliant' and orange dots represent 'Non-Compliant'. Three callout boxes provide additional information: one points to the download icon, another points to the search filter, and a third points to the compliance dots in the table.

Download member reports for a given month by clicking into the column header and then selecting the download icon from the ribbon menu at the top of the dashboard. The entire report can be download by selecting download icon without clicking on any column headers.

Search any alphabetic string to pull up member status by name. Click X to clear the filter and see the full list of members.

Dots represent the member's compliance month by month. Color key is display on the left at bottom of the filter. Blank fields indicate member was not eligible.

## Drill Down – Non-Clinical

This dashboard displays a member report for your non-clinical measures. The measure name headers operate as an independent dashboard to access detailed member reports for each of your non-clinical measures.

Important notes about this dashboard:

- Single click measure name to open and close dashboards.
- Close reports before viewing another measure.
- Provider name must first be selected to display reports.

The screenshot displays the Partnership HealthPlan of California Quality Dashboard. At the top left is the logo for Partnership HealthPlan of California. To its right, the text reads "Partnership HealthPlan of California" and "Quality Dashboard". Further right, a blue box contains the text "[Member Drilldown Non-clinical]". Below this, a section titled "How to get started:" provides two instructions: "1. Click on the measure name (red box) THEN, Click one or more Provider Name(s) from the Provider name dropdown." and "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." Below the instructions is a horizontal navigation bar with four tabs: "Avoidable ED Visits", "Ambulatory Care Sensitive Admissions", "7 Days Follow-Up", and "Office Visits". In the center of the dashboard area, there are two large downward-pointing arrows. The top arrow is blue with a white outline and a white number "1" in the center, indicating an open report header. The bottom arrow is red with a white outline and a white number "2" in the center, indicating a closed report header.

**Note:** Arrows indicate a report header is open (blue) and closed (red).





## Final Statement Dashboard (FS1-FS3)

Display of PCP QIP final payment statements for each individual site within your organization. Statements have a lookback period of the three prior measurement years.

### FS1:

Partnership Health Plan PCP Quality Improvement Program Statement Final Report									
Measurement Year		Parent Organization:							
Provider Name		CY Member Months: 85,516							
		Total Due to PCP: \$435,034.77							
Practice Type: FAMILY County: LAKE									
Measure Type	Measure Name	MeasureCategory Monitoring Vs. Core	Desired Position	Partial Points Target	Full Points Target	QIP Score	RI Score	Points Earned	Potential Points
Clinical	Breast Cancer Screening	Core	≥	52.2	53.7	43.05	-4.55	0	6
	Cervical Cancer Screening	Core	≥	N/A	57.11	44.02	-1.34	0	6
	Child and Adolescent Well Care Visits	Core	≥	48.07	49.78	24.06	-28.54	0	9
	Childhood Immunization Status CIS 10	Core	≥	N/A	30.9	3.23	-7.19	0	6
	Colorectal Cancer Screening	Core	≥	31.68	39.81	36.15	6.2	4	5
	Controlling High Blood Pressure	Core	≥	61.31	71.83	74.94	24.38	6	6
	Diabetes - HbA1C Good Control	Core	≥	52.31	60.34	68.69	3.72	6	6
	Diabetes - Retinal Eye exam	Core	≥	52.31	63.33	55.83	-13.02	4	5
	Immunization for Adolescents IMA 2	Core	≥	34.31	36.25	29.03	5.37	0	6
	Lead Screening in Children	Core	≥	N/A	62.79	52.63	N/A	0	6
Well Child First 15 Months	Core	≥	58.38	68.09	16.67	-219.39	0	9	
<b>Grand Total</b>								<b>20</b>	<b>70</b>
Measure Type	Measure Name	MeasureCategory Monitoring Vs. Core	Desired Position	Partial Points Target	Full Points Target	QIP Score		Points Earned	Potential Points
Non-Clinical	ACS Admissions	Core	≤	10.62	8.86	13.09		0	5
	Avoidable ED/1000	Core	≤	11.43	9.23	8.2		5	5
	CAHPS or Survey Option	Core	≥	N/A	N/A	0		10	10
	PCP Office Visits	Core	≥	1.6	1.9	1.54		0	5
	RAR_Readmission	Core	≤	1.2	1	0.73		5	5
<b>Grand Total</b>								<b>20</b>	<b>30</b>
<b>Total Quality Improvement Unadjusted Points Earned/Potential Points</b>								<b>40</b>	<b>100.0</b>

Member months for measurement year and total due to provider for measurement year

Clinical Measures, measure names, partial and full points targets, QIP scores, relative improvement (RI) score, points earned and potential points for each measure and across the clinical domain.

Non-clinical measures, measure names, partial and full points targets, QIP scores, points earned and potential points for each measure and across the non-clinical domain.

Points earned versus total potential points.

### FS2:

Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown\_Clinical | Drilldown\_NonClinical | FS1 | FS2 | FS3

**Partnership Health Plan**  
**PCP Quality Improvement Program Statement**  
**Final Report**

Measurement Year:  Parent Organization:   
 CY: Member Months: 85,516

Provider Name:  Total Due to PCP: \$435,034.77

### Quality Improvement Program Funds Distribution

Total Quality Improvement Points (Unadj. Pts. Earned/Adj. Max Points Possible x 100): 40.00  
 Adj. Max Points Possible: 100.0

(a.) Total Calendar Year Member Months	85,516
(b.) Adjusted Points Earned	40.00
(c.) Budgeted QIP PMPM	\$12.62
<b>Total QIP Core Measurement Set Payment Due (a x b x c / 100)</b>	<b>\$431,684.77</b>

### Optional Unit of Service Measures

Advanced Care Planning - Attestations	\$300.00
Dental Fluoride Varnish	\$0.00
ECDS	\$0.00
FLU	\$0.00
Health Equity	\$0.00
Health Information Exchange	\$0.00
HPV	\$950.00
PCMH Certification	\$0.00
Peer-led Self Mgmt. Support Groups	\$0.00
POLST/AD	\$2,100.00
Tobacco Use Screening	\$0.00
<b>Total Unit of Service Measures</b>	<b>\$3,350.00</b>

**Total Core Measurement Set + Total Unit of Service** **\$435,034.77**

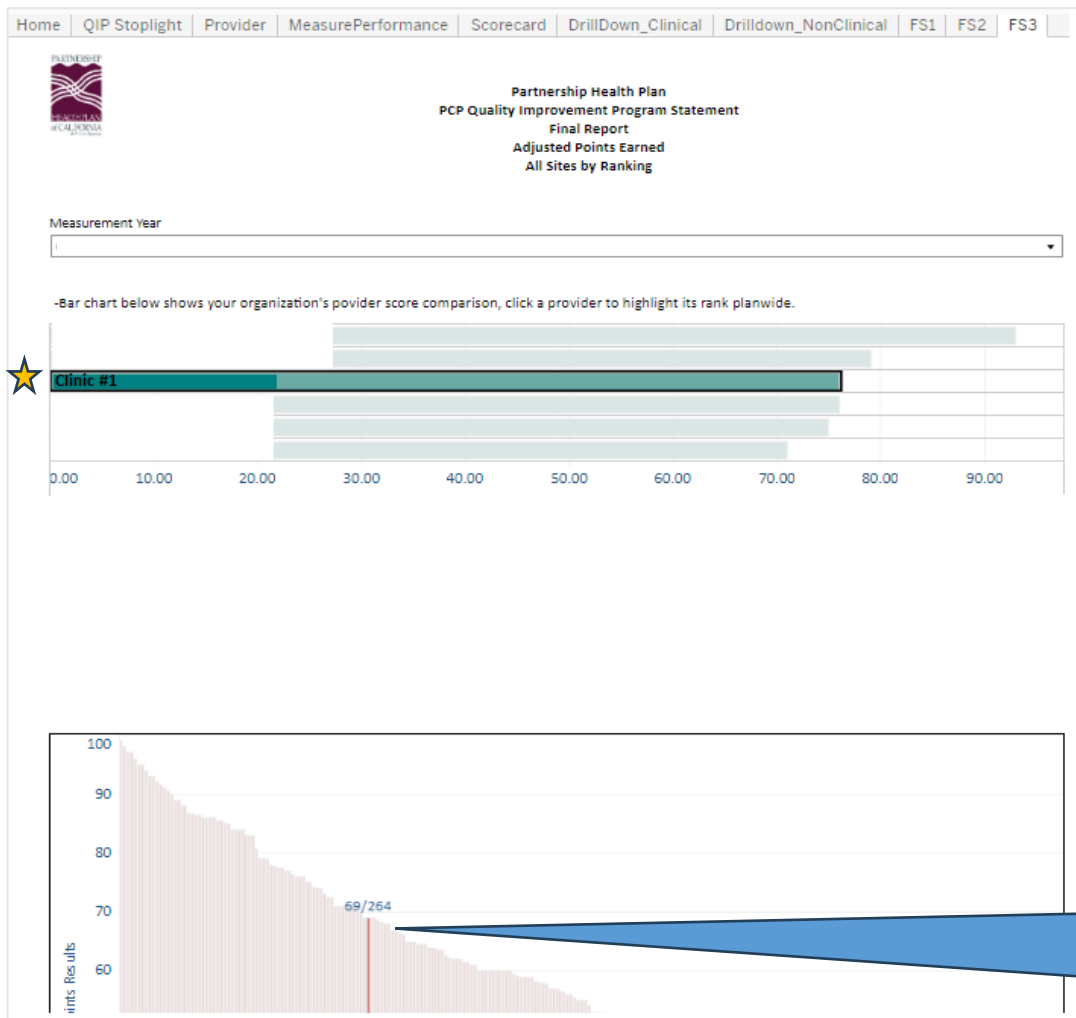
Member months for measurement year and total due to provider for measurement year

Payment calculation for core measure set: Total calendar member months, adjusted points earned (clinical and non-clinical), budgeted QIP PMPM (equity adjustment applied) and the overall total payment due to provider site

Unit of service (UOS) measure set, if the provider site participated, there will be awarded

Total amount of final payment for both core measurement set and UOS measure set

FS3:



Graph will show all sites under a Parent Organization and adjusted points earned for those individual sites.

When you click on the applicable site in the first graph, the second graph will show that site's rank plan wide.

## Relative Improvement

For most existing clinical measures sites can earn points based on relative improvement (RI). To qualify for RI a site's performance on a measure must meet the partial points target **and** have an RI score of 15% or higher as compared to the previous year's performance, ending up thereby achieving performance equal to or exceeding between the partial points target and not exceeding the full points target to earn full points.

The formula used to calculate RI is:

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

**Below are examples of how to calculate your RI score:**

**Example 1:** If a provider had a 50% CBP rate in 2024 and 70% in 2025, the RI score would be:

$$\frac{(70\% - 50\%)}{(100\% - 70\%)} * 100\% = \frac{20\%}{30\%} * 100\% = 67\% \text{ (Relative Improvement met and full points will be awarded at the Partial Points Target because the partial points target was also met)}$$

**Example 2:** If a provider had a 70% CBP rate in 2024 and 75% in 2025, the RI score would be:

$$\frac{(75\% - 70\%)}{(100\% - 70\%)} * 100\% = \frac{5\%}{30\%} * 100\% = 16.7\% \text{ (Relative Improvement met and full points will be awarded at the Partial Points Target because the partial points target was also met)}$$

**Example 3:** If a provider had a 70% CBP rate in 2024 and 73% in 2025, the RI score would be:

$$\frac{(70\% - 73\%)}{(100\% - 70\%)} * 100\% = \frac{-3\%}{30\%} * 100\% = -10\% \text{ (Relative Improvement is not met. Partial Points will be awarded because the partial points target was met)}$$

**Example 4:** If a provider had a 70% CBP rate in 2024 and 60% in 2025, the RI score would be:

$$\frac{(60\% - 70\%)}{(100\% - 70\%)} * 100\% = \frac{-10\%}{30\%} * 100\% = -33\% \text{ (Relative Improvement is not met. No points are awarded because the partial points target was not met)}$$

Below are the various dashboards on how RI can be displayed:

# QIP Stoplight – Relative Improvement

Home
QIP Stoplight
Provider
MeasurePerformance
Scorecard
DrillDown\_Clinical
Drilldown\_NonClinical
FS1
FS2
FS3

## QIP Stoplight

Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout  
Gap Size & Dollars Remaining - Estimated Until QIP Data Is Finalized For The Measurement Year

When filtering by the partial points target, measures will display as N/A and \$0 remaining if the RI target is less than the partial points target.

Hover over the box to display the target needed to earn full points for that measure.

The gap to reach the selected target displays as “No Target” and the partial points target is blank.

The full points target displays the score needed to reach full points, which is the partial points benchmark. In the example, BCS partial points is set at 75<sup>th</sup> benchmark.

Show QIP Targets

**Target/Benchmark Filter**  
 PCP QIP Partial Points target

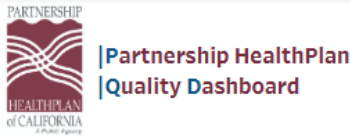
Dollars Remaining  
 or = Measure N/A for site ■ Target Met

3	N/A	N/A	N/A	13	N/A				
\$3,461	\$0	\$0	\$0	\$25,615	\$0				
2	54	21	5	N/A	212				
\$3,461	\$25,454	\$0	\$0		\$21,865				
2	129	95	55.23		151				
\$6,057	\$44,545				\$38,264				

Measure: **Breast Cancer Screening**  
 Provider Name: \_\_\_\_\_  
 Site Denom: 172  
 Site Num: 95  
 Site Score: 55.23  
 Selected Target: PCP QIP Partial Points target  
 Status: \_\_\_\_\_  
 Gap or (Surplus) to Reach Selected Target : No Target  
 25th Benchmark: 47.93  
 50th Benchmark: 52.68  
 Partial Points Target: \_\_\_\_\_  
 Full Points Target: 59.51  
 75th Benchmark: 59.51  
 90th Benchmark: 63.48  
 Remaining QIP \$: \$0

Well Care Visits									
Childhood Immunization Status CIS 10	18	73	414	4	N/A	12	2	N/A	
				\$34,125	\$0	\$55,768	\$3,461	\$0	
Colorectal Cancer Screening	719	1,875	6,787	73	165	109	0	57	
				\$34,125	\$31,641	\$55,768	\$0	\$25,454	\$21,865
Controlling High Blood Pressure	909	220	1,709	130	203	199	13	117	
				\$34,125	\$31,641	\$55,768	\$3,461	\$25,454	\$56
Diabetes - HbA1C Good	496	326	1,225	71	92	115	5	45	
				\$34,125	\$31,641	\$55,768	\$3,461	\$25,454	\$43

## Provider Tab - Relative Improvement



Status/PMPM  
ESTIMATED/\$13.18

Members  
3,503

If a site's **RI target is lower than the partial points target**, partial point target and NNT are displayed as N/A.

The full points target displays the score needed to reach full points, which will be changed to the partial points target percentile.

Hover over the points earned box to display your current score and baseline (previous year score). The current site score must be 15% or higher than the baseline for the full points target to change to the partial points target. In the below example: the site is not eligible to partial points in the BCS measure because their full points target was lowered to 75<sup>th</sup> percentile target (which is the original partial points target).

This table provides a timely summary of a individual provider's performance, showing score, **Full Points/Partial Points/No Points**, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	Select Ranking	
Clinical	Chronic Disease Mgmt	Controlling High Blood Pressure	17.70	69.37	117	72.75	125	0	6	\$0	\$38,182	\$38,182	170	
		Diabetes - HbA1C Good Control	41.48	66.67	45	70.07	51	0	6	\$0	\$38,182	\$38,182	210	
		Diabetes - Retinal Eye exam	61.93	59.41	0	64.06	4	4	5	\$75,454	\$31,818	\$6,364	226	
	Peds Access	Child and Adolescent Well Care Visits	37.54	58.07	129	61.50	150							
		Well Child First 15 Months	28.57	64.99	8	69.67	9							
	Preventative Screening	Breast Cancer Screening	55.23	N/A	N/A	59.51	8							
		Cervical Cancer Screening	57.15	61.56	54	67.46	126							
		Childhood Immunization Status CIS 10	20.00	N/A	N/A	34.79	4							
		Colorectal Cancer Screening	30.65	38.07	57	43.71	99							
		Immunization for Adolescents IMA 2	38.46	N/A	N/A	40.88	1							
Non-Clinical	Hosp Utilization	7 Days Follow-Up	34.15	25.00	N/A	31.00	N/A							
		ACS_ADMISSION	7.02	11.91	N/A	9.17	N/A							
	Primary Care Utilization	Avoidable ED/1000	4.52	16.28	N/A	13.14	N/A							
Monitoring	Peds Access	PCP Office Visits	2.69	1.70	N/A	2.00	N/A							
		Well Child 15-30 Months	78.57	N/A	N/A	N/A	N/A							
	Preventative Screening	Breast Cancer Screening Monitoring	50.46	N/A	N/A	N/A	N/A							
		Chlamydia Screening	21.85	N/A	N/A	N/A	N/A							
		Topical Fluoride in Children Monitoring	0.00	N/A	N/A	N/A	N/A							
Grand Total														

**Breast Cancer Screening**

Desired Position: **ABOVE** Score: **55.23**  
 Baseline (apply to RI eligible only): **51.6**  
 Points Earned: **0** out of **6 (No Improvement)**

YTD Numerator  
**95**

YTD Denominator  
**172**

HEDIS Targets

- ★ 90th Percentile : **63.48**
- 75th Percentile : **59.51**
- 50th Percentile : **52.68**
- 25th Percentile : **47.93**

*Note: a Score of N/A means that the denominator is currently zero - there are no members in the measure*



Status/PMPM ESTIMATED/\$13.76

Members 1,320

This table provides a timely summary of...

If a site's RI target is **higher** than the partial points target but **less** than the full points target, then the partial points target will remain the same and a new full points target will be calculated and displayed as the full points target.

Hover over the points earned box to display your current score and baseline (previous year score). If full points are earned through RI, "points earned" section will display "(relative improvement)". In the below: The LCS full points target was lowered from 90<sup>th</sup> percentile target of 79.51 and updated to their RI target of 76.39 (this target is calculated on the backend within PQD and is based on last and current year's performance).

Measure Type	Measure Category	Measure	Target	NNT	Target	NNT	Points	QIP \$	QIP \$	QIP \$	QIP \$	
Clinical	Chronic Disease Mgmt	Controlling High Blood Pressure	13.27	69.37	64	72.75	68	0	6	\$0	\$14,523	\$14,523
		Diabetes - HbA1C Good Control	32.69	66.67	18	70.07	20	0	6	\$0	\$14,523	\$14,523
		Diabetes - Retinal Eye exam	25.00	59.41	18	64.06	21	0	5	\$0	\$12,103	\$12,103
	Peds Access	Child and Adolescent Well Care Visits	45.03	58.07	65	64.74	98	0	9	\$0	\$21,785	\$21,785
		Well Child First 15 Months	42.86	64.99	7	69.67	8	0	0	\$0	\$14,785	\$14,785
	Preventative Screening	Breast Cancer Screening	63.93	59.51	0	63.48	0	6	0	0	0	0
		Cervical Cancer Screening	57.52	61.56	14	67.46	3	0	0	0	0	0
		Childhood Immunization Status CIS 10	21.74	34.79	4	36.25	4	0	0	0	0	0
		Colorectal Cancer Screening	41.18	38.07	0	43.7	7	4	0	0	0	0
		Immunization for Adolescents IMA 2	21.62	N/A	N/A	40.88	8	0	0	0	0	0
		Lead Screening in Children	87.50	71.11	0	76.39	0	6	0	0	0	
Non-Clinical	Hosp Utilization	7 Days Follow-Up	45.00	25.00	N/A	51.00	N/A	5	0	0	0	
		ACS_ADMISSION	2.60	11.91	N/A	9.17	N/A	5	0	0	0	
	Primary Care Utilization	Avoidable ED/1000	10.40	16.28	N/A	13.14	N/A	5	0	0	0	
Monitoring	PCP Office Visits	2.94	1.70	N/A	2.00	N/A	5	0	0	0	0	
	Peds Access	Well Child 15-30 Months	68.00	N/A	N/A	N/A	N/A	0	0	0	0	
		Breast Cancer Screening Monitoring	52.38	N/A	N/A	N/A	N/A	0	0	0	0	
		Chlamydia Screening	21.74	N/A	N/A	N/A	N/A	0	0	0	0	
	Topical Fluoride in Children Monitoring	0.00	N/A	N/A	N/A	N/A	0	0	0	0		
Grand Total							36					

**Lead Screening in Children**

Desired Position: **ABOVE** Score: **87.50**  
 Baseline (apply to RI eligible only): **72.2**  
 Points Earned: **6** out of **6** (Relative Improvement)

YTD Numerator  
**14**  
 YTD Denominator  
**16**

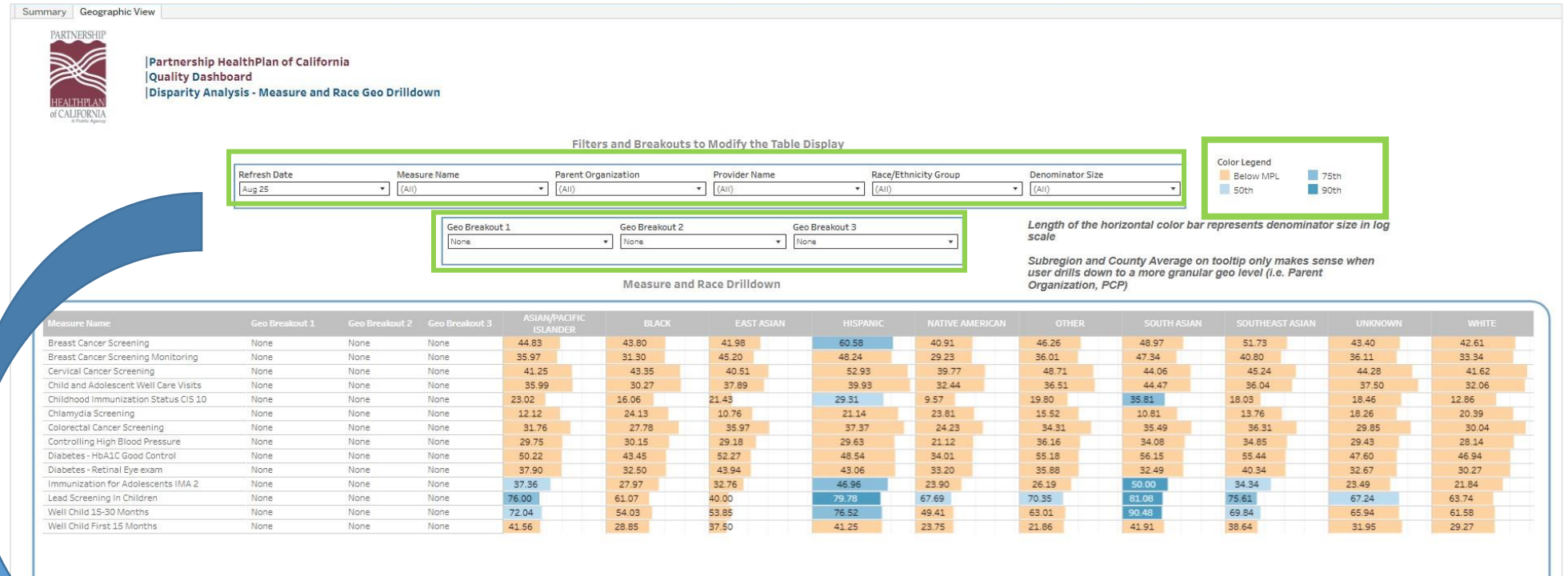
HEDIS Targets  
 ★ 90th Percentile : **79.51**  
 75th Percentile : **71.11**  
 50th Percentile : **63.84**  
 25th Percentile : **53.12**

*Note: a Score of N/A means that the denominator is currently zero - there are no members in the measure*

# Disparity Dashboard

## Geographic View Dashboard

The purpose of this dashboard is 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.



- 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 organization, PCP name (site).
- Color-code measure performance against most recent HEDIS report-year NCQA quality compass benchmarks

## Frequently Asked Questions

**Q:** My score in eReports does not match my score displayed in PQD.

**A:** eReports is refreshed twice per week on Tuesday and Thursday evenings so it's data is more frequently refreshed. Data displayed in PQD is only refreshed monthly on the tenth of the following month.

**Q:** What is the difference between eReports and PQD?

**A:** eReports is the tool that can be used of real-time data monitoring for clinical measures only, uploading supplemental data and pulling member gap lists for the current measurement year. PQD allows you to visualize performance data with both clinical and non-clinical measures, view estimated potential QIP earnings, compare performance year to year and stratify your data by various metrics.

- **eReports answers the following questions :**
  - How am I doing, right now?
  - Who is still due for a numerator compliant service, right now?
  - What numerator compliant data needs to be uploaded, right now?
- **PQD answers the following questions:**
  - How was I doing last month or in previous measurement years?
  - What are my estimated points to date?
  - How does my organization compare plan-wide or against specific peers?
  - How are different demographic groups performing by measure?
  - How am I performing on non-clinical measures?

### Key differences between eReports and PQD:

	eReports	PQD
Real Time Data Monitoring	Yes	No
Measure Sets	Clinical	Clinical and non-clinical
Historical Data Monitoring	No	Yes
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Twice a week (Tues and Thurs)	Monthly
Target User(s)	QI Staff	QI Staff / Executive / Leadership