

Arizona Priority CareTM

One Goal. One Priority. Your Healthcare.

*Welcome
to
q.HMO*

Welcome to Arizona Priority Care's q.HMO System

q.HMO is an online tool that serves to assist providers in caring for their patients. There are two modules that serve you in different complimentary ways:

- q.Health helps maximize Medicare reimbursement by facilitating the accurate coding of diagnoses and greatly enhances HCC health care management through data consolidation and a number of customized reports.
- qMetrics helps maximize Medicare quality of healthcare by identifying patients' STAR measures to be reported every measurement year. This module enhances the provider's opportunity to obtain 5 STARS through data consolidation and a number of reports.

q.HMO collects and consolidates into summary pages all patients' healthcare encounter data, including hospital admission, ancillary provider, pharmacy, laboratory, MMR/MOR (Monthly Membership Report/Model Output Report), RAPS (Risk Adjustment Processing System) data and EDPS (Encounter Data Processing System). This level of data consolidation alone gives the utilization management department and the treating physician an edge in better diagnosing and setting treatment protocols.

This document is designed to provide new provider users with an overview of the capabilities of the q.HMO application and can assist you in the daily management of senior members.

You can access Arizona Priority Care's q.HMO site by simply clicking on the link:

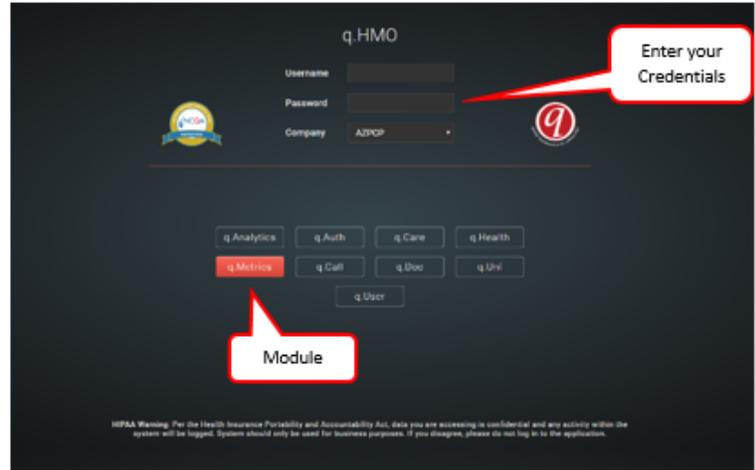
https://icode.azprioritycare.com/iHMO_AZPCP_iModuleLogin/Login.aspx

WELCOME TO Q.HMO

1. Log In:

- Using Chrome Web Browser
- Enter username and password
- Select the module and press Enter on your keyboard

Note: A user may not have multiple sessions of the same module opened at the same time. Although different modules may be opened at the same time.



2. Log Out:

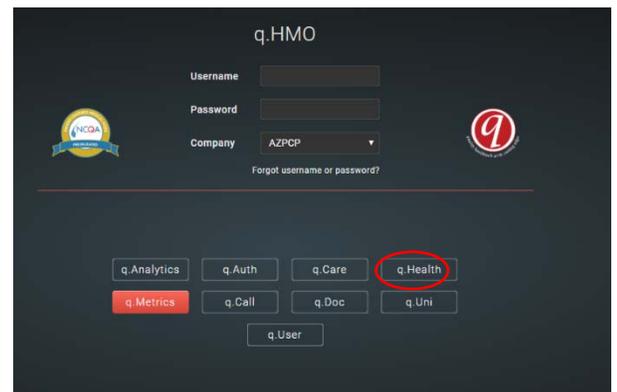
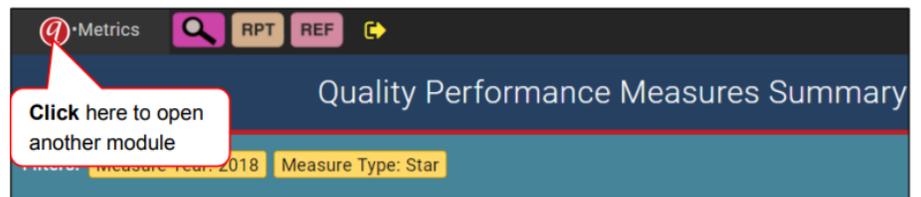
- Select the “Log Out” button, 
- This is located in the top left corner menu
- Finish the log out process with one more prompt

Note: For security purposes, the module automatically logs out after 60 minutes if left open without use.



3. Switch Module: Providers may switch modules (q.Metrics/q.Health) while logged in

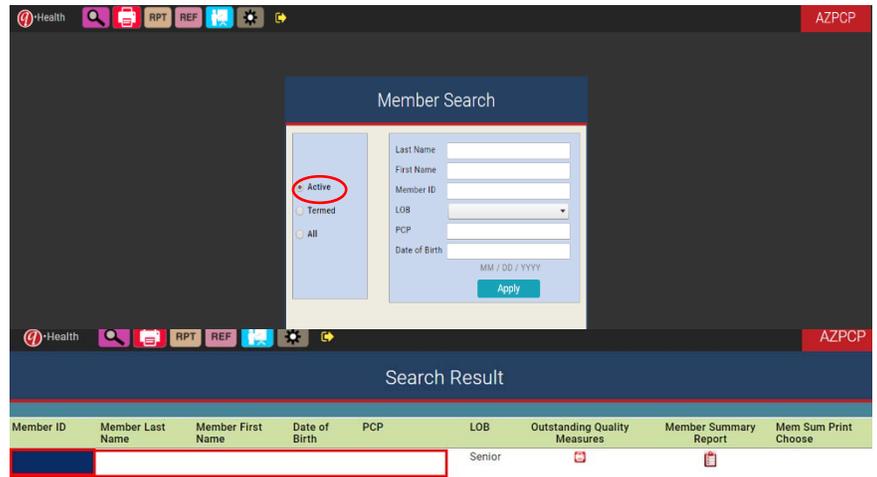
- Select the  icon on the top left
- Select the desired module on the prompted screen
 - AZPC’s provider use is specific to q.Health and q.Metrics



WELCOME TO Q.HEALTH

1. Search Patient:

- In the Member Search page, type in the patient's name, date of birth and/or member ID
- Select Active to only view actively enrolled patients
- In the prompted Search Result page, select the Member ID of the member



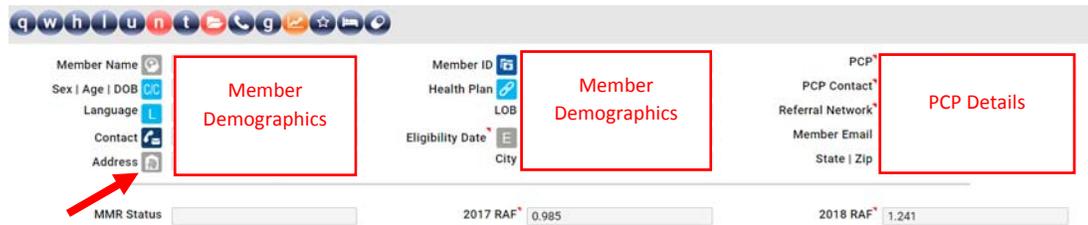
2. Home Page: Health/HCC Summary

- Data summarized includes:

- Icons with data details
- Patient demographics
- Eligibility
- PCP assignment
- Current/prior years RAF
- Gaps in Care

- Icon details:

- **Language** Select the blue L to enter the member's preferred language
- **Contact** Select this icon to display the member's contact information including: Phone number and email address. This will also allow updated contact information to be loaded.
- **Address** This icon will be **RED** if member is homeless



- In the center of the Health/HCC Summary, there are also different colored tabs, as labeled in the box below:

TABS	INCLUDES
HCC/Quality (STARS)	HCC diagnoses billed in current year and two years prior STAR measures outstanding
Diagnosis/CPT	Diagnoses and CPT codes billed in current year and two years prior
Suspect	Suspected HCC diagnoses based on methodological data
Comments	Clinician comments recommending HCC appropriate coding and documentation
Pharmacy & Lab	Patient's pharmacy and lab data billed

The screenshot shows the 'Health / HCC Summary' page. Red boxes and callouts highlight the following elements:

- Patient's demographics:** Member Name, Sex, Age, DOB, Language, Contact Status, Address.
- Patient's eligibility data:** Member ID, Health Plan, LOB, Eligibility Date, City.
- Assigned PCP's data:** PCP, Referral Network, Member Email, State | Zip.
- Prior year RAF:** Case Status (Tier) (3), Annual Asmt. Yes, 2017 RAF* 0.376.
- Current year RAF:** Personal Health, PCP Visit, Alcohol/Drug, Dual Status, 2018 RAF* 1.136.
- STAR Measures Outstanding:** A callout pointing to the 'HCC/Quality' tab.
- Patient's Summary/ Diagnosis HCC Reports print button:** A callout pointing to a red printer icon in the top right corner.

HCC/Quality Tab:

- Provides the HCC Categories with descriptions of the diagnoses billed in current year and past two years
- Provides gaps in care outstanding (if applicable)
- The icon, allows printing of the patients Diag/HCC Report
 - A PDF Document will open, AZPC-q.Health, and a summary of all healthcare, present and historical, information (i.e., member demographics, gaps in care, historical diagnoses/HCC codes, billed CPT Codes, potential diagnoses, clinician comments, pharmacy data & lab data). This document may be printed.

(Ensure to allow pop-up blockers)

This close-up shows the 'HCC/Quality' tab selected. Red callouts highlight:

- The left screen includes HCC categories diagnosed.
- Member Summary/Diagnosis HCC reports print button.

The screenshot displays the 'AZPC - qHealth' patient summary for a member as of 06/26/2018. It includes:

- Demographics:** Name (Doc, Jane), Member ID (R123456789), DOB-Age (03/28/1951-66F), Address (1234 E Holly Lane, Mesa, AZ 85212), Phone No. (480) 555-4444, Effective Date (01/01/2018 - ACTIVE), LOB (Senior), Health Plan (0810), 2018 RAF (0.810), 2017 RAF (1.353).
- HECIS Measures QIP:** Breast Cancer Screening, Diabetic Eye Exam.
- Health Status Indicator:** PCP Visit (10), Annual Assessment Visit (Y), BPAD (N), Tobacco (N), OPR (25), OPR Stop (ONE & BUSINESS).
- 2018 Claims HCCs:** Diabetes with Complications (V22).
- Diagnosis Chart Review Section:** A table with columns for ICD-10 Code, HCC Code, HCC Comment, and Reviewer's name.
- Diagnoses Table:** Columns for Diagnosis Code, Description, 2018, 2017, and 2016. Legend: Yellow = DIAGNOSIS CODE SUBMITTED IN GIVEN YEAR, Red = DIAGNOSIS CODE NOT SUBMITTED IN GIVEN YEAR.
- Potential Health Conditions:** HCC, HCC Description, Reviewer Status, Reviewed Date.
- Pharmacy:** Filled last 12 months, Last 60 Days, and Last 12 Months sections with columns for Label Name, Lot/Exp/Qty, Date of Service, and Result.

o Diagnosis/CPT Tab:

- Provides a complete list of ALL billed diagnoses for past three years
- Provides all CPT codes billed in past three years

Note: A **Y** appears when code is billed and hovering over the Y will provide details of the rendering provider group and the date of service.

o Comments Tab:

- Provides AZPC's Medical Directors' clinical comments regarding diagnoses a patient may have

o Pharmacy and Labs Tab:

- Provides the member's medication and laboratory data over the last 12 months

• The patient's Health/HCC Summary

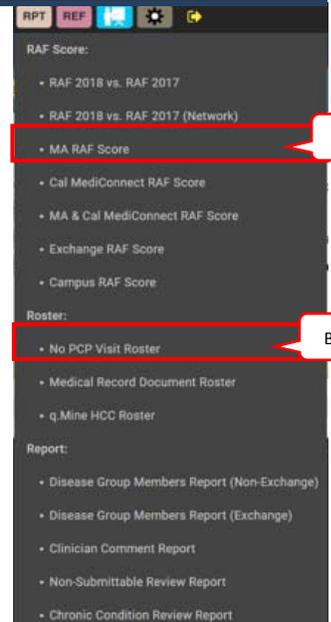
Page also includes icon links to view additional member demographics & historical data

- Hovering over circle icons that provide hyperlink to data include the following:

- **w** Will appear red if Annual Wellness Visit has been completed. Click icon for DOS, CPT and provider information.
- **h** Will appear red if member is receiving Hospice care. Click icon for Hospice information.
- **u** Click icon to access evidence based clinical decision support resources on UptoDate.com.
- **star** Will appear red if member is due for STAR measures. Click icon to see outstanding measures.
- **inpatient** Will appear red if member has inpatient admissions. Click icon for inpatient information.
- **notes** Will appear red if member has medical notes loaded into q.HMO. Click icon for retrieval of medical notes and/or uploading medical notes (**Refer to q.Health Documentation**)

3. q.Health has reporting capabilities to provide member level and/or provider level RAF and encounter detailed information

- i. Hover over **RPT** icon to view provider reports available
- ii. All reports may be exported into excel by selecting the  icon



A. MA RAF Score: Includes provider and patient level RAF score comparison between current and previous year. The RAF is broken down between MMR Demographic RAF, HCC Claims RAF and Total RAF

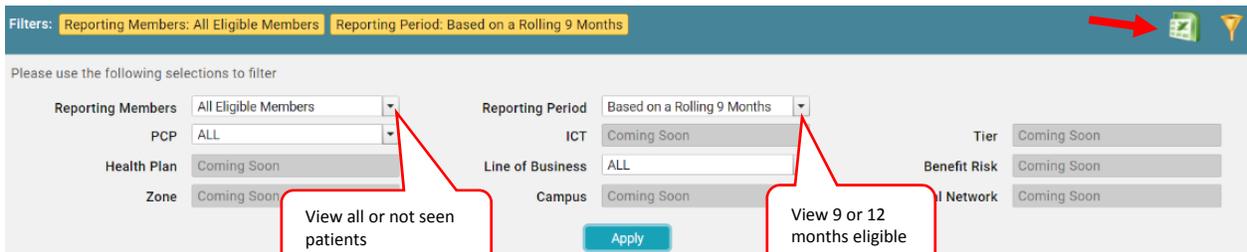
- Select the provider's name to view the patient level details

MA RAF Score By PCP												
			Revenue 2019 (DOS 2018)					Revenue 2018 (DOS 2017)				
Vendor ID	PCP ID	PCP Name	Current Enrollment	RAF Demo MMR	RAF HCC Claims	RAF Total	Change RAF Total	Avg Monthly Enrolled	RAF Demo MMR	RAF HCC MOR & Claims	RAF Total	
		Provider Name	33	0.441	0.834	1.275	-6	34	0.441	0.910	1.351	
			DOS 2018				CMS PY2018 (DOS 2017)					
Member ID	Member Name	DOB	Term	RAF Demo MMR	RAF HCC Claims	RAF Total	Change RAF Total	RAF Demo MMR	RAF HCC MOR & Claims	RAF Total		
				0.283	0.000	0.283	-2	0.289	0.000	0.289		
				0.283	0.348	0.631	-28	0.875	0.000	0.875		
				0.312	1.026	1.338	8	0.317	0.917	1.234		
				0.727	2.294	3.020	-3	0.614	2.512	3.126		
			02/28/2018	0.464	2.639	3.103	-66	0.393	8.680	9.073		
				0.602	0.958	1.559	-3	0.614	0.988	1.602		
				0.779	0.946	1.725	42	0.642	0.570	1.212		
				0.553	0.335	0.888	57	0.565	0.000	0.565		
				0.508	0.483	0.991	88	0.431	0.096	0.527		
				0.628	1.115	1.743	-17	0.640	1.463	2.103		
			Average	0.441	0.834	1.275	-6	0.441	0.910	1.351		

B. No PCP Visit Roster: Defaults to display patients not seen by the PCP in current year for an acute visit or annual wellness visit (AWV) within the last rolling nine months. It also includes the patients' current and prior year RAF and the ability to include notes if outreach calls to the patients have been made.

Member ID	Member Name	PCP Name	Make Call	PCP Visit	Annual Visit	Member Eligible Months	No. of Non-PCP Encounters	Current Yr RAF	Previous Yr RAF	Appointment Call Result	Caller LogIn	Last Call Date
				No	No	9	0	0.559	0.587			
				No	No	9	1	0.614	0.628			
				No	No	9	0	0.308	0.309			
				No	No	9	0	0.530	0.538			

- The default filters may be modified to view ALL eligible member on a rolling 12 months.

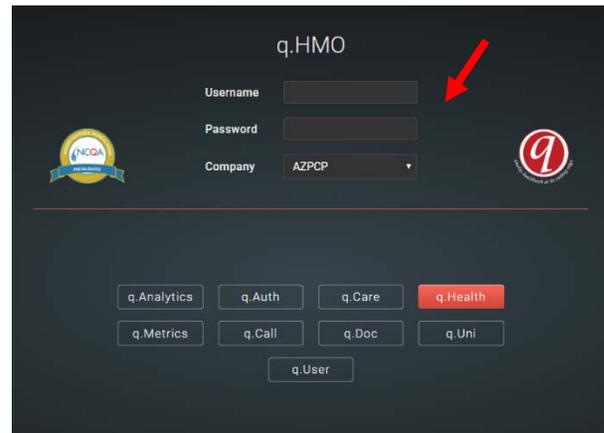


WELCOME TO Q.HEALTH (DOCUMENTATION)

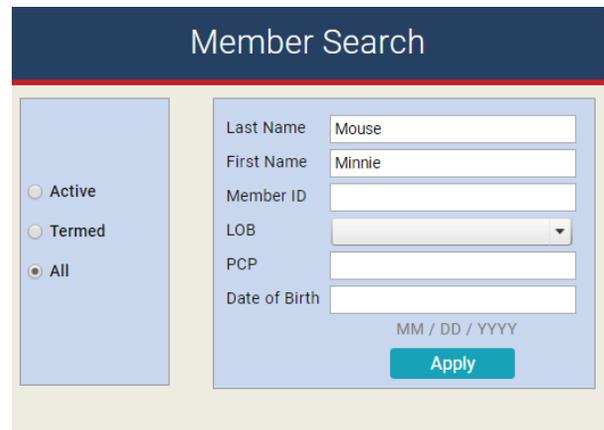
Arizona Priority Care presents q.Health’s Documentation function embedded within q.Health. Primary Care Providers may now view medical records uploaded by AZPC, including but not limited to: hospital summaries, SNF summaries and urgent care notes. It also allows the PCPs to upload patient medical records (Annual Wellness Visits).

When AZPC uploads a medical record for the PCP to view and add to the patient’s outpatient medical records, a fax will be sent out to the PCP indicating the medical record has been uploaded and instructing the PCP to access the medical note within q.HMO.

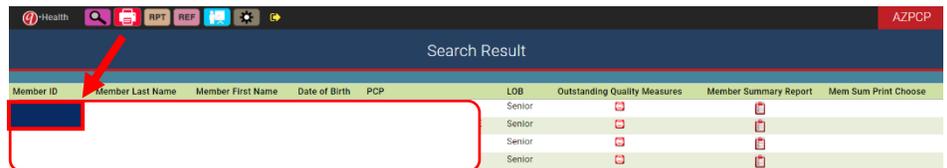
- Login into q.Health (q.Health module should be highlighted in red).



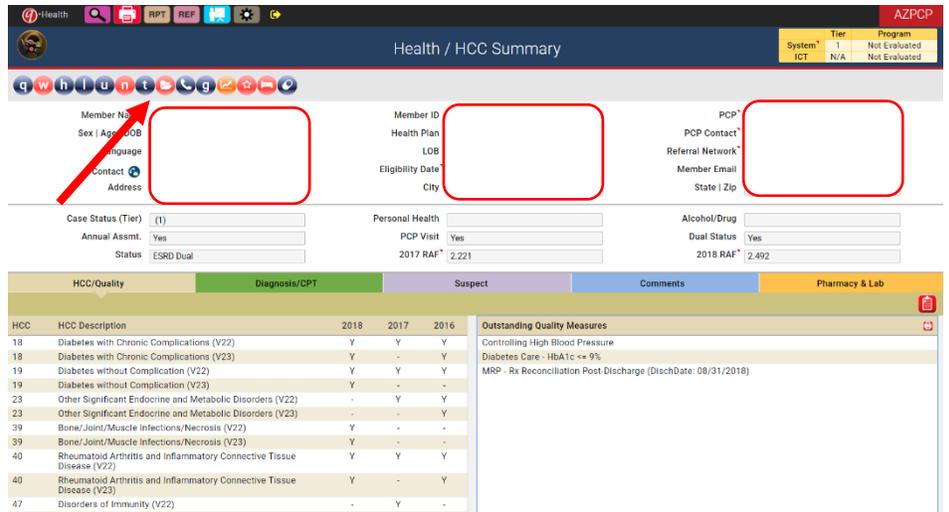
- Search your patient in the **Member Search** page by patient’s name, date of birth and/or Member ID and select Apply to search.



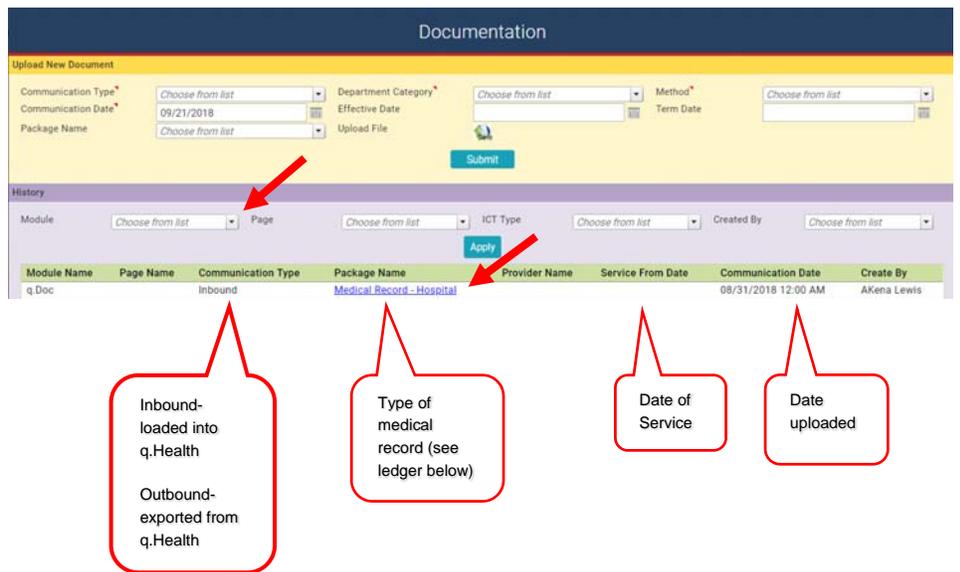
- Select your patient’s **Member ID** Link.



- In the patient's **Health/HCC Summary**, select the *documentation icon* . If *red*, there are medical records available for this patient.



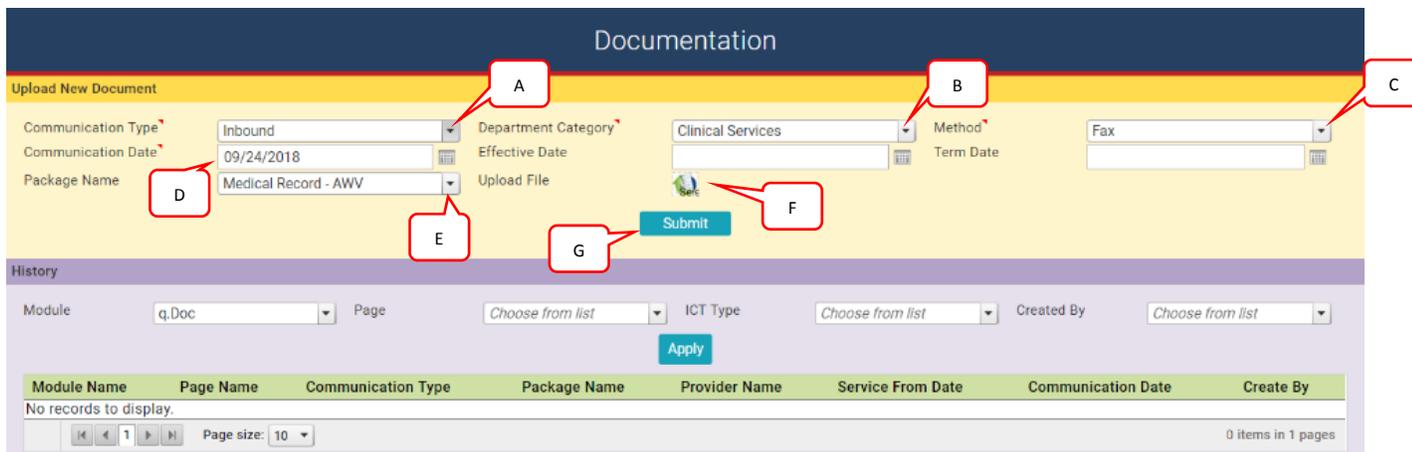
- In the **Documentation** page, modify the (PURPLE section)
 - Module:** filter for q.Doc medical records (only viewing medical records pertaining to your patient's recent inpatient/outpatient encounter) and select Apply
 - Select the **Blue Hyperlink** to view the medical record
 - A PDF document will automatically open
(Ensure to allow pop-up blockers)
 - Print to save the note onto your files and import into the patient's medical chart



- Type of Medical Record:
Package Names

Package Name	Type of Note
Medical Record-Hospital	Hospitalization Notes upon Discharge
Medical Record-SNF	SNF Medical Documents upon Discharge
Medical Record-Urgent Care	Urgent Care Medical Documents
Medical Records-AWV	Annual Wellness Visit

- To add a medical record (AWV), within the Documentation page, in the **Uploaded New Document** (YELLOW section) select the following:
 - Communication Type: Inbound
 - Department Category: Clinical Services
 - Method: Fax
 - Communication Date: Date uploaded
 - Package Name: Type of medical record (Medical Records-AWV)
 - Select the Icon, search the medical record
 - Select Submit



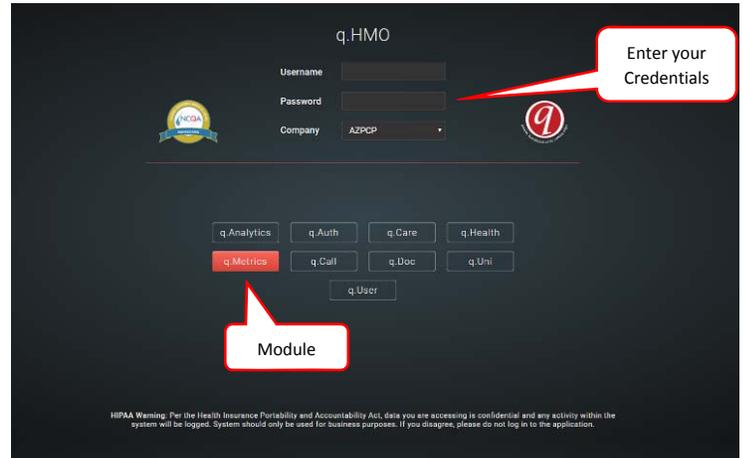
WELCOME TO Q.METRICS

q.Metrics is a population management module embedded within q.HMO to identify STAR measure details for patients. This module is designed to provide outstanding gaps in care lists for each patient, detailing gaps in care healthcare data, summarizing the provider and/or groups’ STAR scores and measured against each quality measure benchmark. q.Metrics is a tool that will enhance the PCPs ability to track, monitor and succeed in STAR, overall, improving quality of care.

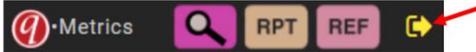
1. Log In:

- Using Chrome Web Browser
- Enter username and password
- Select q.Metrics and press Enter on your keyboard

Note: A user may not have multiple sessions of the same module opened at the same time. Although different modules may be opened at the same time. See section 2.3.



2. Log Out:

- Select the “Log Out” button, 
- This is located in the top left corner menu 
- Finish the log out process with one more prompted screen:



3. Home Screen:

- The home screen will include your Group’s current year STAR Summary, the list of measures your patients need and the current STAR Scores for Part C and Part D.

Domain / Measure Title	Eligible Population	Compliant	Not Compliant	Members to Reach 4 Stars	Members to Reach 5 Stars	Rate	Benchmark	Star Rating
Domain: Medication Reconciliation Post-Discharge	1,077	652	425	60	200	61%	79%	☆☆☆
Domain: Part C - Adult BMI Assessment	3,817	3,728	89	0	14	98%	98%	☆☆☆☆
Domain: Part C - Breast Cancer Screening	1,802	1,248	554	103	211	70%	82%	☆☆☆☆
Domain: Part C - Comprehensive Diabetes Care	4,137	2,740	1,388	281	820	66%	79%	☆☆☆☆
Domain: Part C - Controlling High Blood Pressure	3,788	1,742	2,013	1,075	1,338	46%	82%	☆☆☆☆
Domain: Part C - Osteoporosis Mgmt in Women Who Had a Fracture	124	79	45	25	32	64%	85%	☆☆☆☆
Domain: Part C - Statin Therapy for Patients With Cardiovascular Disease	55	23	30	8	10	43%	78%	☆☆☆☆
Domain: Part C - Medication Adherence	556	410	148	43	65	73%	85%	☆☆☆☆
Domain: Part C - Diabetes Use in Persons With Diabetes	1,216	964	252	10	46	79%	85%	☆☆☆☆

Below the table, three star ratings are shown: Part C (3.01), Part D (4.50), and Part C&D (3.37). A red arrow points from the table to the Part C star rating.

- To view the scores for a year other than current year, use the drop down arrows within **Measure Year**.

The screenshot shows the 'Quality Performance Measures Summary' interface. The 'Filters' section includes 'Measure Year: 2018' and 'Measure Type: Star'. Below this, a section titled 'Please use the following selections to filter' contains several dropdown menus: 'Measure Year' (set to 2018), 'PCP', 'Health Plan', 'Zone', 'Measure Type' (set to Star), 'ICT', 'Line of Business', 'Campus', 'Tier', 'Benefit Risk (Options)', and 'Referral Network'. A red arrow points to the 'Measure Year' dropdown menu, which is open to show a list of years from 2014 to 2018.

- To view results for specific provider(s), use the drop down arrow within **PCP**, select the provider(s)’ names and press *Apply*. (Multiple providers may be selected)

This screenshot shows the same dashboard as the previous one, but with the 'PCP' dropdown menu open. A red arrow points to the 'PCP' dropdown menu, which is open to show a list of provider names: 'All', 'Abbas, Jalal - 1205895034', 'Abdel-Rahman, Anwar - 1659679771', 'Abrante, Monica - 9228', 'Acevedo Mogharbel, Karen - 3597', and 'Adams, Shellie - 7301'. The 'Apply' button is highlighted.

- Once filters are applied, the summary page will display a summary of information including the following:
 - STAR measures the PCP’s assigned patients need in the selected year
 - The list of the eligible patients for each STAR measure
 - The list of the compliant patients for each STAR measure
 - The list of the non-compliant patients for each STAR measure
 - The number of patients that are still pending to reach a 4 or 5 STARS in each measure
 - The provider(s) current compliance rate for each STAR measure
 - The benchmark to achieve a 5 STAR score for each measure
 - The provider(s) current Part C score, Part D score and cumulative C&D score

Domain / Measure Title	Eligible Population	Compliant	Not Compliant	Members to Reach 4 Stars	Members to Reach 5 Stars	Rate	Benchmark	Star Rating
Productive Senior								
Domain: Medication Reconciliation Post-Discharge								
Medication Reconciliation Post-Discharge *	1,023	623	400	83	196	61%	75%	☆☆☆☆
Domain: Part C - Adult BMI Assessment								
BMI Assessment *	3,841	3,747	94	0	18	16%	98%	☆☆☆☆
Domain: Part C - Breast Cancer Screening								
Breast Cancer Screening *	1,810	1,272	548	111	220	70%	82%	☆☆☆☆
Domain: Part C - Care for Older Adults								
COA - Function Status Assessment *	1,429	1,141	288	0	146	80%	90%	☆☆☆☆
COA - Medication Review *	1,429	1,367	62	0	0	16%	92%	☆☆☆☆
COA - Pain Screening *	1,429	1,158	271	115	229	81%	93%	☆☆☆☆
Domain: Part C - Colorectal Cancer Screening								
Colorectal Cancer Screening *	4,168	2,747	1,421	255	547	66%	79%	☆☆☆☆
Domain: Part C - Comprehensive Diabetes Care								
Diabetes Care - Eye Exam *	1,801	1,194	607	122	248	66%	80%	☆☆☆☆
Diabetes Care - HbA1c <= 8% *	1,801	1,220	581	166	248	68%	87%	☆☆☆☆
Diabetes Care - Nephropathy *	1,801	1,450	351	22	58	94%	97%	☆☆☆☆
Domain: Part C - Controlling High Blood Pressure								
Controlling High Blood Pressure *	3,796	1,715	2,074	1,128	1,393	45%	82%	☆☆☆☆
Domain: Part C - Disease Modifying Anti-Rheumatic Drug Therapy								
Anti-Rheumatic Drug Therapy *	122	48	74	25	33	63%	89%	☆☆☆☆
Domain: Part C - Osteoporosis Mgmt in Women Who Had a Fracture								
Osteoporosis Mgmt in Women w/ Fr. BMD or Rx *	54	30	24	8	16	44%	78%	☆☆☆☆
Domain: Part C - Statin Therapy for Patients With Cardiovascular Disease								
Statin Therapy for Patients With Cardiovascular Disease *	560	294	266	41	83	70%	85%	☆☆☆☆
Domain: Part D - Medication Adherence								
Proportion of Days Covered by Rx Diabetes *	1,422	1,214	208	0	0	100%	88%	☆☆☆☆
Proportion of Days Covered by Rx Risk *	3,980	3,718	262	0	0	100%	88%	☆☆☆☆
Proportion of Days Covered by Rx State *	3,918	2,724	1,194	0	0	69%	87%	☆☆☆☆
Domain: Part D - Statin Use in Persons With Diabetes								
Statin Use in Persons With Diabetes *	1,109	853	256	35	68	77%	89%	☆☆☆☆

- To review the list of patients that are part of a specific measure and identify if the patient is numerator compliant, select the **Eligible Population** (B hyperlink number) and you will be prompted to a list of members as seen below which can be exported into Excel using the icon on the top right.

Filters: Measure Year: 2018 Measure Type: Star Health Plan: All PCP Name: All

Domain: Part C - Breast Cancer Screening
 Measure Title: Breast Cancer Screening
 Please use the following selections to filter

Measure Year: 2018
 Measure Type: Star
 PCP: All
 Health Plan: All
 Zone: Coming Soon

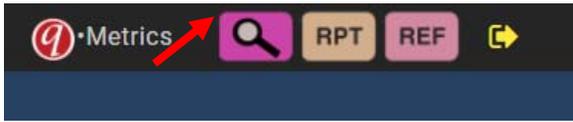
ICT: Coming Soon
 Line of Business: Coming Soon
 Campus: Coming Soon

Tier: Coming Soon
 Benefit Risk (Options): Coming Soon
 Referral Network: Coming Soon

Apply Reset

Beneficiary ID	Beneficiary Name	Num Compliant	DOB	Sex	Street	City	State	Zip	Phone	Aligned Prov*	Latest Annual Wellness Visit Date
		No				Glendale	AZ				08/03/2017
		Yes				Phoenix	AZ				08/20/2015
		Yes				Phoenix	AZ				05/10/2018
		Yes				Glendale	AZ				04/05/2018

- To view a specific patient’s profile with all STAR measures he/she is due for, select the magnifying glass located on the top left corner, you will be prompted to search your patient using member name and/or member ID.



Member Search

Last Name

First Name

Member ID

Date of Birth
MM DD YYYY

- Once patient is searched, select the member ID to review the patient’s profile.

Member Search Results

Member ID	Last Name	First Name	Date of Birth	Aligned Provider	Line of Business	Outstanding Measures	Boarding Pass
					Medicare Advantage	0	

- The patient’s Quality Measures Summary provides member demographic and STAR measure information:
 - Measures that appear within the Green (Non-Compliant Measures) section, are outstanding or non-compliant STAR measures for the measurement year
 - Measures that appear within the Yellow (Compliant Measures) section, are completed or compliant STAR measures for the measurement year
 - Measures that appear in the Blue (Exclusion) section, are measures excluded from measurement year as the patient meets excluding clinical criteria

Member Name Member ID

Sex | Age | DOB Health Plan LOB

Language Eligibility Date City

Contact

Address

PCP

PCP Contact

Referral Network

Member Email

State | Zip

Non-Compliant Measures

Part D Summary

Diabetes Care - Eye Exam	Supplemental Data WorkFlow	Denominator
Diabetes Care - HbA1c <= 9%	Supplemental Data WorkFlow	Denominator
Diabetes Care - Nephropathy	Supplemental Data WorkFlow	Denominator

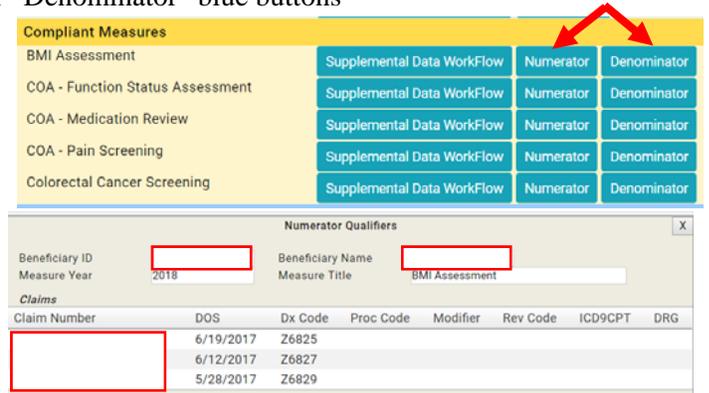
Compliant Measures

BMI Assessment	Supplemental Data WorkFlow	Numerator	Denominator
COA - Function Status Assessment	Supplemental Data WorkFlow	Numerator	Denominator
COA - Medication Review	Supplemental Data WorkFlow	Numerator	Denominator
COA - Pain Screening	Supplemental Data WorkFlow	Numerator	Denominator
Colorectal Cancer Screening	Supplemental Data WorkFlow	Numerator	Denominator

Exclusion

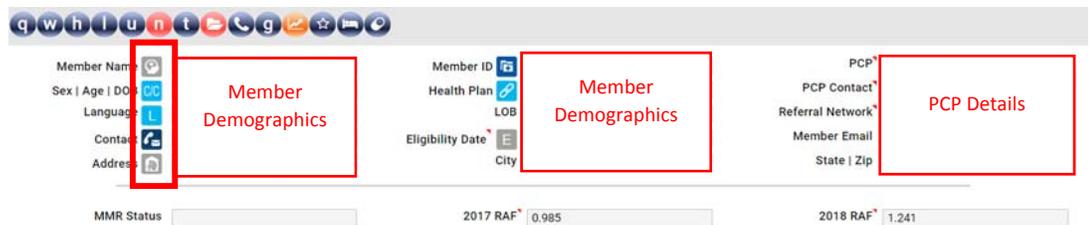
8. To view detailed encounter data that defines the patient’s eligibility for meeting STAR measures’ Denominator and/or Numerator criteria, select the blue “Numerator” or “Denominator” blue buttons

- A screen will prompt providing claim number, DOS, and coding information for claims meeting Numerator or Denominator criteria



9. Home Page (Health/HCC Summary) display

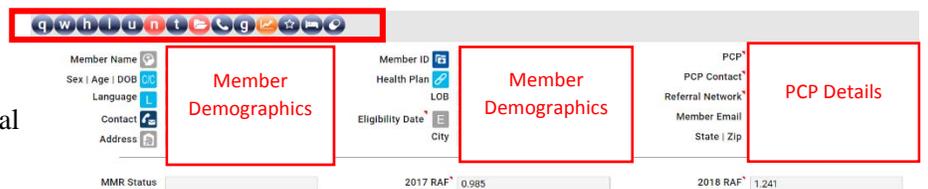
- Data summarized includes:
 - Icons with data details
 - Patient demographics
 - Eligibility
 - PCP assignment
 - Current/prior years RAF
 - Gaps in Care



• Icon details:

- Language Select the blue L to enter the member’s preferred language
- Contact Select this icon to display the member’s contact information including: Phone number and email address. This will also allow updated contact information to be loaded.
- Address This icon will be RED if member is homeless

10. The patient’s Quality Measures Summary Page also includes icon links to view additional member demographics & historical data

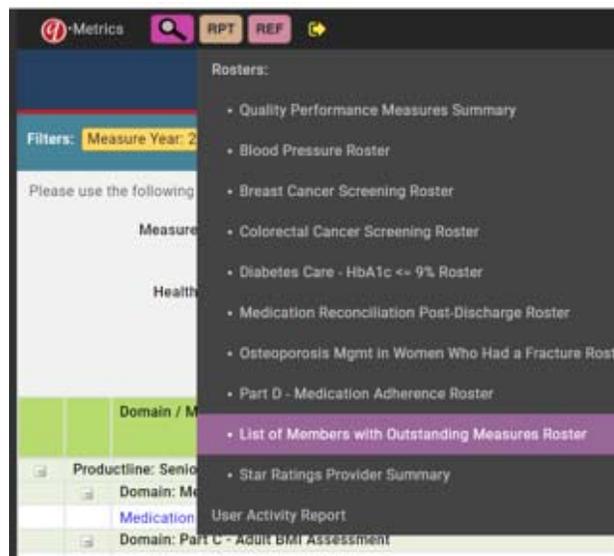


• Hovering over circle icons that provide hyperlink to data include the following:

- Will appear red if Annual Wellness Visit has been completed. Click icon for DOS, CPT and provider information.
- Will appear red if member is receiving Hospice care. Click icon for Hospice information.
- Click icon to access evidence based clinical decision support resources on UptoDate.com.
- Will appear red if member is due for STAR measures. Click icon to see outstanding measures.
- Will appear red if member has inpatient admissions. Click icon for inpatient information.
- Will appear red if member has medical notes loaded into q.HMO. Click icon for retrieval of medical notes and/or uploading medical notes (**Refer to q.Health Documentation**)

11. q.Metrics also has member **detailed Roster Reports** available for measure/members/provider specific information.

- On the top left, hover over **RPT** icon and a list of reports will be displayed including:
 - Quality Performance Measures Summary
 - Blood Pressure Roster
 - Breast Cancer Roster
 - Colorectal Cancer Roster
 - Diabetes Care-HbA1c Roster
 - Medication Reconciliation Post Discharge Roster
 - Osteoporosis Management in Women who had a Fracture Roster
 - Part D-Med Adherence Roster
 - List of Members with outstanding Measures Roster
 - Star Ratings Provider Summary



These reports may be exported into Excel by clicking the  icon on the top right

- Below is the description of each report:
 - **Quality Performance Measures Summary:** Refreshes screen back the Home or [Quality Performance Measures Summary](#) page
 - **Blood Pressure Roster:** Generates a list of patients meeting the Blood Pressure measure criteria (denominator), tracking the compliance status, denominator and numerator claim encounters information and last AWW throughout the measurement year
 - **Breast Cancer Screening Roster:** Generates a list of patients within the breast cancer screening denominator and includes compliance status, information of the last mammography billed and last AWW throughout the measurement year
 - **Colorectal Cancer Screening Roster:** Generates a list of patients within the colorectal cancer screening denominator and includes compliance status, information of the last colorectal screening billed and last AWW throughout the measurement year
 - **Diabetes Care-HbA1c <=9% Roster:** Generates a list of patients within the comprehensive diabetes care hemoglobin A1c denominator and includes compliance status, information and last HbA1c billed and last AWW throughout the measurement year
 - **Medication Reconciliation Post-Discharge Roster:** Generates a list of patients within the MRP denominator with compliance status details, in-patient/SNF stay details, including: date of admission, date of discharge and due date for medication reconciliation with daily countdown
 - **Osteoporosis Management in Women Who Had a Fracture Roster:** Generates a list of patients within the OMW denominator and includes compliance status, information of the last bone density billed and last AWW throughout the measurement year
 - **Part D-Medication Adherence Roster:** Generates a list of patients who have filled medications that qualify the patient to become part of the Part D Proportions of Days Covered adherence measures' denominators. Patients on this report may not yet be in the denominator if they have not filled the medications class enough times to meet criteria. This report includes the following information: Measure, denominator status, last filled date, quantity supplied, next due date, medication name, compliance rate (as of most updated Pharmacy Data obtained and loaded into q.Metrics), and last AWW

- **List of Members with Outstanding Measures Roster:** Generates a list of members outstanding for STAR measure(s) as of the date ran.
- **Star Ratings Provider Summary Roster:** Lists the providers within the PCP’s office and displays each provider’s Part C, Part D & Overall STAR Score
- Below is an example of the Roster Report for Breast Cancer Screening:
 - Filtering report can be done to specify the following: Measurement year, compliance status(compliant or non-compliant), or PCP (if multiple PCPs are assigned to the same group)

The screenshot shows the 'Breast Cancer Screening Roster' interface. At the top, there are navigation tabs for Metrics, RPT, and REF. The title 'Breast Cancer Screening Roster' is centered. Below the title, there are filter buttons for 'Measure Year: 2018' and 'Measure Type: Star'. A section titled 'Please use the following selections to filter' contains several dropdown menus: Measure Year (2018), Compliance Status (All), PCP (All), Health Plan (All), Zone (Coming Soon), Measure Type (Star), Measure Name (All), ICT (Coming Soon), Line of Business (Coming Soon), Campus (Coming Soon), Tier (Coming Soon), Benefit Risk (Options) (Coming Soon), and Referral Network (Coming Soon). There are 'Apply' and 'Reset' buttons below the filters.

Member ID*	Member Name	Compliance Status	PCP Name	Latest Test Date	Code	Code Type	Code Description	Health Plan	Latest Annual Wellness Visit Date
		Compliant		06/15/2018	77067	CPT	Scr mammo bi incl cad	Health Net	03/07/2018
		Compliant						WellCare	
		Compliant		03/20/2018	77067	CPT	Scr mammo bi incl cad	Health Net	05/16/2018
		Compliant		07/18/2017	77067	CPT	Scr mammo bi incl cad	Health Net	02/27/2018
		Compliant		06/07/2018	77067	CPT	Scr mammo bi incl cad	Health Net	06/06/2018
		Compliant		01/01/2017	77057	CPT	Mammogram screening	Health Net	04/18/2018
		Compliant		10/12/2018	77067	CPT	Scr mammo bi incl cad	Health Net	03/09/2018
		Compliant						Health Net	07/10/2018
		Compliant		06/04/2018	77067	CPT	Scr mammo bi incl cad	Health Net	03/12/2018
		Compliant		02/14/2018	77067	CPT	Scr mammo bi incl cad	Health Net	08/03/2018
		Compliant		03/22/2017	77057	CPT	Mammogram screening	Health Net	10/08/2018
		Compliant		07/10/2018	77067	CPT	Scr mammo bi incl cad	Health Net	06/11/2018
		Compliant		06/29/2018	77067	CPT	Scr mammo bi incl cad	Health Net	09/04/2018
		Compliant		05/24/2018	77067	CPT	Scr mammo bi incl cad	Health Net	10/22/2018
		Compliant		05/03/2017	G0202	HCPCS	Scr mamm bilat incl cad when perf	Health Net	04/17/2018
		Compliant		06/04/2018	77066	CPT	Dx mammo incl cad bi	Health Net	03/08/2018
		Compliant		09/27/2017	77067	CPT	Scr mammo bi incl cad	Health Net	05/23/2018
		Compliant		11/30/2016	77057	CPT	Mammogram screening	WellCare	07/19/2018
		Compliant		10/18/2016	G0202	HCPCS	Scr mamm bilat incl cad when perf	Health Net	12/11/2018
		Compliant		05/15/2018	77063	CPT	Breast tomosynthesis bi	Health Net	

Callouts in the image point to specific data points:

- Member demographics:** A red box highlights the first two columns (Member ID and Member Name).
- PCP Information:** A red box highlights the third column (PCP Name).
- Status of compliance:** A red callout bubble points to the 'Compliance Status' column.
- Last mammogram billed info:** A red callout bubble points to the 'Latest Test Date', 'Code', and 'Code Type' columns.
- Date of last annual wellness visit:** A red callout bubble points to the 'Latest Annual Wellness Visit Date' column.