

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA

eReports User Guide

Quality Improvement Program (QIP)
Clinical Measure Data Tracking System

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Introduction to eReports

eReports, an online system built for the PCP QIP Clinical measures, is the mechanism by which providers can monitor their performance and submit supplemental data to Partnership HealthPlan of California to enhance their performance.

eReports is available at: <https://qip.partnershiphp.org/>

Compatible Web Browsers

- Google Chrome
- Internet Explorer 10 or above
- Mozilla Firefox
- Apple Safari

QIP Contact Information

Partnership HealthPlan of California is available to help you with eReports from 8 a.m. to 5 p.m. Pacific time, Monday through Friday. Contact us:

- Email: QIP@partnershiphp.org
- Fax: (707) 863-4316

Register and Log In to eReports

The New User Registration page opens when you have completed the initial phase of Self Service Signup.

How many eAdministrators should your organization have? You must have at least one eAdmin. Although you can have more, beware of creating too many. It might be helpful to have one each at the organizational or regional level. However, having one at every location can lead to inconsistent assignment of privileges to users.

Requesting a Secret Key

1. Send an email to PHC's QIP Team at qip@partnershiphp.org with the following information:
 - PHC Provider Number
 - Tax Identification Number
2. The Secret Key will be sent via secure email within 2-3 business days.

Create eAdmin Account User (New)

Secret Key via Secure email, please follow the steps below:

1. Go to <https://qip.partnershiphp.org/>
2. Click [here](#) to register.

QIP e-Reports

Sign in with your organizational account

Sign Up:

New user, email QIP Team at qip@partnershiphp.org for your site's registration Key. Click [here](#) to register with a registration Key.

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

3. On the upper section of the New User Registration page, enter name, password, and phone information for the eAdmin.
 - Review the Password Help information box on the right side of the screen for character limitations.
 - **Notes: Username names **MUST** be:
 - At least 8 characters long
 - Not contain any special characters

An email address can be used to create more than one account. This is useful if an employee is to be the eAdmin for multiple parent organizations with more than one parent organization code. The employee can use the same email address for each eAdmin account.

4. Read and check *each* box in the eAdmin Roles and Responsibilities section. *If any statement is not true for your role or responsibility within your organization, you should not become an eAdmin.*

QIP - eReports

About Us
What is QIP?
User Login
FAQ
Help

Sign Up:

First Name: *
Last Name: *
User Email: *
Preferred Username: *
Password: *
Confirm Password: *
Secret Key: *

Password Requirements:
Please use the following rules to create your password:

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

I am responsible for creating accounts for this organization.

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

I am responsible for auditing user accounts periodically

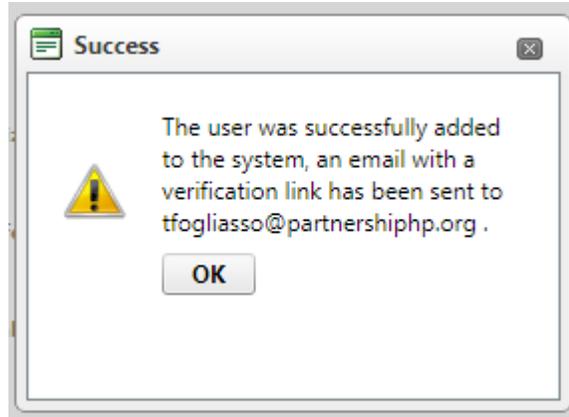
I am a primary point of contact for eReports

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

I am responsible for ensuring that individuals of this organization only have permissions that are in accordance with HIPAA minimum use stands set forth in 45 CFR 164.502(b) and 164.514(d).

[Reset](#) [Create User](#) [Back to Login](#)

5. Click the **Create User** button.
6. Click the **OK** button in the Success message box.



You will receive an email that provides a link with which to activate your eAdmin account.

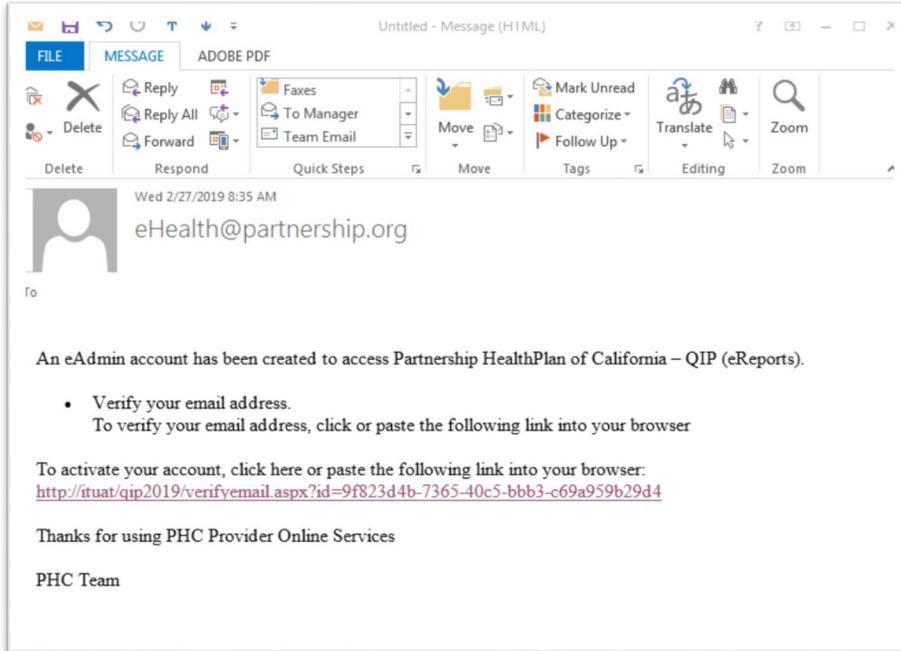
Activate Your eAdmin Account

The email you received after clicking the **Create User** button on the New User Registration page will contain a link to verify your email address and finalize activation of your eAdmin account.

1. Go to your email program and open the email from eHealth@partnership.org .
2. Click the link in the email.
3. Login using your username and password.
4. Click Accept on the Terms and Conditions screen.

****Note:** You will see this screen every time you sign into eReports because this system contains Protected Health Information (PHI), each time you log in you must hit "Accept" to the Terms and Conditions page before you enter the system.

Below is a copy of the email from eHealth:



Log In

1. Access eReports at <https://qip.partnershiphp.org>
2. Enter your username and password into the fields, then click the Login button.
3. On the Terms and Conditions page, read the statement, then click the Accept button.
 - **Note:** You will see this screen every time you sign into eReports because this system contains Protected Health Information (PHI), each time you log in you must hit "Accept" to the Terms and Conditions page before you enter the system.
4. The eReports Home page opens

If you have logged in but perform no action for 20 minutes, eReports will time-out and close. You will need to log in again to continue your work in eReports.

Log Out

When you have completed your work in eReports, you need to log out.

- Click the Log Out link in the top right corner of any page.

eAdmin Account Functionality

The User Management module allows eAdmins to do the following:

- View Users in Your Organization
- Add a New User
- Edit a User Permissions

The screenshot shows the 'QIP - eReports' user management interface. The left sidebar contains a navigation menu with the 'eAdmin' option highlighted by a red arrow. The main content area features a form for adding a new user, with fields for Name, Username (DemoUser), Email, and Group Name. Below the form is a table of existing users with columns for Username, First Name, Last Name, User Email, Is Active, Is Locked, Enable, ReSend Email Verification, and Edit. The table shows two users: PX_RWIL and DemoUser.

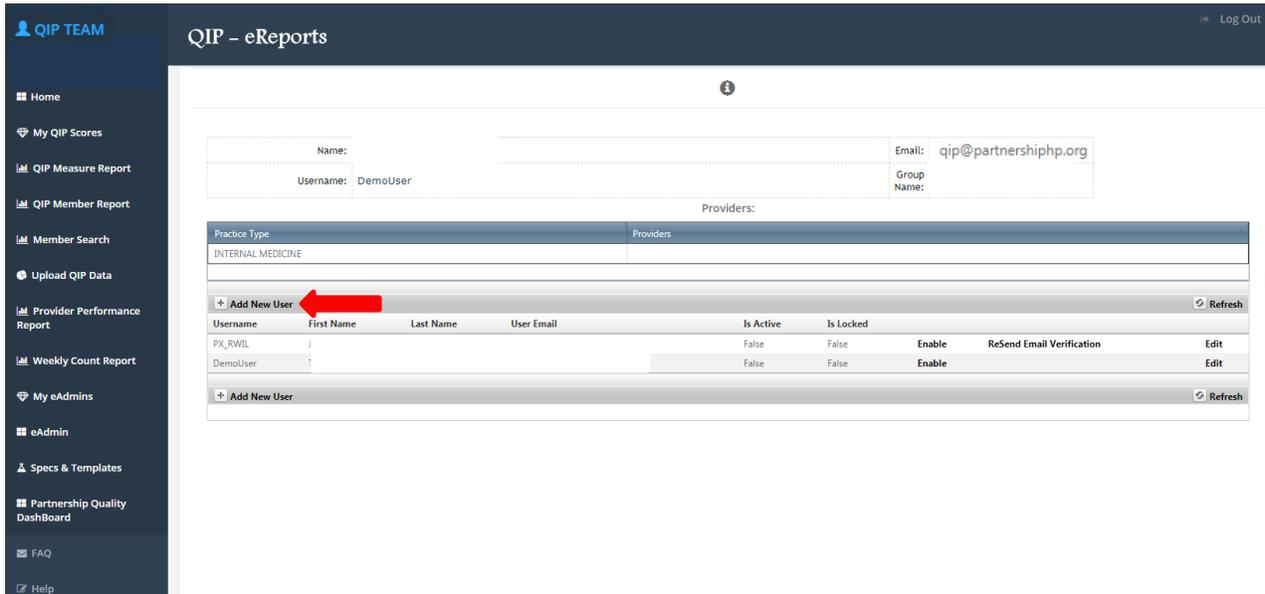
Practice Type	Providers
INTERNAL MEDICINE	Wilson, Ruth Dolores, MD - 9060

Username	First Name	Last Name	User Email	Is Active	Is Locked	Enable	ReSend Email Verification	Edit
PX_RWIL				False	False	Enable		Edit
DemoUser				False	False	Enable		Edit

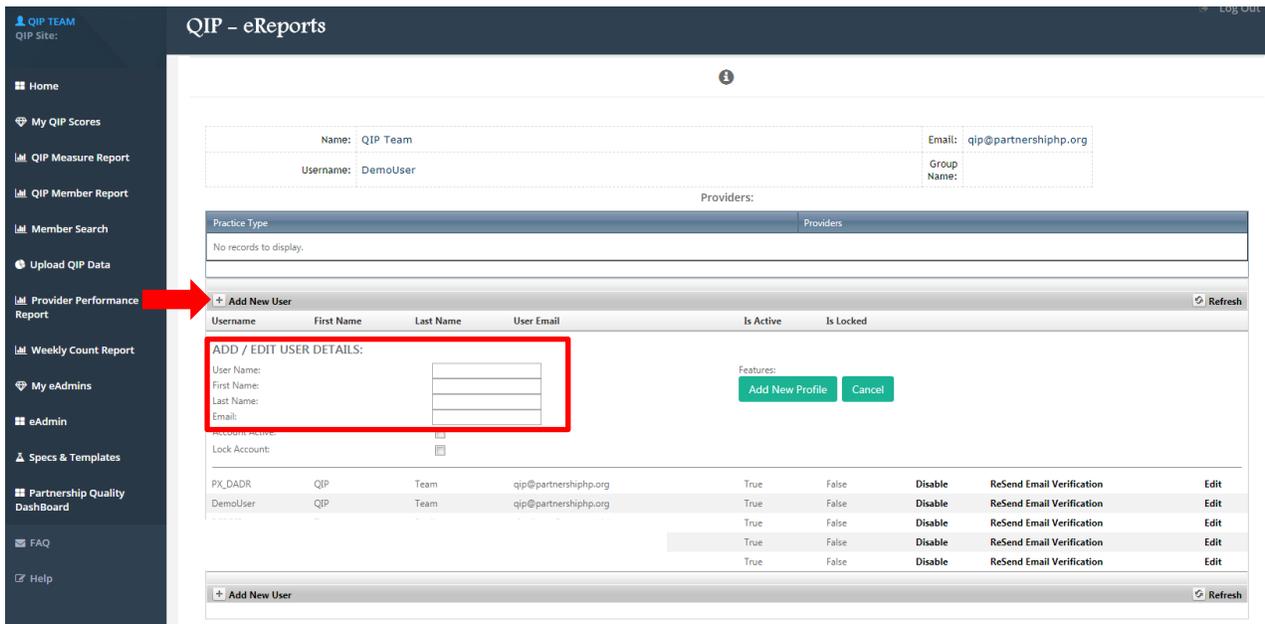
View Users in Your Organization

1. Click the eAdmin in the tool bar.
2. The eAdmin User Management page opens, displaying a list of the people within your organization who have permission to be users of PHC eReports.

Add a New User



1. Click the eAdmin in the tool bar.
 2. Click the “+” Add/Edit User Details form, enter the user’s information in the fields.
- **Note:** Username names **MUST** be:
- At least 8 characters long
 - Not contain any special characters



3. Check the **Account Active** box.

The screenshot shows the 'ADD / EDIT USER DETAILS' form in the QIP - eReports system. The 'Account Active' checkbox is highlighted with a red box. Below the form is a table of existing users.

Username	First Name	Last Name	User Email	Is Active	Is Locked			
PX_DADR	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
DemoUser	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit

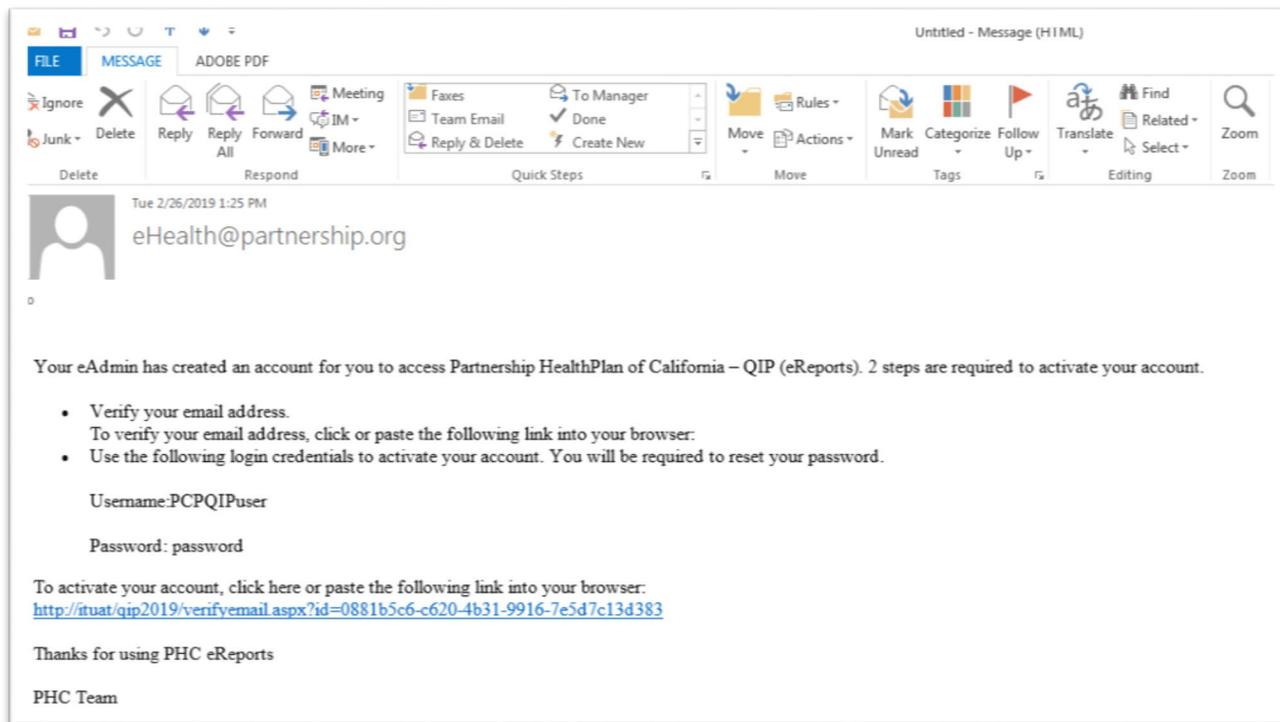
4. Clicking the “Add New Profile” button.

****Note:** The system sends an email to the new user, providing a link to eReports log in. New users create their password when they first log in.

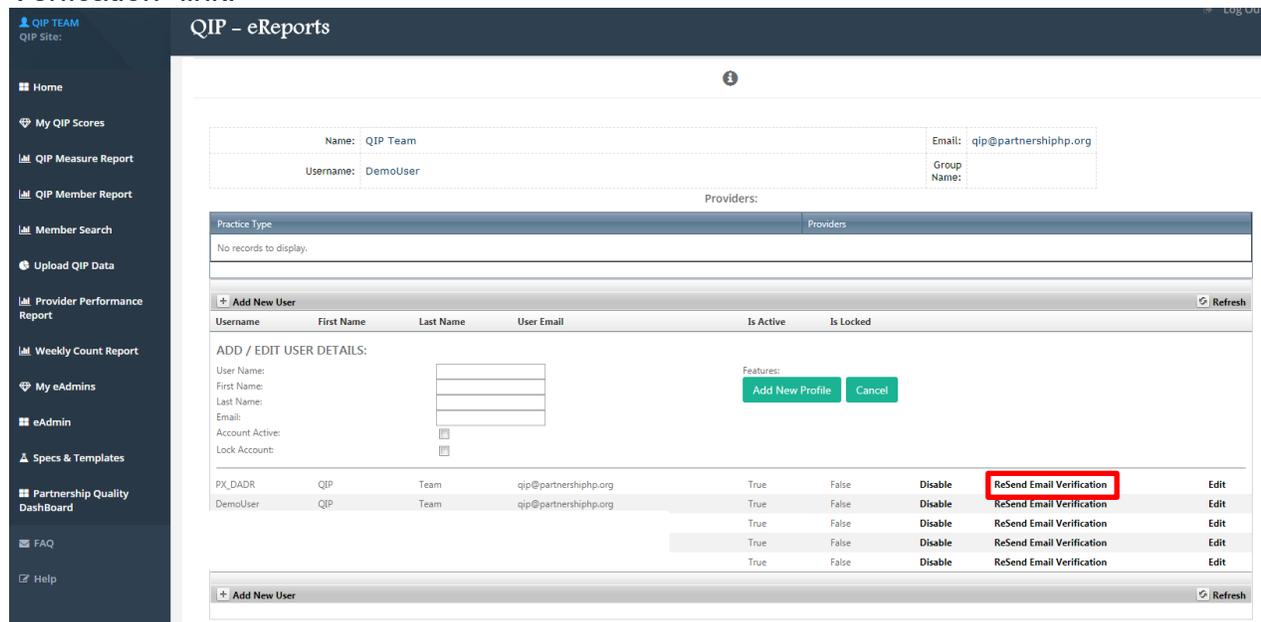
The screenshot shows the 'ADD / EDIT USER DETAILS' form in the QIP - eReports system. A red arrow points to the 'Add New Profile' button. Below the form is a table of existing users.

Username	First Name	Last Name	User Email	Is Active	Is Locked			
PX_DADR	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
DemoUser	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit

Below is a copy of the email that is sent the newly set up user.



If the newly added user does not receive the email. Please click “Resend Email Verification” link.



Edit a User

Editing an existing user can be done by either using the “Disable” link, “Enable” link, or checking the Account Active/Lock Account.

Account Active/Lock Account Option:

1. Click the “Edit” link at the end of the member’s row.

The screenshot shows the 'QIP - eReports' user management interface. At the top, there are fields for Name (QIP Team), Email (qip@partnershiphp.org), Username (DemoUser), and Group Name. Below this is a table for 'Providers' with the message 'No records to display.' Underneath is the 'ADD / EDIT USER DETAILS' form, which includes input fields for User Name, First Name, Last Name, and Email, along with checkboxes for 'Account Active' and 'Lock Account'. To the right of these fields are 'Add New Profile' and 'Cancel' buttons. Below the form is a table listing users:

Username	First Name	Last Name	User Email	Is Active	Is Locked	Disable	ReSend Email Verification	Edit
PX_DADR	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
DemoUser	QIP	Team	qip@partnershiphp.org	True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit
				True	False	Disable	ReSend Email Verification	Edit

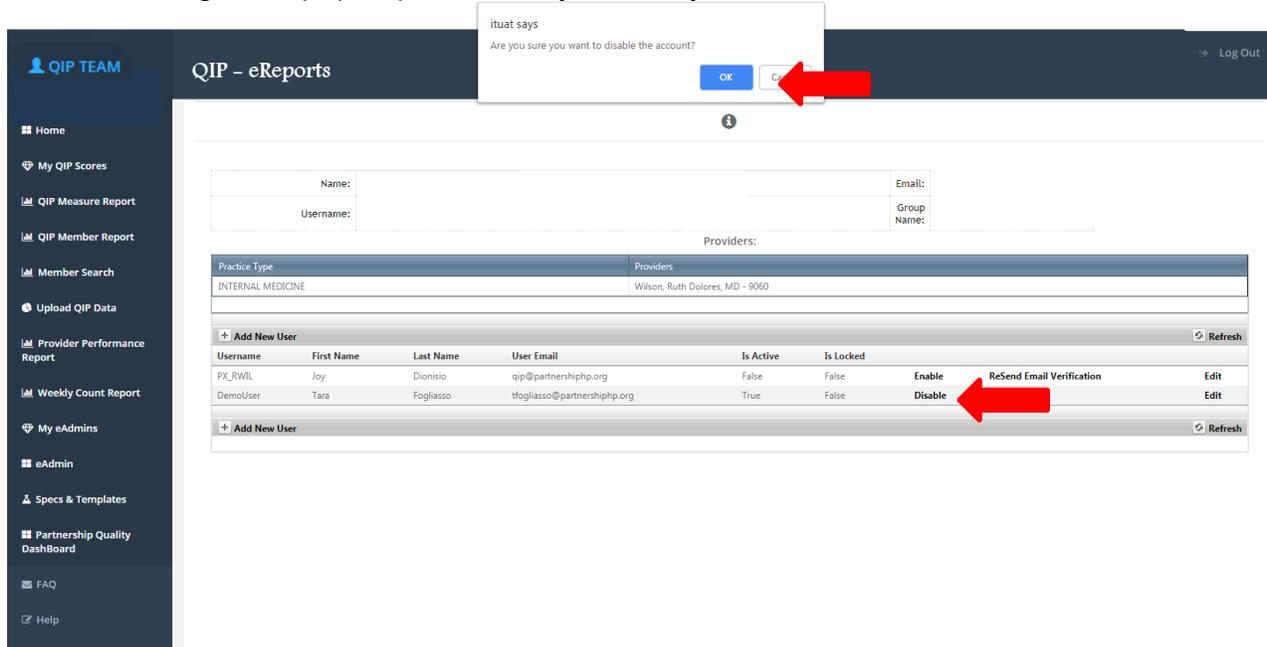
A red arrow points to the 'Edit' link in the second row of the table.

2. The Add/Edit User Details form appears.
3. Edit the user’s account as needed by clicking by checking:
 - Account Active: User as has active account to utilize eReports.
 - Lock Account: User account is locked and the user is not able to utilize eReports.

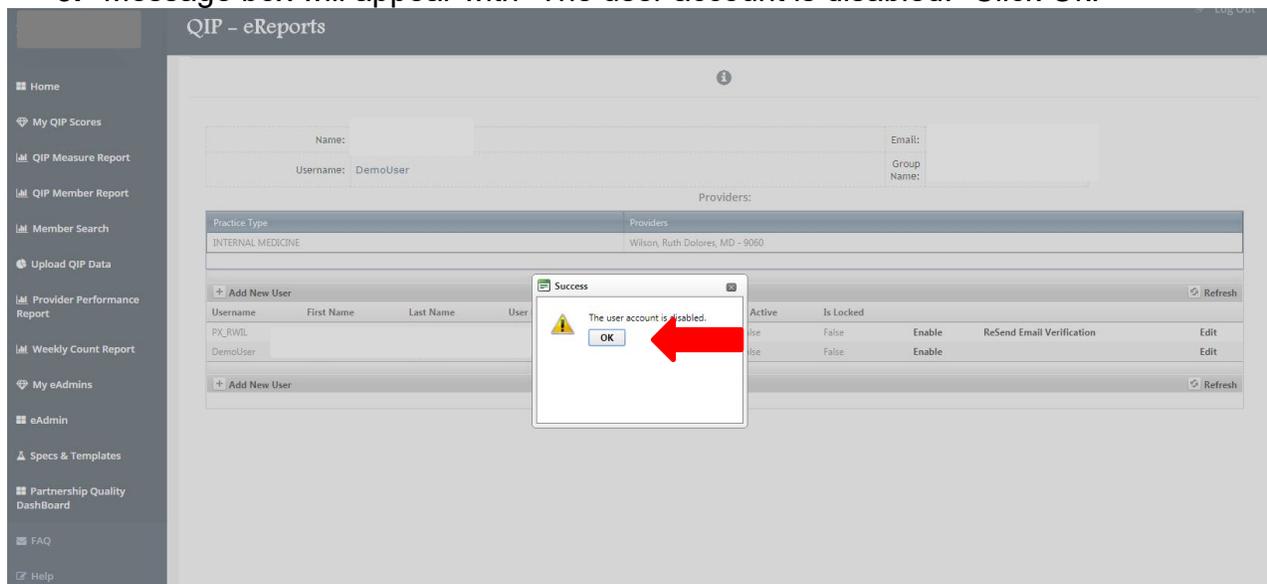
This screenshot shows the same 'QIP - eReports' user management interface as the previous one, but with the 'ADD / EDIT USER DETAILS' form expanded. A red arrow points to the 'Account Active' checkbox, which is currently unchecked. The 'Lock Account' checkbox is also visible and unchecked. The table below the form remains the same as in the previous screenshot.

“Disable” Account Option:

1. Click “Disable” link.
2. Message box pops up with “Are you sure you want to disable the account?”



3. Message box will appear with “The user account is disabled.” Click Ok.



4. You will see “Disable” turn to “Enable”.

The screenshot shows the QIP - eReports user management interface. The top navigation bar includes 'QIP TEAM' and 'Log Out'. The left sidebar contains various report and search options. The main content area shows a form for user details (Name, Username: DemoUser, Email, Group Name) and a table of providers. Below the providers table is a table of users. The user 'PX_RWIL DemoUser' is shown with 'Is Active' and 'Is Locked' both set to 'False'. The 'Enable' button next to the user name is highlighted with a red box. Other buttons include 'ReSend Email Verification' and 'Edit'.

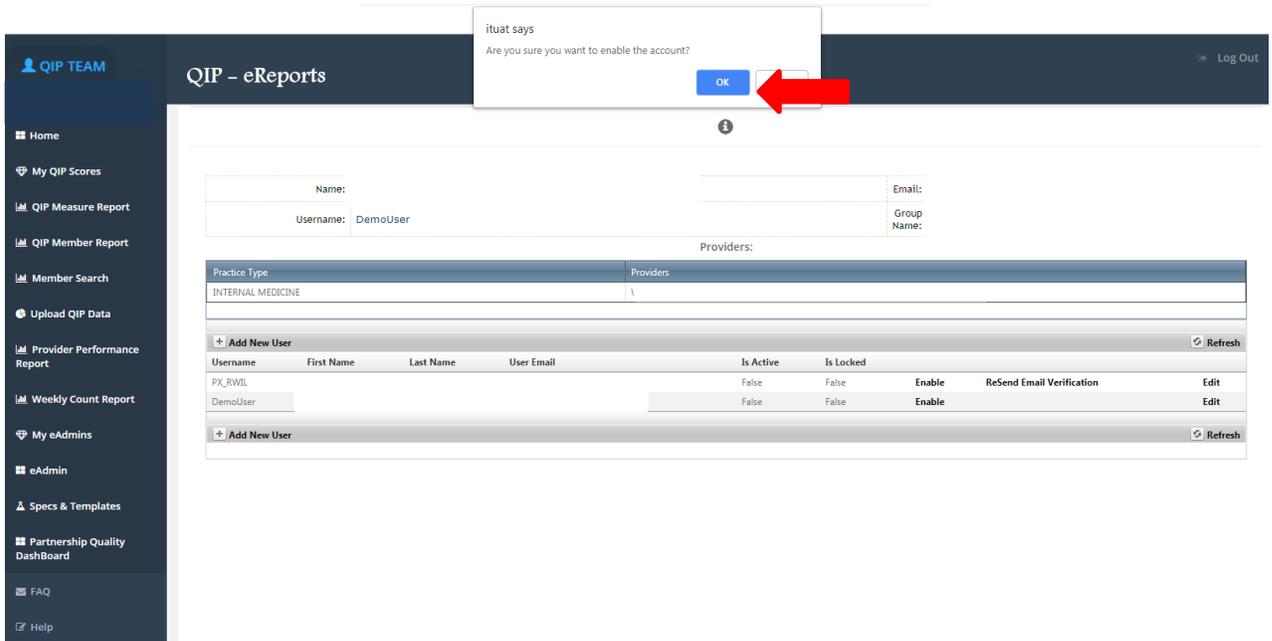
Username	First Name	Last Name	User Email	Is Active	Is Locked	Enable	ReSend Email Verification	Edit
PX_RWIL	DemoUser			False	False	Enable		Edit

“Enable” Account Option:

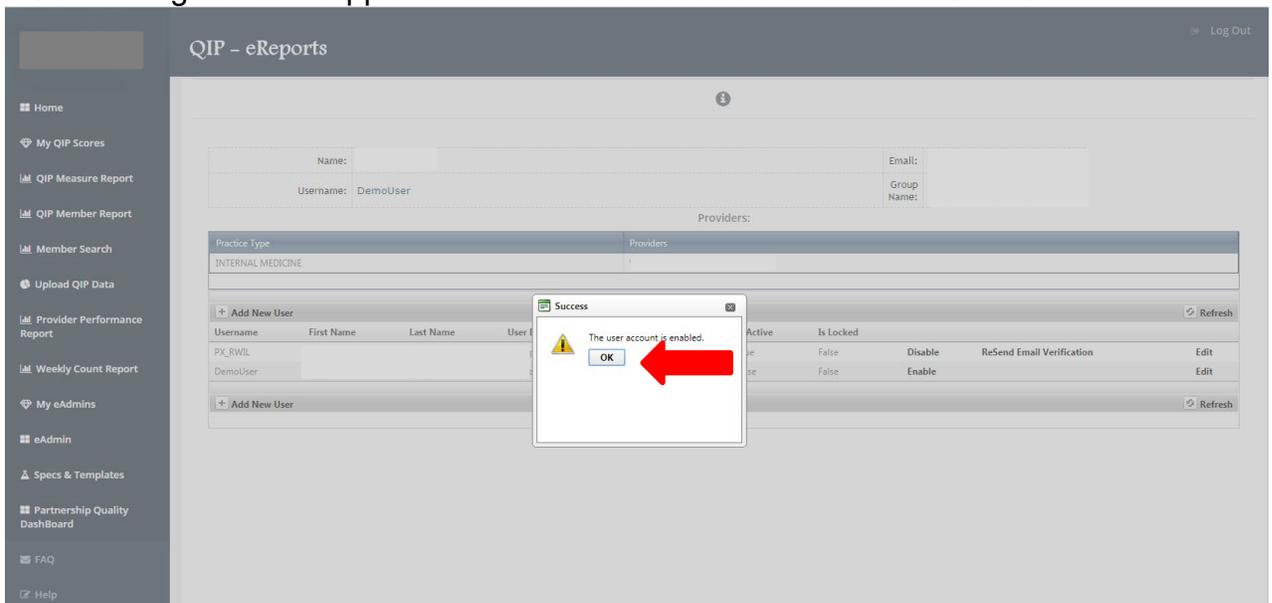
1. Click “Enable” link.

This screenshot is identical to the one above, showing the user management interface. A red arrow points to the 'Enable' button for the user 'PX_RWIL DemoUser', indicating the step to click the 'Enable' link.

2. Message box pops up with “Are you sure you want to enable the account?” Click Ok.



3. Message box will appear with “The user account is enabled.” Click Ok.



4. You will see “Enable” turn to “Disable”.

The screenshot shows the 'QIP - eReports' interface. On the left is a navigation menu with 'My eAdmins' selected. The main content area shows a form for adding a new user. The 'Username' field is filled with 'DemoUser'. Below the form is a table of existing users:

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

The 'Disable' button for the 'DemoUser' row is highlighted with a red box.

My eAdmin

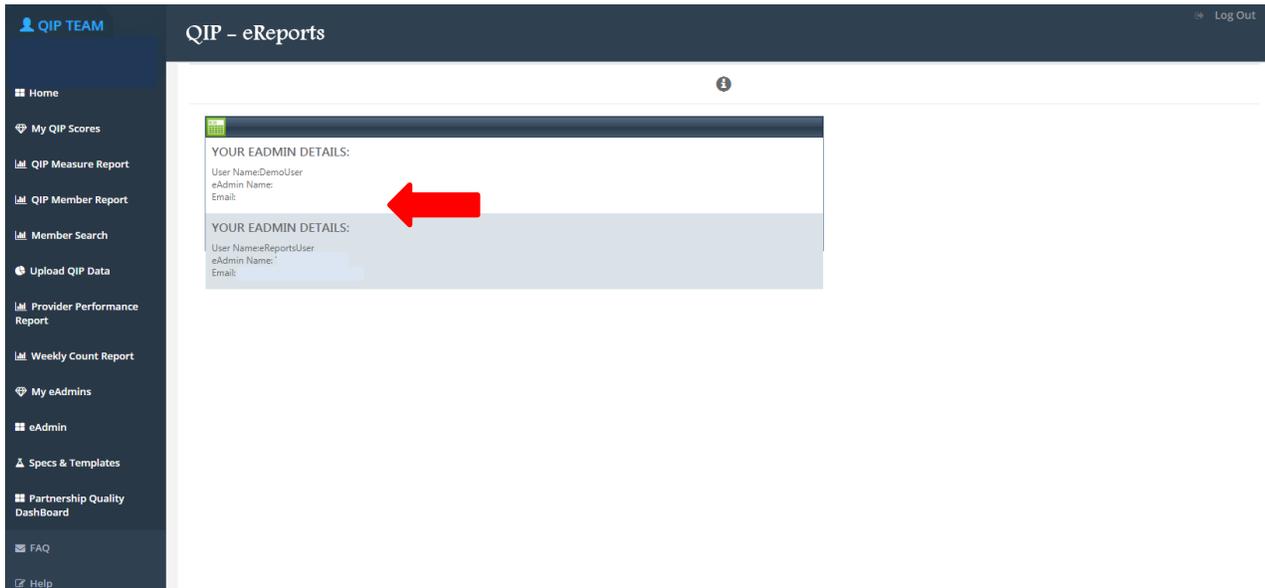
This function displays the organizations eAdmin Accounts and email address.

1. Click “My eAdmin” in the tool bar.

The screenshot shows the 'QIP - eReports' interface with the 'My eAdmins' section selected in the left sidebar. A red arrow points to the 'My eAdmins' menu item. The main content area displays a table of QIP measures for a selected group:

Measure	QIP Score	Numerator	Denominator	50th Threshold %	50th(Target/Achieved)	75th Threshold %	75th(Target/Achieved)	90th Threshold %	90th(Target/Achieved)
Cervical Cancer Screening 2019	49.7 %	2709	5446	NA	NA	65.9%	3589/2709	70.8%	3856/2709
Well Child 2019	7.4 %	212	2881	NA	NA	78.5%	2262/212	82.8%	2386/212
Immunization for Adolescents 2019	15.6 %	90	577	19.8%	115/90	NA	NA	NA	NA
Nutrition Counseling 2019	15.5 %	260	1679	NA	NA	NA	NA	NA	NA
Physical Activity Counseling 2019	0.4 %	6	1679	NA	NA	NA	NA	NA	NA
Diabetes - Retinal Eye exam 2019	40.6 %	342	842	NA	NA	63.3%	533/342	68.3%	576/342
Diabetes - Nephropathy 2019	51.0 %	429	842	NA	NA	91.7%	773/429	93.3%	786/429
Controlling High Blood Pressure 2019	0.0 %	0	991	NA	NA	64.8%	643/0	71.7%	711/0
Monitoring for Patients on Persistent Medications 2019	89.0 %	1048	1178	NA	NA	90.2%	1063/1048	92.8%	1094/1048
Diabetes - HbA1C Good Control 2019	5.6 %	47	842	NA	NA	64.5%	544/47	70.9%	597/47
Colorectal Cancer Screening 2019	50.2 %	1618	3223	NA	NA	45%	1451/1618	56.8%	1831/1618
Asthma Medication Ratio 2019	0.0 %	0	2	NA	NA	NA	NA	NA	NA
Childhood Immunization Status CTS 3 2019	0.0 %	0	771	71.6%	553/0	NA	NA	NA	NA
Breast Cancer Screening 2019	46.7 %	623	1334	59%	788/623	NA	NA	NA	NA

2. The screen will display the eAdmin Account holders.



Multiple Sites

The secret keys are parent organization specific. You only need one username to access all of your individual sites data with the parent organization.

****Note:** If the parent organization name listed is not the organization you work for or you notice one of your site is not in your organization, or one of your sites in your organization is missing, please notify the QIP Team immediately at qip@partnershiphp.org

Forgot your Username or Password

Forgot your Username

If you do not remember your username, you will need to reach out to your eAdmin for eReports. If you do not know who your eAdmin is please contact the QIP Team at qip@partnershiphp.org.

Resetting your Password

You will be asked to use your Secret Key to reset your password. If you are not able to locate your email that contains the Secret key originally sent to you, contact us at QIP@partnershiphp.org.

Please follow these steps:

1. Click on the [Can't access your account?](#) Link.

QIP e-Reports

Sign in with your organizational account

Username

Password

[Log in](#)

[Sign Up](#)

New user, email QIP Team at qip@partnershiphp.org for your site's registration key. [Click here to register](#) with a registration key.

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

2. Enter your email and username.
Note: If you do not remember your username, you will need to reach out to your eAdmin for eReports. If you do not know who your eAdmin is please contact the QIP Team at qip@partnershiphp.org.
3. Click the [Send Reset Link to Email](#) button.

Request Password Reset

Email:

Username:

[Send Reset Link to Email](#) [Back To Login](#)

4. Go to your email program and open the email from eHealth@partnershiphp.org with subject line "QIP Reset Password".
5. Click the link in the email.
6. Enter your new and confirm your password.

The screenshot shows a 'Password Reset' form. The 'Username' field contains 'lazybrum2018'. The 'New Password' and 'Confirm Password' fields are empty and are highlighted with a red rectangular box. To the right of the form, there are three red asterisks. Below the form are two blue buttons: 'Back to Login' and 'Reset Password'.

7. Click the “Reset Password” button. The message of “The password was successfully reset”.

The screenshot shows the 'Password Reset' form after clicking the 'Reset Password' button. The 'New Password' and 'Confirm Password' fields now contain asterisks, indicating they are masked. The 'Reset Password' button is highlighted with a red rectangular box. There are three red asterisks to the right of the form.

8. Click the “Back to Login” button.

The screenshot shows the 'Password Reset' form with a success message: 'The password was successfully reset.' in red text. The 'Back to Login' button is highlighted with a red rectangular box. The 'New Password' and 'Confirm Password' fields are still masked with asterisks. There are three red asterisks to the right of the form.

9. Enter you username and password on the sign page.

If you have any trouble resetting your password, contact us at QIP@partnershiphp.org.

eReports Home Screen

Once you log in, the Home Screen will appear.

The screenshot displays the 'Threshold Report' interface. At the top, it shows the user's name and a 'Log Out' link. Below this, there's a 'Threshold Report' title and a message: 'Measures in view may not apply to your practice type. Refer to the QIP measure'. The user's group name is 'PHC Internal Account'. There are buttons for 'Remove Impersonation', 'Select Provider', and 'Clear'. A dropdown menu for 'Select a PCP' is visible. The main content is a table titled 'Core Clinical Measurement Set' with columns for Measure, QIP Score, Numerator, Denominator, 25th Threshold %, 25th (Target/Achieved), 50th Threshold %, 50th (Target/Achieved), 75th Threshold %, and 75th (Target/Achieved). The table lists various measures such as 'Child and Adolescent Well Care 2022', 'Asthma Medication Ratio 2022', 'Breast Cancer Screening 2022', etc. Below this is a section for 'Monitoring Measures (Not in the Core Clinical Measurement Set)' with a similar table structure. In the bottom right corner, it shows 'LAST LOGIN: 2/26/2018 1:54:05 PM' and 'QIP SCORES UPDATED ON: 2/21/2018 8:48:15 PM'. At the very bottom, there is a footer: 'Quality Improvement Program (QIP) - A product of Partnership HealthPlan of California © Privacy Policy'.

Understand the eReports Site

- The title bar extends horizontally across the top of the screen and contains the following information:
 - On the far left is your name as entered during registration. Below your name is your parent organization name as determined by the secret key you used when registering.
 - **Note:** If the parent organization name listed is not the organization you work for, please notify the QIP Team immediately at qip@partnershiphp.org
 - To the right of your name, you will see the QIP eReports name.
 - On the far right is the Log Out link.
- Select a PCP allows the user to drill down to site level data within parent organization.
- The navigation pane extends vertically along the left side of the screen and enables you to access any page without having to return to the Home page.
- In the lower right corner of each page, you will see the dates of the last login to your site and the most recent update of the QIP scores.

Threshold Report

The Home page displays as the Threshold Report table for your practice. This table displays your current QIP score and number of numerators and denominators, the available thresholds percentage targets, and your current status for each available threshold.

QIP - eReports

Threshold Report

Measures in view may not apply to your practice type. Refer to the QIP measure...

GROUP NAME: PHC Intern

Select a PCP

Select Provider Clear

Core Clinical Measurement Set

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th Target/Achieved	50th Threshold %	50th Target/Achieved	75th Threshold %	75th Target/Achieved
Child and Adolescent Well Care 2022	32.02 %	2468	8331	NA	NA	45.21%	3775/2468	53.02%	4485/2468
Asthma Medication Ratio 2022	69.41 %	59	85	NA	NA	64.73%	56/59	70.87%	61/59
Breast Cancer Screening 2022	48.98 %	433	884	NA	NA	53.92%	477/433	58.70%	519/433
Cervical Cancer Screening 2022	48.77 %	2176	4653	NA	NA	58.12%	2751/2176	63.86%	2963/2176
Childhood Immunization Status: GS 10 2022	19.21 %	121	630	NA	NA	38.20%	241/121	45.50%	280/121
Colorectal Cancer Screening 2022	35.99 %	840	2324	32.80%	756/840	49.22%	939/840	NA	NA
Controlling High Blood Pressure 2022	0.19 %	1	771	NA	NA	55.39%	427/1	62.52%	480/1
Diabetes - HbA1C Good Control 2022	33.31 %	229	687	NA	NA	58.01%	391/229	61.82%	424/229
Immunization for Adolescents 2022	27.81 %	144	516	NA	NA	36.74%	190/144	43.92%	225/144
Nutrition Counseling 2022	31.74 %	1411	4445	NA	NA	NA	NA	NA	NA
Physical Activity Counseling 2022	5.31 %	236	4445	NA	NA	NA	NA	NA	NA
Well Child First 15 Months 2022	37.07 %	139	375	NA	NA	54.92%	206/139	61.25%	230/139

Monitoring Measures (Not in the Core Clinical Measurement Set)

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th Target/Achieved	50th Threshold %	50th Target/Achieved	75th Threshold %	75th Target/Achieved
Diabetes - Retinal Eye exam 2022	32.22 %	341	647	NA	NA	51.93%	333/341	57.91%	359/341

You will see the following data in the table:

- **Measure Name**
 - **Note:** eReports tracks 14 clinical measures. Each practice type has their own set of clinical measures. Your measures are indicated by data in the Percentile (Target/Achieved) columns.
- **QIP Score** Your most up to date QIP score (clinical measure rate) for the measure. The score is calculated by: $(\text{Numerator} \div \text{Denominator}) * 100$
- **Numerator** The total number of members included in your denominator group who have had the appropriate preventive care service.
 - **Note:** The number is hyperlinked to take you to QIP Measure Report to view the patient list.
- **Denominator** The total number of members who are assigned to you during the month in which you are accessing the system and who are eligible for the selected measure.
 - **Note:** The number is hyperlinked to take you to QIP Measure Report to view the patient list.
- **Percentile Threshold** The percentages you must meet for the 25th, 50th and 75th percentiles.
- **Percentile (Target/Achieved)** The first number displayed (Target) is how many members of the denominator need to complete the preventive screening to achieve the Percentile Threshold. The second number (Achieved) is how many members have completed the preventive screening to date.
 - **Note:** Red font indicates the target has not been achieved and Green font with a check mark indicates the target has been met for that percentile.
- **Advance Care Planning** The total number of qualifying members for the unit of service measure.

- **Note:** Member must have PHC as the primary insurance carrier as of December 31 of the measurement year.

Continuous Enrollment Criteria

These are not the final totals for your denominator number and QIP score for any measure, because the continuous enrollment criteria has not yet be factored in. The continuous enrollment criteria requires that only members who were assigned to you for 9 out of 12 months of the QIP year will be in your final denominator list. Your final QIP score is calculated based on the final denominator and numerator numbers. At the end of the QIP year, you will be able to view these final lists.

Advance Care Planning

The table displays your current counts of your submissions for this unit of service measure.

Important Notes:

- The services for this measure will be uploaded only by the provider, however there will be a claims check to validate if the member was also billed to PHC. If the service for the member has already been paid by PHC, the member will not be captured in the providers count.
- A member can only be counted once towards one PHC Provider Number per measurement year. The first PHC Provider Number to upload will get the credit, and no other providers will be able to upload for the same member.
- The counts can **ONLY** be accessed from the Home/Threshold Report page.

How to view your counts:

1. Click on the drop down arrow on the **Select PCP Site** box to select your site name.

The screenshot shows the 'QIP - eReports' dashboard. On the left is a navigation sidebar with options like Home, My QIP Scores, QIP Measure Report, QIP Member Report, Member Search, Upload QIP Data, Provider Performance Report, Weekly Count Report, My eAdmins, Specs & Templates, Partnership Quality Dashboard, FAQ, and Help. The main content area displays a table of performance metrics for various measures. A red arrow points to the 'Select PCP' dropdown menu in the table header. The table has columns for Measure, 75th Threshold %, 75th (Target/Achieved), 90th Threshold %, and 90th (Target/Achieved). The table is filtered by 'Diabetes - R' and shows 3 items.

Measure	75th Threshold %	75th (Target/Achieved)	90th Threshold %	90th (Target/Achieved)
Diabetes - R	64.23%	543/345	68.61%	580/345
Diabetes - Nephropathy 2019	51.8 %	437 / 844	90.51%	764/437
Controlling High Blood Pressure 2019	0.0 %	0 / 991	58.64%	582/0
Monitoring for Patients on Persistent Medications 2019	88.9 %	1050 / 1181	NA	NA
Diabetes - HbA1C Good Control 2019	6.4 %	54 / 844	61.8%	522/54
Colorectal Cancer Screening 2019	28.8 %	927 / 3223	37.5%	1209/927
Asthma Medication Ratio 2019	0.0 %	0 / 2	62.28%	2/0
Childhood Immunization Status CIS 3 2019	37.9 %	292 / 771	70.8%	546/292
Breast Cancer Screening 2019	47.5 %	633 / 1334	58.04%	775/633

2. Your data will auto-populate after a selection is made.
3. Click on the Count number to view the members behind the count.

Threshold Rep

Measures in view may not apply to your practice type. Refer to the QIP measure ID.

GROUP NAME: PHC Internal

Remove Expansion/Order

Select a PCP

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th Target/Achieved	50th Threshold %	50th Target/Achieved	75th Threshold %	75th Target/Achieved
Child and Adolescent Well Care 2022	22.02 %	2468	8331	NA	NA	42.31%	3735/2658	53.22%	4485/2658
Atitena Medication Ratio 2022	69.81 %	59	85	NA	NA	66.79%	69/59	79.07%	61/59
Breast Cancer Screening 2022	48.39 %	412	854	NA	NA	53.33%	477/439	55.70%	515/413
Cervical Cancer Screening 2022	48.77 %	2176	4463	NA	NA	53.52%	2715/2176	62.64%	2963/2176
Childhood Immunization Status OS 10 2022	19.21 %	821	430	NA	NA	33.20%	241/121	45.50%	287/121
Colorectal Cancer Screening 2022	38.29 %	840	2384	82.80%	766/840	43.28%	989/840	NA	NA
Controlling High Blood Pressure 2022	0.15 %	1	771	NA	NA	55.15%	427/1	62.53%	481/1
Diabetes - HbA1C Good Control 2022	33.33 %	229	687	NA	NA	58.81%	331/229	69.63%	424/229
Immunization for Adolescents 2022	27.91 %	144	516	NA	NA	35.74%	190/144	43.55%	225/144
Nutrition Counseling 2022	17.74 %	3433	4885	NA	NA	NA	NA	NA	NA
Physical Activity Counseling 2022	1.29 %	276	4445	NA	NA	NA	NA	NA	NA
Well Child Visit 15 Months 2022	27.07 %	129	375	NA	NA	54.52%	206/139	61.52%	230/139

Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th Target/Achieved	50th Threshold %	50th Target/Achieved	75th Threshold %	75th Target/Achieved
Diabetes - Retinal Eye exams 2022	58.02 %	345	687	NA	NA	51.36%	353/345	57.91%	398/345

Submission Type	Count
Attestations	35
Advance Directive/POI/ST	1

4. Your member list will appear for the selected PCP site name. Please note the column headings for the data available.
****Note:** The list is not exportable at this time.

QIP TEAM | QIP - eReports | Log Out

Home

- My QIP Scores
- QIP Measure Report
- QIP Member Report
- Member Search
- Upload QIP Data
- Provider Performance Report
- Weekly Count Report
- My eAdmins
- Specs & Templates
- Partnership Quality Dashboard
- FAQ
- Help

Attestation Submission

CIN	FirstName	LastName	Phone	Gender	DOB	Age	Provider	Date

My QIP Scores

This page shows you the most up to date QIP Score (Clinical Measure Rate) for a selected QIP Clinical Measure. The QIP Score is calculated by:

$$(\text{Numerator} \div \text{Denominator}) \times 100$$

Important Note: The continuous enrollment criteria has not been applied to the information on this page. Please see [Continuous Enrollment Criteria](#) for more information.

QIP - eReports

My QIP Score

Select a PCP:

Select a Measure:

QIP Site:

Numerator: 0

Denominator: 0

QIP Score:

Threshold:

Note: This denominator list for the selected measure does not apply continuous enrollment criteria. This list includes all current members assigned to you in the eligible population for the selected measure. The denominator for your final QIP rate will only include members on this list continuously enrolled with you with a one-month gap.
 *Asthma measure does not require any manual uploads to eReports. This measure is driven by claims.
 **Controlling High Blood Pressure measure uploads to eReports is frozen until April 1, 2017. Please submit the most recent BP reading to eReports at that time.

How to view your score:

1. Click the “My QIP Scores” in the Tool Bar.

QIP - eReports

My QIP Score

Select a PCP:

Select a Measure:

QIP Site:

Numerator: 0

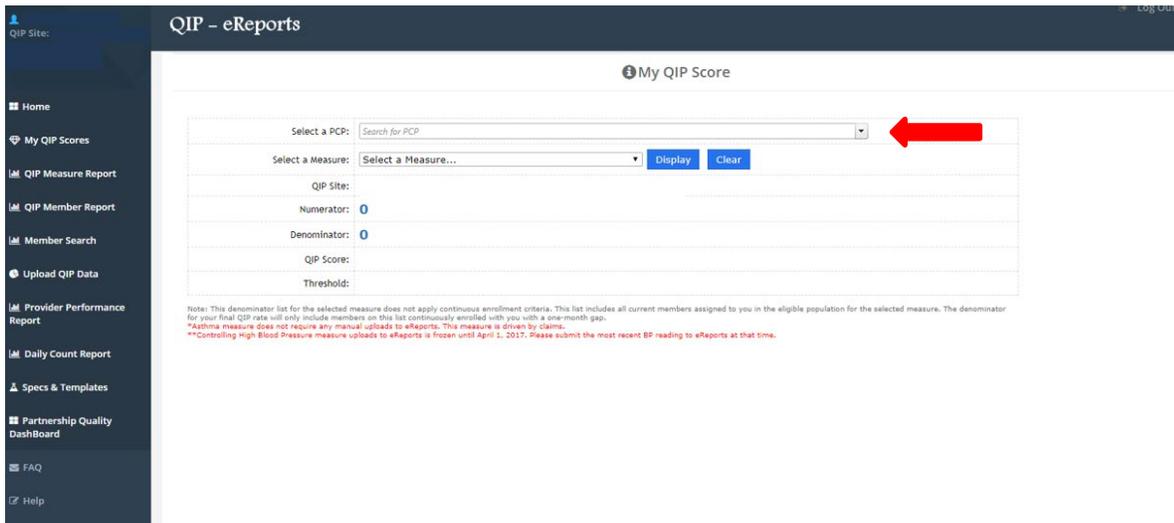
Denominator: 0

QIP Score:

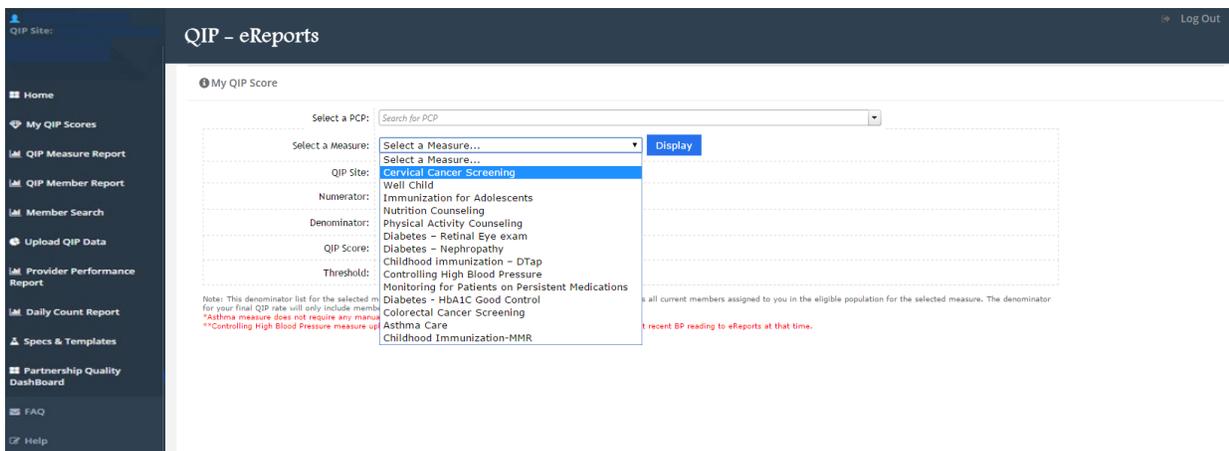
Threshold:

Note: This denominator list for the selected measure does not apply continuous enrollment criteria. This list includes all current members assigned to you in the eligible population for the selected measure. The denominator for your final QIP rate will only include members on this list continuously enrolled with you with a one-month gap.
 *Asthma measure does not require any manual uploads to eReports. This measure is driven by claims.
 **Controlling High Blood Pressure measure uploads to eReports is frozen until April 1, 2017. Please submit the most recent BP reading to eReports at that time.

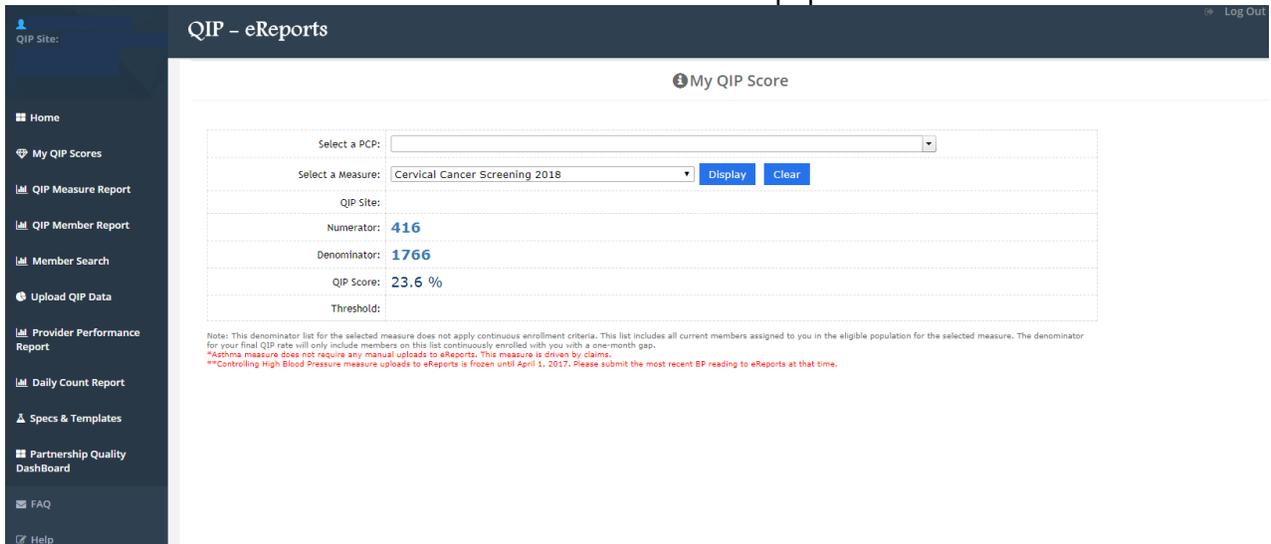
2. Click on the drop down arrow on the Select PCP Site box.



3. Click on the drop down arrow on the Select a Measure box.



4. Click on desired measure name. Your data will auto-populate.



You will see the following data:

- **Numerator** – This is the total number of members in your Denominator who have had the appropriate preventive care service. The number is hyperlinked and will take you directly to QIP Measure Report for the patient list.
- **Denominator** – This is the total number of members assigned to you in the month you are accessing the system that are eligible for the selected measure. The number is hyperlinked and will take you directly to QIP Measure Report for the patient list.
- **Relative Improvement** – Displays percentage of how you are doing compared to last year's data.
 - **Note:** The percentage only populates during the eReports Grace Period following the current measurement year.
- **Threshold** – This will only display during the measurement year grace period. To earn full or partial points, you must meet or exceed these thresholds.

Note: If this field is blank, it means that your practice type is not responsible for this measure.

QIP Measure Report

This feature displays and allows the user to download the complete patient list of members that make up denominator for the selected measure.

Important Note: The continuous enrollment criteria has not been applied to the information on this page. Please see [Continuous Enrollment Criteria](#) for more information.

How to view a list:

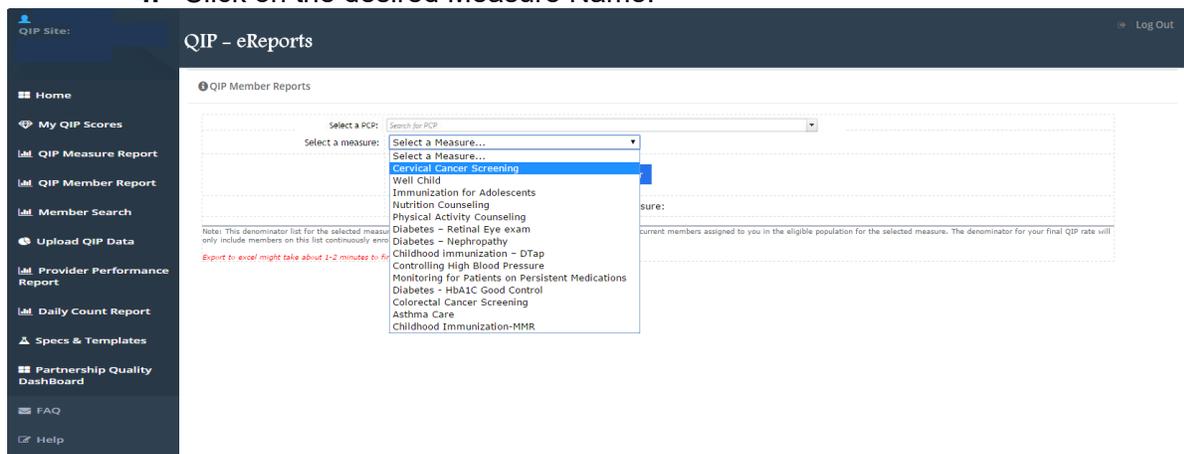
1. Click the QIP Member Reports on the Tool bar.

The screenshot shows the QIP - eReports interface. On the left is a dark sidebar with a navigation menu. The menu items are: Home, My QIP Scores, QIP Measure Report (highlighted with a red arrow), QIP Member Report, Member Search, Upload QIP Data, Provider Performance Report, Daily Count Report, Specs & Templates, Partnership Quality Dashboard, FAQ, and Help. The main content area is titled 'QIP Member Reports' and contains a form with the following elements: a 'Select a PCP:' dropdown menu with a search box, a 'Select a measure:' dropdown menu, checkboxes for 'Numerator' and 'Denominator', and 'Display' and 'Clear' buttons. Below the form, it says 'Number of members displayed for the selected measure:' followed by a note: 'Note: This denominator list for the selected measure does not apply continuous enrollment criteria. This list includes all current members assigned to you in the eligible population for the selected measure. The denominator for your final QIP rate will only include members on this list continuously enrolled for 11 out of 12 months of the QIP measurement year. Export to excel might take about 1-2 minutes to finish download for files about 5000 records.'

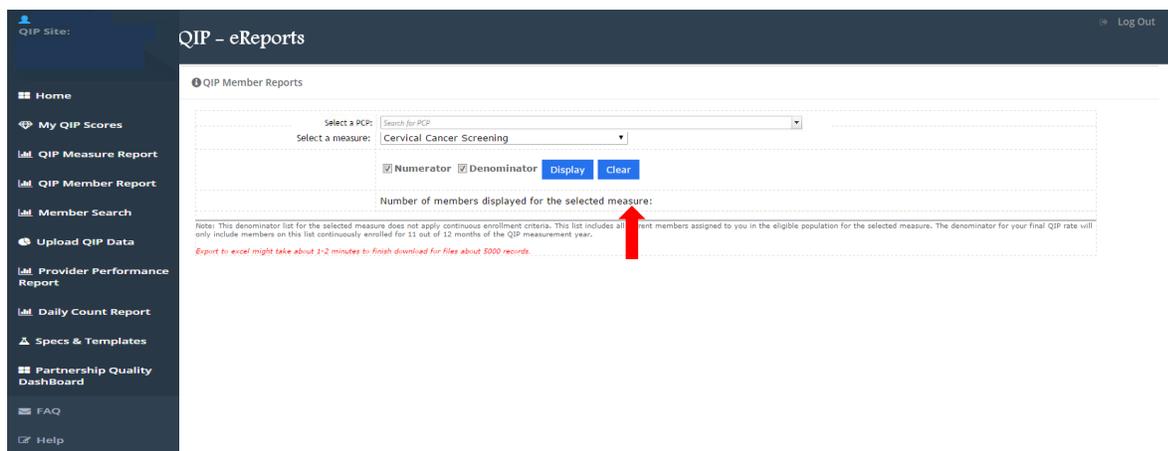
2. Click on the drop down arrow on the Select a PCP box.

This screenshot is identical to the one above, showing the QIP - eReports interface. The red arrow now points to the small downward-pointing triangle (drop-down arrow) on the right side of the 'Select a PCP:' dropdown menu.

3. Click on the drop down arrow on the Select a Measure box to see the complete list.
4. Click on the desired Measure Name.



5. Click the Display button.
 - **Note:** If you only want to see who is in the Numerator, uncheck the box for Denominator, and vice versa if you only want to see the Denominator.



6. Your results will populate.
 - **Important Notes:**
 - The column headings will change slightly based on the Measure selected.
 - Controlling High Blood Pressure measure - the denominator now is able to list who is a diabetic. People ages 60 and over have a 'yes' or 'no' flag to specific diabetic or non-diabetic. Members <60 are designated as 'NA' and do not have a diabetic flag specified.
 - The following column headings can be sorted, if click on:
 - QIP Result
 - CIN
 - Member First Name
 - Member Last Name
 - Member Phone Number
 - Gender
 - New Member

You will see the following data:

QIP Result – This column displays whether the member is in the denominator or numerator. The QIP Result will change from denominator to numerator once the documentation data has been received.

CIN – This column displays the member’s Medi-Cal state identification number

Member First Name – This column displays the member’s First Name

Member Last Name- This column displays the member’s Last Name

Member Phone -This column displays the members contact information that we receive from the state.

Gender – This column displays the member’s sex (Male or Female)

DOB - This column displays the member’s birthdate.

Age – This column displays the member’s age

Documentation data – These are the columns found between the Age Column and the PCP column. This is the data needed for numerator compliance.

PCP – This column displays the member’s PCP Name and PCP #.

New Member- This column displays whether a member is newly assigned to a PCP. A “Y” means they are newly assigned in the current month.

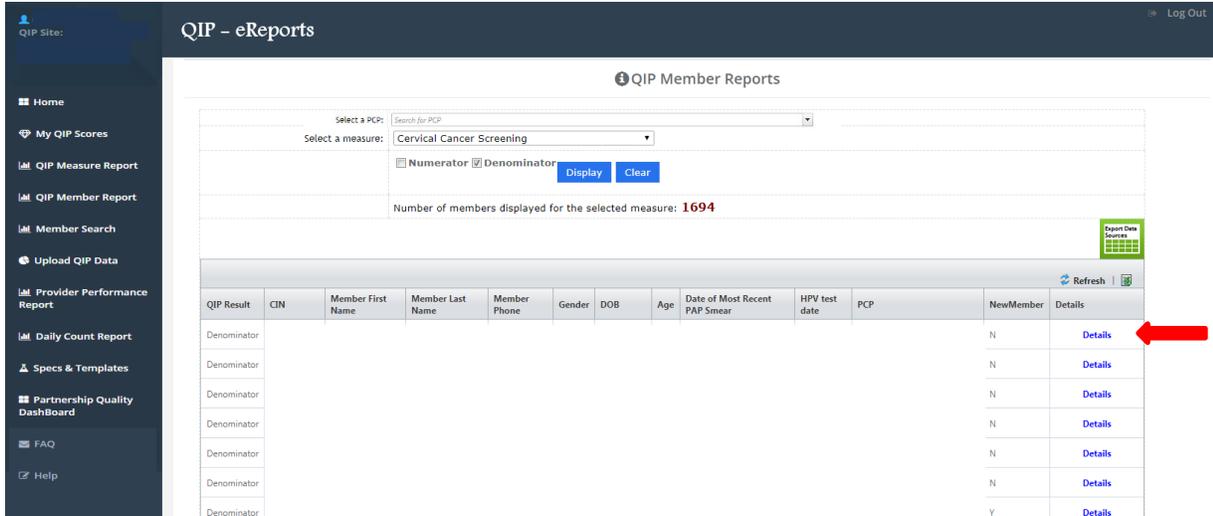
“Details” Feature

This feature specifies why a member fell in either the denominator or the numerator. This is a great feature to confirm your uploaded data was captured from your upload.

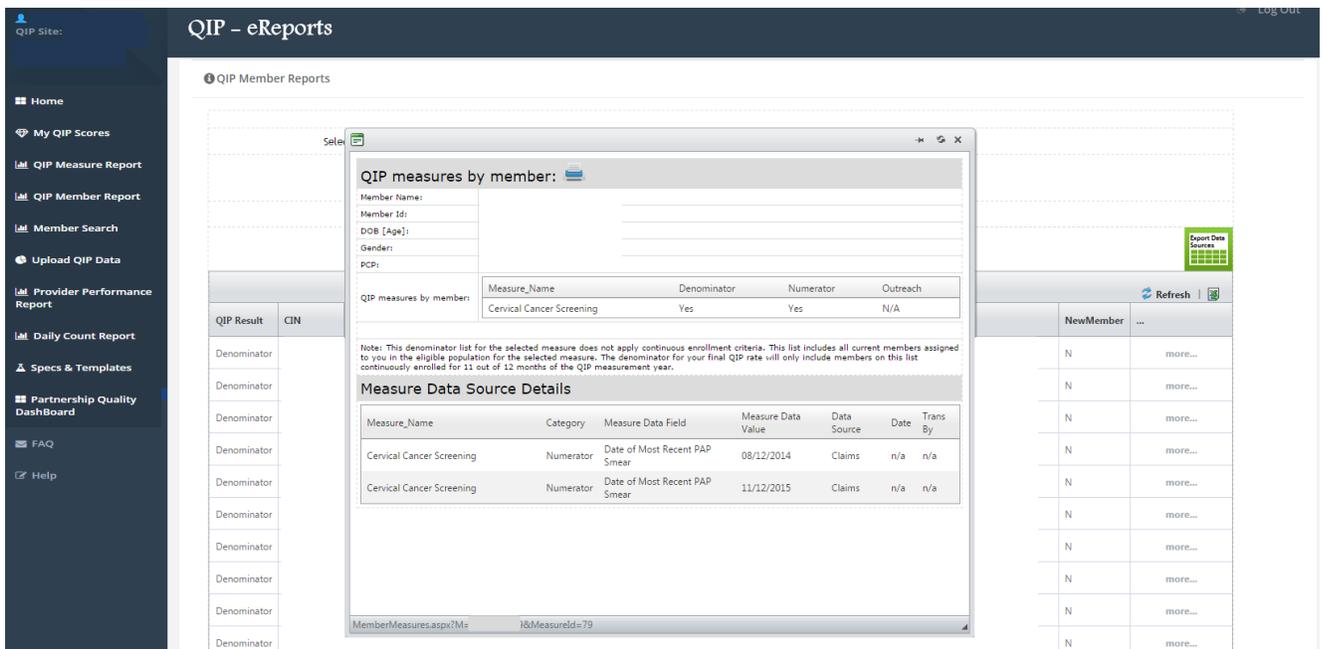
Reminder: Focus on uploading data for members who have a QIP Result of Denominator.

How to view the “Details” Details:

1. Click “Details” in the last column.



2. The “QIP measures by member” and “Measure Data Source Details” Box will display.



You will see the following data:

QIP measures by member: Displays member information, i.e. name, Member ID/CIN Number, Age, Gender, and PCP Assignment.

In addition to the member information, you will find all the measures the member is eligible for and whether or not they have made it to your numerator.

Measure Data Source Details: This box will inform the sites where their data for the specific member is being captured from.

These fields specify why a member fell in the numerator and in the denominator:

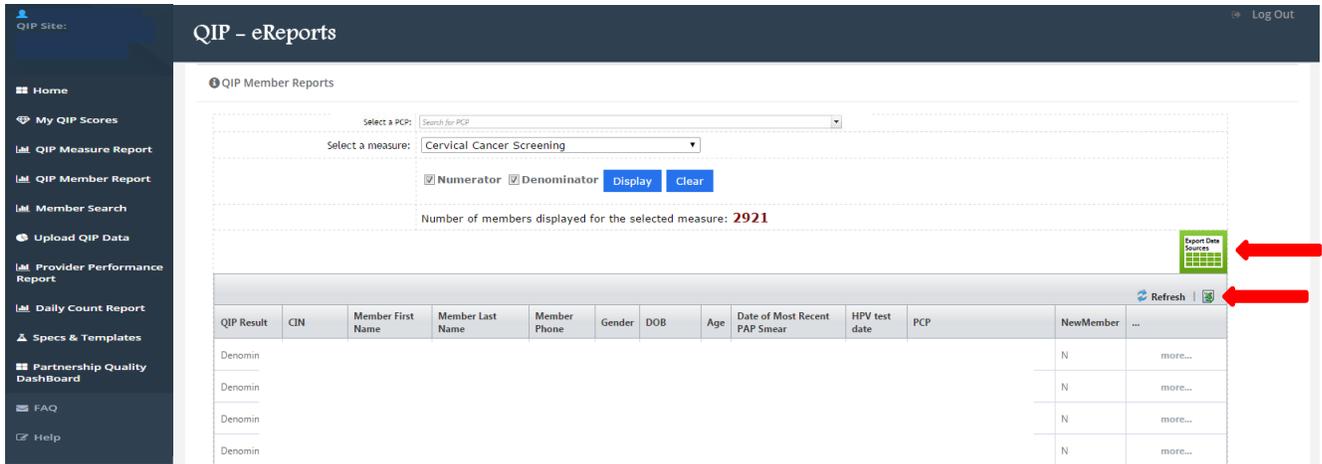
- Measure Name
- Category = QIP Result
- Measure Data Field = specific numerator compliant screening event
- Measure Data Value = specific date or value of the measure data field
- Data Source = specifically where the data element came from
 - Administrative Data Sources: Claims, Laboratory Data, Pharmacy Claims Data, and CAIR
 - eReports – Indicates the data was manually uploaded by a provider. The following fields will populate in the following manner:
 - Data Source: eReports
 - Date: The date the data was uploaded into eReports
 - Trans By: Username (i.e. QIPmain)

Measure_Name	Category	Measure Data Field	Measure Data Value	Data Source	Date	Trans By
Diabetes - HbA1C Good Control	Denominator	Diabetes - E119	03/13/2016	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	ED - 99283	03/13/2016	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	ED - Z7502	03/13/2016	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Diabetes - E1140	06/07/2016	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Outpatient - 99203	06/07/2016	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Acuteinpatient - 0121	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Acuteinpatient - 99223	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Diabetes - 25000	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	ED - 0450	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	ED - 99285	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Outpatient - 99214	11/20/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Acuteinpatient - 00336	11/21/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Denominator	Diabetes - 25000	11/21/2014	Claims	n/a	n/a
Diabetes - HbA1C Good Control	Numerator	HBA1C Test Date	10/27/2015	eReports	12/15/2015	
Diabetes - HbA1C Good Control	Numerator	HBA1C Test Date	10/28/2015	LabData	n/a	
Diabetes - HbA1C Good Control	Numerator	Most Recent HbA1c test Value	6.900	eReports	12/15/2015	
Diabetes - HbA1C Good Control	Numerator	Most Recent HbA1c test Value	6.900	LabData	n/a	

For information on how to upload data into eReports, see [Data Specifications and Templates](#)

Exporting the Denominator and Numerator List to Excel:

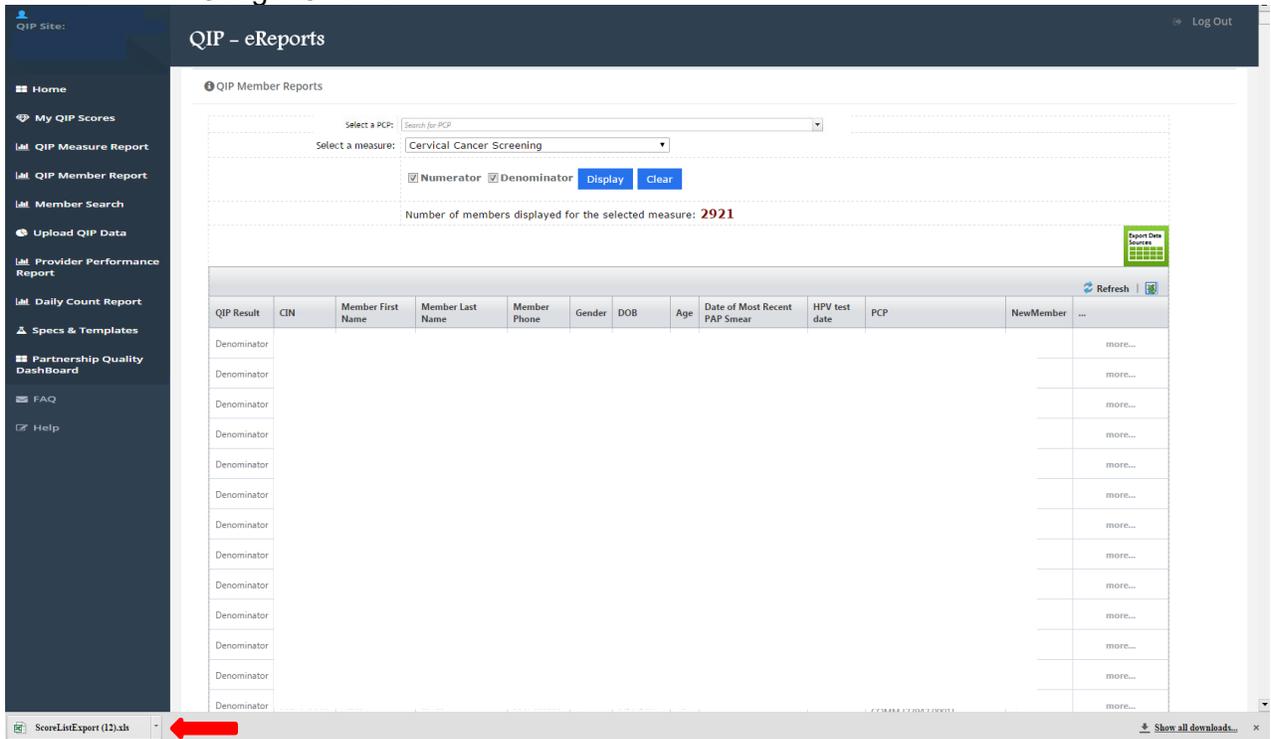
1. Click the small Excel Icon or Export Data Sources Icon.
 - Small Excel Icon pulls only the denominator list without duplicates.
 - Export Data Sources pulls all the data reported for the member. The reports will display the member on multiple lines if data is received from multiple data source, i.e. claims, pharmacy, lab data, uploaded data, etc.



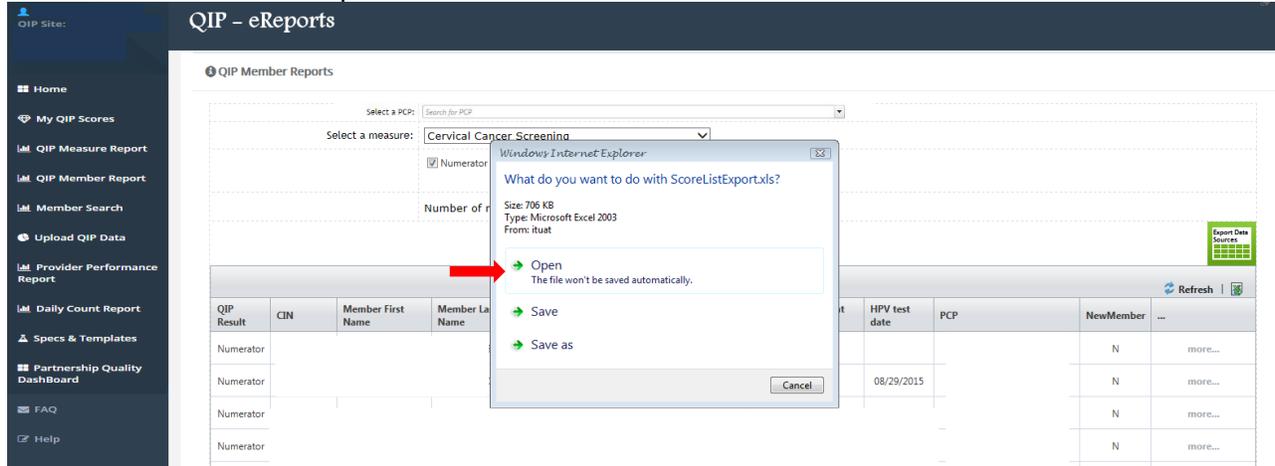
2. Click Open

Reminder: Our site is compatible with both Internet Explorer and Google Chrome, the opening is slightly different. Below are screen shots from each browser.

➤ Google Chrome



➤ Internet Explorer



Reminder: Focus on uploading data for members who have a QIP Result of Denominator.

QIP Member Report

This feature allows the user to export all measure denominators to one report with one click.

The QIP Member Reports will display the following data elements:

- No numerator data elements will be included.
- Data elements that will be included:
 - a) QIP Result
 - b) Measure Name
 - c) CIN #
 - d) Member First Name
 - e) Member Last Name
 - f) Member Phone
 - g) Gender
 - h) DOB
 - i) Age
 - j) PCP
 - k) New Member

How to export the report

1. Click the QIP Member Report on the tool bar.

The screenshot displays the QIP - eReports interface. On the left is a dark sidebar with a navigation menu. The main content area shows the 'Code Level QIP Member Reports' page. At the top of the main area, it says 'Number of members displayed: 20744'. Below this is a table with a header row and several data rows. A red arrow points to the 'QIP Result' column header in the table.

QIP Result	Measure Name	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	PCP	NewMember
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									
Numerator	Cervical Cancer Screening									

2. Click the “Export to Excel” icon.

The screenshot shows the 'QIP - eReports' dashboard. The main content area is titled 'Code Level QIP Member Reports'. Below the title, it indicates 'Number of members displayed: 20744'. A table is displayed with the following columns: QIP Result, Measure Name, CIN, Member First Name, Member Last Name, Member Phone, Gender, DOB, Age, PCP, and NewMember. The table contains 10 rows of data, all with 'Numerator' in the 'QIP Result' column and 'Cervical Cancer Screening' in the 'Measure Name' column. In the top right corner of the table area, there are 'Refresh' and 'Export to Excel' icons. A red arrow points to the 'Export to Excel' icon.

3. Open the File.
 - **Reminder:** Our site is compatible with both Internet Explorer and Google Chrome, the opening is slightly different.
4. The file will open in Excel.

Member Search

This feature allows the user to input different search elements to locate some member information, all measures they are included in, and their QIP Result.

Note: This is the preferred feature to confirm your uploaded data was processed and applied toward your numerator for any measure. For information on how to upload data into eReports, see [Data Specifications and Templates](#)

How to run a search

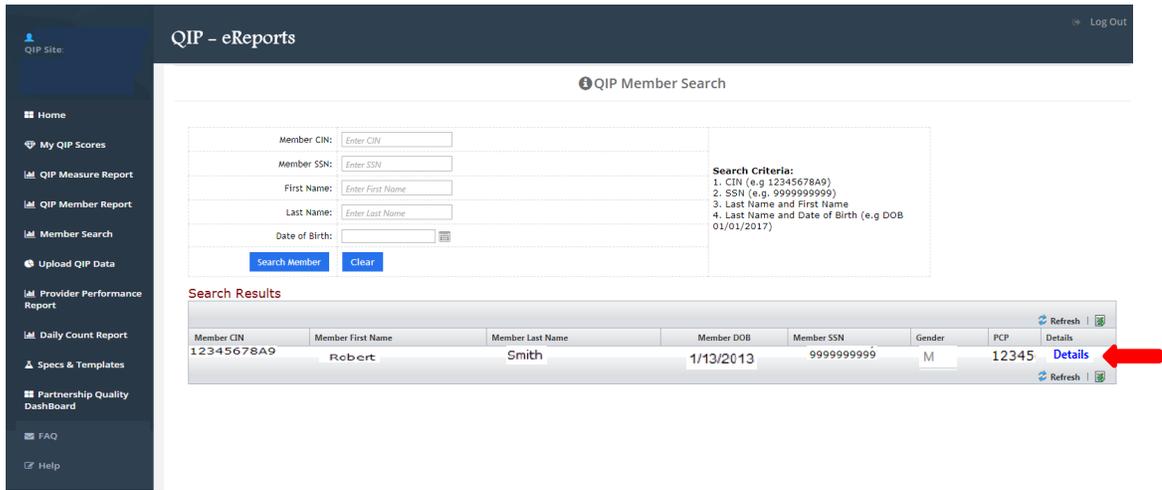
1. Click Member Search on the tool bar.

The screenshot displays the 'QIP - eReports' interface. On the left is a dark sidebar with navigation links: Home, My QIP Scores, QIP Measure Report, QIP Member Report, Member Search (highlighted with a red arrow), Upload QIP Data, Provider Performance Report, Daily Count Report, Specs & Templates, Partnership Quality Dashboard, FAQ, and Help. The main content area is titled 'QIP Member Search' and contains a search form with the following fields: Member CIN (placeholder: Enter CIN), Member SSN (placeholder: Enter SSN), First Name (placeholder: Enter First Name), Last Name (placeholder: Enter Last Name), and Date of Birth (with a calendar icon). Below these fields are 'Search Member' and 'Clear' buttons. To the right of the form, 'Search Criteria' are listed: 1. CIN (e.g. 12345678A9), 2. SSN (e.g. 9999999999), 3. Last Name and First Name, and 4. Last Name and Date of Birth (e.g. DOB 01/01/2017). Below the form is a 'Search Results' section with a table header: Member CIN, Member First Name, Member Last Name, Member DOB, Member SSN, Gender, PCP, and Details. The table body contains the text 'Search for Members...' and a 'Refresh' button.

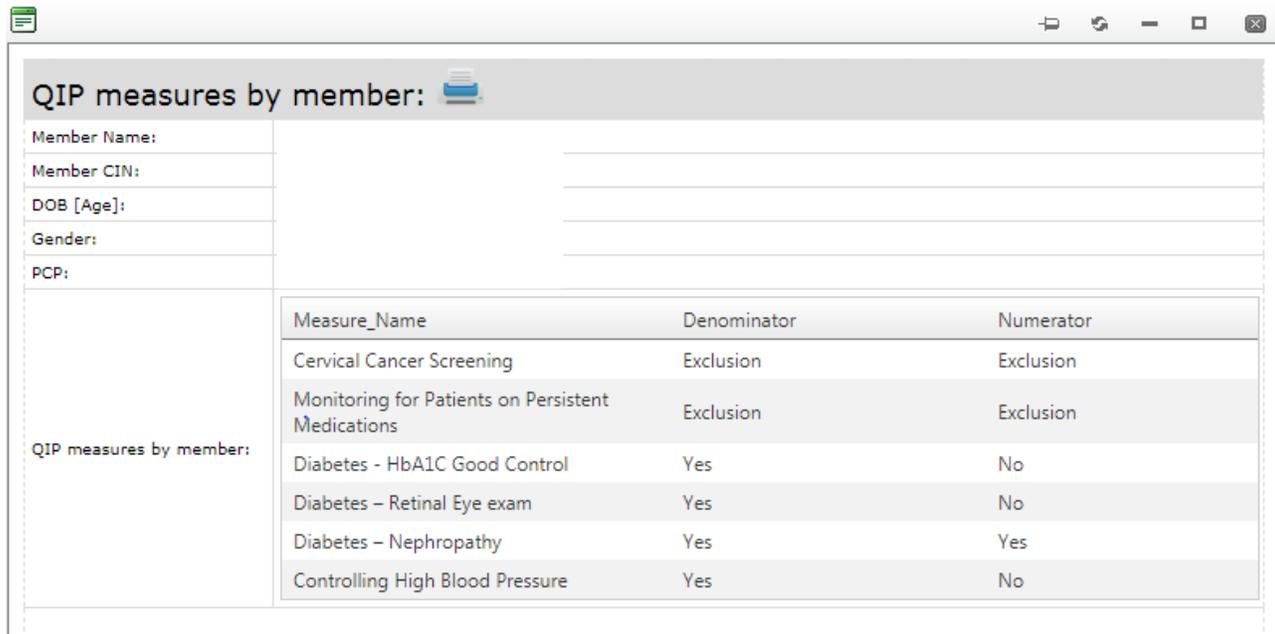
2. Enter any of these criteria:
 - CIN (without hyphens e.g. 12345678A9) **or**
 - SSN (without hyphens e.g. 9999999999) **or**
 - First Name and Last Name **or**
 - Last Name and Date of Birth (DOB) (as MM/DD/YYYY)

Note: Any combinations outside of the list above will return no results.
3. Click the Search Member Button

- Click the “Details” link in the Details on the far right of the screen.



- The QIP Measure by Member box will appear.
 - Data Element Meaning in the table
 - “Exclusion” in the Denominator or Numerator column indicate the member has been excluded from the measure(s).
 - Yes, indicates the member is included in either the denominator, numerator, or both.
 - No, indicates the member is not numerator compliant for that specific measure.
 - **Note:** If the QIP measure by member is blank, this indicates the member is not in any denominator, but is assigned to your site.



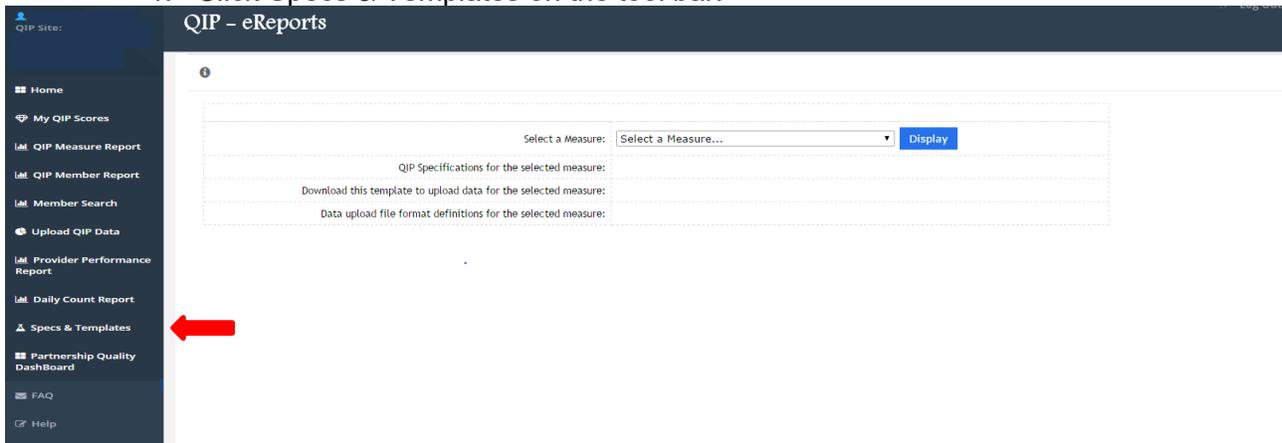
Data Specifications and Templates

The submission templates are a means for providers to upload supplemental data to the eReports system. On this page you can find the excel templates required to upload data to eReports for each clinical measure. Each measure has its own unique template and set of numerator compliant data elements.

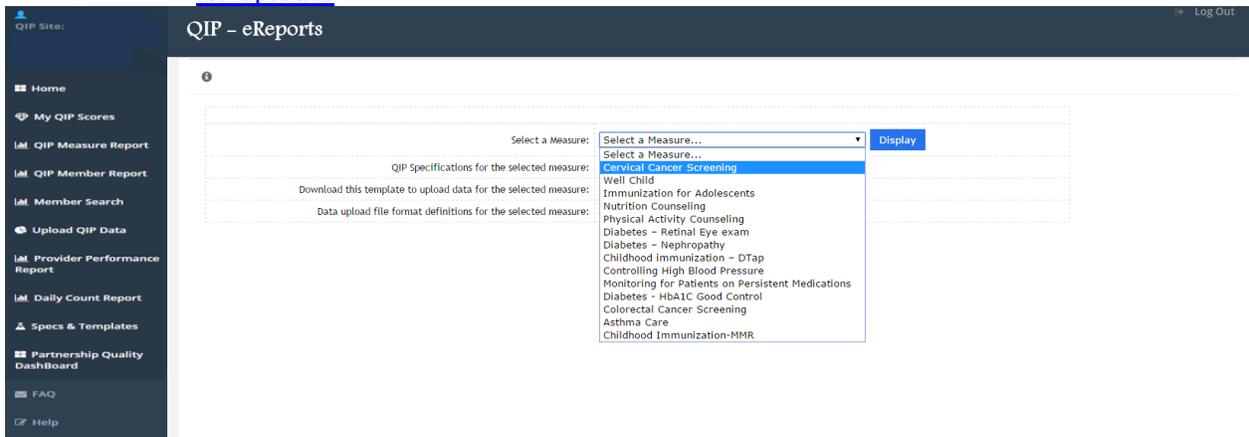
Reminder: Focus on uploading data for members who have a QIP Result of Denominator.

How to download a template for a selected measure

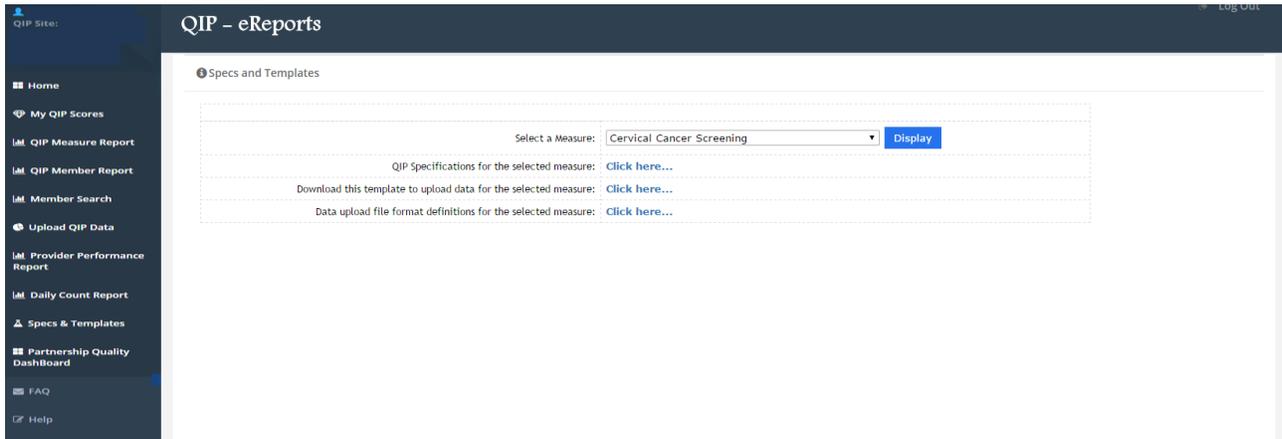
1. Click Specs & Templates on the tool bar.



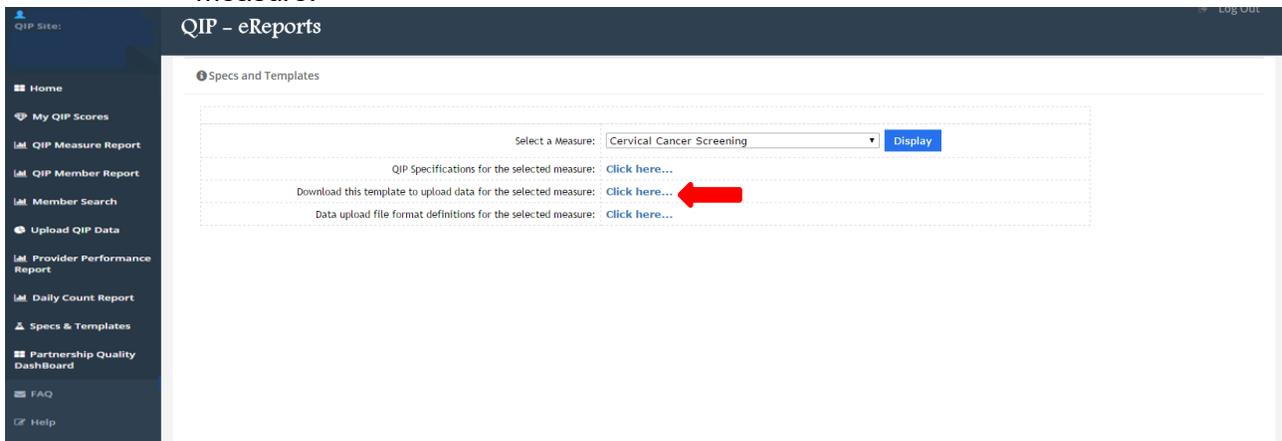
2. Click on the drop down arrow on the Select a Measure box.
 - **Note:** Each measure has its own unique template and data elements for numerator compliance. For more information see [How to prepare your template for upload.](#)



3. Displayed will be the QIP Specifications, Template, and File Format definitions links.



4. Click the 2nd link – Download this template to upload data for the selected measure.



5. Open the File.
Reminder: Our site is compatible with both Internet Explorer and Google Chrome, the opening is slightly different.
6. The file will open in Excel.

How to prepare a template for a selected measure

Reminder: Focus on submitting data for members who have a QIP Result of Denominator.

1. Download the template for the selected measure.
 - Please refer to [How to download a template for a selected measure](#) on how to download the template.

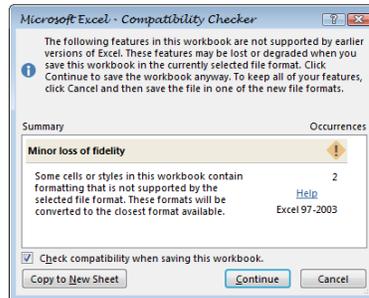
2. Please follow the “Upload Instructions for Numerator Compliance” located on the right side of each template. Below is an example of the Cervical Cancer Screening template.

- **Note:** Enter data as indicated in the column headings, i.e. MM/DD/YYYY. If the formatting is changed, the data will look like it has been accepted but actually will not be processed and applied toward the numerator.
- **IMPORTANT NOTE:** eReports is very sensitive to how the data is entered on the template.
 - **DO NOT** change the cell formats.
 - **ALWAYS USE** Paste Special and select values to ensure cell formatting is not changed by accident from pasting and only the values are pasted into the template.
- Upload templates can be found in [eReports](#).

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Member CIN (12345678A9)	PAP Smear Collection Date (mm/dd/yyyy)	HPV Collection Date (mm/dd/yyyy)	Date of "Total", "Complete", or "Radical" Hysterectomy (mm/dd/yyyy)		<div style="border: 1px solid black; padding: 5px;"> <p>Upload Instructions for Numerator Compliance:</p> <p>1. Identify and enter the following information in the appropriate column:</p> <p>Women 24-64 years of age who had a cervical cytology during the measurement year of two years prior to the measurement year:</p> <ul style="list-style-type: none"> ➤ Member CIN (12345678A9) AND ➤ PAP Smear Collection Date (mm/dd/yyyy) <p>Women 30-64 years of age who had a cervical cytology and human papillomavirus (HPV) test on the same date of service during the measurement year or four years prior to the measurement year and who were 30 years or older on the date of both tests:</p> <ul style="list-style-type: none"> ➤ Member CIN (12345678A9) AND ➤ PAP Smear Collection Date (mm/dd/yyyy) AND ➤ HPV Collection Date (mm/dd/yyyy) <p>Exclusions:</p> <ul style="list-style-type: none"> ➤ Member CIN (12345678A9) AND ➤ Date of "Total", "Complete", or "Radical" Hysterectomy Date (mm/dd/yyyy) <p>2. Save the file to your desktop or other preferred location.</p> <p>Important Notes:</p> <p>*Enter data as indicated in the column headings, i.e. MM/DD/YYYY. If the formatting is changed, the data could appear to be accepted and not reflected in your numerator.</p> <p>*Acceptable file types: Excel 97-2003 Workbook (.xls) or Excel Workbook (.xlsx).</p> <p>*Always confirm your uploaded data is reflected in your numerator within 24-48 hours.</p> <p>**Uploaded data is subject to an annual audit. Medical Record must be present in the patient's chart.**</p> </div>							
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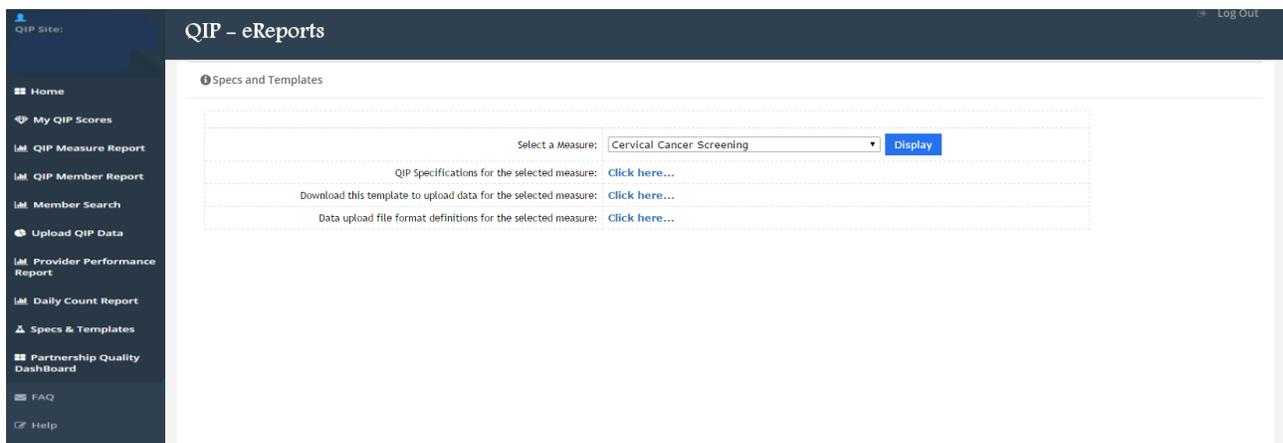
3. Save the file to your desktop or other preferred location.
Important Note: Acceptable file type: Excel 97-2003 Workbook (.xls)

- If this box appears after clicking save, please click Continue.



- Proceed to the next section “Upload QIP Data”.

Other helpful links



You can find the following information within the links:

QIP Specification – Click the link to view the Primary Care Provider Quality Improvement Program (QIP) Measurement Specifications. Here is the web link:

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

Download this template to upload data for the selected measure – Click on this link to download the excel template you need to upload data for the selected measure. Upload templates can be found in [eReports](#).

Data upload file format definitions for the selected measure – The “Guide to Submission” is a document that communicates to providers which data elements they should upload to which columns in the submission templates. The 2023 eReports guide to submission can be found below:

2023 eReports Guide to Submission

Logic	Measure	Data Element 1	Data Element 2	Data Element 3	Data Element 4	Data Element 5	Data Element 6	Data Element 7	Data Element 8	Data Element 9	Data Element 10	Data Element 11	Data Element 12	Data Element 13	Data Element 14
1 & 2	Attestations	Service Provider #	Attestation Date												
1 & 2	Advance Directive/POLST	Service Provider #	Date of Advance Directive OR POLST												
1 or 2 or (3 & 4)	Breast Cancer Screening	Mammography Date	Bilateral Mastectomy Date	Left Unilateral Mastectomy Date	Right Unilateral Mastectomy Date										
1 or 2 or 3	Cervical Cancer Screening	Cervical Cytology Date	HPV Test Date	Hysterectomy Date											
1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14	Childhood Immunization Status Combo 10	DTap Date	IPV Date	MMR Date	HIB Date	Hepatitis B Date	History of Hepatitis Illness Date	Measles Vaccine /Illness Date	Mumps Vaccine /Illness Date	Rubella Vaccine /Illness Date	Pneumococcal Conjugate Date	VZV Vaccine /Illness	Hepatitis A Date	Rotavirus Date	Influenza Date
1 or 2 or 3 or 4 or 5 or 6 or 7	Colorectal Cancer Screening	FOBT Date	Flexible Sigmoidoscopy Date	Colonoscopy Date	CT Colonography Date	FIT - DNA Date	Colorectal Cancer Date	Total Colectomy Date							
1 & 2 & 3	Controlling High Blood Pressure	Most Recent BP Date	Systolic	Diastolic											
(1 & 2) or 3	HbA1c Good Control	Most Recent HbA1C Test Date	Most Recent HbA1C Test Value	Date of Gestational Diabetes or Polycystic Ovarian Syndrome or											
1 or 2 or 3 or 4 or 5	Immunizations for Adolescents	Meningococcal Vaccine Date	TDaP Vaccine Date	HPV # 1 Vaccine Date	HPV # 2 Vaccine Date	HPV #3 Vaccine Date									
1 or 2 or 3 or (4 & 5) or 6	Retinal Eye Exam	Date of Retinal or Diliated Eye Exam	Date of Negative Retinal Eye Exam	Bilateral Eye Enucleation Date	Left Unilateral Eye Enucleation Date	Right Unilateral Eye Enucleation Date	Date of Gestational Diabetes or Polycystic Ovarian Syndrome or Steroid-Induced Diabetes								
1	Child and Adolescent Well-Care Visits	Most Recent Well Child Visit Date													
1	Well-Child Visits in the First 15 Months of Life	Most Recent Well Child Visit Date													

Upload QIP Data

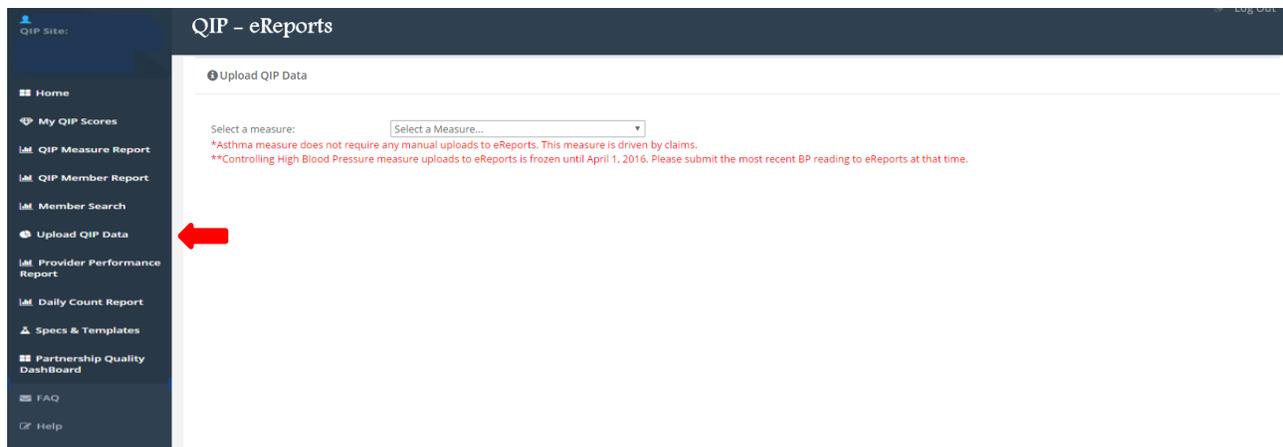
When you are ready to submit QIP data, follow the steps below to upload your file. It is very important to remember that eReports will not allow you to upload data with errors. You must always fix errors in the data before the data is successfully uploaded and included in your list of numerators. The steps below tell you how the system will let you know your data has errors that need to be fixed.

Note: Please see [Data Specification and Templates](#) for the instruction how to download and complete your data template.

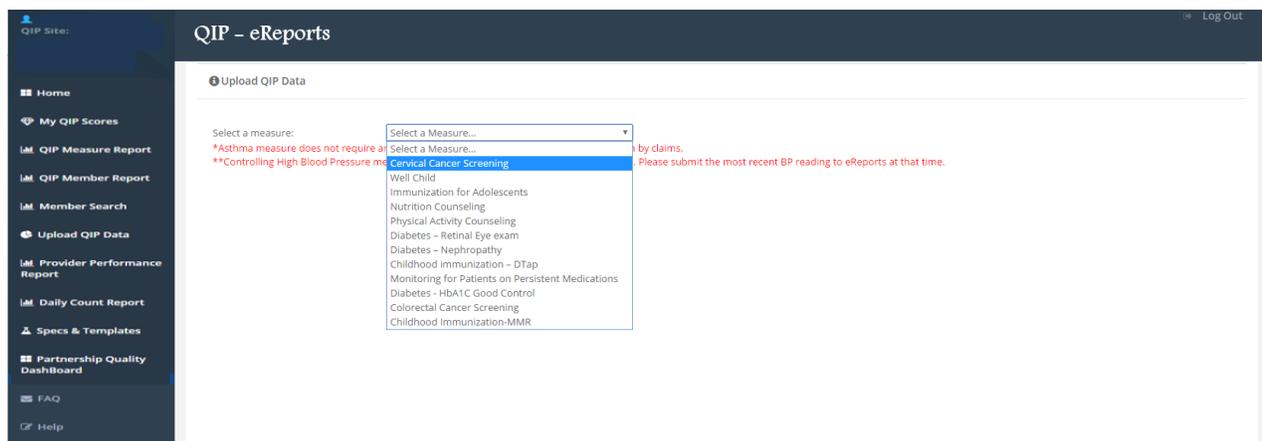
Important Note: Uploaded data is subject to an annual audit. Medical Record must be present in the patient's chart.

How to upload the data for a selected measure

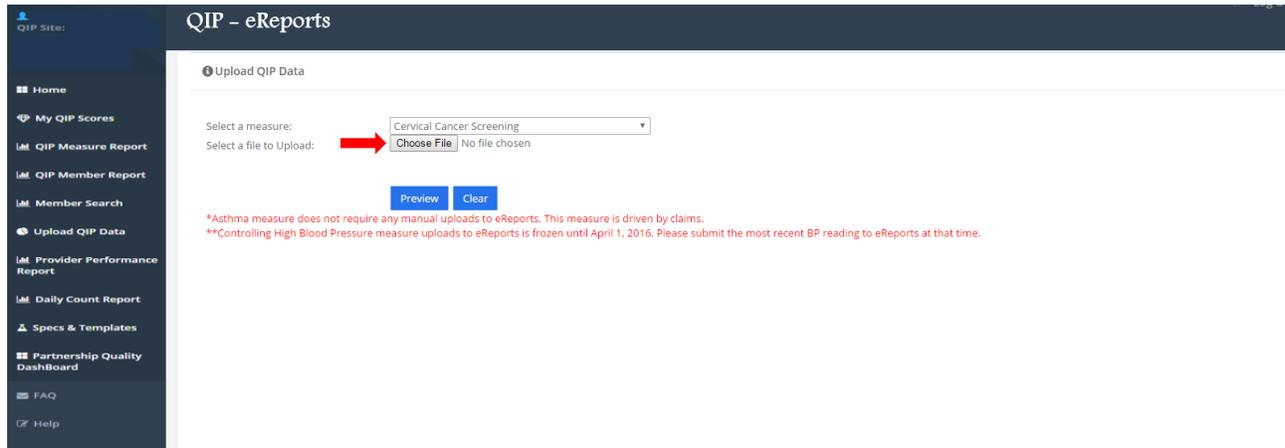
1. Click Upload QIP Data on the tool bar.



2. Click on the drop down arrow on the Select a Measure box and chose the measure.



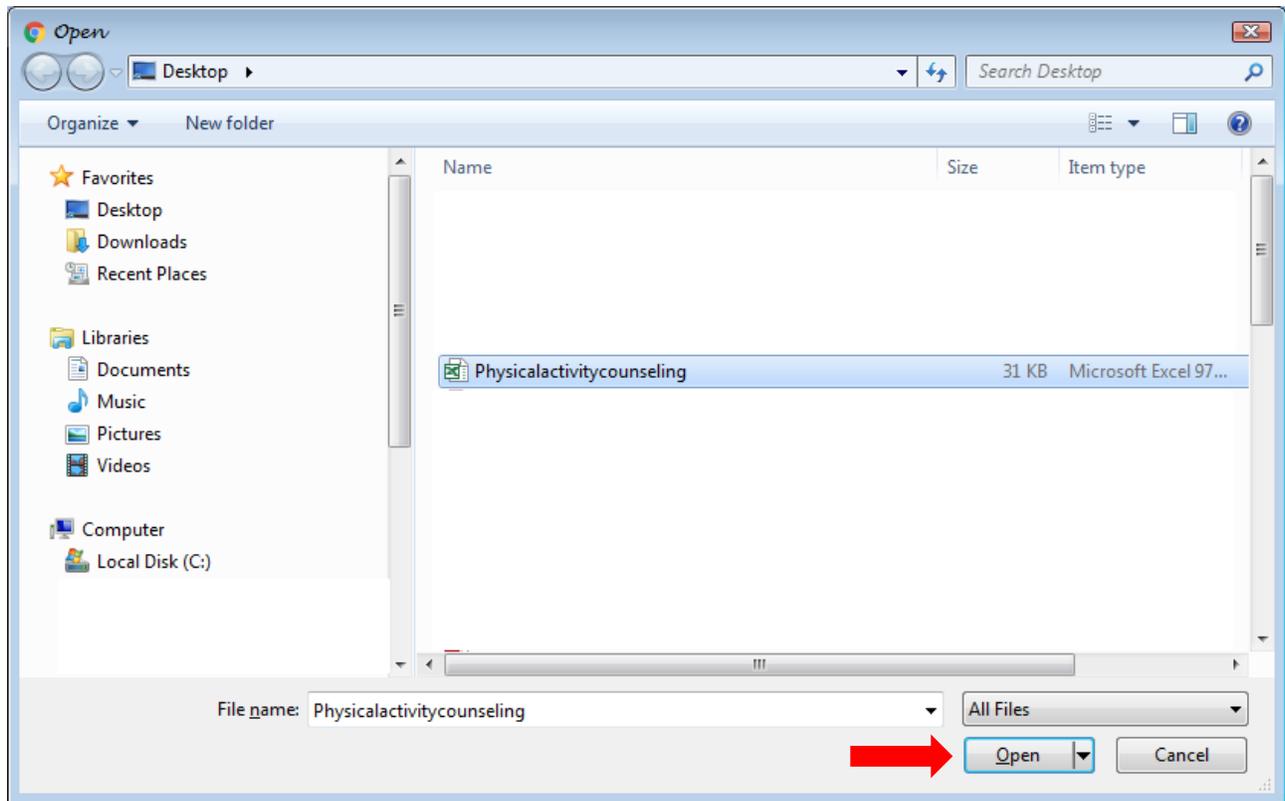
3. Click the “Choose File” button.



4. Locate your saved template.

5. Select the File

6. Click Open



7. Click the Preview button.

The screenshot shows the 'Upload QIP Data' interface. At the top, there's a dropdown for 'Select a measure:' set to 'Cervical Cancer Screening' and a 'Choose File' button next to the filename 'Cervicalcancerscreen - 082916.xls'. Below this are two buttons: 'Preview' (highlighted with a red arrow) and 'Clear'. At the bottom, there are two red asterisked notes: '*Asthma measure does not require any manual uploads to eReports. This measure is driven by claims.' and '**Controlling High Blood Pressure measure uploads to eReports is frozen until April 1, 2016. Please submit the most recent BP reading to eReports at that time.'

8. Your uploaded data and any errors will be displayed in the table. The system will notify you of the following errors:

- If the date of a service rendered is in the future
- If a required field is missing
- If a value is outside the specification value range
- If the format of the value is incorrect

Button Definitions:

View data with no errors – Click this button to view the data that will be successfully uploaded

View data with errors – Click this button to only view data with errors

Upload data with no errors – Click this button to upload all error free data.

Cancel Upload – Click this button to cancel the upload

The screenshot shows the 'Upload QIP Data' interface with a table of data. The table has columns: CIN, Date of Most Recent PAP Smear, HPV test date, Date of Hysterectomy, and Error. The 'Error' column contains two rows with red text indicating validation failures. The 'Upload data with no errors' button is highlighted with a red arrow. At the bottom, there are two red asterisked notes: '*Asthma measure does not require any manual uploads to eReports. This measure is driven by claims.' and '**Controlling High Blood Pressure measure uploads to eReports is frozen until April 1, 2016. Please submit the most recent BP reading to eReports at that time.'

CIN	Date of Most Recent PAP Smear	HPV test date	Date of Hysterectomy	Error
	08/29/2016			
	07/28/2015			Validation failed for Member CIN. The given CIN number is not valid.
	08/15/2016	08/16/2016		Dates for Most Recent PAP Smear and HPV test date should be same.
	08/01/2016	08/01/2016		
	06/30/2016		07/01/2016	
	08/30/2016	08/30/2016		
	07/15/2016	07/15/2016	08/30/2016	
	07/22/2016	07/22/2016	08/29/2016	

9. Click "Upload data with no errors" button.

IMPORTANT: Only the data with no errors will get successfully uploaded displayed in black. The data showing in red will not get uploaded until the errors are corrected on your template and re-uploaded.

10. The notice of successful upload will be displayed.

The screenshot shows the 'Upload QIP Data' page in the QIP - eReports system. The interface includes a navigation sidebar on the left with options like Home, My QIP Scores, QIP Measure Report, QIP Member Report, Member Search, Upload QIP Data, Provider Performance Report, Daily Count Report, Specs & Templates, Partnership Quality Dashboard, FAQ, and Help. The main content area displays the upload process for 'Cervical Cancer Screening' with the file 'Cervicalcancerscreen - 082916.xls' selected. A table below shows the following data:

CIN	Date of Most Recent PAP Smear	HPV test date	Date of Hysterectomy	Error
	08/29/2016			
	08/01/2016	08/01/2016		
	06/30/2016		07/01/2016	
	08/30/2016	08/30/2016		
	07/15/2016	07/15/2016	08/30/2016	
	07/22/2016	07/22/2016	08/29/2016	

Additional text on the page includes: 'The file was successfully uploaded to the system.' and 'Showing total 8 records.' at the bottom of the table. A red note at the bottom states: '*Asthma measure does not require any manual uploads to eReports. This measure is driven by claims. **Controlling High Blood Pressure measure uploads to eReports is frozen until April 1, 2016. Please submit the most recent BP reading to eReports at that time.'

Once your file is successfully loaded, your uploaded data is reflected in your numerator within seven business days. If not reflected in your score, please contact the QIP project team at QIP@partnershiphp.org.

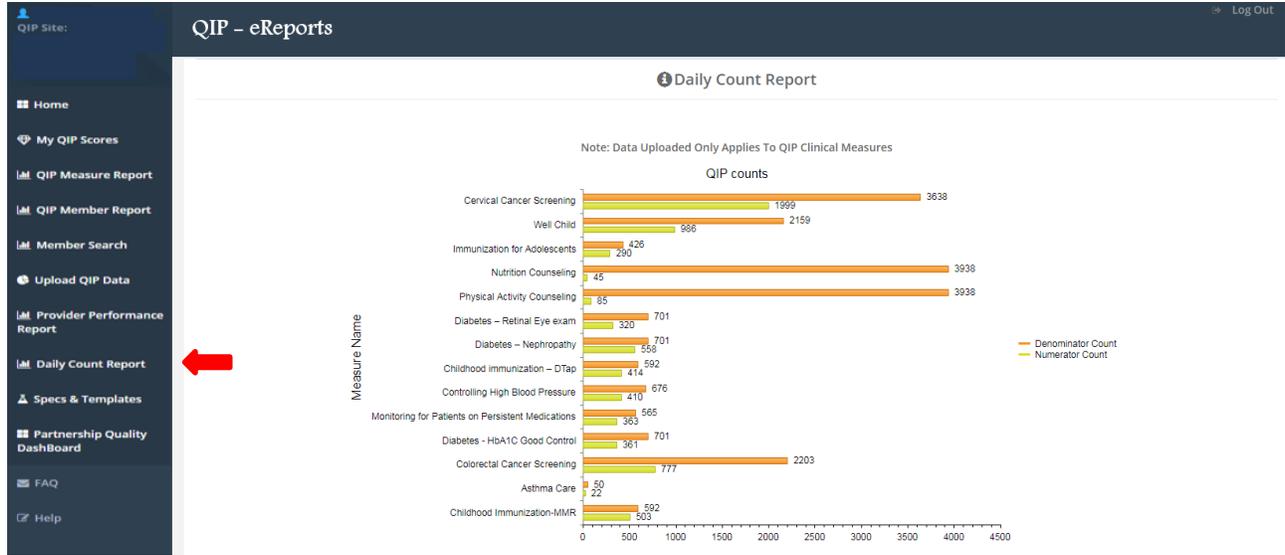
How to confirm you upload processed

Once your file is successfully loaded, your uploaded data is reflected in your numerator within seven business days. If not reflected in your score, please contact the QIP project team at QIP@partnershiphp.org. There are a couple of different methods to confirm your upload processed and applied to your numerator.

If you only want to see the member is numerator compliant, yes or no, please see the [Member Search](#) section.

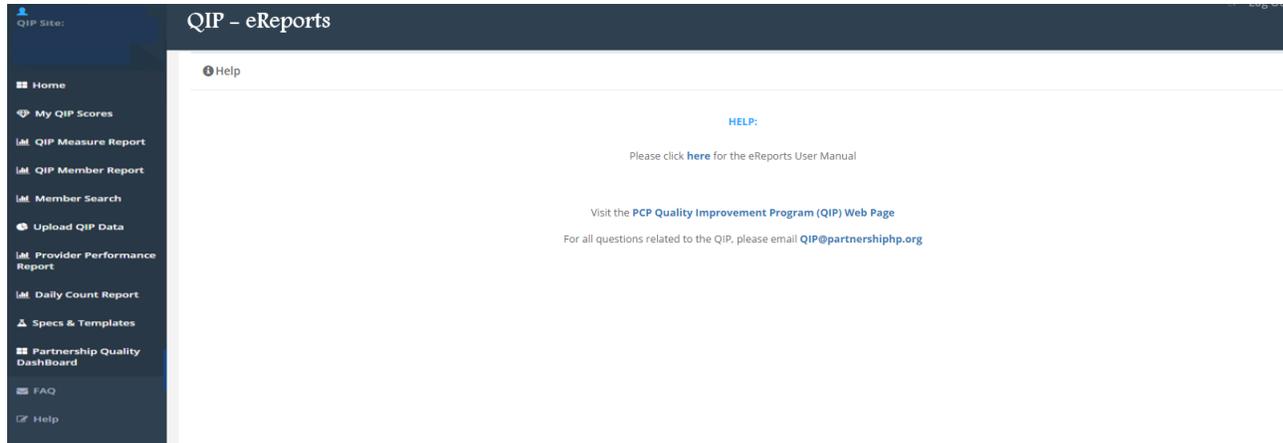
Weekly Count Report

This report is visual graphical display of your performance on all measures tracked in eReports. This report displays your current numerator and denominator for the day you have accessed eReports.



Help

This page has links to various helpful web links.



On this page you will find the web links to the following:

- eReports User Manual
- PCP Quality Improvement Program (QIP) Web page
- QIP Team email address