**PHMI Report Instructions**

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These instructions are for the two Relevant reports produced by Aliados Health that gather data for the PHMI quarterly data submission. The measure names and descriptions are specific to the reporting template with the file name “PHMI\_QuarterlyDataReportingTool\_2023-10-02.”

The two reports have been copied to the health center instances and also appear in the Aliados Health aggregate instance. The health center versions have patient information like name and medical record number to help with validation. The aggregate instance does not have patient-specific information and only runs for those health centers that currently have live feeds into the database. Since the aggregate instance is used by Aliados Health staff to gather data, it may appear unpublished.

The names of the report are as follows:

* PHMI Measure Results (All Patients) [2023 Edition]
* PHMI Measure Results (Managed Care Patients) [2023 Edition]

On page 3 below is a table that contains the list of PHMI measures, their corresponding Relevant Quality Measure, and other information to help understand how they are reported out of Relevant. Some of these measures might have recently been copied to the health center instance of Relevant and left in a non-published and disabled state. and may not have been validated yet. All measures should be validated before the data is submitted.

The “All Patients” report provides data for measures 1 through 8 in the order column of the table starting on page 3 below. These are referred to as the measures with “UDS Rates” on the template. These measures are reported by each health center site on the “Measures by site” tab of the template and by race/ethnicity and insurance on the “Segmentation, sites aggregated” tab.

The “Managed Care Patients” report provides data for measures 9 through 28 in the order column of the measures table. These are referred to as the measures with “PHMI/HEDIS rates” on the template. These measures are reported by each health center site on the “Measures by site” tab of the template and by race/ethnicity on the “Segmentation, sites aggregated” tab.

All patients in this report are joined to Partnership HealthPlan patients, either through the uploaded QIP denominator file or the uploaded enrollment list available from eReports. In the measures table below, the column “Relevant Quality Measure Type and Partnership Join Type” distinguishes between the two sources.

For PHMI measures that are also QIP measures, the Partnership denominator file will serve to define the denominator population. The numerator for these measures is determined by combining the numerators from the denominator file and from the Relevant Quality Measure[[1]](#footnote-1). In other words, the patient is placed in the PHMI numerator if evidence exists from either Partnership or Relevant that the patient meets the numerator criteria for the measure.

Notes on the Relevant Reports

Some of the Quality Measures on the table beginning on page 3 have newly been copied to health center instances and left in a disabled state so that they are not running at night along with the normal pipeline. It is not necessary that a health center permanently publishes and enables all PHMI-reported measures for use in their performance improvement activities. Which measures are tracked depends on the health center preference[[2]](#footnote-2), although it is implied by the project that health centers are monitoring their PHMI measures and working to improve them.

If all of the PHMI-related Relevant Quality Measures are enabled and running nightly with the pipeline, the PHMI reports can be run at any time. If any Quality Measures are disabled, they must be enabled and run manually on the day that the report is used. These Quality Measures can then be disabled after running is complete as the health center prefers.

In the table beginning on page 3 below is a column that displays the Quality Measure Key. The key should always remain the same for standard reports produced by Aliados or Relevant teams (i.e., the annual UDS, QIP and HEDIS reports). The key is like a standard ID number and is how Relevant identifies the correct report internally. Therefore, please do not change the measure keys in your instance[[3]](#footnote-3).

Both reports contain a parameter for the measurement period end date. This date must always be the last date of the month of the PHMI reporting period (for example, 9/30/23 for reporting due at the end of October 2023). Within the report, this date connects with:

* The measurement period end date of each Quality Measures (field measure\_results. measurement\_period\_end\_date).
* The end date on the Partnership eligibility list uploaded to Relevant (php\_patients.end\_date)
* The end date on the Partnership QIP denominator file uploaded to Relevant (field php\_qip\_patients.end\_date)

The “Managed Care Patients” report will not run unless the Partnership enrollment list and QIP denominator lists for the last month in the measurement period are uploaded to Relevant. Instructions for this are provided separately by Aliados Health.

Since this is a “standard” report, please do not modify it on the health center instance.

**List of PHMI Measures**

| Order | PHMI Supplemental Measure Name | Measure type | Relevant Quality Measure Type and Partnership Join Type | Aliados Quality Measure Name | Aliados Measure Key |
| --- | --- | --- | --- | --- | --- |
| 1 | Comprehensive Diabetes Care: HbA1c Poor Control (>9%) | Core (Required) | UDS measure (no join to Partnership patients) | Diabetes: Hemoglobin A1c Control (<=9%) (UDS 2023 Table 7, inverted) | relevant\_diabetes\_hemoglobin\_a1c\_poor\_control\_uds\_2023\_table\_7\_lte\_9\_percent |
| 2 | Controlling High Blood Pressure | Core (Required) | UDS measure (no join to Partnership patients) | Controlling High Blood Pressure UDS 2023 Table 7 | relevant\_controlling\_high\_blood\_pressure\_uds\_2023\_table\_7 |
| 3 | Colorectal Cancer Screening | Core (Required) | UDS measure (no join to Partnership patients) | Colorectal Cancer Screening (UDS 2023 Table 6B) | relevant\_colorectal\_cancer\_screening\_uds\_2023\_table\_6b |
| 4 | Child Immunization Status (CIS 10) | Core (Required) | UDS measure (no join to Partnership patients) | Childhood Immunization Status (UDS 2023 Table 6B) | relevant\_child\_immunizations\_uds\_2023\_table\_6b |
| 5 | Depression Screening and Follow-Up for Adolescents and Adults | Core (Required) | UDS measure (no join to Partnership patients) | Preventive Care and Screening: Screening for Depression and Follow-Up Plan (UDS 2023 Table 6B) | relevant\_screening\_for\_depression\_and\_follow\_up\_plan\_uds\_2023\_table\_6b |
| 6 | Breast Cancer Screening | Supplemental (Optional) | UDS measure (no join to Partnership patients) | Breast Cancer Screening (UDS 2023 Table 6B) | relevant\_breast\_cancer\_screening\_uds\_2023\_table\_6b |
| 7 | Cervical Cancer Screening | Supplemental (Optional) | UDS measure (no join to Partnership patients) | Cervical Cancer Screening (UDS 2023 Table 6B) | relevant\_cervical\_cancer\_screening\_uds\_2023\_table\_6b |
| 8 | Depression Remission At 12 Months | Supplemental (Optional) | UDS measure (no join to Partnership patients) | Depression Remission at Twelve Months (UDS 2023 Table 6B) | relevant\_depression\_remission\_at\_twelve\_months\_uds\_2023\_table\_6b |
| 9 | Comprehensive Diabetes Care: HbA1c Poor Control (>9%) | Core (Required) | QIP measure (uses denominator list from Partnership) | Diabetes: HbA1c Poor Control (>9%) (PHMI 2023) | rchc\_qip23\_CDC\_PHMI\_DUP |
| 10 | Controlling High Blood Pressure | Core (Required) | QIP measure (uses denominator list from Partnership) | Controlling High Blood Pressure (QIP 2023) | ah\_qip23\_CBP |
| 11 | Prenatal and Postpartum Care (Postpartum) | Core (Required) | HEDIS measure (joined to Partnership enrollment list) | Prenatal and Postpartum Care: Postpartum Care (Aligns with 2022 HEDIS Measure PPC) | postpartum\_care |
| 12 | Colorectal Cancer Screening | Core (Required) | QIP measure (uses denominator list from Partnership) | Colorectal Cancer Screening (QIP 2023) | ah\_qip23\_COL |
| 13 | Well Child Visits in the first 30 mos of life - first 15 mos | Core (Required) | QIP measure (uses denominator list from Partnership) | Well-Child Visits in the First 15 Months of Life (PHMI 2023) | ah\_qip23\_W15\_PHMI |
| 14 | Child Immunization Status (CIS 10) | Core (Required) | QIP measure (uses denominator list from Partnership) | Childhood Immunization Status (QIP 2023) | ah\_qip23\_CIS |
| 15 | Depression Screening for Adolescents and Adults | Core (Required) | HEDIS measure (joined to Partnership enrollment list) | Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening (Aligns with 2023 HEDIS Measure DSF) | aliados\_hedis23\_DSF\_screen |
| 16 | Depression Follow-Up for Adolescents and Adults | Core (Required) | HEDIS measure (joined to Partnership enrollment list) | Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen (Aligns with 2023 HEDIS Measure DSF) | aliados\_hedis23\_DSF\_followup |
| 17 | Postpartum Depression Screening and Follow Up | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Postpartum Depression Screening and Follow-Up (Aligns with 2022 HEDIS Measure PDS) | rchc\_qip22\_PDS |
| 18 | Prenatal and Postpartum Care (Timeliness of Prenatal Care) | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Prenatal and Postpartum Care: Timeliness of Prenatal Care (Aligns with 2022 HEDIS Measure PPC) | prenatal\_timeliness |
| 19 | Prenatal Depression Screening and Follow Up | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Prenatal Depression Screening and Follow-Up (Aligns With 2022 HEDIS Measure PND) | rchc\_qip22\_PND |
| 20 | Adults' Access to Preventive / Ambulatory Health Services | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Adult Access to Preventive/Ambulatory Health Services (Aligns with 2022 HEDIS Measure AAP) | rchc\_phmi22\_AAP |
| 21 | Breast Cancer Screening | Supplemental (Optional) | QIP measure (uses denominator list from Partnership) | Breast Cancer Screening (QIP 2023) | ah\_qip23\_BCS |
| 22 | Cervical Cancer Screening | Supplemental (Optional) | QIP measure (uses denominator list from Partnership) | Cervical Cancer Screening (QIP 2023) | ah\_qip23\_CCS |
| 23 | Child/Adolescent Well Care Visits | Supplemental (Optional) | QIP measure (uses denominator list from Partnership) | Child and Adolescent Well-Care Visits (QIP 2023) | ah\_qip23\_WCV |
| 24 | Immunization for Adolescents (Combo 2) | Supplemental (Optional) | QIP measure (uses denominator list from Partnership) | Immunizations for Adolescents (QIP 2023) | ah\_qip23\_IMA |
| 25 | Well Child Visits in first 30 months of life- 15-30 months | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Well-Child Visits for Age 15 Months–30 Months (Aligns with 2022 HEDIS Measure W30) | wc\_15\_30\_months |
| 26 | Depression Remission or Response for Adolescents and Adults: Follow-up | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Depression Remission or Response for Adolescents and Adults: Follow-Up PHQ-9 (Aligns with 2022 HEDIS Measure DRR) | rchc\_qip22\_DRR\_a |
| 27 | Depression Remission or Response for Adolescents and Adults: Remission | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Depression Remission or Response for Adolescents and Adults: Depression Remission (Aligns with 2022 HEDIS Measure DRR) | rchc\_qip22\_DRR\_c |
| 28 | Depression Remission or Response for Adolescents and Adults: Response | Supplemental (Optional) | HEDIS measure (joined to Partnership enrollment list) | Depression Remission or Response for Adolescents and Adults: Depression Response (Aligns with 2022 HEDIS Measure DRR) | rchc\_qip22\_DRR\_b |

1. The exceptions are for the Comprehensive Diabetes Care: HbA1c Poor Control (>9%) and the Controlling High Blood Pressure measures, which use the Quality Measure numerator whenever patients match to Relevant patients. [↑](#footnote-ref-1)
2. There may be different versions of Quality Measures with similar names and definitions. A health center may choose to enable and track one Quality Measure version within the group even though all of them have slightly different numerators and denominators but show the same general trend. [↑](#footnote-ref-2)
3. Existing Quality Measures with modified keys have been identified among some health centers and these new keys have been used in the health center instance. However, the report will not function properly if the key is newly modified. [↑](#footnote-ref-3)