



## eReports User Guide – Primary Care

August 2023

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## Getting Started with eReports

### 1. Register new credentials for eReports

To access eReports, providers and staff must create individual login credentials. To set up credentials, email [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org) with Subject line “eReports Registration” and the following information:

1. Clinic/Health System/Provider Group Name
2. Desired Username – *must be at least 5 characters with no special characters.*
3. Contact Email
4. Contact Phone
5. Level 1 or Level 2 Access – *see below.*

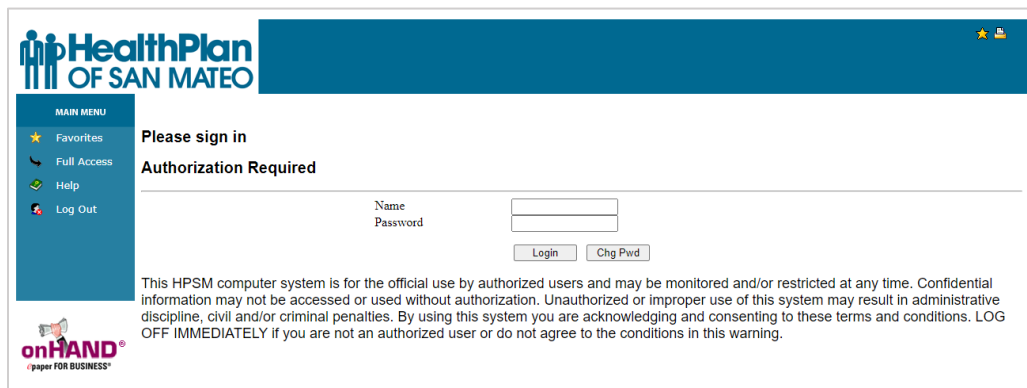
*Selecting “Level 1” permissions will give credentialed user access to non-financial reports only, namely quality progress reports. “Level 2” permissions provides all Level 1 access plus additional reports for remittance advice and other financial information.*

**The registered user will receive an email from HPSM 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/>





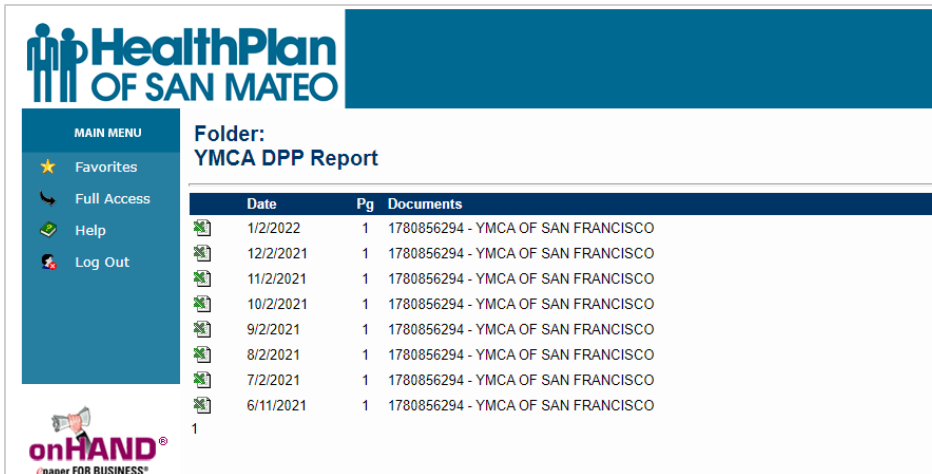
### 3. Download performance reports

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.



Folder:  
YMCA DPP Report

	Date	Pg	Documents
	1/2/2022	1	1780856294 - YMCA OF SAN FRANCISCO
	12/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	11/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	10/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	9/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	8/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	7/2/2021	1	1780856294 - YMCA OF SAN FRANCISCO
	6/11/2021	1	1780856294 - YMCA OF SAN FRANCISCO

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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
<a href="#"><u>Active Engagement Report</u></a>	List of HPSM members <b>currently</b> 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
<a href="#"><u>Blood Lead Screening Report</u></a>	Pursuant to <a href="#"><u>APL 20-016</u></a> , HPSM provides 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 and 24 months, or when provider confirms there is no documented evidence of screening in child’s medical history.	Medi-Cal	Monthly
<a href="#"><u>Capitation Roster Report</u></a>	List of Medi-Cal HPSM members assigned to panel. List of all empaneled members (and accompanying capitation code) counted toward capitation	Medi-Cal	Monthly
<a href="#"><u>COVID19 Unvaccinated Member Detail Report</u></a>	List of all actively-empaneled members who are COVID-19 unvaccinated.	All	Weekly (Fridays)
<a href="#"><u>Engagement Benchmark Report</u></a>	Tracker for panel engagement, which is used to determine quarterly capitation bonuses	Medi-Cal	Monthly
<a href="#"><u>P4P CareAdvantage #1: Benchmark Progress (Site-Level)</u></a>	Pay-for-Performance scorecard showing overall practice at the primary care <b>site-level</b> .	CareAdvantage	2 <sup>nd</sup> day of every month
<a href="#"><u>P4P CareAdvantage #2: Member Detail (Site-Level)</u></a>	Pay-for-Performance registry of eligible empaneled members and their compliance status for each quality metric at the primary care <b>site-level</b> .	CareAdvantage	2 <sup>nd</sup> day of every month

Report Name in eReports	Description	Line(s) of Business	Schedule
<a href="#">P4P CareAdvantage #3: Benchmark Progress (System-Level)</a>	Pay-for-Performance scorecard showing overall practice at the primary care <b>system-level</b> – available only for provider groups with >1 primary care site.	CareAdvantage	2 <sup>nd</sup> day of every month
<a href="#">P4P CareAdvantage #4: Member Detail (System-Level)</a>	Pay-for-Performance registry of eligible empaneled members and their compliance status for each quality metric at the primary care <b>system-level</b> – available only for provider groups with >1 primary care site	CareAdvantage	2 <sup>nd</sup> day of every month
<a href="#">P4P Medi-Cal #1: Benchmark Progress (Site-Level)</a>	Pay-for-Performance scorecard showing overall practice at the primary care <b>site-level</b> .	Medi-Cal	2 <sup>nd</sup> day of every month
<a href="#">P4P Medi-Cal #2: Member Detail (Site-Level)</a>	Pay-for-Performance registry of eligible empaneled members and their compliance status for each quality metric at the primary care <b>site-level</b> .	Medi-Cal	2 <sup>nd</sup> day of every month
<a href="#">P4P Medi-Cal #3: Benchmark Progress (System-Level)</a>	Pay-for-Performance scorecard showing overall practice at the primary care <b>system-level</b> – available only for provider groups with >1 primary care site.	Medi-Cal	2 <sup>nd</sup> day of every month
<a href="#">P4P Medi-Cal #4: Member Detail (System-Level)</a>	Pay-for-Performance registry of eligible empaneled members and their compliance status for each quality metric at the primary care <b>system-level</b> – available only for provider groups with >1 primary care site	Medi-Cal	2 <sup>nd</sup> day of every month

## Report Specifications

### Active Engagement Report

Field	Value Description
<b>PCP_NPI</b>	Billing Provider NPI
<b>HPSM_PCP_ID</b>	Provider HPSM ID
<b>PCP_Name</b>	Provider Name
<b>Member_ID</b>	Member HPSM ID
<b>Member_Last_Name</b>	Member Last Name
<b>Member_First_Name</b>	Member First Name
<b>Gender</b>	Member Sex
<b>Member_Age</b>	Member Age
<b>Member_Phone_Number</b>	Member Phone
<b>Visit_PCP_Last_12_Months</b>	Flag Y/N if member had <b>any</b> primary care encounter in last 12 months
<b>DOS</b>	Date of most recent visit primary care encounter (regardless of provider) in last 12 months
<b>Visit_PCP_Name</b>	Name of rendering provider for most recent primary care encounter
<b>Visit_AssignedPCP_last_12_Months</b>	Flag Y/N if member had a primary care encounter with assigned PCP in last 12 months
<b>Effective_date_PCP_Assignment</b>	Date of member assignment to PCP panel
<b>Assigned_To_PCP_Last_30_days</b>	Flag Y/N if member assigned to PCP panel in last 30 days
<b>LOB</b>	HPSM Line of Business: Medi-Cal = MC CareAdvantage = CA HealthWorx = HW Access & Care for Everyone = ACE
<b>Enrollment_Date</b>	Date of member enrollment to HPSM LOB
<b>Member_DOB</b>	Member date of birth
<b>MC_AID_Code</b>	Medi-Cal Aid Code (denotes primary reason for Medi-Cal eligibility-- Aid Codes are used to determine base capitated rate per member)



<b>Relink_Last_Year</b>	[HPSM internal purposes only] Number of relink days
<b>N_ED_last_12_Months</b>	Number of Emergency Department visits in last 12 months
<b>last_ED_DOS</b>	Date of last Emergency Department visit (if within last 12 months)
<b>Last_ED_Primary_DX</b>	Primary diagnosis captured at most recent ED visit
<b>N_Hospital_Admits_Last_12m</b>	Number of inpatient admissions in last 12 months
<b>Last_Hospital_Admit_Date</b>	Date of last inpatient admission (if within last 12 months)
<b>Last_Hospital_Primary_DX</b>	Primary diagnosis driving most recent inpatient admission
<b>OHC_Flag</b>	Flag for "other health coverage" beyond HPSM LOB noted here
<b>Landmark</b>	Flag for eligibility for Landmark services
<b>WCM_Flag</b>	[HPSM internal purposes] Flag for eligibility in Whole Child Model
<b>Auto_assignment</b>	[HPSM internal purposes] Date denotes that member was assigned to PCP via normal auto-assignment processes
<b>Language</b>	Primary member language
<b>Member_Address1</b>	Member Address
<b>Member_Address2</b>	Member Address
<b>Member_City</b>	Member City
<b>Member_State</b>	Member State
<b>Member_Zipcode</b>	Member Zip code

## Blood Lead Screening Report

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

## Capitation Roster Report

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

## COVID19 Unvaccinated Member Detail Report

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

## Engagement Benchmark Report

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

### P4P CareAdvantage #1 and #3: Benchmark Progress

Field	Value Description
<b>Performance_Measure</b>	P4P Quality Measure (includes both payment and reporting-only measures)
<b>Denominator</b>	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
<b>Numerator</b>	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines)
<b>Current_Progress</b>	Provider's current performance rate
<b>Full_Credit_Benchmark</b>	Full credit benchmark
<b>Partial_Credit_Benchmark</b>	Partial credit benchmark
<b>Full_Credit_Quality_Score</b>	Number of quality score points awarded for reaching full credit benchmark (payment measures only)
<b>Partial_Credit_Quality_Score</b>	Number of quality score points awarded for reaching partial credit benchmark (payment measures only)
<b>Current_Quality_Score</b>	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate
<b>Network_Average_Progress</b>	The current network performance rate (averages progress for all CareAdvantage providers with an eligible member denominator of 30 or more in that measure)
<b>Total_Eligible_Member_Months</b>	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 CareAdvantage #2 and #4: Member Detail

Field	Value Description
<b>ProviderID</b>	Provider HPSM ID
<b>Provider_NPI</b>	Provider NPI
<b>Provider_Name</b>	Provider Name
<b>LOB</b>	HPSM Line of Business
<b>MemberID</b>	Assigned Member HPSM ID
<b>Last_Name</b>	Assigned Member Last Name
<b>First_Name</b>	Assigned Member First Name
<b>DOB</b>	Assigned Member Date of Birth
<b>Age</b>	Assigned Member Age
<b>Sex</b>	Assigned Member Sex
<b>Language</b>	Assigned Member Primary Language
<b>Phone</b>	Assigned Member Phone
<b>Columns M - AF</b>	<p>Member-level eligibility and compliance, by quality metric. Column header describes quality metric shorthand (i.e. BCS = Mammogram for Breast Cancer Screening). See tab “INFO – CA” in eReport for full list of quality metrics.</p> <p><b>KEY:</b></p> <ul style="list-style-type: none"> <li>• <b>Asterisk (*)</b> = Non-compliant: Member eligible for measure but has not met criteria for compliance (i.e. member included in denominator but not numerator)</li> <li>• <b>Date</b> = 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)</li> <li>• <b>N/A</b> = Ineligible: Member is not eligible for measure (i.e. member not included in denominator or numerator)</li> </ul>
<b>PCR_Readmissions_N</b>	Number of 30-day all-cause hospital readmissions during measurement period. Rolls up to quality metric PCR.
<b>Last_HbA1c_Test_Date</b>	Most recent HbA1c Test date (patients with diabetes only)
<b>Last_HbA1c_Test_Result</b>	Most recent HbA1c Test Result
<b>Total_Eligible_Months</b>	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year
<b>Potential_9Month_Enrollment</b>	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit
<b>Current_Member</b>	Flag (Y/N) for whether member is currently assigned to PCP panel

## P4P Medi-Cal #1 and #3: Benchmark Progress

Field	Value Description
<b>Performance_Measure</b>	P4P Quality Measure (includes both payment and reporting-only measures)
<b>Denominator</b>	Eligible member denominator (see measure specifications in P4P CareAdvantage Program Guidelines)
<b>Numerator</b>	Eligible members who have meet criteria for compliance (see measure specifications in P4P CareAdvantage Program Guidelines).
<b>Current_Progress</b>	Provider's current performance rate
<b>Full_Credit_Benchmark</b>	Full credit benchmark
<b>Partial_Credit_Benchmark</b>	Partial credit benchmark
<b>Full_Credit_Quality_Score</b>	Number of quality score points awarded for reaching full credit benchmark (payment measures only).
<b>Partial_Credit_Quality_Score</b>	Number of quality score points awarded for reaching partial credit benchmark (payment measures only).
<b>Current_Quality_Score</b>	Current number of quality score points awarded (payment measures only). Subject to change monthly depending on fluctuations in membership and performance rate.
<b>Network_Average_Adult</b>	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).
<b>Network_Average_Family_Practice</b>	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).
<b>Network_Average_Pediatric</b>	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).
<b>Total_Eligible_Member_Months</b>	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 Medi-Cal #2 and #4: Member Detail

Field	Value Description
<b>ProviderID</b>	Provider HPSM ID
<b>Provider_NPI</b>	Provider NPI
<b>Provider_Name</b>	Provider Name
<b>LOB</b>	HPSM Line of Business
<b>MemberID</b>	Assigned Member HPSM ID
<b>Last_Name</b>	Assigned Member Last Name
<b>First_Name</b>	Assigned Member First Name
<b>DOB</b>	Assigned Member Date of Birth
<b>Age</b>	Assigned Member Age
<b>Sex</b>	Assigned Member Sex
<b>Language</b>	Assigned Member Primary Language
<b>Phone</b>	Assigned Member Phone
<b>Columns M - AQ</b>	<p>Member-level eligibility and compliance, by quality metric. Column header describes quality metric shorthand (i.e. BCS = Mammogram for Breast Cancer Screening). See tab “INFO – CA” in eReport for full list of quality metrics.</p> <p><b>KEY:</b></p> <ul style="list-style-type: none"> <li>• <b>Asterisk (*)</b> = Non-compliant: Member eligible for measure but has not met criteria for compliance (i.e. member included in denominator but not numerator)</li> <li>• <b>Date</b> = 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)</li> <li>• <b>N/A</b> = Ineligible: Member is not eligible for measure (i.e. member not included in denominator or numerator)</li> </ul>
<b>PCR_Readmissions_N</b>	Number of 30-day all-cause hospital readmissions during measurement period. Rolls up to quality metric PCR.
<b>Last_HbA1c_Test_Date</b>	Most recent HbA1c Test date (patients with diabetes only)
<b>Last_HbA1c_Test_Result</b>	Most recent HbA1c Test Result
<b>Total_Eligible_Months</b>	Number of months (may be nonconsecutive) member has been assigned to PCP in current calendar year
<b>Potential_9Month_Enrollment</b>	Flag (Y/N) for whether member is on track to hit minimum 9 months assignment to PCP for P4P credit
<b>Current_Member</b>	Flag (Y/N) for whether member is currently assigned to PCP panel