HPHC LCU Reporting User Guide

Quality Measures Reporting (QMR)

The QMR Tool provides member-level detail compliance for key quality measures related to the HPHC Quality*Advance* pay-for-performance program.

Every month, the tool provides a roster of patients eligible for select HEDIS measures and their compliance in the calendar year-to-date. This reporting enables provider groups to identify patients who are showing gaps in care and enables appropriate interventions.

Output report contains records for Commercial members.

For questions regarding access and/or report content, please email: HPHC_NMM@Point32Health.org

This User Guide is also posted at Quality Initiatives - Point32Health Provider

1.0   Introduction to Quality Measures Reporting

This User Guide introduces analytic and clinical staff within the leadership of our contracted provider groups to an HPHC tool that monitors performance on key quality measures and identifies members in their population who may have gaps in care.

Many of these measures were selected because of their inclusion in the HPHC Quality*Advance* Program. HPHC will be expanding this measure set over time to include others.

The QMR is considered a "leading indicator" report to enable the group to identify patients needing care and to close care gaps. Summarization of the QMR data provides year-to-date metrics. However, any performance analysis (for P4P or Honor Roll evaluation) is based on the final, audited dataset submitted to NQCA, containing all the appropriate code changes for the reporting year.

1.1   Overview of December 2025 Report Enhancements (YTD October Data)

Point32Health made changes to the monthly Quality Measures Reporting with the continued aim of improving your user experience. As of December 2025, a new field was added and other modifications made:

- Adding new field "Spoken Language" (as the last column) to support health equity data efforts.

- Renaming current fields "Eye Provider Name", "Eye Provider NPI" and "Eye Provider Phone Number" to the broader "Servicing Provider Name", "Servicing Provider NPI" and "Servicing Provider Phone Number" to support compliance for both the Eye Exam for Patients with Diabetes (EED) and Prenatal and Postpartum Care (PPC) measures

- For the Adult Immunization Status (AIS) measure, a new indicator for Hepatitis B was added to the existing list of four sub measures

- Renaming measure "Chlamydia Screening in Women" to "Chlamydia Screening" to be consistent with NCQA naming conventions

- The following measures have moved to Electronic Clinical Data Systems (ECDS) reporting effective for MY2025 and reports were updated to add "E" to the measure code and adding "-ECDS" to the measure name:

Measure Name	Updated Measure Name	Measure Code	Updated Measure Code
Child Immunization Status	Child Immunization Status – ECDS	CIS	CISE
Immunizations for Adolescents	Immunizations for Adolescents – ECDS	IMA	IMAE
Cervical Cancer Screening	Cervical Cancer Screening – ECDS	CCS	CCSE

The reports will continue to be available via the HPHConnect portal and SFTP login with the same information you are accustomed to.

2.0   Measures included in QMR: *HPHConnect* reporting and SFTP extracts

The underlying data in the QMR are refreshed monthly and are available by the second week of the month. These files are available in two locations:

- Self-service via your user account on *HPHConnect*
- SFTP server or MFT server (Excel format): File name is QMR_Member_Detail_Report_xx_yyyymm.xlsx (xx is your LCU number.)

Appendix B has a comprehensive list and descriptions of the HEDIS measures reported by HPHC, either via the monthly Quality Measures Reporting or via the annual SFTP posting of PCP rate files and HEDIS eligible file.

3.0   Navigating to the Quality Measures Reports Folder

Once you are logged in to the web application, you will see the following screen:

EBI Monthly
Enterprise Business Intelligence Monthly
Server name   LNAPP112A.HPHC.ORG/lnapp112b.hphc.org

Select **Shared Reports** and note the **PI/PHI Privacy Notice.**

Harvard Pilgrim continues to invest in data availability and tools to improve your ability to manage medical cost and quality trends. We have enhanced this application to permit member level analysis. Our privacy and security agreement with you outlines HPHC's expectations and your responsibilities for safeguarding member data. We expect any further disclosure of the information would be limited, as consistent with the HPHC User Agreement, in order to achieve the specific clinical objective of coordinating care across the continuum. Please share this expectation with the Privacy Officer at your organization and all who access the data.

This information is confidential and should be used, disclosed, and safeguarded in accordance with your contract with Harvard Pilgrim Health Care (if applicable) and any other applicable state or federal law, including HIPAA (45 CFR Part 160 and Subparts A, C, and E of Part 164) and federal regulations that protect substance abuse data (42 CFR Part 2).

Browse

| Shared Reports | My Reports | History List | My Subscriptions |

Click on **EBI Monthly** and you will see the following screen:

QMR
Owner: Administrator
Modified:
1/30/25 5:07:02 PM

Click on **QMR Member Detail Report** and you will be able to specify the parameters for your report.

Quality Measures Reporting Member Detail Report
Owner: Administrator
Modified:
1/16/25 11:39:34 PM
TO86334 - R1

The xls icon indicates the output will be an Excel spreadsheet.
The next screen will indicate that the system is processing your request (and validating your security access to this data).

4.0   Quality Measures Reporting: Member Detail Report

This report provides the names and demographic data of members who were eligible to be included in a measure (due for care in the time window January through prior month) and whether they met the criteria for compliance (0=non-compliant and 1=complaint).

Make your selections among the 9 report parameters. If no selections are made, all options are included in the report. The monthly refresh occurs approximately on the 7th of the month. In the short period of time when the dataset is refreshing, you will receive a message that the data is unavailable. If you request the current month prior to this refresh, the output will be empty, and you will see an error message stating no members met the criteria (as that month is not loaded yet).

The first two parameters relate to the desired date span.
(Required)

1. QMR Start Date (Required)

Enter Start date as first of any month, any other date entered will automatically be converted to First Day of that Month
This prompt requires a value no later than 9/30/2025.

○ Your selection:
  9/1/2025

◉ The default selection is:
  Day 1 of the month of (Today minus 0 day(s) minus 2 month(s))(9/1/2025)

2. QMR End Date (Required)

Enter End date as last day of any month, any other date entered will automatically be converted to Last Day of that Month
This prompt requires a value no later than 9/30/2025.

○ Your selection:
  9/30/2025

◉ The default selection is:
  last of the month of (Today minus 0 day(s) minus 2 month(s))(9/30/2025)

Note on Timing: The tool automatically changes the default date to the first of the month. However, HPHC data processes update the Enterprise Data Warehouse (EDW) from the 1st to the 6th (in general, pending any issues). The data is generally available in the QMR by the 7th of the month.

Select a specific member by **HPHC ID**, if you wish to know their latest compliance status on a measure.	**3. QMR Member #** Qualify on QMR Member #. Attribute: Form: - none - (none) ◆ Appl Py Mb Is: Equals Value:	The Appl Py Mb is the HPHC ID. See ***Appendix C*** for full field list and definitions.

Select a specific member by **HPHC Individual #,** if you wish to know their latest compliance status on a measure.	**4. QMR Member Individual #** Qualify on QMR Member Individual #. Attribute: Form: - none - (none) ◆ Py Mb Indvl Nbr Is: Equals Value:

The QMR Appl Py Mb Indvl Nbr is a unique identifier connecting a single member over time (i.e., a member may have one HPHC ID number, then change jobs, but retain HPHC coverage and get a new HPHC ID number). Ability to track the identity of a person over time is critical for assessing performance during the HEDIS performance time span's covering years.

Select the Care Sub Units **(CSUs)** you want. (Required)	**5. QMR CSU (Care Sub Unit)** Choose elements of QMR CSU (Care Sub Unit). Search for: ☑ Match case Available: Selected: ◇ 007: Bond Medical Group (none)

You will be shown only those provider groups (called Local Care Units (LCU) and Care Sub Units (CSU) in HPHC systems) for which you have been granted access. Highlight your selected CSUs, press the right arrow button (single > or double >> for all selected CSUs), and your selections will move to the box on the right.

Select the **insurance** populations you want.	**6. QMR Busi Lin** Choose elements of Busi Lin. ☐ ◇ COM:Comprehensive Medical ☐ ◇ MED:Medicare ☐ ◇ MEDSU:Medicare Enhance ☐ ◇ SUPP:Medicare Supplement

As of 2025, HPHC reporting contains only Commercial Comprehensive Medical patients, as the Medicare Products have transitioned to the Tufts Medicare Preferred product and related reporting.

Select **Funding** Arrangements you want.	**7. QMR Fund Arng Typ Dsc** Choose elements of Fund Arng Typ Dsc. ☐ ◇ Fully Insured ☐ ◇ Self Insured ☐ ◇ Unknown

The user can select the funding arrangement(s). Note that under the HPHC Quality*Advance* program, performance of both FI and SI HMO/POS members are included in the evaluation.

|	
Select the **Products** you want.	**8. QMR Product** Choose elements of Product ☐ ◇ EPO:Exclusive Provider Organization ☐ ◇ HMO:Health Maintenance Organization ☐ ◇ IND:Indemnity ☐ ◇ NNP:National Network Plan ☐ ◇ OAH:Open-Access HMO ☐ ◇ POS:Point of Service ☐ ◇ PPO:Preferred Provider Organization ☐ ◇ UNDEFINED:UNKNOWN By leaving these boxes unchecked, all active products will be contained in the report (i.e., HMO and POS). The PPO/EPO options no longer produce results. Note that under the HPHC Quality*Advance* program, performance is based on HMO/POS products where the member selects a PCP. See **_Appendix A_** for full field list and definitions.
Select all measures or selected measures. Select all or selected measures. (Required)	**9. QMR Measures and Rates** (Required) Choose QMR Measures and Rates from the list. ○ ▼ All Prospective (Cal Yr to Date) Measures and Rates ○ ▼ Selected Prospective (Cal Yr to Date) Measures and Rates If the user selects the "All" option for either of these views, all the measures will be included in the output report (recommended). If the user chooses "Selected" measures, a second screen appears to allow the choice of measures.
Run the report.	Run Document | Cancel
Measure Selection	If you selected to run the report for **only selected measures**, you will be shown a second screen from which you may make your selections. **1. Prospective (Cal Yr to Date) Measures** Choose elements of Prospective (Cal Yr to Date) Measures Search for: [ ] 🔍 ☑ Match case Available: ◇ AAB:AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS ◇ ADD:FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) MEDICATION ◇ ADDE:FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION - ECDS ◇ AISE:ADULT IMMUNIZATION STATUS ◇ AMM:ANTIDEPRESSANT MEDICATION MANAGEMENT ◇ AMR:ASTHMA MEDICATION RATIO ◇ APM:METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS ◇ APME:METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS - ECDS 1 - 30 of 45 Selected: (none) **2. Prospective (Cal Yr to Date) Rates** Choose elements of Prospective (Cal Yr to Date) Rates Search for: [ ] 🔍 ☑ Match case Available: ◇ ADDE:CONTINUATION AND MAINTENANCE PHASE:UNDEFINED ◇ ADDE:INITIATION PHASE:UNDEFINED ◇ AISE:PNEUMOCOCCAL:UNDEFINED ◇ AISE:ZOSTER:UNDEFINED ◇ AMM:ACUTE PHASE:UNDEFINED ◇ AMM:CONTINUATION PHASE:UNDEFINED ◇ APME:BLOOD GLUCOSE AND CHOLESTEROL TESTING:UNDEFINED ◇ APME:BLOOD GLUCOSE TESTING:UNDEFINED 1 - 30 of 51 Selected: (none)
Run the report.	Once the desired selections are made, click on Run Document button on the bottom left side of the screen. To return to the previous screen without running the report, click on Cancel. Run Document | Cancel Due to the large amount of data contained within the report and the variability of internet connection speeds, it may take several minutes for the report to load. Please be patient and do not use the "reload" feature on your browser See **_Appendix C_** for field names and descriptions.

Export to Excel.

The output remains in the Microstrategy system until you export it. In the upper right corner of the screen is a 3-line icon (indicating a menu).
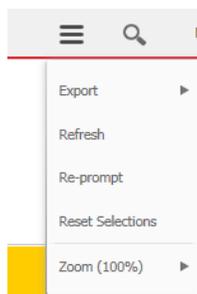
Press the icon and select Export, then select Excel. The output will be saved to your downloads folder.

5.0   Sample Output: QMR Member Detail Report (by topic section)

Provider Group information

Report Month	LCU Cd	LCU Nm	LCU State Cd	CSU Cd	CSU Nm
202508	01	Bayside Community Medical Partners	MA	02	Cove Street Pod
202508	01	Bayside Community Medical Partners	MA	02	Cove Street Pod
202508	01	Bayside Community Medical Partners	MA	02	Cove Street Pod
202508	01	Bayside Community Medical Partners	MA	02	Cove Street Pod
202508	01	Bayside Community Medical Partners	MA	02	Cove Street Pod

Date span ending in month

LCU/CSU info

Measure Information

Measure Cd	Measure Desc	Submsr Name	IESD Dt
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Acute Phase	2/12/2025
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Continuation Phase	2/12/2025
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Acute Phase	7/1/2024
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Continuation Phase	7/1/2024
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Acute Phase	1/24/2025
AMM	ANTIDEPRESSANT MEDICATION MANAGEMENT	Continuation Phase	1/24/2025

See Appendix B for the current listing of measures and sub-measures

Measure info

PCP Information

PCP Last Nm	PCP First Nm	PCP Full Nm	PCP Nbr	PCP NPI Nbr	Source Cd
Casey	Ben	Ben Casey	12345678	9876543210	HP
Casey	Ben	Ben Casey	12345678	9876543210	HP
Casey	Ben	Ben Casey	12345678	9876543210	HP
Casey	Ben	Ben Casey	12345678	9876543210	HP
Casey	Ben	Ben Casey	12345678	9876543210	HP

**PCP data,
including NPI to enable merging with other sourced data**

Data source

Member Information

Mem Last Nm	Mem First Nm	Mem Nbr	Mem Individ Nbr	Mem DOB	Mem Gender Cd
White	Betty	HP123456701	11111111	1/1/1960	F
Black	Sirius	HP234567802	22222222	2/1/1960	M
Brown	Bobby	HP345678901	33333333	3/1/1960	M
Tann	Amy	HP456789101	44444444	4/1/1960	F
Greene	Anthony	HP567891001	55555555	5/1/1960	M

Member Identification

Mem Addr 1	Mem Addr 2	Mem City	Mem State Cd	Mem Zip	Mem Phone	Mem Email
1 NORTH STREET		Boston	MA	02115		
2 SOUTH STREET	Apt 3	Dorchester	MA	02124		
3 EAST STREET		Dedham	MA	02026		
4 WEST STREET		Hyde Park	MA	02136		
5 CENTER STREET		Bradford	MA	01835		

Member Contact Info

Line of Business Cd	Product Line	Funding Arrangement Desc
COM	HMO	Fully Insured
COM	HMO	Fully Insured
COM	POS	Fully Insured
COM	HMO	Fully Insured
COM	HMO	Self Insured
COM	HMO	Self Insured

Member's Insurance Product
(only HMO/POS is reported)
(note: Commercial P4P performance is based on Commercial HMO/POS only)

Measure Compliance and Eligibility

Compliance Ind	Admin Excl Ind	NCQA Epop	QMR Epop	Rate Detail Drill Down
0	0	1	1	No Drill Down Available
0	0	1	1	No Drill Down Available
1	0	1	1	No Drill Down Available
0	0	1	1	No Drill Down Available
0	0	1	1	No Drill Down Available

Compliance Status
1=Compliant
0=Non-compliant (Gap)

Flag (1) to remove patient due to admin exclusion

Flag (1) meets NCQA Criteria for measure

Flag (1) member is active

This option is no longer enabled

Race	Ethnicity	Servicing Provider Name	Servicing Provider NPI	Servicing Provider Phone Number	HEDIS Year	Spoken Language
UNKNOWN	UNKNOWN	JAMES MAGOO, OD	1234567890	(617) 987-1234	2025	
WHITE	NOT HISPANIC OR LATINO	RAY BAN, OD	2345678901	(617) 876-2345	2025	
UNKNOWN	UNKNOWN	UNKNOWN			2025	
UNKNOWN	UNKNOWN	UNKNOWN			2025	
WHITE	NOT HISPANIC OR LATINO	KITTY IZE	3456789012	(617) 321-9876	2025	

Race and Ethnicity data to support provider group initiatives in advancing Health Equity. Sourced from member input, EMR submissions from provider groups, or geocoding.

Data about the SERVICING PROVIDER (e.g., eye provider, OBGYN/Midwife) who last submitted a claim for this member. Provides Name, NPI, and phone number to support provider group efforts to contact the servicing doctor's office to coordinate and share information related to your members eye care or pregnancy care and ensure patients are getting important eye screenings and prenatal/postnatal care.

HEDIS Measurement Year

Spoken Language, to support Health Equity initiatives. New field placed at end of file.

6.0   QMR Summary Report

The QMR Summary Report provides monthly updates of your group's summary performance by various business and product lines. The report also provides relevant comparators: the HPHC average rate for the same YTD period and a national high-performance benchmark.

The original **QMR Member Detail report** is a tool to support outreach to all members who may have gaps in their care, according to recognized HEDIS quality measures.

The **Summary Report** is intended to be a **performance metric tool**, which reflects the population **most likely to appear in the measure at year end** by including only those members who meet the NCQA ePop (meets NCQA clinical criteria for measure) and QMR ePop (member is active) flags.

6.1   Selection Parameters

Within the QMR Report Suite, select the QMR Summary Suite	**QMR Summary Report** **Owner:** Administrator **Modified:** 3/11/25 9:35:56 AM DMND0029527 - R1
Select the **START date** of your month you want for your YTD Month (e.g., Nov 1)	**1. QMR Start Date** (Required) Enter Start date as first of any month, any other date entered will automatically be converted to First Day of that Month This prompt requires a value no later than 9/30/2025. ○ Your selection: 9/1/2025 ● The default selection is: Day 1 of the month of (Today minus 0 day(s) minus 2 month(s))(9/1/2025) Note: The default date changes on the first of the month. However, these reports are updated monthly around the 7th of the month. Dates after the 1st of the month but before the 7th of the month will not have any updated data (until the 7th).
Select the **END date** of your month you want for your YTD Month (e.g., Nov 1)	**2. QMR End Date** (Required) Enter End date as last day of any month, any other date entered will automatically be converted to Last Day of that Month This prompt requires a value no later than 9/30/2025. ○ Your selection: 9/30/2025 ● The default selection is: last of the month of (Today minus 0 day(s) minus 2 month(s))(9/30/2025)
Select the **Care Sub Units (or all)** you wish to include in the Summary Report.	**3. QMR CSU (Care Sub Unit)** Choose elements of QMR CSU (Care Sub Unit). Search for: [ ] 🔍 ☑ Match case Available: ◇ 007: Bond Medical Group ◇ 109: Kennedy Physician Associates ◇ 123: Open Sesame Pediatrics Selected: (none) ◀ ◀ 1 - 30 of 271 ▶ ▶ You will be only able to run the report for the CSUs for which you have user access granted (most users have access to their entire organization; a few users may be restricted to selected CSUs).

Select Export to run the report	Export Cancel
When the report has run, you will receive this notice.	Document Name: QMR Summary Report Current status: Document ready, retrieving results... Document description: DMND0032397 - R2 You may safely close this window once your results have come back. Close window
	QMR Summary Report Output will be placed in the Download folder on your local drive.

6.2   Output Overview

The output is a formatted Excel file.

Provider Group and Product data (similar to member detail report)

Report Month	Provider Group Label	Provider Group Name	State	Busi Line Cd	Product Line
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO
202509	007	Bond Medical Group	MA	COM	HMO

Measure and Sub-measure data

A measure may be reported in several different lines, one each for each Line of Business and Product Line combination.

Measure Code	Measure Name	Sub Measure Name
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Default
ADDE	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	Continuation and Maintenance Phase
ADDE	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	Initiation Phase
AISE	Adult Immunization Status	Influenza
AISE	Adult Immunization Status	Pneumococcal
AISE	Adult Immunization Status	TD or Tdap
AISE	Adult Immunization Status	Zoster

Note: There are measures reported in the Summary Report (e.g., Substance Use Disorder related measures such as IET) that are not included in the QMR Member Detail Report, as regulatory requirements prohibit reporting of member level data.

Performance and Benchmark Data

National Benchmark	Total Denominator	Total Numerator	Rate	HPHC YTD Rate
60.32	2	2	NR	54.77%
52.32	7	5	NR	47.23%
38.62	3,212	863	26.87%	37.65%
73.05	109	71	65.14%	73.33%
58.82	3,212	1,594	49.63%	63.26%
32.71	1,348	334	24.78%	35.16%

- The **national benchmark** is the most recently published (i.e., 2024 benchmarks published in the fall of 2025). The benchmark is the high-performance value for Commercial HMO/POS members. Note that this benchmark reflects a full year's performance, where the report is a YTD report (not a full year); the benchmarks may be an aspirational value throughout the year.
- The Total Denominator and Total Numerator are the **combined values** across all members in that measure, in that Line of Business, and in that Product.
- The **rate** is the Total Numerator / Total Denominator.
- The value **"NR"** is reported if the Total Denominator does not meet the minimum criteria of 30 cases.
- The **HPHC YTD Rate** reflects the combined numerators and denominators in each LOB/Product/Measure-Sub-measure combination, across all provider groups across all the states in the HPHC network.

7.0   Quality Measures Reporting: Tips on Summarization

Using the Excel Pivot Table functionality, the user can create a summary table:

For **Measure-Specific** summary, use the following pivot table structure to count the number of members in the denominator and to sum up all the compliance flags (numerator). Create the rate using numerator/denominator.

When the pivot table is created, you can select filters to refine the output:
- **Line of Business Code:** Commercial
- **Product Line:** HMO and POS, (note that the P4P program measures are on HMO/POS members)
- **Admin Exclusion Indicator:** a 1 indicates the member meets administrative exclusion criteria; set filter to 0

Filters	Columns
Line of Business Cd ▼	Σ Values ▼
Product Line ▼	
Admin Excl Ind ▼	

≡ Rows	Σ Values
Measure Cd ▼	Count of Mem Nbr ▼
Measure Desc ▼	Sum of Compliance Ind ▼
Submsr Name ▼	

For **Patient-Specific** summary, use the following pivot table structure to count the number of measures the member is eligible for and how many where they are complaint. Members with high numbers of measures and low numbers of compliance flags are appropriate for targeted population health outreach.

Filters	Columns
Line of Business Cd ▼	Measure Desc ▼
Product Line ▼	
Admin Excl Ind ▼	

≡ Rows	Σ Values
Mem Nbr ▼	Sum of Compliance Ind ▼

Select the desired filters as described above.

8.0   Access to Quality Measures Reporting via HPHC's Secure Server

To access the Quality Measures Reports on the secure server, the user must:

1. Have a valid HPHC secure server account
2. Have installed the software from HPHC Provider Reporting Support

If you are _not_ a current HPHC secure server user, please complete the HPHC User Access form, available upon request to the mailbox HPHC_NMM@Point32Health.org. We will validate that your LCU has a privacy and security agreement in place and will triage the request to our IT department who will send you the necessary software and credentials to access the secure server.

The Quality Measures Reporting files will be placed in the SFTP sub folder:

NetworkMedicalManagement

The monthly file contains all the measures in one composite file. The file name follows this naming convention:

QMR_Member_Detail_Report_xx_yyyymm.xlsx
xx is your LCU #
yyyymm is the reporting year and month

LCUs may download or upload files to the secure server. Instructions are provided upon request to the mailbox HPHC_NMM@Point32Health.org.

Appendix A   Lines of Business and Product Lines in Quality Measures Reporting

Line of Business Cd	Product Line Code	Product Type	Product line description
COM	HMO	HMO/POS	**Health Maintenance Organization** Plan where patients must have a PCP
COM	POS	HMO/POS	**Point of Service** Plan where patients must have a PCP for in-network benefits like an HMO plan (can use out-of-network benefits under POS product line)
COM	NRH	HMO/POS	**No Referral HMO** Refers to HMO Open Access plans, where PCP is required and referrals are not
COM	NRP	HMO/POS	**No Referral POS** Refers to HMO Open Access plans, where PCP is required for in-network benefits and referrals are not

Appendix B   Quality Measures Reporting Measures List

Measure Code	Measure Name	Sub Measure Name	Status
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Default	
ADDE	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	Continuation and Maintenance Phase	
ADDE	Follow-Up Care for Children Prescribed ADHD Medication - ECDS	Initiation Phase	
AISE	Adult Immunization Status	Hepatitis B	*New Sub-measure*
AISE	Adult Immunization Status	Influenza	
AISE	Adult Immunization Status	Pneumococcal	
AISE	Adult Immunization Status	TD or Tdap	
AISE	Adult Immunization Status	Zoster	
AMR	Asthma Medication Ratio	Default	
APME	Metabolic Monitoring for Children and Adolescents on Antipsychotics - ECDS	Blood Glucose and Cholesterol Testing	
APME	Metabolic Monitoring for Children and Adolescents on Antipsychotics - ECDS	Blood Glucose Testing	
APME	Metabolic Monitoring for Children and Adolescents on Antipsychotics - ECDS	Cholesterol Testing	
BCSE	Breast Cancer Screening - ECDS	Default	
BPD	Blood Pressure Control for Patients With Diabetes	Blood Pressure Controlled <140/90 mm Hg	
CBP	Controlling High Blood Pressure	Default	
CCSE	Cervical Cancer Screening - ECDS	Default	*new -E format*
CHL	Chlamydia Screening	Default	*new name*
CISE	Childhood Immunization Status - ECDS	Combo 10	*new -E format*
COLE	Colorectal Cancer Screening - ECDS	Default	
CWP	Appropriate Testing for Pharyngitis	Default	
DMSE	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 1	
DMSE	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 2	
DMSE	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 3	
DSFE	Depression Screening and Follow-Up for Adolescents and Adults	Depression Screening	
EED	Eye Exam for Patients With Diabetes	Eye Exam	
FUH	Follow-Up After Hospitalization for Mental Illness	30-Day Follow-Up	*Summary only*
FUH	Follow-Up After Hospitalization for Mental Illness	7-Day Follow-Up	*Summary only*
GSD	Glycemic Status Assessment for Patients With Diabetes	Glycemic Status <8.0%	
GSD	Glycemic Status Assessment for Patients With Diabetes	Glycemic Status >9.0%	

Measure Code	Measure Name	Sub Measure Name	Status
IET	Initiation and Engagement of Substance Use Disorder Treatment	Engagement of SUD Treatment - Alcohol Abuse	*Summary only*
IET	Initiation and Engagement of Substance Use Disorder Treatment	Engagement of SUD Treatment - Opioid Abuse	*Summary only*
IET	Initiation and Engagement of Substance Use Disorder Treatment	Engagement of SUD Treatment - Other Drug Abuse	*Summary only*
IET	Initiation and Engagement of Substance Use Disorder Treatment	Initiation of SUD Treatment - Alcohol Abuse	*Summary only*
IET	Initiation and Engagement of Substance Use Disorder Treatment	Initiation of SUD Treatment - Opioid Abuse	*Summary only*
IET	Initiation and Engagement of Substance Use Disorder Treatment	Initiation of SUD Treatment - Other Drug Abuse	*Summary only*
IMAE	Immunizations for Adolescents - ECDS	Combo 2 Meningococcal, Tdap, HPV	*new -E format*
KED	Kidney Health Evaluation for Patients With Diabetes	Kidney Health Evaluation	
LSC	Lead Screening in Children	Default	
PCE	Pharmacotherapy Management of COPD Exacerbation	Bronchodilator	
PCE	Pharmacotherapy Management of COPD Exacerbation	Systemic Corticosteroid	
PCR	Plan All-Cause Readmissions	Non Outlier	
PCR	Plan All-Cause Readmissions	Outlier	
PDSE	Postpartum Depression Screening and Follow-Up	Depression Screening	
PNDE	Prenatal Depression Screening and Follow-Up	Depression Screening	
PPC	Prenatal and Postpartum Care	Postpartum Care	
PPC	Prenatal and Postpartum Care	Timeliness of Prenatal Care	
PRSE	Prenatal Immunization Status	Combination	
PRSE	Prenatal Immunization Status	Influenza	
PRSE	Prenatal Immunization Status	Td or Tdap	
SPC	Statin Therapy for Patients With Cardiovascular Disease	Received Statin Therapy	
SPC	Statin Therapy for Patients With Cardiovascular Disease	Statin Adherence 80%	
SPD	Statin Therapy for Patients With Diabetes	Received Statin Therapy	
SPD	Statin Therapy for Patients With Diabetes	Statin Adherence 80%	
URI	Appropriate Treatment for Upper Respiratory Infection	Default	
W30	Well-Child Visits in the First 30 Months of Life	Well Child Visits for Age 15 Months - 30 Months	
W30	Well-Child Visits in the First 30 Months of Life	Well Child Visits in the First 15 Months	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	BMI Percentile	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Nutrition	
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Physical Activity	
WCV	Child and Adolescent Well-Care Visits	Default	

Appendix C   QMR Member Detail Report: Field Names and Descriptions

order	Release Jan 2025 External Path	Release Jan 2025 SFTP Extract Posting	Field Description
1	Report Month	Eff_Yr_Mo_Txt	Month of Report
2	LCU Cd	Hds_LCU_Cd	LCU Code
3	LCU Nm	Hds_LCU_Nm	LCU Name
4	LCU State Cd	Hds_LCU_US_State_Cd	State of LCU
5	CSU Cd	Hds_CSU_Cd	CSU code
6	CSU Nm	Hds_CSU_Nm	CSU name
7	Measure Cd	Msr_Cd	Measure Code
8	Measure Desc	Msr_Desc	Measure Description
9	Submsr Name	Submsr_Name	Label describing the specific rate within the measure if there are more than one
10	IESD Dt	IESD_Dt	The IESD date can represent either (1) the index episode start date for a measure, (2) the index prescription start date for a measure, or (3) the episode date for measures where the member can be in the measure multiple times (multi-rate measures).
11	PCP Last Nm	Appl_Hds_Pv_Last_Nm	PCP last name
12	PCP First Nm	Appl_Hds_Pv_First_Nm	PCP first name
13	PCP Full Nm	Appl_Hds_Pv_Full_Nm	PCP full name
14	PCP Nbr	Appl_Hds_Pv_Nbr	PCP provider number
15	PCP NPI Nbr	Hds_Pv_NPI_Nbr	PCP NPI number
16	Source Cd	QMR_Src_Cd	Source of data (e.g. HP)
17	Mem Last Nm	Appl_Py_Mb_Last_Nm	Member Last Name
18	Mem First Nm	Appl_Py_Mb_First_Nm	Member First Name
19	Mem Nbr	Appl_Py_Mb_Nbr	Member ID number
20	Mem Individ Nbr	Py_Mb_Indvl_Nbr	Member Individualization (unique person identifier across all member IDs)
21	Mem DOB	Birth_Dt	Member Birth Date
22	Mem Gender Cd	Gndr_Typ_Cd	Member Gender
23	Mem Addr 1	Addr_Line_1_Txt	Member Address 1
24	Mem Addr 2	Addr_Line_2_Txt	Member Address 2
25	Mem City	City_Nm	Member City
26	Mem State Cd	US_State_Cd	Member State
27	Mem Zip	Postl_Cd	Member Zip
28	Mem Phone	Digtl_Addr_Txt	Member Phone
29	Mem Email	Email_Digtl_Addr_Txt_Curr	Member eMail (if known)
30	Line of Business Cd	Busi_Lin	Line of Business
31	Product Line	Pd_Lin	Product Line
32	Funding Arrangement Desc	Rptg_Fund_Arng_Typ_Dsc	Funding Arrangement

order	Release Jan 2025 External Path	Release Jan 2025 SFTP Extract Posting	Field Description
33	Compliance Ind	Compliance_Ind	*1=met numerator criteria; 0=did not meet criteria*
34	Admin Excl Ind	QMR_Admin_Excl_Ind	*1=Patient excluded per administrative exclusion criteria;0=patient not excluded*
35	NCQA Epop	NCQA_Epop	*1=members who meet the measure eligible population criteria, per NCQA specs. This will be applied to the HPHC population only, and not the Tufts Health Plan members migrating to HPHC throughout 2023-2024.*
36	QMR Epop	QMR_Epop	*1=members who meet the measure eligible population criteria, with the exception of the continuous enrollment criteria, and who are currently active members of HPHC (e.g., legacy HPHC and migrating THP).*
37	Rate Detail Drill Down		*Click here for Drill Down to get supplemental clinical data (available only on portal)*
38	Race	Race	*Race of member*
39	Ethnicity	Ethnicity	*Ethnicicity of member (Hispanic; Non-Hispanic)*
40	Servicing Provider Name	Servicing Provider Name	*Name of most recent servicing provider who submitted a claim for this patient (applies to eye provider for EED measure and OBGYN/Midwives for PPC measure)*
41	Servicing Provider NPI	Servicing Provider NPI	*NPI of most recent eye provider who submitted a claim for this patient*
42	Servicing Provider Phone Number	Servicing Provider Phone Number	*Phone number of most recent eye provider who submitted a claim for this patient*
43	HEDIS Year	HEDIS Year	*HEDIS Measurement Year*
44	Spoken Language	Spoken Language	*Spoken language of the member*

Appendix D   Reporting Schedule

Report published/ posted to sftp (approx)	Period Covered (incl. Measurement Year)	Data created at the end of this month (Report Month field in report)
1/7/2026	Nov 2025 YTD	202511
2/7/2026	Dec 2025 YTD	202512
3/7/2026	Jan 2026 YTD	202601
4/7/2026	Feb 2026 YTD	202602
5/7/2026	Mar 2026 YTD	202603
6/7/2026	Apr 2026 YTD	202604
7/7/2026	May 2026 YTD	202605
8/7/2026	Jun 2026 YTD	202606
9/7/2026	Jul 2026 YTD	202607
10/7/2026	Aug 2026 YTD	202608
11/7/2026	Sep 2026 YTD	202609
12/7/2026	Oct 2026 YTD	202610
1/7/2027	Nov 2026 YTD	202611