



eReports User Guide – Primary Care

2022 – Version 1.0

We value your feedback

Help us improve the P4P program guidelines by sending us your questions or comments on this document

[Go to the feedback form on hpsm.org](https://hpsm.org)

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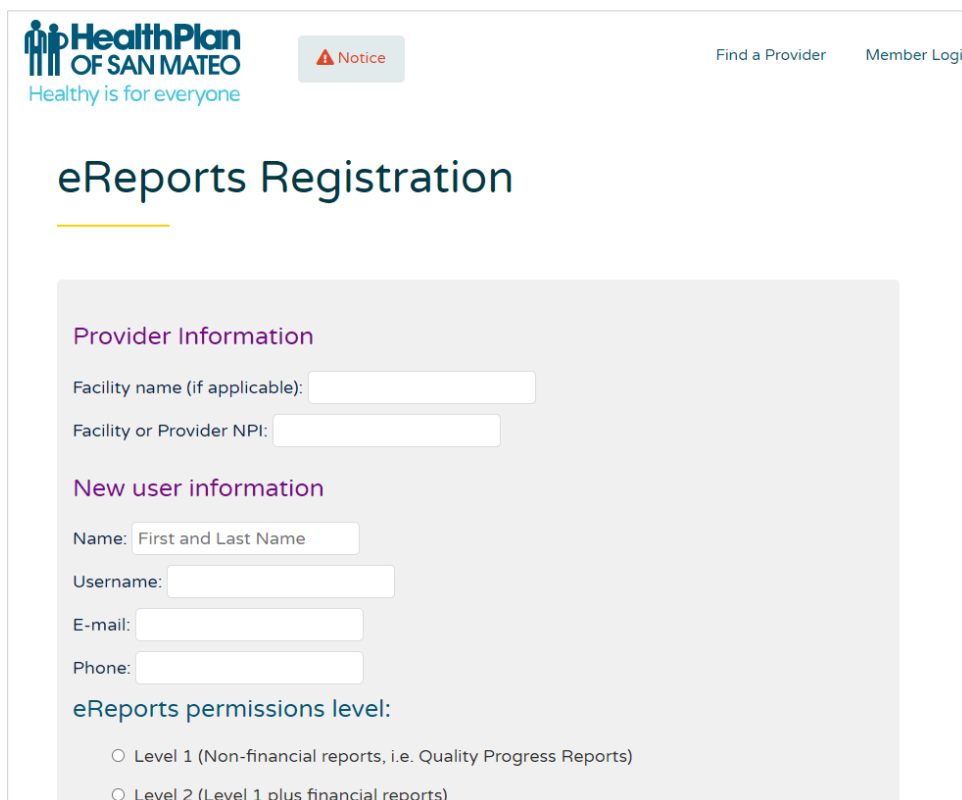
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Getting Started with eReports

1. Register new credentials for eReports

Use the link below to register any new user to the eReports portal. Providers/clinics may have as many credentialed users as they would like.

<https://www.hpsm.org/provider/resources/forms/ereports-registration>



The screenshot shows the "eReports Registration" page. At the top left is the HealthPlan of San Mateo logo with the tagline "Healthy is for everyone". To the right of the logo is a "Notice" button. Further right are links for "Find a Provider" and "Member Login". The main heading is "eReports Registration". Below this is a form with two sections: "Provider Information" and "New user information".

Provider Information

Facility name (if applicable):

Facility or Provider NPI:

New user information

Name:

Username:

E-mail:

Phone:

eReports permissions level:

- Level 1 (Non-financial reports, i.e. Quality Progress Reports)
- Level 2 (Level 1 plus financial reports)

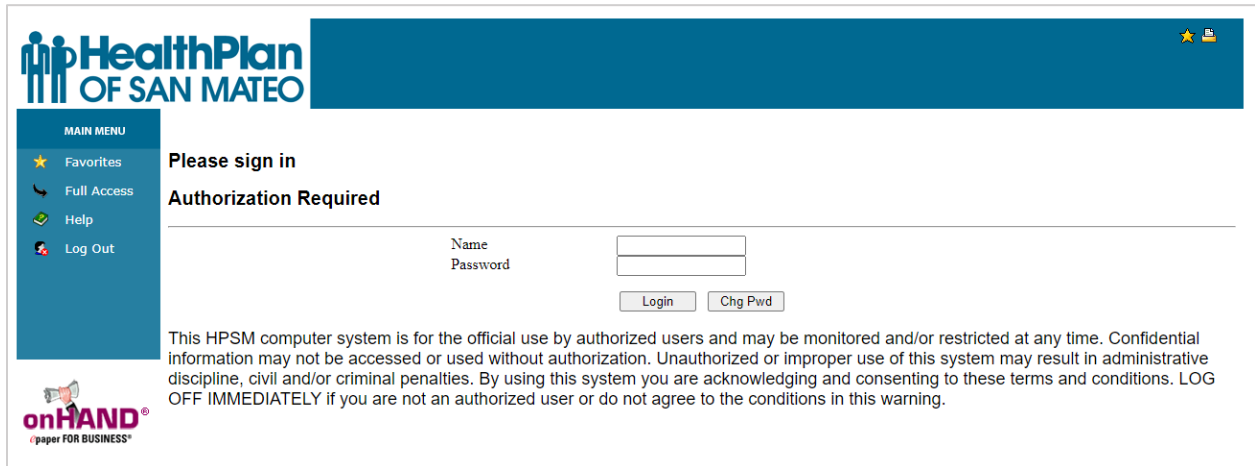
Selecting “Level 1” permissions will give credentialed user access to non-financial reports only, namely quality progress reports. “Level 2” permissions provides all Level 1 access plus additional reports for remittance advice and other financial information.

The registered user will receive an email from HPSM IT with login information when setup is complete.

2. Login to eReports Portal

The eReports portal may be accessed at any time using the link below:

<https://reports.hpsm.org/skins/Hillary/>



HealthPlan OF SAN MATEO

MAIN MENU

- Favorites
- Full Access
- Help
- Log Out

Please sign in

Authorization Required

Name

Password

This HPSM computer system is for the official use by authorized users and may be monitored and/or restricted at any time. Confidential information may not be accessed or used without authorization. Unauthorized or improper use of this system may result in administrative discipline, civil and/or criminal penalties. By using this system you are acknowledging and consenting to these terms and conditions. LOG OFF IMMEDIATELY if you are not an authorized user or do not agree to the conditions in this warning.

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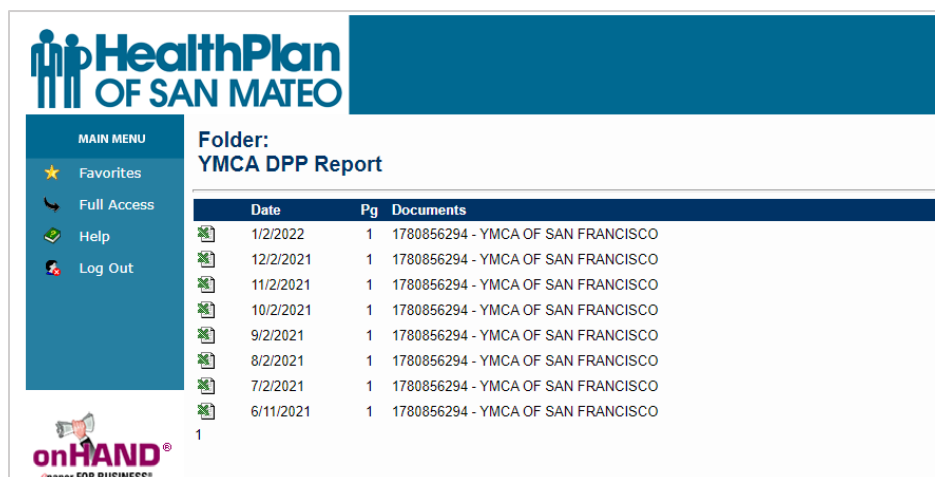
3. Download performance reports

In the left side bar, click “Full Access” to view the entire list of report folders available to your organization. Users will only see report folders relevant to their organization. From this page, you can add report folders to your Favorites list for easier access by clicking the icon.

[Note: You may have to click “Full Access” several times and wait up to one minute for the page to load.]



From the screen above, locate the folder of your desired report type. [Report type descriptions are available in this document](#). Click the icon to download the most recent report of that type. Or, click the icon to see all reports of that type held in retention.



Clicking will load the screen above where you will see the full list of files in retention available for download with the date of publication. Reports are held in retention between 6 and 24 months. Select the icon of the desired file to begin download.

Summary List of Available eReports

The below reports are made available to providers to share-back performance data on P4P metrics, identify care gaps, and describe assigned panel composition.

Report Name in eReports	Description	Line(s) of Business	Schedule
<u>Active Engagement Report</u>	List of HPSM members currently assigned to PCP panel. Tracks billable encounters in primary care, ED visits, and inpatient admissions over last 12 months	Medi-Cal, CareAdvantage, HealthWorx, ACE	Monthly
<u>Blood Lead Screening Report</u>	Pursuant to <u>APL 20-016</u> , HPSM providers all clinics with lists of all actively assigned Medi-Cal 6 years and younger and their compliance status for elevated blood lead level tests. Screenings are required for all children at ages 12 months and 24 months, or as soon as provider confirms there is no documented evidence of screening in child's medical history.	Medi-Cal	Monthly
<u>Capitation Roster Report</u>	List of Medi-Cal HPSM members assigned to panel. List of all empaneled members (and accompanying capitation code) counted toward capitation	Medi-Cal	Monthly
<u>CMC P4P Benchmark Member Detail Report</u>	P4P progress tracker (individual clinic level) showing patient-level eligibility and status by P4P measure	CareAdvantage	Monthly
<u>CMC P4P Benchmark Progress Report</u>	P4P progress tracker (individual clinic level) showing overall progress	CareAdvantage	Monthly
<u>COVID19 Unvaccinated Member Detail Report</u>	List of all actively-assigned unvaccinated members. To be used to track progress in the <u>HPSM COVID-19 Vaccine Incentive Program</u> .	All	Weekly (Fridays)
<u>Engagement Benchmark Report</u>	Tracker for panel engagement, which is used to determine quarterly capitation bonuses	Medi-Cal	Monthly
<u>P4P Benchmark Member Detail Report</u>	P4P progress tracker (individual clinic level) showing patient-level eligibility and status by P4P measure	Medi-Cal	Monthly
<u>P4P Benchmark Member Detail SystemLevel CMC Report</u>	P4P progress tracker (system level) showing patient-level eligibility and status by P4P measure	CareAdvantage	Monthly

<u>P4P Benchmark Progress Report</u>	P4P progress tracker (individual clinic level) showing overall progress	Medi-Cal	Monthly
<u>P4P Benchmark Progress System Level CMC Report</u>	P4P progress tracker (system level) showing overall progress	CareAdvantage	Monthly
<u>System Level P4P Benchmark Member Detail Report</u>	P4P progress tracker (system level) showing patient-level eligibility and status by P4P measure	Medi-Cal	Monthly
<u>System Level P4P Progress Reports</u>	P4P progress tracker (system level) showing overall progress	Medi-Cal	Monthly

List of Discontinued eReports

You may see the below reports retained in the eReports portal. These are legacy materials meant to be used for prior year reference only.

Discontinued eReport Name	Status
Annual P4P Payment Summary	Discontinued 2019
P4P Benchmark Member Detail 3MonthLag Report	Discontinued 2019
P4P Benchmark Progress 3MonthLag	Discontinued 2019
P4P Member Detail 2019 Report	Discontinued 2020
P4P Member Detail Report	Discontinued 2019
P4P Monthly Payment Summary	Discontinued 2020

Report Specifications

Active Engagement Report

Field	Value Description
PCP_NPI	Billing Provider NPI
HPSM_PCP_ID	Provider HPSM ID
PCP_Name	Provider Name
Member_ID	Member HPSM ID
Member_Last_Name	Member Last Name
Member_First_Name	Member First Name
Gender	Member Sex
Member_Age	Member Age
Member_Phone_Number	Member Phone
Visit_PCP_Last_12_Months	Flag Y/N if member had any primary care encounter in last 12 months
DOS	Date of most recent visit primary care encounter (regardless of provider) in last 12 months
Visit_PCP_Name	Name of rendering provider for most recent primary care encounter
Visit_AssignedPCP_last_12_Months	Flag Y/N if member had a primary care encounter with assigned PCP in last 12 months
Effective_date_PCP_Assignment	Date of member assignment to PCP panel
Assigned_To_PCP_Last_30_days	Flag Y/N if member assigned to PCP panel in last 30 days
LOB	HPSM Line of Business: Medi-Cal = MC CareAdvantage = CA HealthWorx = HW Access & Care for Everyone = ACE
Enrollment_Date	Date of member enrollment to HPSM LOB
Member_DOB	Member date of birth
MC_AID_Code	Medi-Cal Aid Code (denotes primary reason for Medi-Cal eligibility-- Aid Codes are used to determine base capitated rate per member)
Relink_Last_Year	[HPSM internal purposes only] Number of relink days
N_ED_last_12_Months	Number of Emergency Department visits in last 12 months
last_ED_DOS	Date of last Emergency Department visit (if within last 12 months)
Last_ED_Primary_DX	Primary diagnosis captured at most recent ED visit
N_Hospital_Admits_Last_12m	Number of inpatient admissions in last 12 months
Last_Hospital_Admit_Date	Date of last inpatient admission (if within last 12 months)
Last_Hospital_Primary_DX	Primary diagnosis driving most recent inpatient admission
OHC_Flag	Flag for "other health coverage" beyond HPSM LOB noted here

Landmark	Flag for eligibility for Landmark services
WCM_Flag	[HPSM internal purposes] Flag for eligibility in Whole Child Model
Auto_assignment	[HPSM internal purposes] Date denotes that member was assigned to PCP via normal auto-assignment processes
Language	Primary member language
Member_Address1	Member Address
Member_Address2	Member Address
Member_City	Member City
Member_State	Member State
Member_Zipcode	Member Zip code

Blood Lead Screening Report

Field	Value Description
Provider_NPI	PCP Clinic NPI
Provider_Name	PCP Name
MemberID	Assigned member HPSM ID
CIN	Assigned member CIN from Medi-Cal enrollment
Last_Name	Assigned member last name
First_Name	Assigned member first name
DOB	Assigned member date of birth
Age	Assigned member age
Sex	Assigned member sex reported at enrollment
Language	Assigned member self-reported preferred language
Ethnicity	Assigned member self-reported race/ethnicity
Phone	Assigned member phone
Current_Status	“Up to date” = Member compliant with blood lead screening requirement “Due” = Member due for a blood lead screening
BLS_Date_1 through BLS_Date_10	Dates of service for up to ten most recent eligible blood lead screenings.

Capitation Roster Report

Field	Value Description
Month	Month of capitated payment
Provider_Name	Provider Name
Provider_NPI	Provider NPI
Provider_HSID	Provider HPSM ID
Capitation_Fsc_ID	[For HPSM internal purposes only] Code denotes capitation bonus for the month
Member_Last_Name	Assigned member last name
Member_First_Name	Assigned member first name
Member_ID	Assigned member HPSM ID
DOB	Assigned member date of birth
AGE	Assigned member age
Gender	Assigned member sex
Capitation_Category	[For HPSM internal purposes only] Grouping based on Aid Code. Group factors into base capitation.
Aid_Code	Assigned member Aid Code. Aid Codes denote the primary reason for Medi-Cal eligibility.
Base_Cap	Amount in base capitation (before engagement bonuses) provider is paid for each member each month. Determined by age and Aid Code group.
Partial_Engagement_15Percent	Amount of additional payment due for member each month for provider having reached partial credit engagement benchmark (50-60% panel engagement) in previous quarter
Full_Engagement_30Percent	Amount of additional payment due for member each month for provider having reached full credit engagement benchmark (60% or more panel engagement) in previous quarter
Total_Cap	Total amount paid in capitation for member each month. Sum of base capitation and any engagement bonuses.

CMC P4P Benchmark Member Detail Report

Field	Value	Description
ProviderID		Provider HPSM ID
Provider_NPI		Provider NPI
Provider_Name		Provider Name
LOB		HPSM Line of Business
MemberID		Assigned Member HPSM ID
Last_Name		Assigned Member Last Name
First_Name		Assigned Member First Name
DOB		Assigned Member Date of Birth
Age		Assigned Member Age
Sex		Assigned Member Sex
Language		Assigned Member Primary Language
Phone		Assigned Member Phone
AMB_ED		Member-level eligibility and compliance in Ambulatory Emergency Dept. Visits measure
Avoid_ED		Member-level eligibility and compliance in Avoidable Emergency Dept. Visits measure
CBP		Member-level eligibility and compliance in Controlling High Blood Pressure measure
CDC_Poor		Member-level eligibility and compliance in Diabetes Poor Control (>9.0%) measure
CDF		Member-level eligibility and compliance in Depression Screening and Follow Up measure
COA_ACP		Member-level eligibility and compliance in Care for Older Adults - Advance Care Planning
COA_Complete		Member-level eligibility and compliance in Care for Older Adults - Complete measure
COA_FSA		Member-level eligibility and compliance in Care for Older Adults - Functional Status Assessment measure
COA_MR		Member-level eligibility and compliance in Care for Older Adults - Medication Review measure
COA_PS		Member-level eligibility and compliance in Care for Older Adults - Pain Screening measure
COL		Member-level eligibility and compliance in Colorectal Screening measure
DAE		Member-level eligibility and compliance in Use of High-Risk Medications in the Elderly measure
FLU		Member-level eligibility and compliance in Seasonal Flu Vaccine Measure

KEY:

- **Asterisk (*)** = Non-compliant: Member eligible for measure but has not met criteria for compliance (i.e. member included in denominator but not numerator)
- **Date** = Compliant: Member eligible for measure and has received the necessary procedure OR outcome measure is within compliant range (i.e. member included in denominator and numerator)
- **N/A** = Ineligible: Member is not eligible for measure (i.e. member not included)

SBIRT	Member-level eligibility and compliance in Substance Misuse Screening and Follow Up measure	in denominator or numerator)
TRC_MR	Member-level eligibility and compliance in Transitions of Care - Medication Reconciliation	
TRC_PE	Member-level eligibility and compliance in Transitions of Care - Patient Engagement	
Last_HbA1c_Test_Date	Most recent HbA1c Test date (patients with diabetes only)	
Last_HbA1c_Test_Result	Most recent HbA1c Test Result	
Total_Eligible_Months	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year	
Potential_9Month_Enrollment	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit	
Current_Member	Flag (Y/N) for whether member is currently assigned to PCP panel	

CMC P4P Benchmark Progress Report

Field	Value Description
Performance_Measure	P4P Quality Measure (includes both payment and reporting-only measures)
Denominator	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
Numerator	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines)
Current_Progress	Provider's current performance rate
Full_Credit_Benchmark	Full credit benchmark
Partial_Credit_Benchmark	Partial credit benchmark
Full_Credit_Quality_Score	Number of quality score points awarded for reaching full credit benchmark (payment measures only)
Partial_Credit_Quality_Score	Number of quality score points awarded for reaching partial credit benchmark (payment measures only)
Current_Quality_Score	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate
Network_Average_Progress	The current network performance rate (averages progress for all CareAdvantage providers with an eligible member denominator of 30 or more in that measure)
Total Eligible Member Months	The current number of total eligible member months eligible for P4P payments. One member month = 1 member assigned to PCP panel for 1 month

COVID19 Unvaccinated Member Detail Report

Field	Value Description
HSID	Assigned member HPSM ID
cin	Assigned member CIN for Medi-Cal enrollment
first_na	Assigned member first name
last_na	Assigned member last name
address1	Assigned member address line 1
address2	Assigned member address line 2
city	Assigned member city
state	Assigned member state
zipcode	Assigned member zip code
member_phone	Assigned member phone number
tier_new	
language	Assigned member self-reported preferred language
dob	Assigned member date of birth
age	Assigned member age
pcp_name	Member's assigned PCP clinic
PCP_ID	Assigned PCP clinic's HPSM ID
PCP_NPI	Assigned PCP clinic's NPI
Effective_Date_PCP_Assignment	Date of most recent member assignment to currently-assigned PCP clinic
Visit_AssignedPCP_last_12_months	Indicator for whether member had at least one primary care encounter with assigned PCP clinic in last 12 months
homebound	Indicator for whether member is homebound
Electricity_DME	Indicator for whether member uses durable medical equipment that requires electricity to power.
homebound_Z7409	Indicator for whether member has code Z7409 denoting homebound status in their medical history
homebound_Z743	Indicator for whether member has code Z743 denoting homebound status in their medical history
homebound_G82	Indicator for whether member has code G82 denoting homebound status in their medical history
ethnicity	Assigned member self-reported race/ethnicity

Engagement Benchmark Report

Field	Value Description
HPSM_PCP_ID	Provider HPSM ID
PCP_NPI	Provider NPI
PCP_Name	Provider Name
Year_Month	Anchor date for member assignment and benchmarking. 4 months behind report month due to claims data lag.
denominator	Number of capitated Medi-Cal members with minimum 12 months continuous assignment to PCP panel as of report month (rolling)
numerator	Number of capitated Medi-Cal members with minimum 12 months continuous assignment to PCP panel with an eligible encounter with assigned PCP in last 12 months (rolling)
Benchmark_Percent	Percent of continuously assigned panel with at least one eligible encounter in the last 12 months (rolling)
Report_Month	Date of report

P4P Benchmark Member Detail Report

Field	Value	Description
ProviderID		Provider HPSM ID
Provider_NPI		Provider NPI
Provider_Name		Provider Name
LOB		HPSM Line of Business
MemberID		Assigned Member HPSM ID
Last_Name		Assigned Member Last Name
First_Name		Assigned Member First Name
DOB		Assigned Member Date of Birth
Age		Assigned Member Age
Sex		Assigned Member Sex
Language		Assigned Member Primary Language
Phone		Assigned Member Phone
ACE		Member-level eligibility and compliance in ACE Trauma Screening measure
AMB_ED		Member-level eligibility and compliance in Ambulatory Emergency Dept. Visits measure
AMR		Member-level eligibility and compliance in Asthma Medication Ratio measure
Avoid_ED		Member-level eligibility and compliance in Avoidable Emergency Dept. Visits measure
BCS		Member-level eligibility and compliance in Breast Cancer Screening measure
CBP		Member-level eligibility and compliance in Controlling High Blood Pressure measure
CCS		Member-level eligibility and compliance in Cervical Cancer Screening measure
CDC_A1c		Member-level eligibility and compliance in Diabetes HbA1c Test measure
CDC_BP		Member-level eligibility and compliance in Diabetes Blood Pressure Control measure
CDC_Complete		Member-level eligibility and compliance in Comprehensive Diabetes Care- Complete measure
CDC_Control		Member-level eligibility and compliance in Diabetes A1c Control (<8.0%) measure
CDC_EE		Member-level eligibility and compliance in Diabetes Retinal Eye Exam measure
CDC_KED		Member-level eligibility and compliance in Diabetes Kidney Health Evaluation measure

KEY:

- **Asterisk (*)** = Non-compliant: Member eligible for measure but has not met criteria for compliance (i.e. member included in denominator but not numerator)
- **Date** = Compliant: Member eligible for measure and has received the necessary procedure OR outcome measure is within compliant range (i.e. member included in)

CDF	Member-level eligibility and compliance in Depression Screening and Follow Up measure	denominator and numerator) • N/A = Ineligible: Member is not eligible for measure (i.e. member not included in denominator or numerator)
CHL	Member-level eligibility and compliance in Chlamydia Screening in Women measure	
CIS_10	Member-level eligibility and compliance in Childhood Immunizations Combo 10 measure	
DEV	Member-level eligibility and compliance in Developmental Screening measure	
Encounter	Member-level eligibility and compliance in Encounter Threshold measure	
FLU	Member-level eligibility and compliance in Seasonal Influenza Vaccine measure	
FVN	Member-level eligibility and compliance in Fluoride Varnish measure	
IHA	Member-level eligibility and compliance in Initial Health Assessment measure	
IMA_2	Member-level eligibility and compliance in Adolescent Immunizations Combo 2 measure	
SBIRT	Member-level eligibility and compliance in Substance Misuse Screening and Follow Up measure	
W15	Member-level eligibility and compliance in Well Child Visits (0-15 months) measure	
W30	Member-level eligibility and compliance in Well Child Visits (15-30 months) measure	
WCC_BMI	Member-level eligibility and compliance in Pediatric BMI Assessment measure	
WCC_N	Member-level eligibility and compliance in Nutrition Counseling for Children measure	
WCC_PA	Member-level eligibility and compliance in Physical Activity Counseling for Children measure	
WCV	Member-level eligibility and compliance in Well Child and Adolescent Visits measure	
Last_HbA1c_Test_Date	Most recent HbA1c Test date (patients with diabetes only)	
Last_HbA1c_Test_Result	Most recent HbA1c Test Result	
Total_Eligible_Months	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year	
Potential_9Month_Enrollment	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit	
Current_Member	Flag (Y/N) for whether member is currently assigned to PCP panel	

P4P Benchmark Member Detail SystemLevel CMC Report

Field	Value Description	
ProviderID	Provider HPSM ID	
Provider_NPI	Provider NPI	
Provider_Name	Provider Name	
LOB	HPSM Line of Business	
MemberID	Assigned Member HPSM ID	
Last_Name	Assigned Member Last Name	
First_Name	Assigned Member First Name	
DOB	Assigned Member Date of Birth	
Age	Assigned Member Age	
Sex	Assigned Member Sex	
Language	Assigned Member Primary Language	
Phone	Assigned Member Phone	
AMB_ED	Member-level eligibility and compliance in Ambulatory Emergency Dept. Visits measure	<p>KEY:</p> <ul style="list-style-type: none"> • Asterisk (*) = Non-compliant: Member eligible for measure but has not met criteria for compliance (i.e. member included in denominator but not numerator) • Date = Compliant: Member eligible for measure and has received the necessary procedure OR outcome measure is within compliant range (i.e. member included in denominator and numerator)
Avoid_ED	Member-level eligibility and compliance in Avoidable Emergency Dept. Visits measure	
CBP	Member-level eligibility and compliance in Controlling High Blood Pressure measure	
CDC_Poor	Member-level eligibility and compliance in Diabetes Poor Control (>9.0%) measure	
CDF	Member-level eligibility and compliance in Depression Screening and Follow Up measure	
COA_ACP	Member-level eligibility and compliance in Care for Older Adults - Advance Care Planning	
COA_Complete	Member-level eligibility and compliance in Care for Older Adults - Complete measure	
COA_FSA	Member-level eligibility and compliance in Care for Older Adults - Functional Status Assessment measure	
COA_MR	Member-level eligibility and compliance in Care for Older Adults - Medication Review measure	
COA_PS	Member-level eligibility and compliance in Care for Older Adults - Pain Screening measure	
COL	Member-level eligibility and compliance in Colorectal Screening measure	

DAE	Member-level eligibility and compliance in Use of High-Risk Medications in the Elderly measure	<ul style="list-style-type: none"> • N/A = Ineligible: Member is not eligible for measure (i.e. member not included in denominator or numerator)
FLU	Member-level eligibility and compliance in Seasonal Flu Vaccine Measure	
SBIRT	Member-level eligibility and compliance in Substance Misuse Screening and Follow Up measure	
TRC_MR	Member-level eligibility and compliance in Transitions of Care - Medication Reconciliation	
TRC_PE	Member-level eligibility and compliance in Transitions of Care - Patient Engagement	
Last_HbA1c_Test_Date	Most recent HbA1c Test date (patients with diabetes only)	
Last_HbA1c_Test_Result	Most recent HbA1c Test Result	
Total_Eligible_Months	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year	
Potential_9Month_Enrollment	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit	
Current_Member	Flag (Y/N) for whether member is currently assigned to PCP panel	

P4P Benchmark Progress Report

Field	Value Description
Performance_Measure	P4P Quality Measure (includes both payment and reporting-only measures)
Denominator	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
Numerator	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines).
Current_Progress	Provider's current performance rate
Full_Credit_Benchmark	Full credit benchmark
Partial_Credit_Benchmark	Partial credit benchmark
Full_Credit_Quality_Score	Number of quality score points awarded for reaching full credit benchmark (payment measures only).
Partial_Credit_Quality_Score	Number of quality score points awarded for reaching partial credit benchmark (payment measures only).
Current_Quality_Score	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate.
Network_Average_Adult	The current Adult Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Adult track with an eligible member denominator of 30 or more in that measure).
Network_Average_Family_Practice	The current Family Practice Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Family Practice track with an eligible member denominator of 30 or more in that measure).
Network_Average_Pediatric	The current Pediatric Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Pediatric track with an eligible member denominator of 30 or more in that measure).
Total Eligible Member Months	The current number of total eligible member months eligible for P4P payments. One member month = 1 member assigned to PCP panel for 1 month.

P4P Benchmark Progress System Level CMC Report

Field	Value Description
Performance_Measure	P4P Quality Measure (includes both payment and reporting-only measures)
Denominator	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
Numerator	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines)
Current_Progress	Provider's current performance rate
Full_Credit_Benchmark	Full credit benchmark
Partial_Credit_Benchmark	Partial credit benchmark
Full_Credit_Quality_Score	Number of quality score points awarded for reaching full credit benchmark (payment measures only)
Partial_Credit_Quality_Score	Number of quality score points awarded for reaching partial credit benchmark (payment measures only)
Current_Quality_Score	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate
Network_Average_Progress	The current network performance rate (averages progress for all CareAdvantage providers with an eligible member denominator of 30 or more in that measure)
Total Eligible Member Months	The current number of total eligible member months eligible for P4P payments. One member month = 1 member assigned to PCP panel for 1 month

System Level P4P Benchmark Member Detail Report

Field	Value	Description
ProviderID		Provider HPSM ID
Provider_NPI		Provider NPI
Provider_Name		Provider Name
LOB		HPSM Line of Business
MemberID		Assigned Member HPSM ID
Last_Name		Assigned Member Last Name
First_Name		Assigned Member First Name
DOB		Assigned Member Date of Birth
Age		Assigned Member Age
Sex		Assigned Member Sex
Language		Assigned Member Primary Language
Phone		Assigned Member Phone
ACE		Member-level eligibility and compliance in ACE Trauma Screening measure
AMB_ED		Member-level eligibility and compliance in Ambulatory Emergency Dept. Visits measure
AMR		Member-level eligibility and compliance in Asthma Medication Ratio measure
Avoid_ED		Member-level eligibility and compliance in Avoidable Emergency Dept. Visits measure
BCS		Member-level eligibility and compliance in Breast Cancer Screening measure
CBP		Member-level eligibility and compliance in Controlling High Blood Pressure measure
CCS		Member-level eligibility and compliance in Cervical Cancer Screening measure
CDC_A1c		Member-level eligibility and compliance in Diabetes HbA1c Test measure
CDC_BP		Member-level eligibility and compliance in Diabetes Blood Pressure Control measure
CDC_Complete		Member-level eligibility and compliance in Comprehensive Diabetes Care- Complete measure
CDC_Control		Member-level eligibility and compliance in Diabetes A1c Control (<8.0%) measure
CDC_EE		Member-level eligibility and compliance in Diabetes Retinal Eye Exam measure
CDC_KED		Member-level eligibility and compliance in Diabetes Kidney Health Evaluation measure

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CDF	Member-level eligibility and compliance in Depression Screening and Follow Up measure	denominator and numerator) • N/A = Ineligible: Member is not eligible for measure (i.e. member not included in denominator or numerator)
CHL	Member-level eligibility and compliance in Chlamydia Screening in Women measure	
CIS_10	Member-level eligibility and compliance in Childhood Immunizations Combo 10 measure	
DEV	Member-level eligibility and compliance in Developmental Screening measure	
Encounter	Member-level eligibility and compliance in Encounter Threshold measure	
FLU	Member-level eligibility and compliance in Seasonal Influenza Vaccine measure	
FVN	Member-level eligibility and compliance in Fluoride Varnish measure	
IHA	Member-level eligibility and compliance in Initial Health Assessment measure	
IMA_2	Member-level eligibility and compliance in Adolescent Immunizations Combo 2 measure	
SBIRT	Member-level eligibility and compliance in Substance Misuse Screening and Follow Up measure	
W15	Member-level eligibility and compliance in Well Child Visits (0-15 months) measure	
W30	Member-level eligibility and compliance in Well Child Visits (15-30 months) measure	
WCC_BMI	Member-level eligibility and compliance in Pediatric BMI Assessment measure	
WCC_N	Member-level eligibility and compliance in Nutrition Counseling for Children measure	
WCC_PA	Member-level eligibility and compliance in Physical Activity Counseling for Children measure	
WCV	Member-level eligibility and compliance in Well Child and Adolescent Visits measure	
Last_HbA1c_Test_Date	Most recent HbA1c Test date (patients with diabetes only)	
Last_HbA1c_Test_Result	Most recent HbA1c Test Result	
Total_Eligible_Months	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year	
Potential_9Month_Enrollment	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit	
Current_Member	Flag (Y/N) for whether member is currently assigned to PCP panel	

System Level P4P Progress Reports

Field	Value Description
Performance_Measure	P4P Quality Measure (includes both payment and reporting-only measures)
Denominator	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
Numerator	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines)
Current_Progress	Provider's current performance rate
Full_Credit_Benchmark	Full credit benchmark
Partial_Credit_Benchmark	Partial credit benchmark
Full_Credit_Quality_Score	Number of quality score points awarded for reaching full credit benchmark (payment measures only)
Partial_Credit_Quality_Score	Number of quality score points awarded for reaching partial credit benchmark (payment measures only)
Current_Quality_Score	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate
Network_Average_Adult	The current Adult Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Adult track with an eligible member denominator of 30 or more in that measure)
Network_Average_Family_Practice	The current Family Practice Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Family Practice track with an eligible member denominator of 30 or more in that measure)
Network_Average_Pediatric	The current Pediatric Medi-Cal network performance rate (averages progress for all Medi-Cal providers assigned to the Pediatric track with an eligible member denominator of 30 or more in that measure)
Total Eligible Member Months	The current number of total eligible member months eligible for P4P payments. One member month = 1 member assigned to PCP panel for 1 month