



# HPHC LCU Reporting User Guide

## Quality Measures Reporting (QMR)

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**The QMR Tool provides member-level detail compliance for key quality measures related to the HPHC QualityAdvance pay-for-performance program and the Medicare STARS measure set.**

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 both Commercial and Medicare members.

For questions regarding access and/or report content, please email: [HPHC\\_NMM@Point32Health.org](mailto:HPHC_NMM@Point32Health.org)

This User Guide is also posted at <http://www.harvardpilgrim.org/provider/network-med-mgmt-quality/lcu-reporting/>

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## 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 and/or the Medicare STARS program. HPHC will be expanding this measure set over time to include others. Note that the report output contains both Commercial and Medicare STRIDE members combined.

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 Feb. 2024 Report Enhancements

With the aim of improving your user experience, we’re pleased to share that we have implemented enhancements to these reports. Beginning Feb. 5, you’ll notice the addition of new HEDIS measures and sub measures—named by category—along with formatting and field updates to simplify the display of information. The new reports will also provide an additional month of data delivery, i.e., the early February report will reflect information for services delivered through Dec. 2023.

While the enhanced reports will feature new information, much of your experience will remain the same. The reports will continue to be available via the HPHConnect portal and SFTP login with the same information you are accustomed to seeing.

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

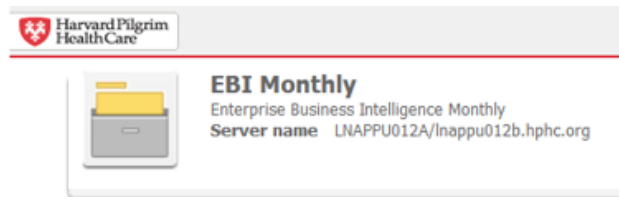
The underlying data in the QMR are refreshed monthly and are available by the second week of the month. These files are available in two locations:

- 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.)

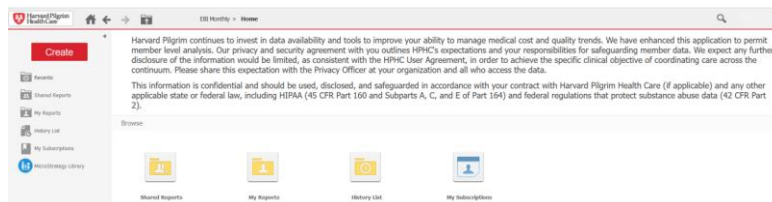
**Appendix B** has a comprehensive list and descriptions of the HEDIS measures reported by HPHC, either via the monthly Quality Measures Reporting or via the annual SFTP posting of PCP rate files and HEDIS eligible file.

## 3.0 Navigating to the Quality Measures Reports Folder

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



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



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



**QMR**  
Owner: Administrator  
Modified:  
3/27/19 5:11:50 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:  
1/24/24 5:21:58 PM  
T087296 - 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=compliant).

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 7<sup>th</sup> 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

Your selection:  
12/1/2023

The default selection is:  
Day 1 of the month of (Today minus 0 day(s) minus 1 month(s))(12/1/2023)

**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

Your selection:  
12/31/2023

The default selection is:  
last of the month of (Today minus 0 day(s) minus 1 month(s))(12/31/2023)

**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 1<sup>st</sup> to the 6<sup>th</sup> (in general, pending any issues). The data is generally available in the QMR by the 7<sup>th</sup> 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:  
- none -  
◆ Appl Py Mb

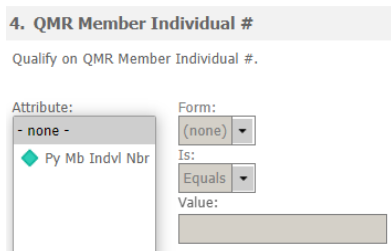
Form:  
(none)

Is:  
Equals

Value:  
\_\_\_\_\_

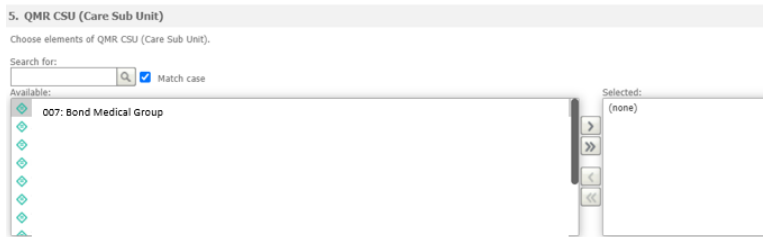
The Appl Py Mb is the HPHC ID. See [Appendix C](#) for full field list and definitions.

Select a specific member by **HPHC Individual #**, if you wish to know their latest compliance status on a measure.



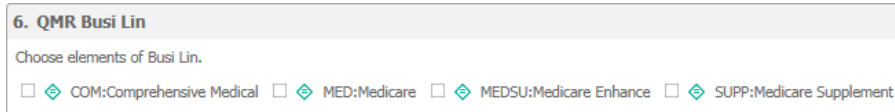
The QMR Appl Py Mb Indvl Nbr is a unique identifier connecting a single member over time (i.e., a member may have one HPHC ID number, then change jobs, but retain HPHC coverage and get a new HPHC ID number). Ability to track the identity of a person over time is critical for assessing performance during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

Select the Care Sub Units (**CSUs**) you want. (**Required**)



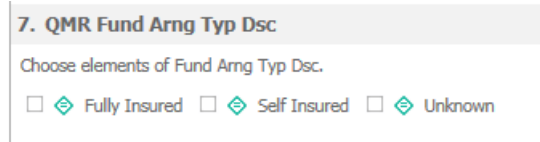
You will be shown only those provider groups (called Local Care Units (LCU) and Care Sub Units (CSU) in HPHC systems) for which you have been granted access. Highlight your selected CSUs, press the right arrow button (single > or double >> for all selected CSUs), and your selections will move to the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

Select the **insurance** populations you want.



The tool enables the user to select various insured populations. Comprehensive Medical is the largest. HPHC Medicare Stride members are also reported in this tool. You can select/deselect the Medicare population at this point, or you can select/deselect this population on the Excel output (recommended).

Select **Funding** Arrangements you want.



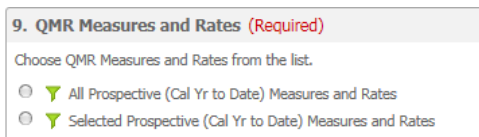
The user can select the funding arrangement(s). Note that under the HPHC Quality **Advance** program, performance of both FI and SI HMO/POS members are included in the evaluation.

Select the **Products** you want.



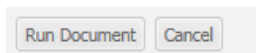
The user can select various product offerings. Note that under the HPHC Quality **Advance** program, performance is based on HMO/POS products where the member selects a PCP. EPO/PPO products do not require a PCP, but a PPO attribution logic enables HPHC to match a EPO/PPO member to a PCP, based on claims history. The Open Access HMO (OAH) is a product offering which does not require a PCP. The National Network Plan (NNP) is a PPO product offered jointly by HPHC and our partner United Health Care. See **Appendix A** for full field list and definitions.

Select all measures or selected measures. Select all or selected measures. (Required)



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.



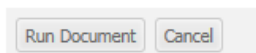
### Measure Selection

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.



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.

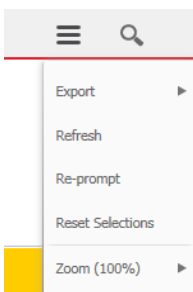


Due to the large amount of data contained within the report and the variability of internet connection speeds, it may take several minutes for the report to load. Please be patient and do not use the “reload” feature on your browser

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
202312	01	Bayside Community Medical Partners,LLC	MA	02	Cove Street Pod
202312	01	Bayside Community Medical Partners,LLC	MA	02	Cove Street Pod
202312	01	Bayside Community Medical Partners,LLC	MA	02	Cove Street Pod
202312	01	Bayside Community Medical Partners,LLC	MA	02	Cove Street Pod
202312	01	Bayside Community Medical Partners,LLC	MA	02	Cove Street Pod

Date span ending in month

LCU/CSU info

### Measure Information

Measure Cd	Measure Desc	Submsr Name
AMM	Antidepressant Medication Management	Acute Phase
AMM	Antidepressant Medication Management	Continuation Phase
AMM	Antidepressant Medication Management	Acute Phase
AMM	Antidepressant Medication Management	Continuation Phase
AMM	Antidepressant Medication Management	Acute Phase

Measure info

Note: The February 2024 Release has a different data structure using 3 fields (vs. 4 previously).

35 new rates have been added.

Submsr names are descriptions (vs. more code-like output in the previous version (AMM\_CYTD and rateap\_CYTD).

The field names no longer contain the “\_CYTD” suffix (for Calendar Year to Date).

See Appendix B for the listing of measures and sub measures.

### 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

Note: The February 2024 Release has one data source (HP). The previous version had COM (for commercial membership) and MED for Medicare members. All records are now sourced from a single HP 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	HMO	Fully Insured
COM	HMO	Fully Insured
MED	HMO	Fully Insured

Member's Insurance Product  
(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	1	0	0	<a href="#">Click here for Drill Down</a>
0	1	0	0	<a href="#">Click here for Drill Down</a>
0	1	0	0	<a href="#">Click here for Drill Down</a>
0	1	0	0	<a href="#">Click here for Drill Down</a>
0	1	0	0	<a href="#">Click here for Drill Down</a>

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

Click here to get clinical supplemental data (only while active on portal)

## 6.0 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 or Medicare Advantage
- **Product Line:** HMO, NNP, NRP, POS, PPO (note that the P4P program measures 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 compliant. 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.

## 7.0 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 on the [www.point32health.org/LCUReporting](http://www.point32health.org/LCUReporting) website (below) and email it to [HPHC\\_NMM@Point32Health.org](mailto: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 #

yyymm is the reporting year and month

LCUs may download or upload files to the secure server. Instructions are posted at [www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/Accessing-HPHCs-Secure-Service-User-Guide-LCU-.pdf](http://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/07/Accessing-HPHCs-Secure-Service-User-Guide-LCU-.pdf)



**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	<b>Health Maintenance Organization</b> Plan where member must have a PCP
COM	POS	HMO/POS	<b>Point of Service</b> Plan where patient 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	<b>No Referral HMO</b> Refers to HMO Open Access plans, where PCP is required and referrals are not
COM	NRP	HMO/POS	<b>No Referral POS</b> Refers to HMO Open Access plans, where PCP is required for in-network benefits and referrals are not
COM	NNE	PPO	<b>National Network EPO</b> The "Access America <u>Value</u> " branded plan, national coverage plan offered in partnership with United Health Care
COM	NNP	PPO	<b>National Network Plan</b> The "Access America" branded, national coverage plan offered in partnership with United Health Care
COM	OAH	PPO	<b>Open Access HMO</b> A PPO-like product where member does not need to have a PCP
COM	PPO	PPO	<b>Preferred Provider Organization</b> Member does not need to select a PCP. PCP attribution is based on 3 years of claims history linking patient to PCP events.
MED	HMO	HMO/POS	<b>Health Maintenance Organization</b> Plan where member must have a PCP

**Appendix B Quality Measures Reporting: HEDIS MY2023 Measure List**

<b>Msr Cd</b>	<b>Msr Desc</b>	<b>Submsr Name</b>	<b>Status</b>
<b>ADD</b>	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Continuation and Maintenance Phase	
<b>ADD</b>	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Initiation Phase	
<b>AISE</b>	Adult Immunization Status	Influenza	<i>New</i>
<b>AISE</b>	Adult Immunization Status	Pneumococcal	<i>New</i>
<b>AISE</b>	Adult Immunization Status	TD or Tdap	<i>New</i>
<b>AISE</b>	Adult Immunization Status	Zoster	<i>New</i>
<b>AMM</b>	Antidepressant Medication Management	Acute Phase	
<b>AMM</b>	Antidepressant Medication Management	Continuation Phase	
<b>AMR</b>	Asthma Medication Ratio	Default	
<b>APM</b>	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Blood Glucose and Cholesterol Testing	<i>New</i>
<b>APM</b>	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Blood Glucose Testing	<i>New</i>
<b>APM</b>	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Cholesterol Testing	<i>New</i>
<b>BCSE</b>	Breast Cancer Screening - ECDS	Default	<i>New</i>
<b>BPD</b>	Blood Pressure Control for Patients with Diabetes	Blood Pressure Controlled <140/90 mm Hg	
<b>CBP</b>	Controlling High Blood Pressure	Default	
<b>CCS</b>	Cervical Cancer Screening	Default	
<b>CHL</b>	Chlamydia Screening in Women	Default	
<b>CIS</b>	Childhood Immunization Status	Combo10	<i>New</i>
<b>COA</b>	Care for Older Adults	Functional Status Assessment	<i>New</i>
<b>COA</b>	Care for Older Adults	Medication Review	<i>New</i>
<b>COA</b>	Care for Older Adults	Pain Assessment	<i>New</i>
<b>COL</b>	Colorectal Cancer Screening	Default	
<b>CWP</b>	Appropriate Testing for Pharyngitis	Default	
<b>DMSE</b>	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 1	<i>New</i>
<b>DMSE</b>	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 2	<i>New</i>
<b>DMSE</b>	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	PHQ-9 Score during Period 3	<i>New</i>
<b>DSFE</b>	Depression Screening and Follow-Up for Adolescents and Adults	Depression Screening	<i>New</i>
<b>EED</b>	Eye Exam for Patients with Diabetes	Eye Exam	
<b>FMC</b>	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	Default	<i>New</i>
<b>FUH</b>	Follow Up After Hospitalization for Mental Illness	30-Day Follow-Up	<i>New</i>
<b>FUH</b>	Follow Up After Hospitalization for Mental Illness	7-Day Follow-Up	<i>New</i>

Msr Cd	Msr Desc	Submsr Name	Status
HBD	Hemoglobin A1c Control for Patients with Diabetes	HbA1c Control (<8.0%)	
HBD	Hemoglobin A1c Control for Patients with Diabetes	HbA1c Poor Control (>9.0%)	
IMA	Immunizations for Adolescents	Combo 2 Meningococcal, Tdap, HPV	New
KED	Kidney Health Evaluation for Patients with Diabetes	Kidney Health Evaluation	
OMW	Osteoporosis Management in Women Who Had a Fracture	Default	
PCE	Pharmacotherapy Management of COPD Exacerbation	Bronchodilator	New
PCE	Pharmacotherapy Management of COPD Exacerbation	Systemic Corticosteroid	New
PCR	Plan All-Cause Readmissions	Non Outlier	New
PCR	Plan All-Cause Readmissions	Outlier	New
PDSE	Postpartum Depression Screening and Follow Up	Depression Screening	New
PNDE	Prenatal Depression Screening and Follow Up	Depression Screening	New
PPC	Prenatal and Postpartum Care	Postpartum Care	New
PPC	Prenatal and Postpartum Care	Timeliness of Prenatal Care	New
PRSE	Prenatal Immunization Status	Combination	New
PRSE	Prenatal Immunization Status	Influenza	New
PRSE	Prenatal Immunization Status	TD or Tdap	New
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%	
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Default	
TRC	Transitions of Care	Medication Reconciliation Post-Discharge	New
TRC	Transitions of Care	Notification of Inpatient Admission	New
TRC	Transitions of Care	Patient Engagement after Inpatient Discharge	New
TRC	Transitions of Care	Receipt of Discharge Information	New
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	New
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Nutrition	New
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Physical Activity	New
WCV	Child and Adolescent Well-Care Visits	Default	

## Appendix C QMR Member Detail Report: Field Names and Descriptions

HPHConnect Portal Field Names	Secure Server Files Field Names	Field Description
Report Month	Eff_Yr_Mo_Txt	Month of Report
LCU Cd	Hds_LCU_Cd	LCU Code
LCU Nm	Hds_LCU_Nm	LCU Name
LCU State Cd	Hds_LCU_US_State_Cd	State of LCU
CSU Cd	Hds_CSU_Cd	CSU code
CSU Nm	Hds_CSU_nm	CSU name
Measure Cd	MSR_Cd	Measure Code
Measure Desc	MSR_Desc	Measure Description
Submsr Name	Submsr_Name	Label describing the specific rate within the measure if there are more than one
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).
PCP Last Nm	Appl_Hds_Pv_Last_Nm	PCP last name
PCP First Nm	Appl_Hds_Pv_Frst_Nm	PCP first name
PCP Full Nm	Appl_Hds_Pv_Nm	PCP full name
PCP Nbr	Appl_Hds_Pv_Nbr	PCP provider number
PCP NPI Nbr	Hds_Pv_NPI_Nbr	PCP NPI number
Source Cd	na	Source of data (e.g., HP)
Mem Last Nm	Appl_Py_Mb_Last_Nm	Member Last Name
Mem First Nm	Appl_Py_Mb_Frst_Nm	Member First Name
Mem Nbr	Appl_Py_Mb_Nbr	Member ID number
Mem Individ Nbr	Appl_Py_Mb_Indvl_Nbr	Member Individualization (unique person identifier across all member IDs)
Mem DOB	Birth_Dt	Member Birth Date
Mem Gender Cd	Gndr_Typ_Cd	Member Gender
Mem Addr 1	Addr_Line_1_Txt	Member Address 1
Mem Addr 2	Addr_Line_2_Txt	Member Address 2
Mem City	City_Nm	Member City
Mem State Cd	US_State_Cd	Member State
Mem Zip	Postl_Cd	Member Zip
Mem Phone	Digitl_Addr_Txt	Member Phone
Mem Email	Email_Digitl_Addr_Txt_Curr	Member eMail (if known)
Line of Business Cd	Busi_Lin	Line of Business
Product Line	Pd_Lin	Product Line
Funding Arrangement Desc	Rptg_Fund_Arng_Typ_Dsc	Funding Arrangement
Compliance Ind	Compliance_Ind	1=met numerator criteria; 0=did not meet criteria
Admin Excl Ind	QMR_Admin_Excl_Ind	1=Patient excluded per administrative exclusion criteria;0=patient not excluded
NCQA Epop	NCQA_Epop	Previously used as 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; no longer necessary
QMR Epop	QMR_Epop	Previously used as 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); no longer necessary
Rate Detail Drill Down	N/A	<a href="#">Click here for Drill Down to get supplemental clinical data (available only on portal)</a>

## **Appendix D Reporting Schedule**

<b>Period Covered (incl. Measurement Year)</b>	<b>Data created at the end of this month (Report Month field in report)</b>	<b>Report published/ posted to sftp (approx.)</b>
Nov 2023 YTD	202311	na
Dec 2023 YTD	202312	2/7/2024
Jan 2024 YTD	202401	3/7/2024
Feb 2024 YTD	202402	4/7/2024
Mar 2024 YTD	202403	5/7/2024
Apr 2024 YTD	202404	6/7/2024
May 2024 YTD	202405	7/7/2024
Jun 2024 YTD	202406	8/7/2024
Jul 2024 YTD	202407	9/7/2024
Aug 2024 YTD	202408	10/7/2024
Sep 2024 YTD	202409	11/7/2024
Oct 2024 YTD	202410	12/7/2024
Nov 2024 YTD	202411	1/7/2025

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