Includes Report #4 from the PHP Report Set

Aliados Health

Access | Equity | Advocacy | Innovation

Relevant Tools for Partnership Claims

Aliados Health Data Workgroup

July 28, 2026

By Ben Fouts, Data Analyst

Agenda

- Preventive Care Context
- PHP Claims Tools (Relevant Standard)
- PHP Claims Tools (Aliados Standard)

Preventive Care Context

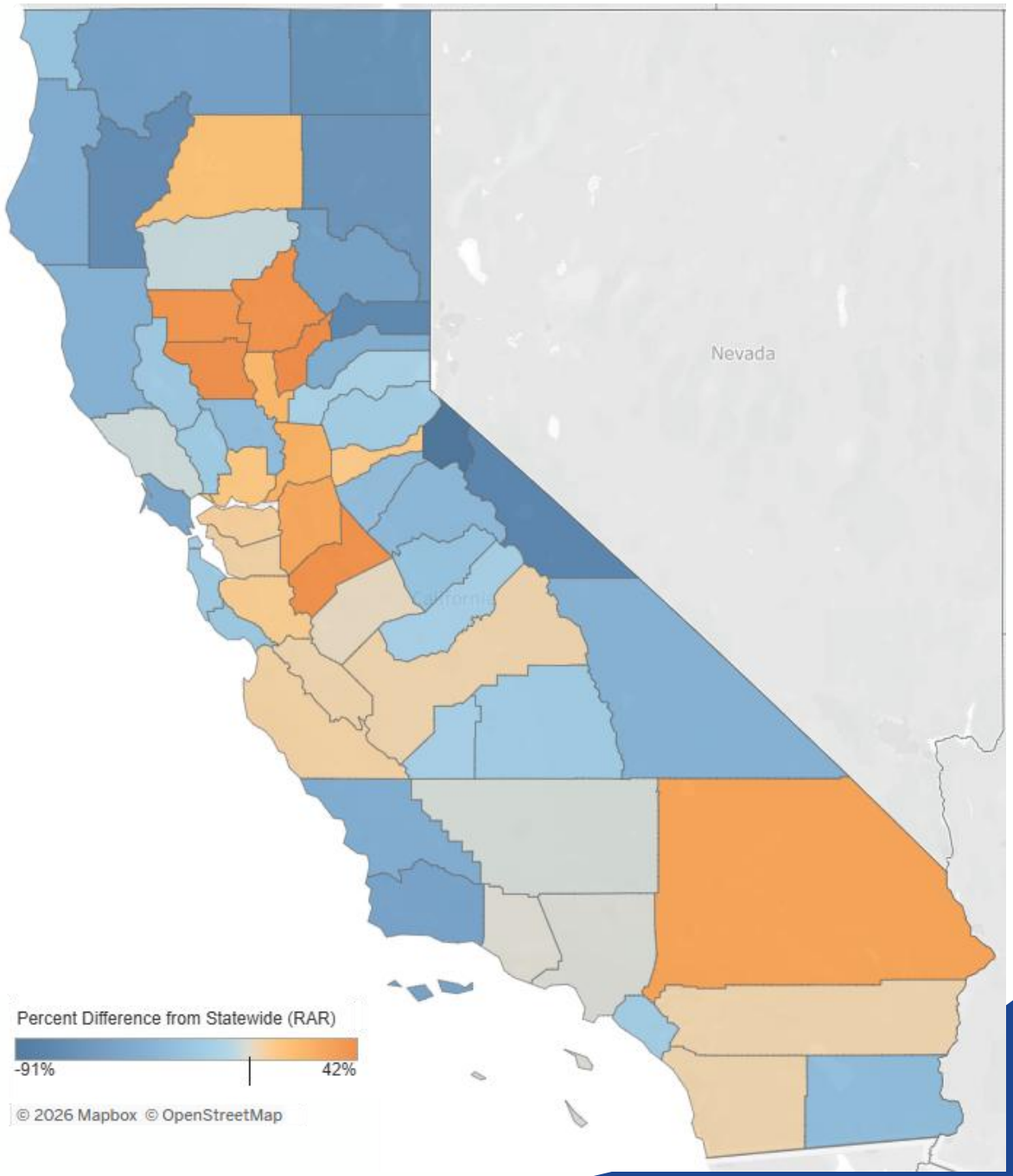
Why are we looking at claims from other providers?

Health Center Preventive Roles

- Goal: Reducing unnecessary emergency department visits and preventable hospitalizations through primary care and preventive services
- Example of health center support actions
  - ✓ Chronic disease management: diagnosing patients, tracking bio-markers, education on symptoms, disease management, etc.
  - ✓ Early detection and intervention: regular wellness exams, screenings, vaccines, access to medications, etc.
  - ✓ Care access and coordination: PCMH, outreach, case management, clinic hours, same-day appts, hospital stay follow-up care, etc

Reducing Preventable Hospitalizations

State maps show that regions in California with fewer primary care doctors see higher emergency hospital admissions for simple conditions



Source: https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-chronic-conditions/

Prevention Quality Indicators (PQIs)

- The PQIs measure preventable hospitalizations for “ambulatory care-sensitive conditions”
- Evidence suggests some hospitalizations can be avoided through access to high-quality outpatient care

Source: https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-chronic-conditions/

PHP Ambulatory Care Sensitive Admissions

Taken from page 64 of the Partnership HealthPlan Primary Care Provider Quality Incentive Program (PCP QIP) Detailed Specifications (for 2026)

Measure 16. Ambulatory Care Sensitive Admissions

Description

Admission rate of assigned members with any of the principal diagnoses from Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQI) and Pediatric Quality Indicators (PDI) listed in the numerator, during the measurement year.

Denominator

Total hospital days for all admissions for eligible population during the measurement period.

Numerator

Total hospital days for inpatient admissions with a qualifying diagnosis from the provided list of PQIs and PDIs. The PQI and PDI principal diagnoses for each are located on AHRQ resource page.

Preventive Quality Indicators (PQI)	Pediatric Quality Indicators (PDI):
• PQI 01 – Diabetes Short-term Complications • PQI 03 – Diabetes Long-term Complications • PQI 05 – COPD or Asthma in Older Adults Admission Rate • PQI 07 – Hypertension • PQI 08 – Heart Failure • PQI 11 – Community Acquired Pneumonia Admission Rate • PQI 12 – Urinary Tract Infection • PQI 14 – Uncontrolled Diabetics • PQI 15 – Asthma in Younger AdultsPQI 16 – Lower-Extremity Amputation among Patients with Diabetes	• PDI 14 – Asthma Admissions Rate • PDI 15 – Diabetes Short-term Complications • PDI 16 – Gastroenteritis • PDI 18 – Urinary Tract Infection

These Quality Indicators are composed of diagnosis codes that appear on the claim

Measure 18. Avoidable Emergency Department (ED) Visits/1000 Members per Year

Description
The rate of assigned members with "avoidable ED visits" with a primary diagnosis that matches the diagnosis codes selected by Partnership.
Denominator
The number of assigned members one (1) year of age or older during the measurement year.
Numerator
The number of assigned members one (1) year of age or older with "avoidable ED visits" with a primary diagnosis that matches the diagnosis codes selected by Partnership.

Calculation:

$$Avoidable\ ED\ Visits\ per\ Member\ per\ Year/1000 = \frac{\text{Total \# of Avoidable ED visits}}{(\text{Total \# member months})} * 12{,}000$$

Avoidable Emergency Department Visits

Taken from page 68 of the Partnership HealthPlan Primary Care Provider Quality Incentive Program (PCP QIP) Detailed Specifications (for 2026)

Code lists recommended by AHRQ:

- PQE 01: Non-Traumatic Dental Conditions
- PQE 02: Chronic Ambulatory Care Sensitive Conditions
- PQE 03: Acute Ambulatory Care Sensitive Conditions
- PQE 04: Asthma in ED
- PQE 05: Back Pain in ED

These indicators are composed of diagnosis codes that appear on the claim

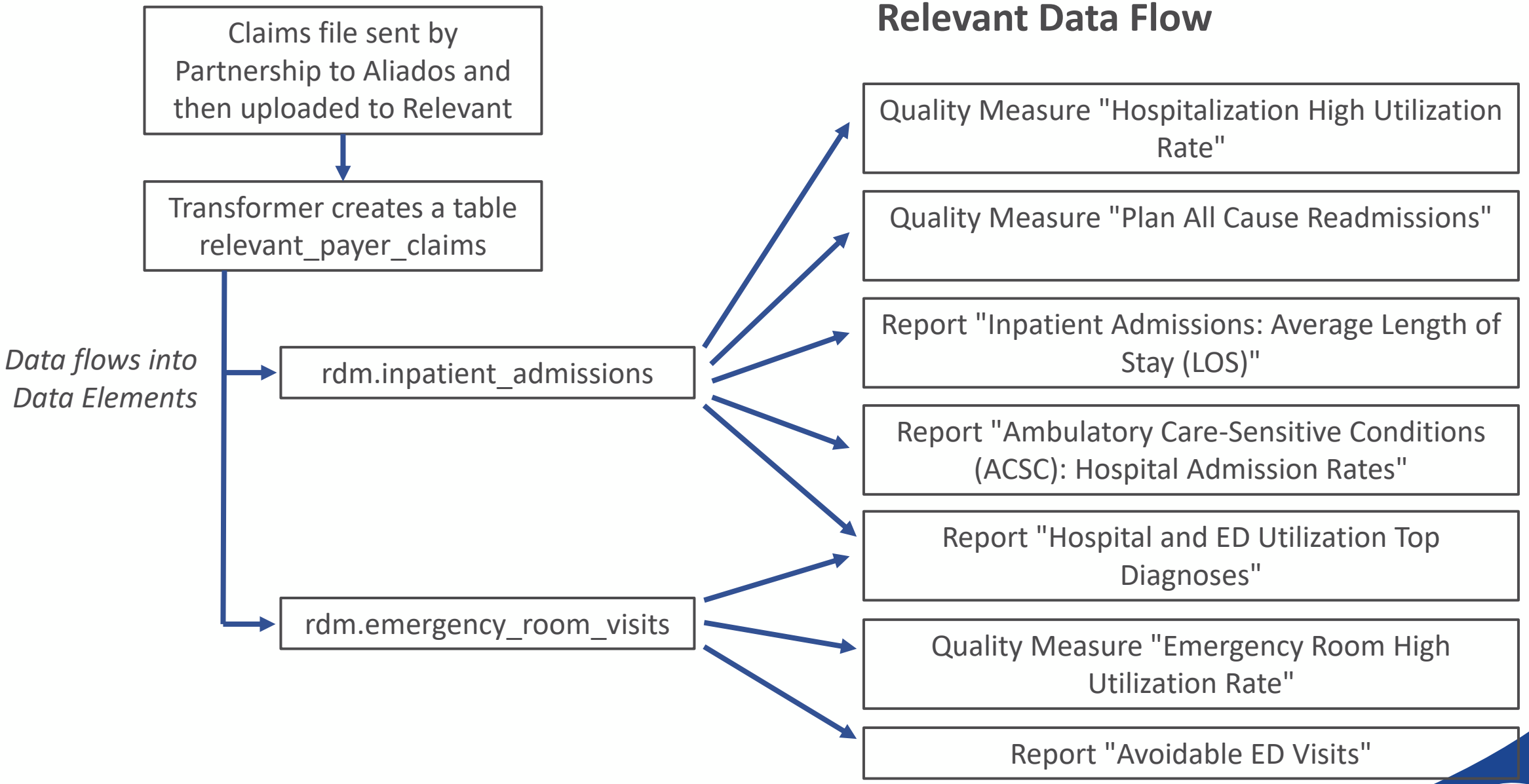
PHP Claims Tools (Relevant Standard)

Reports, Quality Measures and Dashboards

Reports, Measures and Dashboards

- Note that Relevant tools do not directly track the two Partnership Quality Measures discussed previously
- But the tools can be used to identify specific patients for further consideration
- You can also track the rate of inpatient hospital visits due to ambulatory care-sensitive conditions and avoidable emergency room visits in terms of visits per 1000 members

Relevant Data Flow

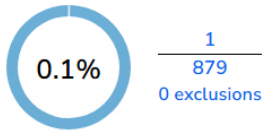


Dashboard: Hospital Utilization (Section 1)

High utilization & admission patterns

Monitor patients with frequent hospitalizations, 30-day readmission patterns, and the most common reasons for hospital admissions to identify opportunities for care transition

Hospitalization High Utilization Rate



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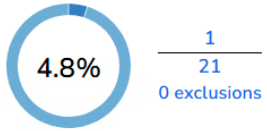
Plan All Cause Readmissions (PCR)



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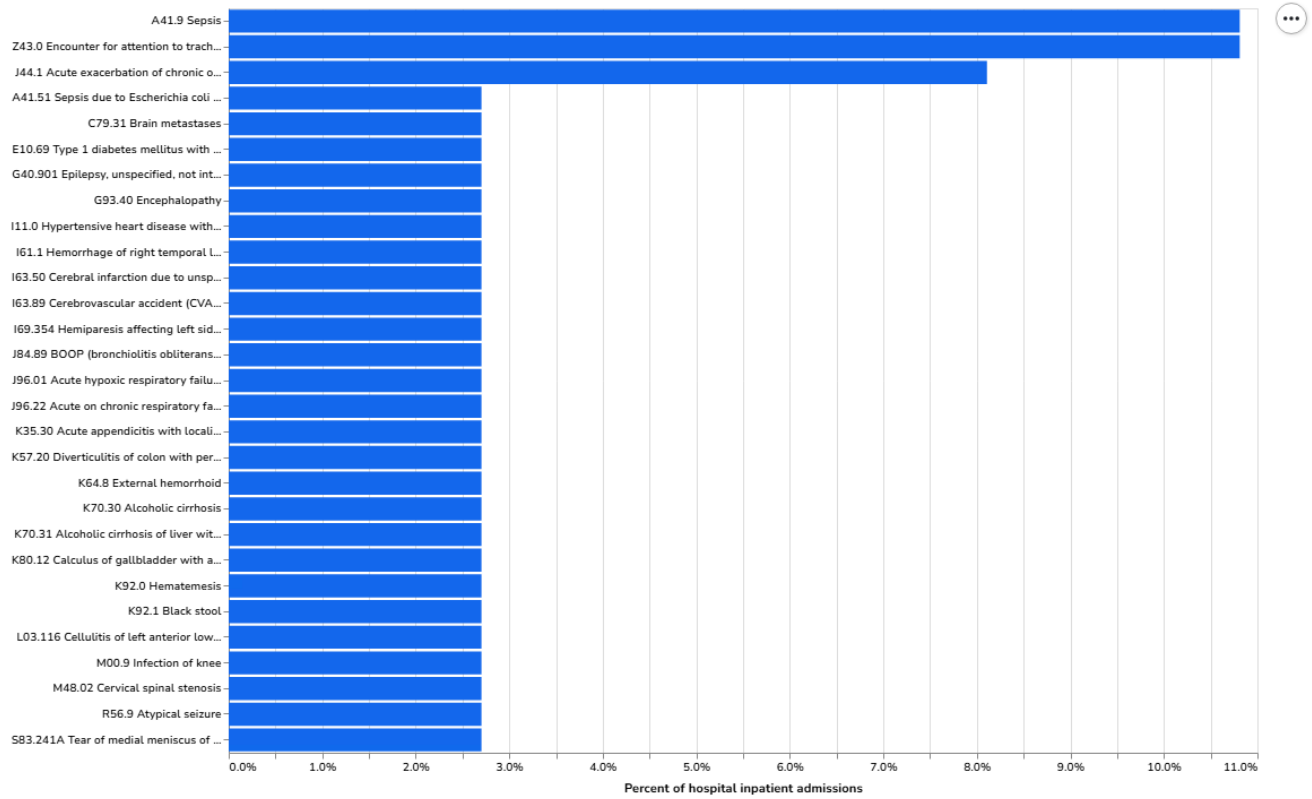
Top 50 hospitalization diagnoses



Dashboard: Hospital Utilization (Section 2)

Length of stay analysis

Evaluate inpatient length of stay (LOS) patterns to identify extended stays and understand resource utilization across the patient population.

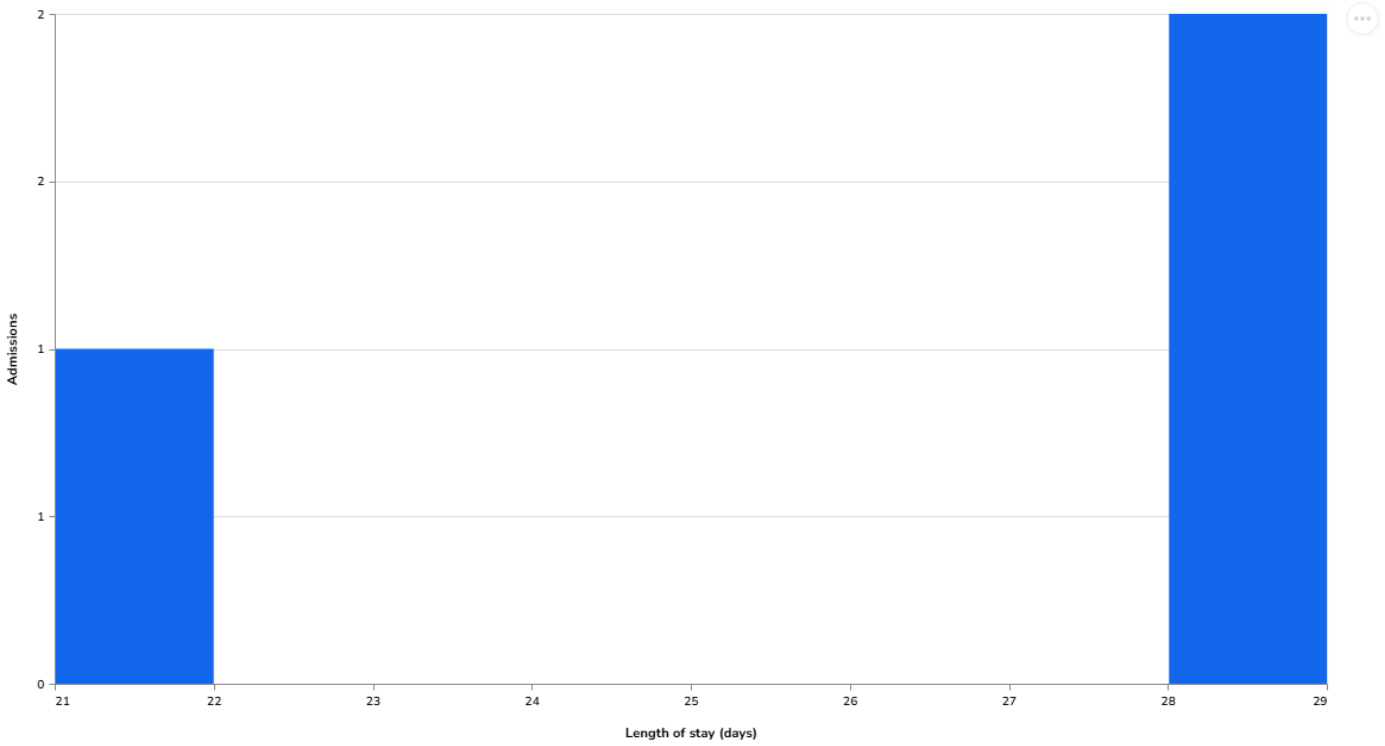
Total average length of inpatient stay

4.96 days

Top 5% longest inpatient stays (average LOS)

26.33 days

Inpatient admissions by length of stay



Dashboard: Hospital Utilization (Section 3)

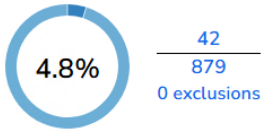
Ambulatory care-sensitive conditions (ACSC)

Track hospital admissions for conditions that could potentially be prevented or better managed through timely and effective outpatient care.

Dashboard: Emergency Room Utilization

Description: Understand how often the emergency room is used and common reasons for visits during the selected measurement period. Track high utilizers, avoidable visits, and diagnosis patterns to inform care interventions and resource planning.

Emergency room high utilization rate



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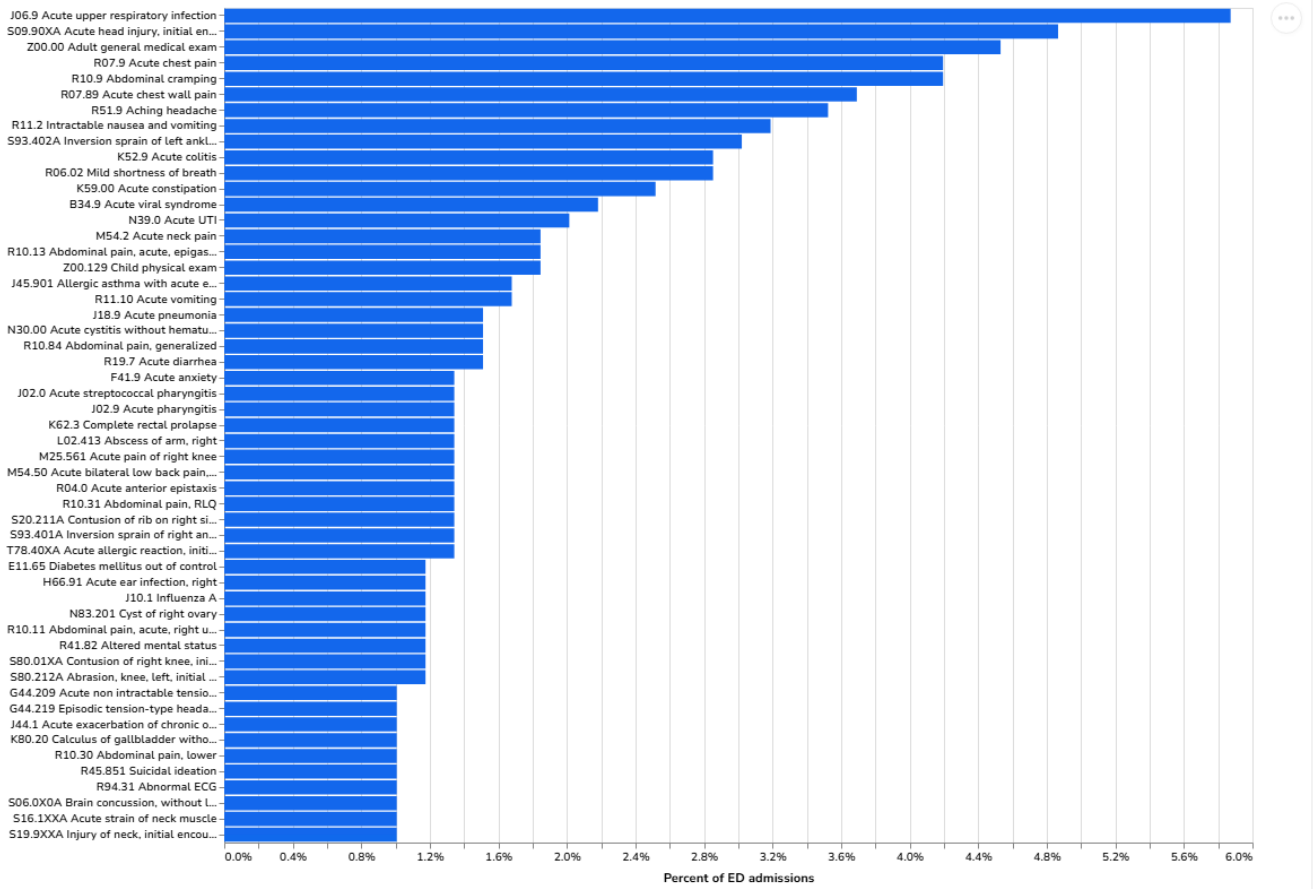
No target set

Avoidable emergency room visit rate

13.2 per 1,000

(49 visits / 3,714 members)

Top 50 emergency room diagnoses



Use Relevant to Find Specific Patients

- Useful reports are described in the next slides
- Specific groups of patients to look for are:
  - Patients who are going to the Inpatient Hospital or Emergency Department many times (“High utilizers”)
  - Patients going to these locations with preventable conditions
- There may or may not be overlap between these groups

Hospital Utilization: ACSC

- **Report: Ambulatory Care-Sensitive Conditions (ACSC): Hospital Admission Rates**
- Identify individual patients with ACSC admission
- Columns for CIN and hospital stay dates
- Column metric_type shows “Acute” (short-term conditions like bacterial pneumonia, urinary tract infections, and cellulitis) or “Chronic” (ongoing conditions like diabetes complications, COPD, asthma, heart failure, and hypertension)
- Column acsc_category shows which value set group the primary diagnosis code belongs to

Hospital Utilization: High Utilization

- **Quality Measure: Hospitalization High Utilization Rate**
- Percent of assigned adults who are not currently pregnant with 3 or more inpatient admissions during the selected measurement period (1 year period)
- Individual patients in the numerator can be identified like with other Quality Measures.
- Column measurement_value shows the hospital stay dates

Emergency Department: Avoidable Visits

- **Report: Avoidable ED Visits**
- Identify individual patients with avoidable visit
- Columns for CIN and ED visit date
- Lists all diagnosis codes associated with the visit

Emergency Department: High Utilization

- **Quality Measure: Emergency Room High Utilization Rate**
- Percent of assigned adults who are not currently pregnant with 3 or more emergency room visits in the measurement period.
- Individual patients in the numerator can be identified like with other Quality Measures.
- Column measurement_value shows the ED visit dates

Patient Lists

- Usually it is a small group of patients identified by these reports and measures
- Try to understand why patients use the ED. There may be barriers to primary care or they simply may not know what options are available to them after-hours or on the weekend
- Assess risk factors, such as poorly controlled chronic medical conditions, behavioral health issues, or social determinants such as unemployment, housing insecurity, etc.
- Customize an approach for each patient, that may include recall, education, adjustments to medication, etc.

Procedure After Identifying Patient Candidates

- Each health center should develop their own approach, depending on staff resources and priority of conditions in your patient population (for example, reducing visits to the emergency room for childhood asthma or uncontrolled high blood pressure spikes)
- Examples: procedures for patient contact by case management staff or nurse
- Examples: EHR notes or alerts

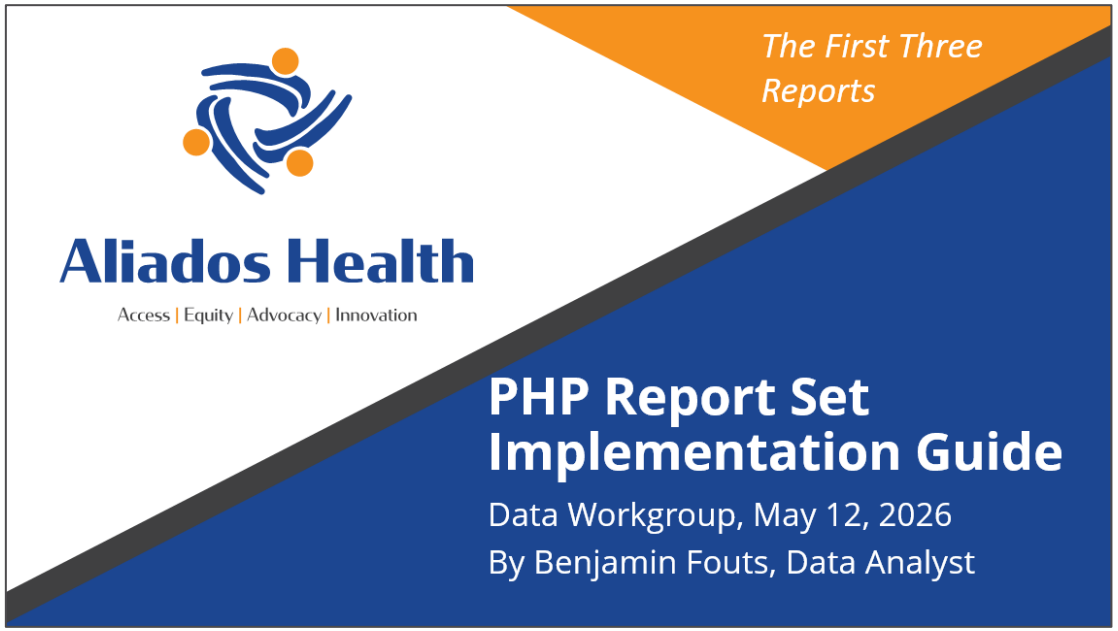
PHP Claims Tools (Aliados Standard)

Report #4 in the Aliados PHP Report Set

Aliados Health PHP Report Set in Relevant

See the May Data Workgroup presentation for detail on the first three reports

- Report #1: Master PHP Monthly Enrollment List
- Report #2: PHP Enrollment Over Time
- Report #3: QIP Denominator List Management



Updated Instructions

New instruction Brief to be released with the announcement that the report is copied to your health center instance

Report #4 is the claims report

Instruction Brief for the Reports in the Aliados Health PHP Report Set in Relevant

Version 2, July 28, 2026

By Ben Fouts, Data Analyst

This instruction brief covers the first three reports developed to help health centers display and analyze data obtained from Partnership HealthPlan of California (PHP). The data covers monthly membership lists (i.e., people enrolled in Partnership HealthPlan/Medi-Cal and assigned to the health center) and quality measure outcomes (i.e., the QIP measure outcomes of assigned members). A fourth report is being developed that covers claims data (i.e., the claims generated by assigned members) and it will be released later.

Two presentations introduce the reports and the wider context in which the data can be used. One was given at the Analytics Academy (in April 2026) and the other at the Data Workgroup (in May 2026). Both are available on the Aliados Heath website. They are titled:

1. Optimizing Partnership Reports for Maximum Insight
2. PHP Report Set Implementation Guide

It is recommended that health centers review these slides. The instruction brief below will only give a brief overview of the reports and define the column names.

The columns have a prefix terminology depending on the source of the data:

- Data from the Partnership membership or QIP files: php
- Data from the EHR: ehr
- Data from a calculation: calc_

Since these reports are not used for reporting data in a standard manner, the health center is free to make changes like adding columns or output tabs. The health center may already have certain workflows around managing Partnership patients. The reports may provide additional detail or allow for improved communication with members.

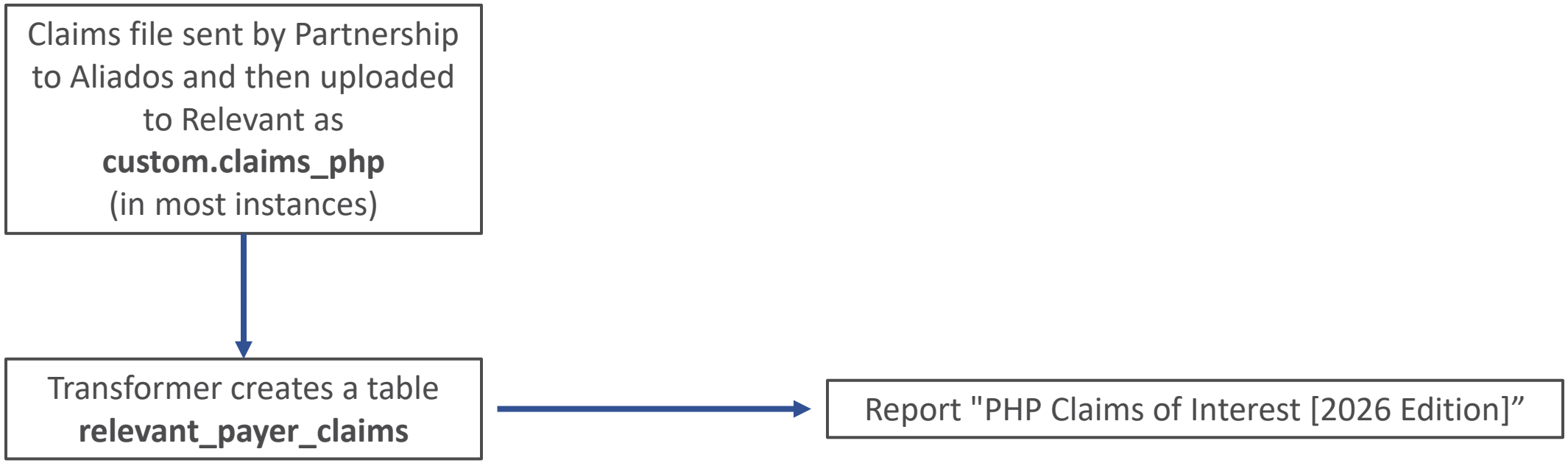
New Aliados Claims Report

- **Name: PHP Claims of Interest**
- **Purpose:** Displays detailed and summary information on individual claims from the measurement period
- **Parameters:** A start date and end date that correspond to the dates of service on the claim
- **Structure of output rows:** Each row is one claim with a date of service in the measurement period (with rare exceptions)

Claims File Observation

- Partnership file has around 70 columns
- There is a claim ID field (“ClaimID”), but this is not unduplicated
- One claim ID can have one or more…
  - Procedure code (these are rolled-up by the Transformer)
  - Start date
  - End date
  - Location type (for example, additional lines for telehealth or ambulance)

Relevant Data Flow



Column Prefix Terminology

Similar to other reports in the PHP report set:

- Data from the Partnership claims file: claim_
- Data from the Partnership membership files: php_
- Data from the EHR: ehr_
- Data from a calculation: calc_

If you customize the report for your own use, you do not necessarily need to follow this convention

Basic Display Columns

- EHR basic demographics
- EHR primary care provider and location
- Last UDS visit date and last medical visit date
- Number of UDS visits and medical visits in past year
- PHP assigned location (for health centers with more than one)
- TRUE/FALSE column for whether the patient is currently a PHP member (as of the most current roster, regardless of measurement period)

Basic Claim-Related Columns

- Claim ID
- Claim started on and ended on dates
- Patients age at started on date
- TRUE/FALSE if the patient was an adult on the claim started on date (field: calc_adult_patient)

Service Provider Identification Columns

- Text of claim location (column claim_location_raw), which is the service provider name (sometimes abbreviated)
- Location classification (column claim_location_type), which is the type of service location. This is provided by Partnership
- Examples:
  - OFFICE
  - EMERGENCY ROOM
  - INDEPENDENT LABORATORY
  - OUTPATIENT HOSPITAL
  - INPATIENT HOSPITAL
  - FEDERALLY QUALIFIED HEALTH CENTER
  - RURAL HEALTH CLINIC
  - URGENT CARE FACILITY
  - HOMELESS SHELTER

Service Provider Identification Columns

- Service provider specialty (column claim_specialty_type). This is provided by Partnership
- Corresponds to the type of service provided, rather than the type of location. However, specialty and location may be related
- Examples (not all of the dozens of medical specialties shown):
  - RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY
  - HOSPITAL
  - LABORATORIES
  - DIAGNOSTIC RADIOLOGY
  - EMERGENCY MEDICINE
  - PATHOLOGY
  - GENERAL SURGERY
  - PAIN MANAGEMENT
  - GASTROENTEROLOGY

Claim Grouping Columns (Relevant)

- TRUE/FALSE columns added by the Relevant Transformer
- Used for the reports, quality measures and dashboard previously discussed
- Emergency Department visit (column calc_ed_utilization). All of these have claim_location_raw = 'EMERGENCY ROOM'
- Inpatient hospital visit (column calc_hospital_utilization). All of these have claim_location_raw = 'INPATIENT HOSPITAL' and either more than one day of service, or an admit code indicating an emergency or urgent matter
- OB/GYN visit (column calc_obgyn_related). Relies on the primary diagnosis code on the claim

Diagnosis Codes on the Claim

- All diagnosis codes in an array (column claim_diagnosis_codes_raw)
- The designated primary diagnosis code (column claim_primary_diagnosis_code)
- The primary diagnosis code description (column calc_primary_dx_description). Only one of many displayed. Comes from a Relevant table and may not be the actual one recognized/used by Partnership. Text may not be available for all codes, especially those from hospitals or specialty clinics

Diagnosis Code Group

- The primary diagnosis code grouping (column calc_primary_dx_group)
- This uses the twenty-two standard ICD-10 chapters
- Somewhat similar to the code groupings on the annual HCAI report

Billing Codes on the Claim

- Billing codes are CPT, HCPCS, or Category II/III (the report is just displaying what is present on the claim)
- All billing codes in an array (column claim_billing_codes_raw)
- The designated primary billing code (column claim_primary_billing_code)
- The primary billing code description (column calc_primary_bill_description). Only one of many displayed. Comes from a Relevant table and may not be the actual one recognized by Partnership. Text may not be available for all codes, especially those from hospitals or specialty clinics

Billing Code Group

- The primary billing code grouping (column calc_primary_bill_group)
- Uses a basic classification system
- Seven categories of CPT and 17 categories of HCPCS.
- Category II codes (numeric but ending in F) or Category III codes (numeric but ending in T) are simply identified as such

Report Output Tabs (Slide 1)

Location Type

claim_location_type	Totals
OFFICE	
EMERGENCY ROOM	
INDEPENDENT LABORATORY	
OUTPATIENT HOSPITAL	
TELEHEALTH	
INPATIENT HOSPITAL	
HOME OR PRIVATE RESIDENCE OF PATIENT	

Specialty Type

claim_specialty_type	Totals
RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY	
HOSPITAL	
LABORATORIES	
DIAGNOSTIC RADIOLOGY	
EMERGENCY MEDICINE	
PATHOLOGY	
OBSTETRICS/ GYNECOLOGY	

Report Output Tabs (Slide 2)

Location Name

claim_location_raw	claim_specialty_type	Totals
QUEST DIAGNOSTICS	LABORATORIES	
MEMORIAL HOSP PROVIDENCE SR	HOSPITAL	
RADIOLOGY MEDI RADIA CALIFORN	DIAGNOSTIC RADIOLOGY	

Location Name Grouped by Location Type

claim_location_type	claim_location_raw	Totals

Location Name Grouped by Specialty Type

claim_specialty_type	claim_location_raw	Totals

Emergency Visit Locations | Inpatient Admission Locations | OB Services

claim_location_raw	claim_specialty_type	Totals

Report Output Tabs (Slide 3)

Emergency Visit Diagnosis Codes

claim_primary_diagnosis_code	calc_primary_dx_description	calc_primary_dx_group	Totals
J06.9	Acute upper respiratory infection	Diseases of the respiratory system	
R06.02	Mild shortness of breath	Symptoms, signs and abnormal clinical/lab findings, NEC	
J10.1	Influenza A	Diseases of the respiratory system	

Emergency Visit Diagnosis Groups

calc_primary_dx_group	Totals
Injury, poisoning and certain other consequences of external causes	
Diseases of the respiratory system	
Diseases of the genitourinary system	

Emergency Visit Billing Groups

calc_primary_bill_group	Totals
CPT: Evaluation & Management (E&M)	
CPT: Radiology	
HCPCS: Temporary Procedures & Professional Services	

Report Output Tabs (Slide 4)

Inpatient Diagnosis Codes

claim_primary_diagnosis_code	calc_primary_dx_description	calc_primary_dx_group	Totals
A41.9	Sepsis	Certain infectious and parasitic diseases	
P59.9	Neonatal jaundice	Certain conditions originating in the perinatal period	
K65.1	Abdominal visceral abscess	Diseases of the digestive system	

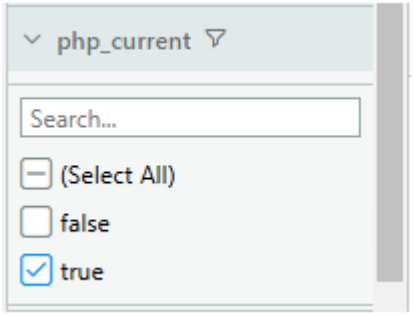
Inpatient Diagnosis Groups

calc_primary_dx_group	Totals
Diseases of the digestive system	
Certain infectious and parasitic diseases	
Diseases of the respiratory system	

Inpatient billing descriptions are not displaying completely (most of those codes are not in Relevant)

Example of a Task Using Result Filters

Find all current PHP members with an Emergency Department Visit in the measurement period (for further investigation or possible case management lists)



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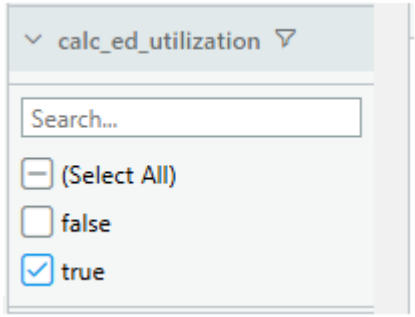
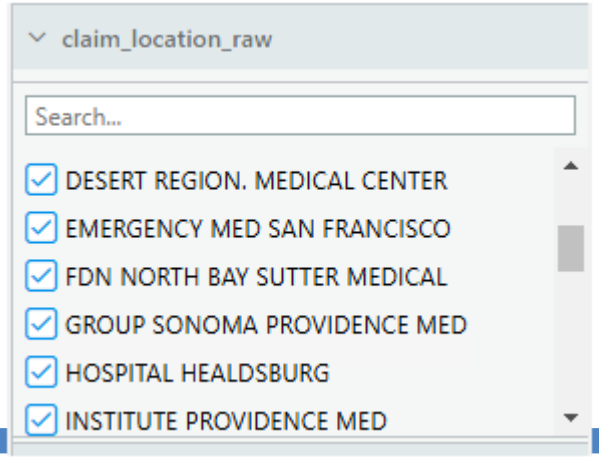
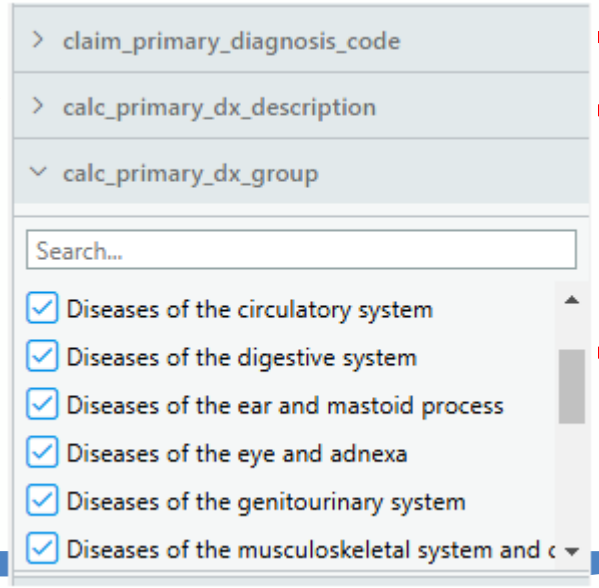


With option to choose particular locations…



…and/or diagnosis



→ Individual codes

→ Key words in description

→ Groups of codes

Next Steps

- Small modification to Transformer relevant_payer_claims to add location type and specialty type fields
- Claims report copied to health center instances
- Announcement e-mail with updated instructions document sent to health centers
- Health centers test report and provide feedback

The report is not used for standard reporting, so feel free to make modifications like adding columns, summary tabs, etc.

QUESTIONS?

Are any health centers participating in the call already looking at patients who have avoidable ED visits or hospital admissions? What do you do with the lists?