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## 2025 Clinical Quality Measures Update (For UDS, QIP and PHMI Measures)

Aliados Health Data Workgroup

June 10, 2025

By Ben Fouts, Data Analyst

# Agenda

1. Discuss changes to the Quality Measure sets for:
  - UDS
  - QIP
  - PHMI
2. Discuss PHMI reporting next month



# UDS Measure Changes



# Advanced Illness Diagnosis Exclusion

Applies to the exclusion definition of these Quality Measures:

- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Diabetes: Glycemic Status Assessment Greater Than 9%



# Advanced Illness Diagnosis Exclusion

- **2024 definition:** Advanced illness with two outpatient encounters during the measurement period or the year prior OR advanced illness with one inpatient encounter diagnosis during the measurement period or the year prior
- **2025 definition:** Advanced illness diagnosis during the measurement period or the year prior
- These apply to patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period



# Advanced Illness in Technical Terms

- **2024 definition** uses `rdm.advanced_illness_visits` (based on visit diagnosis code)
- **2025 definition** uses `rdm.advanced_illness_cases` (based on Problem List)
- Diagnosis: Advanced Illness using Advanced Illness (OID = 2.16.840.1.113883.3.464.1003.110.12.1082)



# Does This Change Impact the Data?

- About 11% of patients who had at least one UDS visit from 5/1/2024 to 4/30/2025 were 66 years or older
- Of all patients 66 years or older with at least one UDS medical visit from 5/1/2024 to 4/30/2025, 3.84% could be excluded using the old definition and 7.29% could be excluded using the new definition
- Therefore, by the numbers, the new exclusion definition increases the number of excluded patients by almost 90%. However, the increase is small (almost 3.5%) relative to all patients 66 years and older



# Does This Change Impact the Data?

- Actual Quality Measure data from 5/1/2024 to 4/30/2025
- For all Aliados Health:

Type of change (2024 to 2025)	Breast Cancer Screening	Colorectal Cancer Screening	Controlling High Blood Pressure	Diabetes A1c Control
Exclusion change	48.0%	38.8%	19.2%	55.0%
Denominator change	-0.7%	-0.6%	-1.1%	-0.6%

- Maximum change for individual health centers: Breast Cancer Screening (-2.7%), Colorectal Cancer Screening (-2.6%), Controlling High Blood Pressure (-3.7%), and Diabetes A1c Control (-2.4%)





# Technical Note on Qualifying Visits

- The SQL code that defines Qualifying Visits has been moved from a temporary table in the Quality Measure (2024 editions) to Data Elements
- JOIN to the qualifying visit Data Element is in the Temporary Table Universe (2025 editions)
- For the measures in the last slide for example, this change did not impact the denominator (as expected)

Q

uds\_2025

>

rdm.uds\_2025\_birth\_weight\_qualifying\_visits

-1

>

rdm.uds\_2025\_bmi\_screening\_and\_follow\_up\_plan\_qualifying\_visits

-1

>

rdm.uds\_2025\_breast\_cancer\_screening\_qualifying\_visits

-1

>

rdm.uds\_2025\_cervical\_cancer\_screening\_qualifying\_visits

-1

>

rdm.uds\_2025\_child\_immunizations\_qualifying\_visits

-1

>

rdm.uds\_2025\_colorectal\_cancer\_screening\_qualifying\_visits

-1

>

rdm.uds\_2025\_controlling\_high\_blood\_pressure\_qualifying\_visits

-1

>

rdm.uds\_2025\_depression\_remission\_qualifying\_visits

-1

>

rdm.uds\_2025\_diabetes\_glycemic\_status\_assessment\_qualifying\_visits

-1

>

rdm.uds\_2025\_hiv\_screening\_qualifying\_visits

-1

>

rdm.uds\_2025\_initiation\_engagement\_sud\_treatment\_qualifying\_visits

-1

>

rdm.uds\_2025\_ischemic\_vascular\_disease\_qualifying\_visits

-1

>

rdm.uds\_2025\_screening\_for\_depression\_qualifying\_visits

-1

>

rdm.uds\_2025\_statin\_therapy\_qualifying\_visits

-1

>

rdm.uds\_2025\_tobacco\_use\_screening\_qualifying\_visits

-1

>

rdm.uds\_2025\_weight\_assessment\_and\_counseling\_qualifying\_visits

-1

# Diabetes A1c Control (2 Views of the Measure)

- Old measure name (#1): Diabetes: Hemoglobin A1c Control ( $\leq 9\%$ ) (UDS 2024 Table 7, inverted)
- New measure name (#1): Diabetes: Glycemic Status Assessment Less Than or Equal to 9% (UDS 2025 Table 7, inverted)
- Old measure name (#2): Diabetes: Hemoglobin A1c Control ( $> 9\%$ ) (UDS 2024 Table 7)
- New measure name (#2): Diabetes: Glycemic Status Assessment Greater Than 9% (UDS 2025 Table 7)

Total Patients 18 through 75 Years of Age with Diabetes (3a)	Number of Records Reviewed (3b)	Patients with HbA1c $> 9.0\%$ or No Test During Year (3f)
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# Diabetes A1c Control

- New Optional Data Element: Glucose Management Indicator Tests
- Check your system to see if it is mapped

**Optional data elements**

× Glucose Management Indicator Tests ([map](#))

- From Relevant UDS Help page: the measure “now includes GMI tests from continuous glucose monitors as a glycemic status assessment on top of hemoglobin A1c tests”



# Diabetes A1c Control

- From CQM: Glucose management indicator (LOINC Code 97506-0)
- Checked `rdm.lab_results` for this LOINC code but did not find it is being used (at least how it is being mapped)
- If you are bringing in data from continuous glucose monitors, you can map it to the new Data Element
- The measure takes the most recent result in the measurement period from A1c labs (`rdm.a1c_labs`) and glucose management indicators (`rdm.glucose_management_indicator_tests`)



# New UDS Quality Measure (Table 6B)

## Initiation And Engagement Of Substance Use Disorder Treatment

- Rate 1: Initiation of Treatment
- Rate 2: Engagement in ongoing treatment

Line	Initiation and Engagement of Substance Use Disorder (SUD) Treatment	Total Patients Aged 13 and Older Diagnosed with a New SUD Episode (a)	Number of Records Reviewed (b)	Number of Patients who Received SUD Treatment (c)
23a	MEASURE: Percentage of patients with a new SUD episode who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode			
23b	MEASURE: Percentage of patients with a new SUD episode who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation			



# Initiation And Engagement Of Substance Use Disorder Treatment


- CMS137v13
- Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (two rates are reported):
  - a) Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.
  - b) Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation




# Relevant Quality Measures and Data Elements

- Names of the Quality Measures (might be disabled / unpublished)

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 Initiation And Engagement Of Substance Use Disorder Treatment Rate 1  
Initiation (UDS 2025 Table 6B)

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 Initiation And Engagement Of Substance Use Disorder Treatment Rate 2  
Engagement (UDS 2025 Table 6B)

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- New Data Elements (might need to be mapped)
  - Substance Use Cases
  - Substance Use Treatments



# Mapping the New Data Elements

- Check with your Relevant lead
- Code exists in the Aliados Health aggregate

## Substance Use Cases

Search path ⓘ

Normal (rdm)

Library ▾

Edit SQL

### Data Element SQL

```
SELECT DISTINCT patient_id      AS patient_id,
                 visits.id       AS visit_id,
                 visit_date :: DATE AS started_on,
                 NULL            AS ended_on,
                 diagnosis_codes.code AS diagnosis_code,
                 diagnosis_codes.name AS diagnosis_code_description
FROM rdm.visits
     INNER JOIN rdm.visit_diagnosis_codes ON visit_diagnosis_codes.visit_id = visits.id
     INNER JOIN rdm.diagnosis_codes ON diagnosis_codes.id = visit_diagnosis_codes.diagnosis_code_id
WHERE (EXISTS (SELECT
               FROM rdm.cqm_value_set_codes
               WHERE cqm_value_set_codes.code_value = diagnosis_codes.code
                   AND value_set_oid = '2.16.840.1.113883.3.464.1003.106.12.1001' /*Substance Use Disorder*/
                   AND latest = TRUE))
```





# Reference: Value Sets (With OLD)

## Data Element Substance Use Cases

- Valueset "Substance Use Disorder" (ICD10)  
(2.16.840.1.113883.3.464.1003.106.12.1001)

## Data Element Substance Use Treatments

- Valueset "Substance Use Disorder Long Acting Medication" (Med: RxNorm) (2.16.840.1.113883.3.464.1003.1149)
- Valueset "Substance Use Disorder Long Acting Medication Administration" (HCPCS) (2.16.840.1.113883.3.464.1003.1156)
- Valueset "Substance Use Disorder Short Acting Medication" (Med: RxNorm) (2.16.840.1.113883.3.464.1003.1150)
- Valueset "Substance Use Disorder Short Acting Medication Administration" (HCPCS) (2.16.840.1.113883.3.464.1003.1157)
- Valueset "Substance Use Disorder Treatment" (HCPCS) (2.16.840.1.113883.3.464.1003.106.12.1005) WITH valueset "Psych Visit Psychotherapy" (CPT) (2.16.840.1.113883.3.526.3.1496)



# **QIP and PHMI Measure Changes**



# QIP Change: Immunizations for Adolescents

- Mentioned in March 2025 Data Workgroup meeting
- Meningococcal vaccine has an expanded age range
- 2024 QM: vaccine given between 11 and 13 years of age
- 2025 QM: vaccine given between 10 and 13 years of age



# New QIP Measures

The following are “monitoring” measures for family medicine health centers (but QIP denominators are provided):

- Breast Cancer Screening (40-51yo)
- Chlamydia Screening (was a Relevant 2024 HEDIS Quality Measure)
- Well-Child Visits in the First 15-30 Months of Life (was a Relevant 2024 HEDIS Quality Measure)
- Topical Fluoride for Children (was a Relevant 2024 MCAS Quality Measure)



# Change to Measures That Use Well Child Visits

Applies to both 2025 QIP and 2025 PHMI versions of the Quality Measures for:

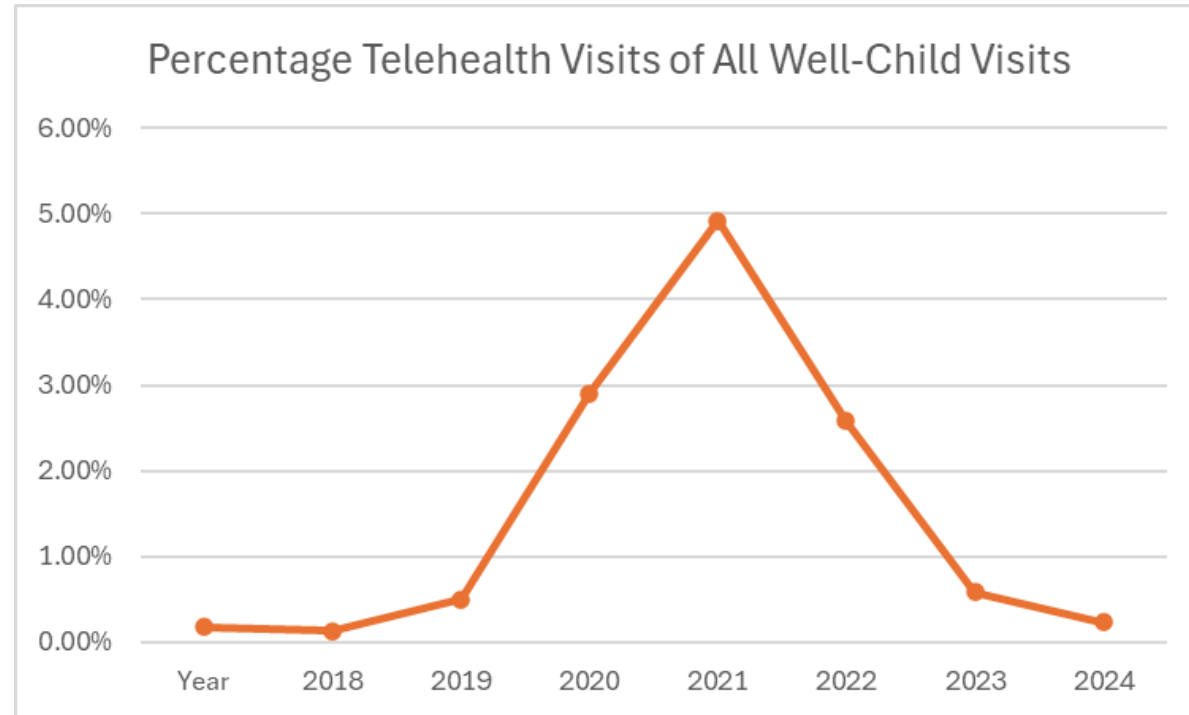
- Child and Adolescent Well-Care Visits
  - Well-Child Visits in the First 15 Months of Life
  - Well-Child Visits for Ages 15 Months–30 Months
- 
- 2025 HEDIS Specifications **remove telehealth visits** from the numerator
  - These visits were allowed in the past because of COVID



# Telehealth Visit Mini-Study (All Aliados Health)

- For patients turning 30 months in the indicated year, what percentage of their historical Well-Child Visits before the 30-month birthday were telehealth visits

Year	Percentage Telehealth Visits of All Well-Child Visits
2018	0.18%
2019	0.14%
2020	0.50%
2021	2.90%
2022	4.92%
2023	2.58%
2024	0.59%
2025	0.24%
All years	1.55%



# Other Data (All Aliados Health)

Estimated impact to numerators of measures (for measurement period ending 4/30/2025)

- Well-Child Visits in the First 15 Months of Life: -0.68%
- Well-Child Visits for Ages 15 Months–30 Months: -0.30%
- Child and Adolescent Well-Care Visits: -1.12%



# Data Element: Well Child Interventions

*The change should be made on the Data Element (or Transformer if the SQL is there)*

WHERE ...

AND NOT EXISTS(SELECT

FROM rdm.visit\_set\_memberships virtual\_visits

WHERE virtual\_visits.visit\_id = visits.id

AND virtual\_visits.standard\_visit\_set\_id IN  
( 'uds\_virtual', 'phone', 'video' ));





# Questions on Measures?

- Before we discuss more about the PHMI
- Non-PHMI health centers can feel free to drop off the webinar when we start the next section



# PHMI Reporting Cycle (Summer 2025)



# 2025 PHMI Quality Measures


- All of the new measures have been copied and tested in your instance of Relevant
- “Tested” means that they run and display data as expected
- You will still need to validate them using the standard validation techniques (more later in this presentation)




# 2025 PHMI Quality Measures

- The new measures were left in a disabled and unpublished state
- Therefore, they are not running at night, not displayed on the Quality Measures webpage with all the data, and may not be visible on the Data Pipeline measures list unless you have Relevant rights to see them

## Quality

Quality Measures   
Visit Planning  
Population Explorer

## Data Pipeline

Monitor Pipeline  
Source Databases  
Acquisition Plans  
Transformers  
Data Elements  
Populations  
Risk Models  
Care Gaps  
Measures 



# Sub-Sets of Measures

## On the PHMI Submission Template

- Measures reported by site
- Measures reported for all patients (and segmented by race/ethnicity and insurance status)

## Groups of Quality Measures in Relevant

- QIP Quality Measures
- PHMI Quality Measures
- UDS Quality Measures
- HEDIS Quality Measures



# Find the Measures (Data Pipeline List)

## Measures

Search measures



QIP 2025



PHMI 2025



UDS 2025



2024 HEDIS

Measure Sets ▾

All

Status ▾

All



## B1. Measures by site

	Measure type	Measure name	Population
UDS Rates	Core	HbA1c Poor Control (>9%)	UDS Rates
	Core	Controlling High Blood Pressure	UDS Rates
	Core	Colorectal Cancer Screening	UDS Rates
	Core	Child Immunization Status (CIS 10)	UDS Rates
	Core	Depression <b>Screening and Follow-Up</b> for Adolescents and Adults	UDS Rates
	Supplemental	Breast Cancer Screening	UDS Rates
	Supplemental	Cervical Cancer Screening	UDS Rates
	Supplemental	Depression Remission At 12 Months	UDS Rates
PHMI/HEDIS rates	Core	HbA1c Poor Control (>9%)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Controlling High Blood Pressure	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Prenatal and Postpartum Care (Postpartum)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Colorectal Cancer Screening	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Well Child Visits in the first 30 mos of life - first 15 mos	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Child Immunization Status (CIS 10)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Depression <b>Screening</b> for Adolescents and Adults	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Depression <b>Follow-Up</b> for Adolescents and Adults	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Postpartum Depression Screening and Follow Up ( <b>Screening</b> )	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Postpartum Depression Screening and Follow Up ( <b>Follow-up</b> )	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Prenatal Depression Screening and Follow Up ( <b>Screening</b> )	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Prenatal Depression Screening and Follow Up ( <b>Follow-up</b> )	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Adults' Access to Preventive / Ambulatory Health Services	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Breast Cancer Screening	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Cervical Cancer Screening	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Child/Adolescent Well Care Visits	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Immunization for Adolescents (Combo 2)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Well Child Visits in first 30 months of life- 15-30 months	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Depression Remission or Response for Adolescents and Adults: <b>Follow-up</b>	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Depression Remission or Response for Adolescents and Adults: <b>Remission</b>	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Supplemental	Depression Remission or Response for Adolescents and Adults: <b>Response</b>	PHMI/HEDIS Rates with Medi-Cal MCP attributed population

Sub-group of Quality Measures in Relevant

UDS Quality Measures

QIP Quality Measures  
PHMI Quality Measures  
HEDIS Quality Measures



## B2. Segmentation, sites agg'd

	Measure type	Measure name	Population
UDS Rates	Core	HbA1c Poor Control (>9%)	UDS Rates
	Core	Controlling High Blood Pressure	UDS Rates
	Core	Colorectal Cancer Screening	UDS Rates
	Core	Child Immunization Status (CIS 10)	UDS Rates
	Core	Depression <b>Screening and Follow-Up</b> for Adolescents and Adults	UDS Rates
PHMI/HEDIS rates	Core	HbA1c Poor Control (>9%)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Controlling High Blood Pressure	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Prenatal and Postpartum Care (Postpartum)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Colorectal Cancer Screening	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Well Child Visits in the first 30 mos of life - first 15 mos	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Child Immunization Status (CIS 10)	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Depression <b>Screening</b> for Adolescents and Adults	PHMI/HEDIS Rates with Medi-Cal MCP attributed population
	Core	Depression <b>Follow-up</b> for Adolescents and Adults	PHMI/HEDIS Rates with Medi-Cal MCP attributed population

Sub-group of Quality Measures in Relevant

UDS Quality Measures

QIP Quality Measures  
PHMI Quality Measures  
HEDIS Quality Measures

- UDS Rates: Segment by Race/Ethnicity and Insurance
- PHMI/HEDIS Rates: Segment by Race/Ethnicity only





# Relevant QIP Quality Measures

- Breast Cancer Screening (QIP 2025)
- Cervical Cancer Screening (QIP 2025)
- Childhood Immunization Status (QIP 2025)
- Colorectal Cancer Screening (QIP 2025)
- Controlling High Blood Pressure (QIP 2025)
- Immunizations for Adolescents (QIP 2025)

*These display data for patients in the QIP denominators*



# Relevant PHMI Quality Measures

- Child and Adolescent Well-Care Visits (PHMI 2025)
- Diabetes: HbA1c Poor Control (>9%) (PHMI 2025)
- Well-Child Visits for Ages 15 Months–30 Months (PHMI 2025)
- Well-Child Visits in the First 15 Months of Life (PHMI 2025)

*These display data for patients in the QIP denominators*



# Relevant UDS Quality Measures (Part 1)

- Breast Cancer Screening (UDS 2025 Table 6B)
- Cervical Cancer Screening (UDS 2025 Table 6B)
- Childhood Immunization Status (UDS 2025 Table 6B)
- Colorectal Cancer Screening (UDS 2025 Table 6B)

*These display data for all-patients*



# Relevant UDS Quality Measures (Part 2)

- Controlling High Blood Pressure (UDS 2025 Table 7)
- Depression Remission at Twelve Months (UDS 2025 Table 6B)
- Diabetes: Glycemic Status Assessment Less Than or Equal to 9% (UDS 2025 Table 7, inverted)
- Preventive Care and Screening: Screening for Depression and Follow-Up Plan (UDS 2025 Table 6B)

*These display data for all-patients*



# Relevant HEDIS Quality Measures (Notes)

- Definitions did not change since 2024
- Therefore, continue to use the 2024 Quality Measure version
- At most health centers, the Quality Measures display data for Partnership patients (and therefore are named with the text “PARTNERSHIP PATIENTS ONLY”)
- The denominators in the report are joined to the monthly Partnership membership list
- This is different than the “official” QIP denominator list supplied by Partnership



# Relevant HEDIS Quality Measures (Part 1)

- Adult Access to Preventive/Ambulatory Health Services (Aligns with 2024 HEDIS Measure AAP) PARTNERSHIP PATIENTS ONLY
- Depression Remission or Response for Adolescents and Adults: Depression Remission (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY
- Depression Remission or Response for Adolescents and Adults: Depression Response (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY
- Depression Remission or Response for Adolescents and Adults: Follow-Up PHQ-9 (Aligns with 2024 HEDIS Measure DRR) PARTNERSHIP PATIENTS ONLY



# Relevant HEDIS Quality Measures (Part 2)

- Depression Screening and Follow-Up for Adolescents and Adults: Depression Screening (Aligns with 2024 HEDIS Measure DSF) PARTNERSHIP PATIENTS ONLY
- Depression Screening and Follow-Up for Adolescents and Adults: Follow-Up on Positive Screen (Aligns with 2024 HEDIS Measure DSF) PARTNERSHIP PATIENTS ONLY
- Postpartum Depression Screening and Follow-Up: Depression Screening (Aligns with 2024 HEDIS Measure PDS) PARTNERSHIP PATIENTS ONLY
- Postpartum Depression Screening and Follow-Up: Follow-Up on Positive Screen (Aligns with 2024 HEDIS Measure PDS) PARTNERSHIP PATIENTS ONLY



# Relevant HEDIS Quality Measures (Part 3)

- Prenatal and Postpartum Care: Postpartum Care (Aligns with 2024 HEDIS Measure PPC) PARTNERSHIP PATIENTS ONLY
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (Aligns with 2024 HEDIS Measure PPC) PARTNERSHIP PATIENTS ONLY
- Prenatal Depression Screening and Follow-Up: Depression Screening (Aligns With 2024 HEDIS Measure PND) PARTNERSHIP PATIENTS ONLY
- Prenatal Depression Screening and Follow-Up: Follow-Up on Positive Screen (Aligns With 2024 HEDIS Measure PND) PARTNERSHIP PATIENTS ONLY





# Measure Validation (Slide 1)

1. Compare measure summary to previously reported data. Are they generally similar (i.e., in the “ball park”)?
  - January 2025 denominators for QIP/PHMI measures were adjusted by Partnership and were lower than the monthly denominators
  - Summer 2024 denominators were determined a year ago, so account for patient growth or other factors



# Measure Validation (Slide 2)

2. Examine data for randomly selected patients
  - If the measure is not enabled, run it manually

Quality Reports Operations **Data Pipeline** Library

Monitor Pipeline Source Databases Acquisition Plans Transformers Data Elements Populations Risk Models Care Gaps **Measures**

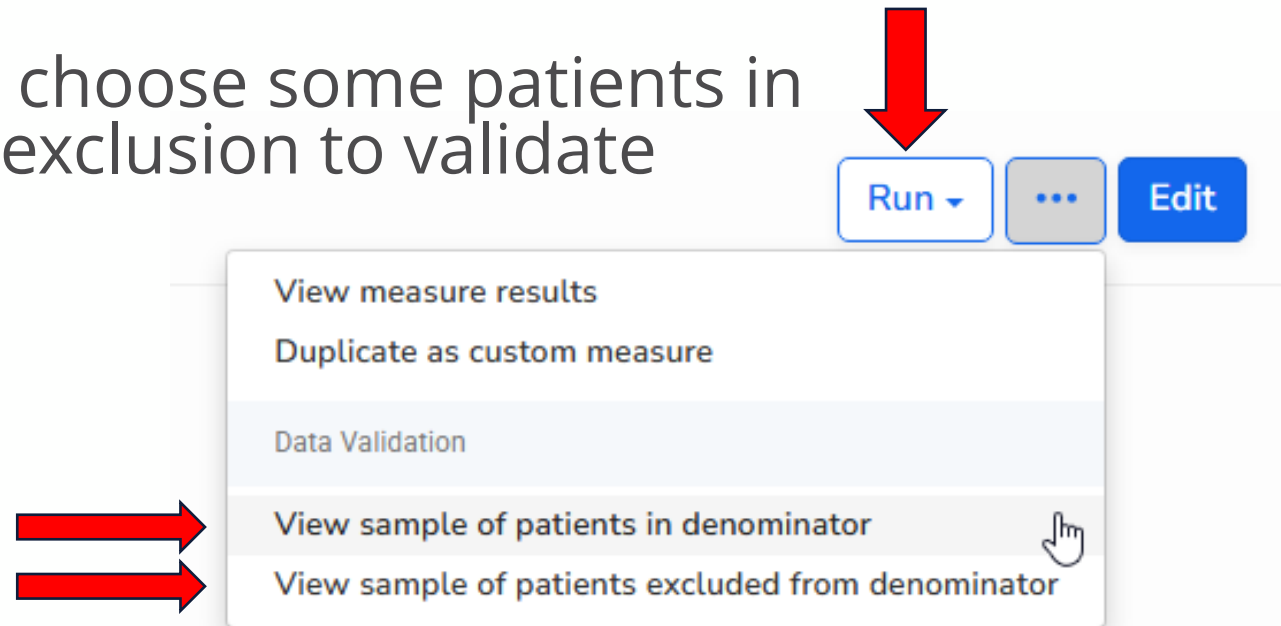
## Breast Cancer Screening (QIP 2025)

Run all measurement periods  
Run the last 6 measurement periods



# Measure Validation (Slide 3)

- Then, on the same screen choose some patients in the denominator and the exclusion to validate



- Note that there must be patients in the current (this month's) denominator. This means patients might not be displayed if the monthly QIP denominator (or membership list) has not yet been uploaded to Relevant



# Validation Result Feedback

- Let someone on the Aliados Health analytics team (eg, Ben or Kieria) know if you have any questions about the validation or see some unusual results
- Specific information helpful to give us: measure name, patient ID or MRN, data displayed by Quality Measure or report, and the data you expected



# PHMI Reports

- The two new (2025) reports are:
  1. PHMI Measure Results (All Patients) [2025 Edition]
  2. PHMI Measure Results (Managed Care Patients) [2025 Edition]
- These display data from the Quality Measures mentioned previously. Therefore, those measures need to be enabled (run at night) or manually run before running the report
- The 2024 versions have been archived



Quality **Reports** Operations Data Pipeline Library

## Reports

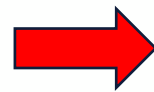
Search: phmi

Name ▾

- PHMI Measure Results (Managed Care Patients) [2025 Edition]
- PHMI Measure Results (All Patients) [2025 Edition]

← Search for “PHMI”

In the report, the end of the measurement period is June 30, 2025



### Parameters

MP End Date

06/30/2025



# PHMI Data Pull Plan (Draft)

2025 JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Initial draft of PHMI  
Template sent to  
health centers (look  
for gross differences)

Final draft of PHMI  
Template sent to  
health centers (make  
adjustments)



# Other Questions?

