

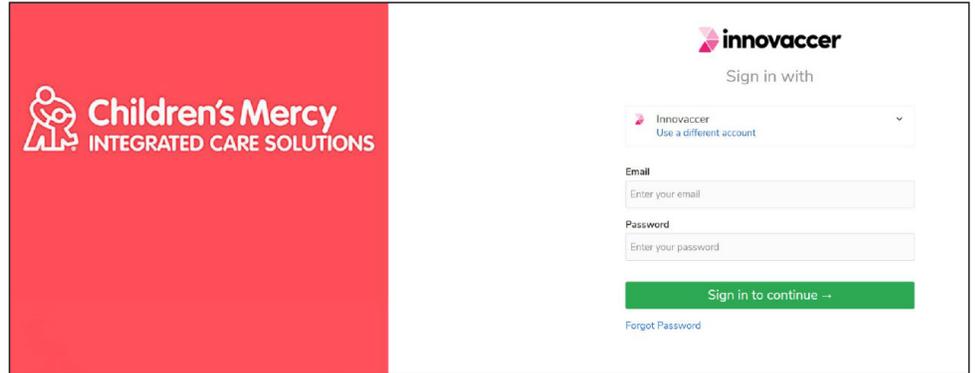
HEDIS Quality Performance Dashboard (All Measures) Quick Guide

The HEDIS Quality Performance Dashboard (All Measure) provides an at-a-glance view of the network's or practices' HEDIS measure quality performance.

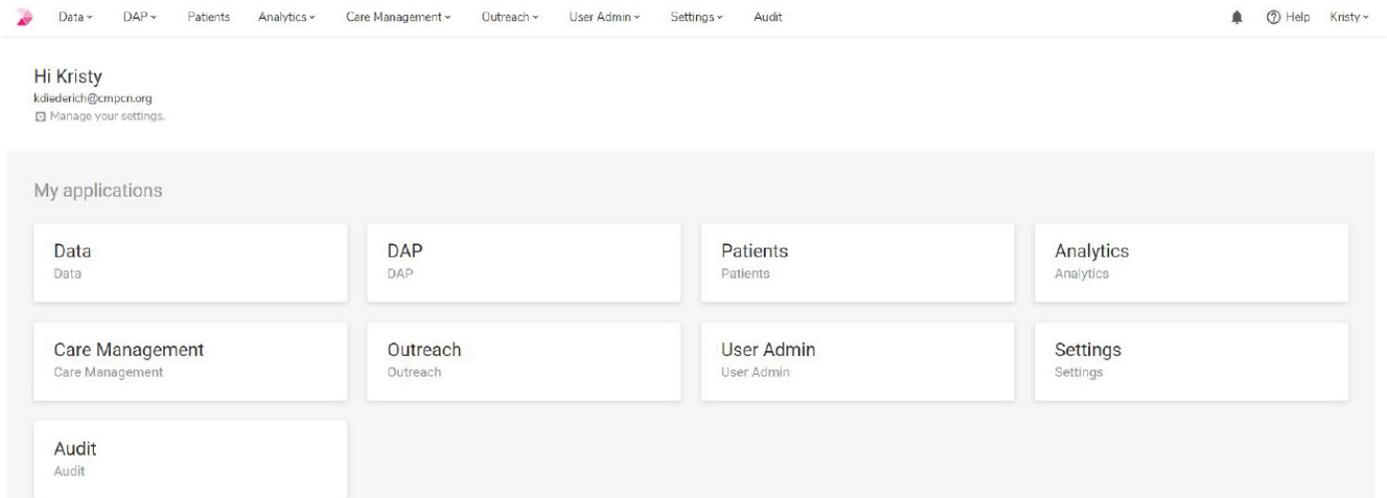
This guide will walk you through the basics of using the HEDIS Quality Performance Dashboard.

Accessing the Dashboard

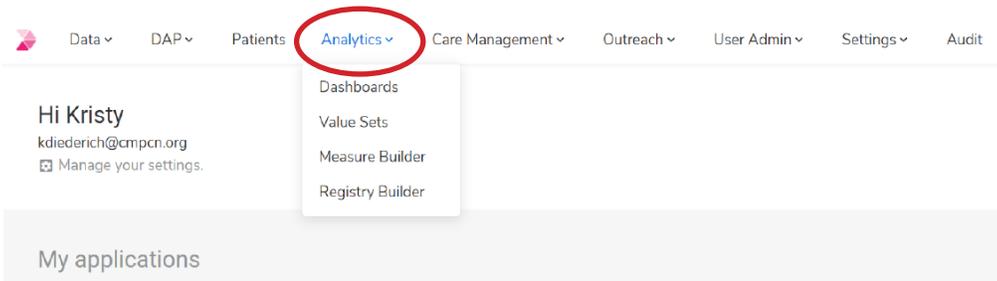
- 1 First, visit the [Children's Mercy Integrated Care Solutions Innovaccer website](#) to log into your account.



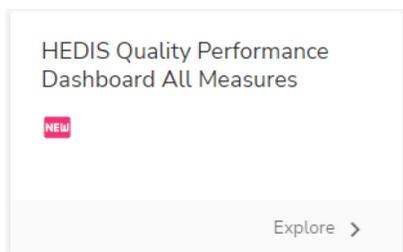
- 2 After you log in, you will be directed to your Innovaccer Home Page.



- 3 Click on the Analytics tab at the top left of the page.



- 4 Click on the HEDIS Quality Performance Dashboard option.



Viewing the Dashboard

At the top of the screen, you will find the dashboard filters. This function allows you to filter MY (measurement year) ending month, network, and practice details. Once you change a filter(s), you can easily revert back to the original dashboard settings by clicking “Reset to default”.

The screenshot shows the HEDIS Quality Performance Dashboard. At the top, there are filters for Ending Month (2021-03), Network (CMHN), Assigned PCP (All), Organization (All), Practice Location (All), and Plan Name (All). A 'Reset to default' button is visible on the right. Below the filters, there are two tabs: 'Commercial Benchmarks' and 'Medicaid Benchmarks'. The 'Commercial Benchmarks' tab is active, showing a table of preventive care measures. The table includes columns for Measure Name, Numerator, Denominator, Performance, Commercial 50th, 75th, and 90th Percentiles, Prior Year Performance, % Point Change, and Annual Patients to Meet 50th, 75th, and 90th Percentiles. A 'Patient List' link is visible at the top right of the table.

Measure Name	Numerator	Denominator	Performance	Commercial 50th Percentile	Commercial 75th Percentile	Commercial 90th Percentile	Prior Year Performance	% Point Change	Annual Patients to Meet 50th Percentile	Annual Patients to Meet 75th Percentile	Annual Patients to Meet 90th Percentile
Chlamydia Screening	1,421	2,843	50.0 %	48.2 %	56.0 %	66.4 %	59.6 %	(9.6%)	0	172	466
Immunizations Age 13: Combination (Meningococcal, Tdap/Td)	3,991	4,518	88.3 %	81.7 %	87.4 %	90.8 %	87.5 %	0.9%	0	0	109
Immunizations Age 13: Combination (Meningococcal, Tdap/Td, HPV)	2,142	4,518	47.4 %	27.0 %	32.4 %	39.9 %	41.0 %	6.4%	0	0	0
Immunizations Age 13: HPV Vaccine	2,187	4,518	48.4 %	28.8 %	33.8 %	42.1 %	42.1 %	6.3%	0	0	0
Immunizations Age 13: Meningococcal Vaccine	4,031	4,518	89.2 %	83.1 %	88.6 %	92.1 %	88.2 %	1.0%	0	0	131
Immunizations Age 13: Tdap Vaccine	4,093	4,518	90.6 %	89.1 %	92.7 %	94.4 %	90.1 %	0.5%	0	93	172
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV)	4,011	5,242	76.5 %	71.4 %	77.6 %	82.0 %	82.9 %	(6.4%)	0	55	287
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV, Influenza)	3,631	5,242	69.3 %	56.0 %	64.6 %	70.7 %	73.0 %	(3.8%)	0	0	77

At the top left of the screen, you can switch between Commercial Benchmarks and Medicaid Benchmarks.

The Quality Performance Overview – Preventive Care Measures section includes the performance for each preventive care measure, including the number of patients in the numerator, number of patients in the denominator, performance, HEDIS 50th Percentile, HEDIS 75th Percentile, HEDIS 90th Percentile, prior year performance, percentage point change from prior year, and annual patients need to meet the HEDIS 50th Percentile, 75th Percentile, and 90th Percentile. The HEDIS Percentiles are based on either Commercial benchmarks or Medicaid benchmarks depending on the Benchmark tab selected.

To view the patient list for a particular measure (apply desired filters first), click the measure name. This will highlight that measure and grey out the other measures. Then click Patient List at the top right of this card.

The screenshot shows the 'Quality Performance Overview – Preventive Care Measures [Commercial Benchmarks]' section. The table is similar to the one above, but the 'Chlamydia Screening' row is highlighted in grey. A red circle highlights the 'Patient List' link at the top right of the table.

Measure Name	Numerator	Denominator	Performance	Commercial 50th Percentile	Commercial 75th Percentile	Commercial 90th Percentile	Prior Year Performance	% Point Change	Annual Patients to Meet 50th Percentile	Annual Patients to Meet 75th Percentile	Annual Patients to Meet 90th Percentile
Chlamydia Screening	1,412	2,875	49.1 %	48.2 %	56.0 %	66.4 %	58.8 %	(9.7%)	0	199	496
Immunizations Age 13: Combination (Meningococcal, Tdap/Td)	4,021	4,540	88.6 %	81.7 %	87.4 %	90.8 %	87.6 %	0.9%	0	0	99
Immunizations Age 13: Combination (Meningococcal, Tdap/Td, HPV)	2,184	4,540	48.1 %	27.0 %	32.4 %	39.9 %	41.0 %	7.1%	0	0	0
Immunizations Age 13: HPV Vaccine	2,233	4,540	49.2 %	28.8 %	33.8 %	42.1 %	41.9 %	7.3%	0	0	0
Immunizations Age 13: Meningococcal Vaccine	4,060	4,540	89.4 %	83.1 %	88.6 %	92.1 %	88.3 %	1.1%	0	0	122
Immunizations Age 13: Tdap Vaccine	4,135	4,540	91.1 %	89.1 %	92.7 %	94.4 %	90.0 %	1.1%	0	71	150
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV)	4,042	5,242	77.1 %	71.4 %	77.6 %	82.0 %	83.5 %	(6.3%)	0	24	256
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV, Influenza)	3,665	5,242	69.9 %	56.0 %	64.6 %	70.7 %	73.6 %	(3.7%)	0	0	43

Similarly, the [Quality Performance Overview – Chronic Care Measures](#) section and the [Quality Performance Overview – Visit Measures](#) section includes the performance for each chronic care measure and visit measure, including number of patients the numerator, number of patients in the denominator, performance, HEDIS 50th Percentile, HEDIS 75th Percentile, HEDIS 90th Percentile, prior year performance, percentage point change from prior year, and annual patients need to meet the HEDIS 50th Percentile, 75th Percentile, and 90th Percentile.

To view the patient list for a particular measure (apply desired filters first), click the measure name. This will highlight that measure and grey out the other measures. Then click Patient List at the top right of this card.

Quality Performance Overview – Chronic Care Measures [Commercial Benchmarks] [Patient List](#)

Measure Name	Numerator	Denominator	Performance	Commercial 50th Percentile	Commercial 75th Percentile	Commercial 90th Percentile	Prior Year Performance	% Point Change	Annual Patients to Meet 50th Percentile	Annual Patients to Meet 75th Percentile	Annual Patients to Meet 90th Percentile
Alcohol and Other Drug Abuse or Dependence Treatment: Engagement	5	71	7.0%	56.5%	61.7%	66.6%	8.1%	(1.1%)	35	39	42
Alcohol and Other Drug Abuse or Dependence Treatment: Initiation	23	71	32.4%	56.5%	61.7%	66.6%	18.9%	13.5%	17	21	24
Antidepressant Medication Management: Acute Phase (12 Weeks)	0	57	0.0%	56.5%	61.7%	66.6%	84.6%	(84.6%)	32	35	38
Antidepressant Medication Management: Continuation Phase (6 Months)	0	57	0.0%	56.5%	61.7%	66.6%	69.2%	(69.2%)	32	35	38
Asthma Medication Ratio	284	434	65.4%	56.5%	61.7%	66.6%	77.2%	(11.8%)	0	0	5
Comprehensive Diabetes Care : BP Control < 140/90%	4	48	8.3%	56.5%	61.7%	66.6%	0.0%	8.3%	23	26	28
Comprehensive Diabetes Care : Eye Exam	19	48	39.6%	56.5%	61.7%	66.6%	38.5%	1.1%	8	11	13
Comprehensive Diabetes Care : HbA1c Control < 8%	1	48	2.1%	56.5%	61.7%	66.6%	0.0%	2.1%	26	29	31

Quality Performance Overview - Visit Measures [Commercial Benchmarks] [Patient List](#)

Measure Name	Numerator	Denominator	Performance	Commercial 50th Percentile	Commercial 75th Percentile	Commercial 90th Percentile	Prior Year Performance	% Point Change	Annual Patients to Meet 50th Percentile	Annual Patients to Meet 75th Percentile	Annual Patients to Meet 90th Percentile
Appropriate Testing for Pharyngitis	1,517	1,697	89.4%	67.6%	72.6%	77.0%	92.1%	(2.8%)	0	0	0
Appropriate Treatment for Upper Respiratory Infection	3,808	3,959	96.2%	67.6%	72.6%	77.0%	93.4%	2.8%	0	0	0
Follow-Up After Emergency Department Visit for Mental Illness: 30-day Follow-Up	28	49	57.1%	67.6%	72.6%	77.0%	48.3%	8.9%	927	8	10
Follow-Up After Emergency Department Visit for Mental Illness: 7-day Follow-Up	16	49	32.7%	67.6%	72.6%	77.0%	17.2%	15.4%	530	20	22
Follow-Up After Hospitalization for Mental Illness: 30-day Follow-Up	61	136	44.9%	67.6%	72.6%	77.0%	55.3%	(10.5%)	5,607	38	44
Follow-Up After Hospitalization for Mental Illness: 7-day Follow-Up	37	136	27.2%	67.6%	72.6%	77.0%	39.4%	(12.2%)	3,401	62	68

To view detailed information about a measure, first click on the measure name. This will highlight that measure and grey out the other measures. Then right click on the measure name, hover over “Drill through”, and then click “Measure Details”.

Please note that filters applied on the homepage will not stick when you drill through a measure if you do not first click on the measure name.

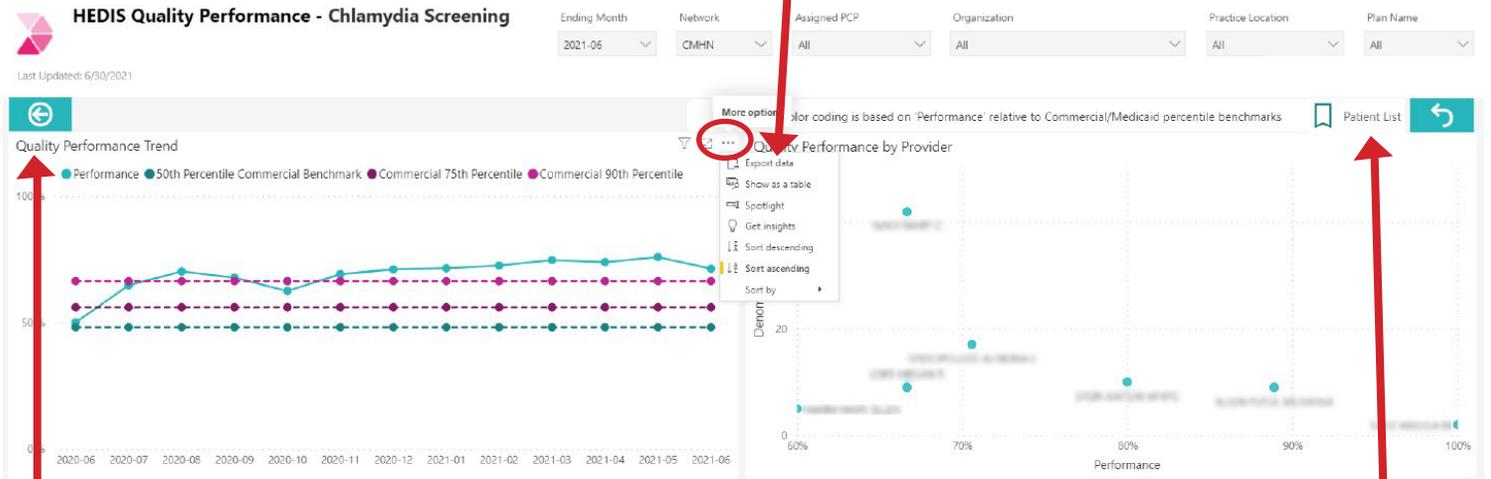
Quality Performance Overview – Preventive Care Measures [Commercial Benchmarks] [Patient List](#)

Measure Name	Numerator	Denominator	Performance	Commercial 50th Percentile	Commercial 75th Percentile	Commercial 90th Percentile	Prior Year Performance	% Point Change	Annual Patients to Meet 50th Percentile	Annual Patients to Meet 75th Percentile	Annual Patients to Meet 90th Percentile
Chlamydia Screening	1,318	2,771	47.6%	48.2%	56.0%	66.4%	57.7%	(10.1%)	16	235	521
Immunizations Age 13: Combination (Meningococcal, Tdap/76)	3,793	4,246	89.3%	81.7%	87.4%	90.8%	87.1%	2.2%	0	0	69
Immunizations Age 13: Combination (Meningococcal, Tdap/76, HPV)	2,106	4,246	49.6%	27.0%	32.4%	39.9%	42.2%	7.4%	0	0	0
Immunizations Age 13: HPV Vaccine	3,082	4,246	72.6%	28.8%	33.8%	42.1%	43.2%	7.5%	0	0	0
Immunizations Age 13: Meningococcal Vaccine	3,082	4,246	72.6%	83.1%	88.6%	92.1%	87.5%	2.5%	0	0	88
Immunizations Age 13: Tdap Vaccine	3,903	4,246	91.9%	89.1%	92.7%	94.4%	89.3%	2.6%	0	31	105
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV)	3,849	4,654	82.7%	71.4%	77.6%	82.0%	83.7%	(1.0%)	0	0	0
Immunizations Age 2: Combination (DTaP, HepA, HepB, Hib, IPV, MMR, PCV, RV, VZV, Influenza)	3,445	4,654	74.0%	56.0%	64.6%	70.7%	73.1%	0.9%	0	0	0

The Drill Detail page will include the [Quality Performance Trend](#) specific to that measure and the [Quality Performance Distribution by Provider](#) in graph form and table form. If you hover over a provider name in the graph, you will see the provider name, performance, and denominator of that measure. The [Quality Performance by Provider](#) table displays similar detail as the home page, including number of patients the numerator, number of patients in the denominator, performance, HEDIS 50th Percentile, HEDIS 75th Percentile, HEDIS 90th Percentile, prior year performance, percentage point change from prior year, and annual patients need to meet the HEDIS 50th Percentile, 75th Percentile, and 90th Percentile.

The color coding in the Performance column is based on the Performance relative to the Commercial/Medicaid percentile benchmark. The cell will appear green if performance is above the percentile benchmark. The shading of green is related to the performance in relation to the percentile ranges (50th, 75th, or 90th percentile). The darker the green, the higher the performance. The cell will appear red if performance is below the percentile benchmark. This is consistent on the dashboard homepage as well as the Drill Detail page.

Each of the cards on the Drill Detail page can be exported. To do so, hover over the card then click the three dots in the top right of the card. Click "Export data".



If you would like to return to the dashboard homepage, click the teal back arrow below the measure name at the top left of the screen.

To view the patient level detail for that specific measure, click Patient List at the top right of the screen.