

Quality Metrics, Provider Performance, ACO Structure and Expansion

January 4, 2019

Quality Reporting Program

Structure Decisions

Central Data Repository

Gap Analysis

Patient History

Search | EHR API Connector

Care Gap Text Notification

Performance Score

Submission to Payer Process

Optimal Gaps

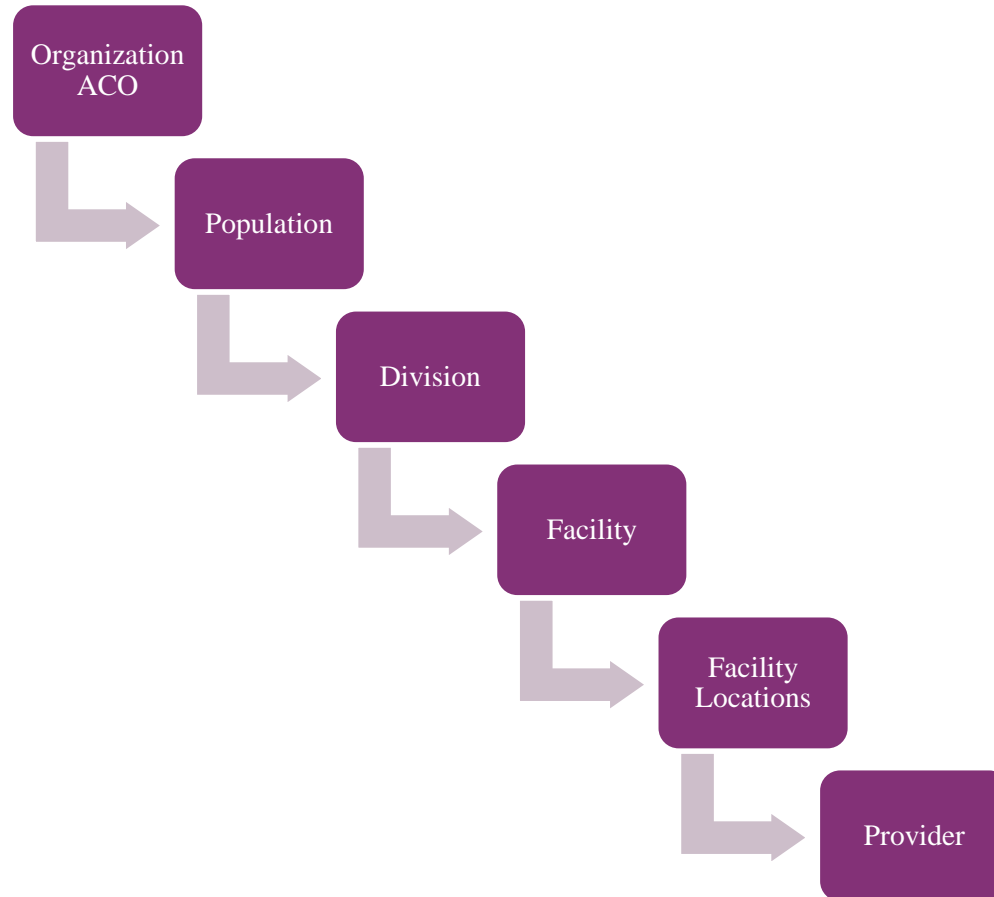
ACO Expansion

Structure Decisions



- Hierarchy Levels
- Patient Assignment Algorithm
- QM Import Chart

Hierarchy Levels



```
graph TD; ACO[ACO] --- D1[Division  
[group of TINs/ facilities]]; ACO --- D2[Division  
[group of TINs/facilities]]
```

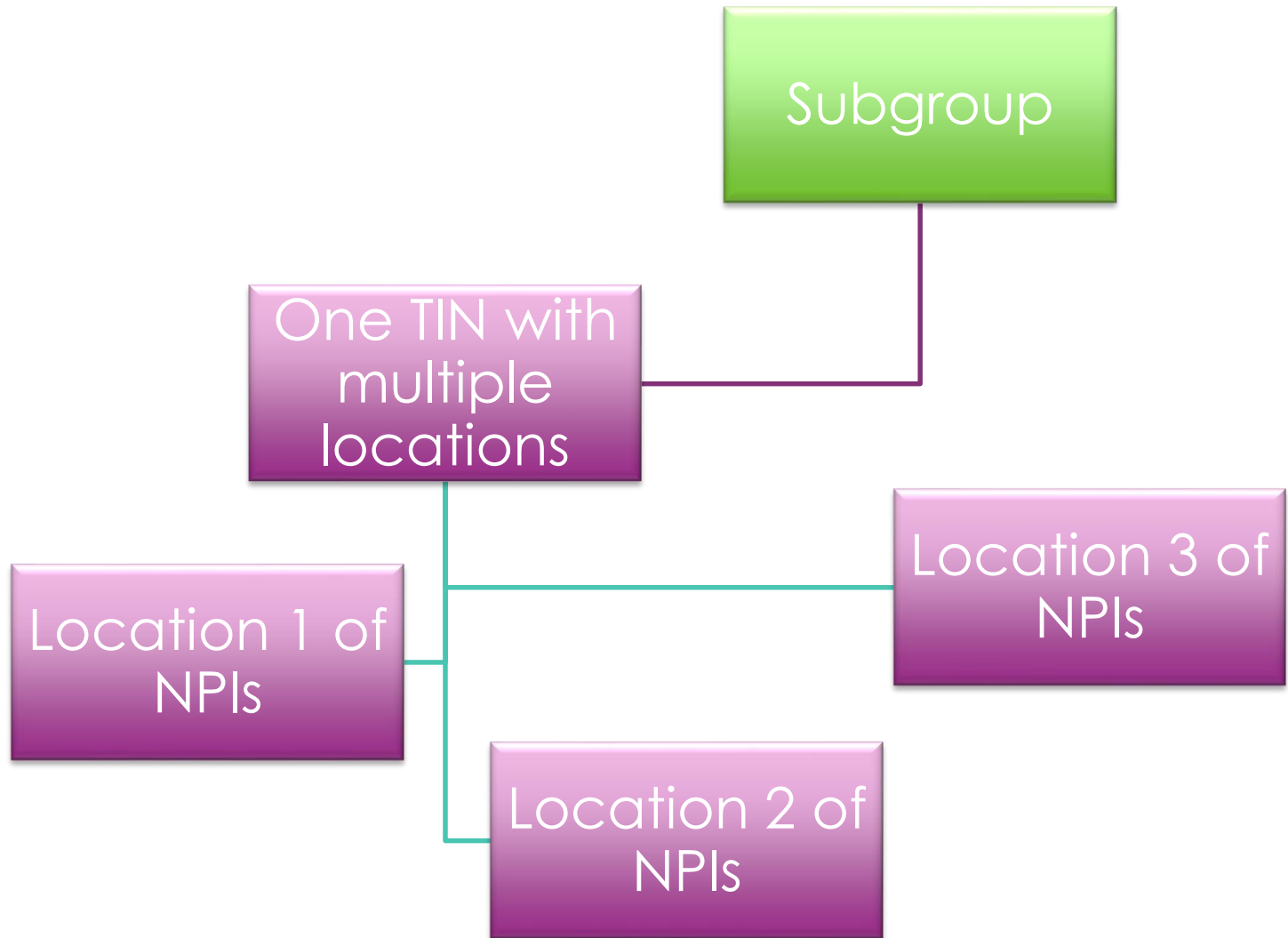
ACO

Division

[group of TINs/ facilities]

Division

[group of TINs/facilities]



Patient Assignment Algorithm

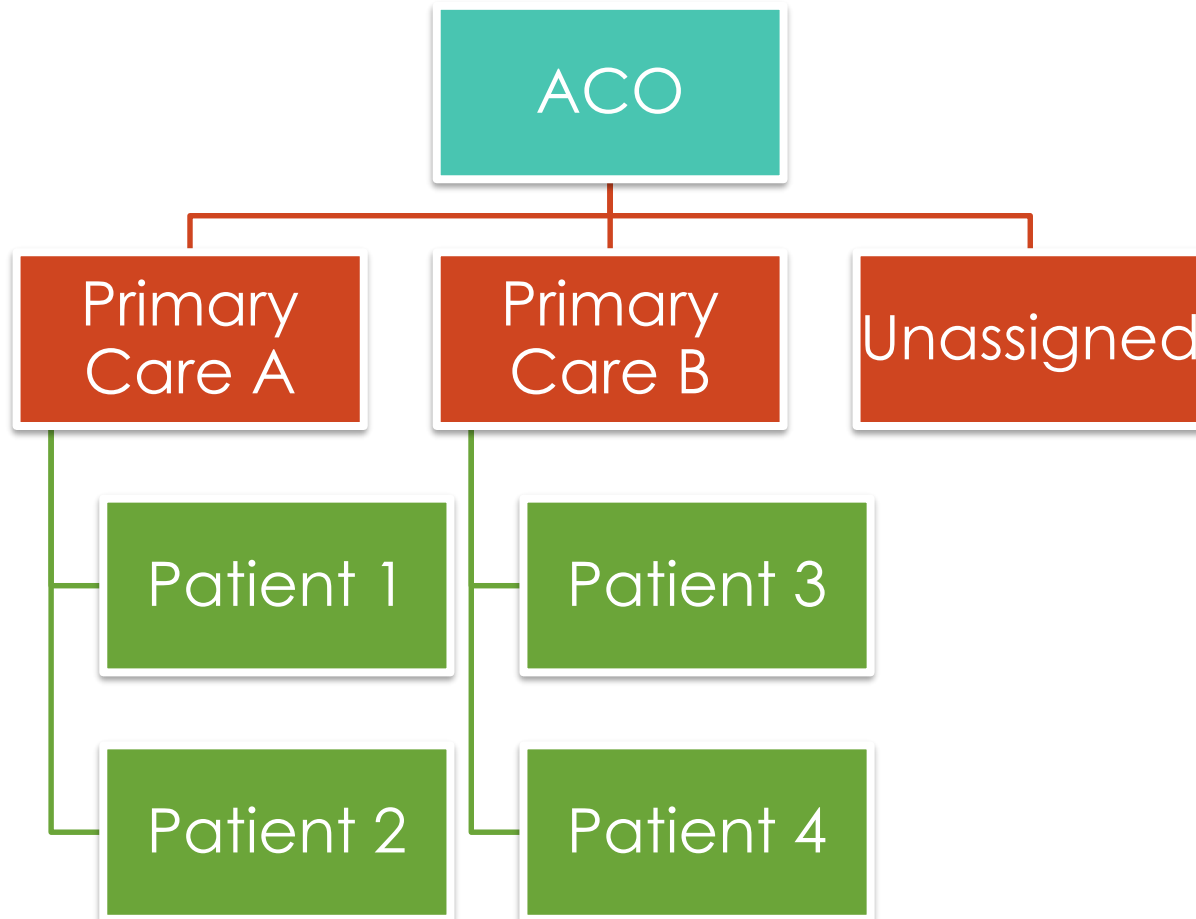
- An algorithm applied to claims data year-round automatically assigns patients to an individual provider (NPI).
- The result is each patient has a provider assigned for quality and financial accountability.
- The organization may also provide a mapping file.
- Historical periods may be saved to conduct analysis on past data sets.



Patient Assignment Algorithm

- TIN/MGMT Tool tells us what providers to look for
- Lookback is 12 months
- Then lookback is 36 months if no provider found in first 12 months
- Primary Care Provider (PCP) first
- Greater number of visits
- If a tie then most recent visit
- Specialists only if client approves
- Unassigned is where patients go with no visits

Goal - Every Patient Assigned to Provider for Quality and Financial Accountability



Performance Scorecard

Quality and Financial Accountability

2018 YTD Spend

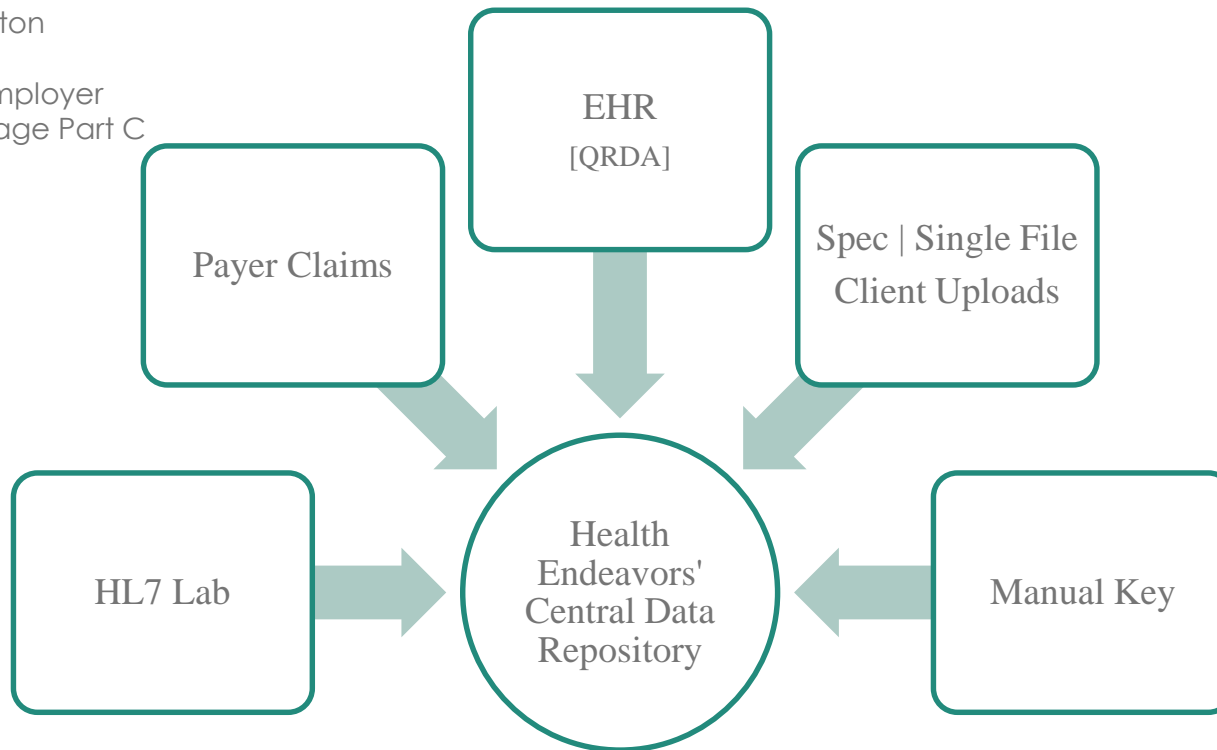
| <i>Payer Type</i> | <i>HCC Benchmark</i> | <i>YTD AVG Per Patient Spend</i> | <i>YTD AVG Per Patient Spend vs HCC Benchmark</i> | <i>YTD Benchmark</i> | <i>% Difference from YTD Benchmark</i> |
|---------------------------|----------------------|----------------------------------|---------------------------------------------------|----------------------|--------------------------------------------------|
| <i>Medicare ACO</i> | \$11107.60 | \$16354.36 | 147.24% ✘ | \$14467.59 | 13.04% ✘ |
| <i>BCBS</i> | \$0.00 | \$0.00 | 0.00% | - | - |
| <i>Medicare Advantage</i> | \$0.00 | \$0.00 | 0.00% | - | - |

* YTD Spend based on all attributed patients to a provider.

- ✔ LT HCC Benchmark
- ✘ GT HCC Benchmark

Health Endeavors' Central Quality Data Repository

Medicare ACO CCLF
Medicare Blue Button
Commercial
TPA/Self-Insured Employer
Medicare Advantage Part C
Medicaid



| Domain | Measure | Description | Pay-for-Performance Phase In† | | |
|--------------------------------------|---------|-------------------------------------------------------------------------------------|-------------------------------|-----|-----|
| | | | PY1 | PY2 | PY3 |
| Care Coordination/ Patient Safety | ACO-13 | Falls: Screening for Future Fall Risk | R | P | P |
| Preventive Health | ACO-14 | Preventive Care and Screening: Influenza Immunization | R | P | P |
| Preventive Health | ACO-17 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | R | P | P |
| Preventive Health | ACO-18 | Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan | R | P | P |
| Preventive Health | ACO-19 | Colorectal Cancer Screening | R | R | P |
| Preventive Health | ACO-20 | Breast Cancer Screening | R | R | P |
| Preventive Health | ACO-42 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease* | R | R | R |
| At-Risk Population Depression | ACO-40 | Depression Remission at Twelve Months* | R | R | R |
| At-Risk Population Diabetes | ACO-27 | Diabetes Mellitus: Hemoglobin A1c Poor Control‡ | R | P | P |
| At-Risk Population Hypertension | ACO-28 | Hypertension (HTN): Controlling High Blood Pressure | R | P | P |

QM Import Chart

| Indicate Data Priority for each Measure | Claims (CCLF) Imports | EHR Data Custom Imports | EHR Data Single/Spec File Imports | Manual Key Data | Carryover Data from Previous Year |
|------------------------------------------------------------|-----------------------|-------------------------|-----------------------------------|-------------------|-----------------------------------|
| ACO 13 - Falls: Screening for Future Fall Risk | Select a Number ▾ | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 20 - Breast Cancer Screening | Select a Number ▾ | Select a Number ▾ | 2 ▾ | 1 ▾ | Select a Number ▾ |
| ACO 19 - Colorectal Cancer Screening | Select a Number ▾ | Select a Number ▾ | 2 ▾ | Select a Number ▾ | 1 ▾ |
| ACO 14 - Influenza Immunization | Select a Number ▾ | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 17 - Tobacco Use: Screening and Cessation Intervention | Select a Number ▾ | Select a Number ▾ | 2 ▾ | Select a Number ▾ | 1 ▾ |
| ACO 18 - Screening for Depression and Follow-up Plan | Select a Number ▾ | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 42 - Statin Therapy | Select a Number ▾ | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 27 - DM with HbA1c > 9 percent (poor control) | **[Not Available] | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 28 - Controlling High BP | *[Not Available] | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |
| ACO 40 - Depression Remission | ***[Not Available] | Select a Number ▾ | 2 ▾ | 1 ▾ | [Not Available] |

*Not available as requires blood pressure and date

**Not available as requires lab value and date

*** Not available as requires PHQ9 values and dates

QM Import Chart

| General Questions - Apply to All Measures | Response |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Default Age and Gender (Highest Priority) Applicable measure will be answered N/A if the Quarterly Patient Attribution File indicates that the patient's age or gender is outside of the measure range. | Mandatory |
| Default Date of Death (Highest Priority) Mark all patients as Not Qualified (Skip - Yellow Flag) if the Monthly CCLF Claims Data provides a Date of Death. Also applies to patients with completed questionnaires. | Mandatory |
| Default Date of Hospice? (Highest Priority) Mark all patients as Not Qualified (Skip - Yellow Flag) if the Monthly CCLF Claims Data provides a Date of Hospice. Also applies to patients with completed questionnaires. | Mandatory |
| Default No Diagnosis? (Lowest Priority) Set answer to N/A if the patient has Monthly CCLF Claims Data with no indication of the diagnosis included in the measure. Applies only to at-risk population measures | Yes |
| Default Not Done? (Lowest Priority) Set answer to the default Negative Response (Not Done) if the patient does not have an answer for the measure. See BRD for applicable responses. | No |

Claims Data - Automatic

Form Filters

Search By

To narrow down search results by a facility or TIN, enter that information below.

Select

You may filter the results with the selections below.

Patient Claims:

Module:

Patient Responses:

Patient Quality Score:

Patient Questionnaire:

Deceased/Living Status:

Medical Record Status:

Module Status:

Score: From To Measures Completed

(Includes Both)

DM - Diabetes Mellitus

HTN - Hypertension

IVD - Ischemic Vascular Disease

MH - Depression Remission

PREV 5 - Breast Cancer Screening

PREV 6 - Colorectal Cancer Screening

PREV 7 - Influenza Immunization

PREV 8 - Pneumococcal Vaccination

PREV 9 - Body Mass Index (BMI)

PREV 10 - Tobacco Use

PREV 12 - Clinical Depression

VALUE

Use of Claims Data Year-Round

Value

- Measure completed?
- Who completed the measure?
- When completed?

| Part B | | | |
|----------------------------------------------------------------------|------------|------------|------------------------------------------------|
| Claim ID | Claim Type | Dates | Principal Diagnosis |
| -69468590137 | Non-DMEPOS | 10/17/2017 | Encounter for Immunization ICD-10 Code: Z23 |
| Related HCPCS/CPT Codes: 90653 G0008 | | | |

EHR Data Exchange Formats

Clinical Document Architecture (CDA)

- Consolidated CDA (C-CDA)
- Quality Reporting Document Architecture (QRDA)
 - QRDA-1 [patient detail] [what we want]
 - QRDA-3 [aggregate]

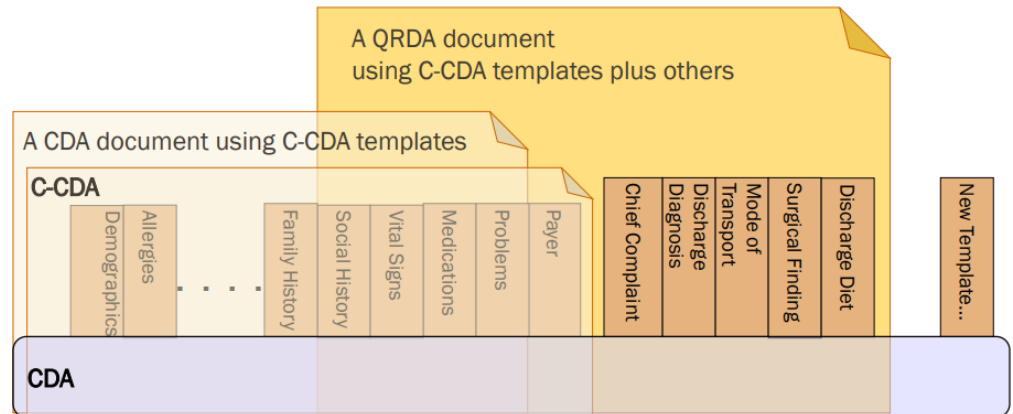
Fast Healthcare Interoperability Resources (FHIR)

- Medicare Blue Button FHIR Explanation of Benefits (EOB)
- Pronounced as Fire

QRDA – CDA Template

- QRDA is a Clinical Document Architecture (CDA)-based standard for reporting patient quality data for one or more quality measures
 - QRDA Category I (Single Patient Report)
 - Individual patient-level report that contains data defined in the measure.
 - QRDA Category III (Calculated Report)
 - Aggregate quality report with a result for a given population and period of time.

QRDA is a CDA-based standard designed to have those data elements needed for quality measurement.



How to mass import EHR data directly into the tool?

Setup a 1-1 meeting with Health Endeavors to be trained on the process.

Select a Module ↓

Care-1

Medication Reconciliation

Care-2

Falls: Screening for Future Fall Risk

PREV-5

Breast Cancer Screening

PREV-6

Colorectal Cancer Screening

PREV-7

Influenza immunization

PREV-8

Pneumococcal Vaccination

PREV-9

Body Mass Index (BMI) Screening and Follow-up

PREV-10

Tobacco Use: Screening and Cessation Intervention

PREV-12

Screening for Depression and Follow-up Plan

PREV-13

Statin Therapy

DM-2

Composite/DM with HbA1c > 9 percent (poor control)

DM-7

Composite/DM and Eye Exam

EMR Upload Center [HE Spec File](#) For 2018

PREV-5: Preventative Health

Question Year: 2018
Module Group: PREV-5
Module Description: Breast Cancer Screening

Upload File You will see a preview of results on the next page

File input

No file chosen

See Example input and template below

Upload file should be the following layout:

| medicare-id | mbi | patient-first-name | patient-last-name | gender | dob | pcmmammogram-date (optional) mm/dd/yyyy |
|-------------|-------|--------------------|-------------------|--------|------------|-----------------------------------------|
| 12345 | 54321 | Jodie | Patient | F | 05/01/1965 | |
| 12345 | 54321 | Sally | Patient | F | 07/12/1945 | |
| 12345 | 54321 | mary | Patient | F | 10/22/1952 | January 4, 2019 |



Single File Import Tool



Only positive questionnaire responses can be uploaded with the tool.



Select the module and related question you would like to complete.



Upload the properly formatted file that contains the patient HICN, MBI or Patient First Name, Last Name and DOB.



You will be provided a preview of actions to be taken prior to any updates being committed.



The process is limited to 1000 records per upload.

Single File Import Tool

- Select the module and related question you would like to complete.
- Upload the properly formatted file that contains the patient HICN Numbers or Patient First Name, Last Name and DOB
- You will be provided a preview of actions to be taken prior to any updates being committed

The process is limited to 1000 records per upload

Upload file should be the following layout:


[EXCEL Template for Uploads](#) 

| HICN | MBI | firstName | lastName | DOB | Comments |
|-------|-------|-----------|----------|------------|----------|
| 12345 | 54321 | Joe | Patient | 05/01/1965 | |
| 12345 | 54321 | Sally | Patient | 07/12/1945 | |
| 12345 | 54321 | Mary | Patient | 10/22/1952 | |

Module:

Please Select A Module 

Response:

Please Select A Response 

No file chosen

Spec File Import Tool –

Get To Automation Using our
Business Requirements
Document

All questionnaire responses can be imported using the tool.

Select the module from the sidebar.

Upload the properly formatted file that contains the patient HICN, MBI or Patient First Name, Last Name and DOB.

Each measure contains a template to be used for the data.

An answer legend will be provided for each measure to detail the responses.

You will be provided a preview of actions to be taken prior to any updates being committed.

The process is limited to 1000 records per upload.

Spec File Import Tool

Select a Module

Care-1

Medication Reconciliation

Care-2

Falls: Screening for Future Fall Risk

PREV-7

Influenza Immunization

PREV-9

Body Mass Index (BMI) Screening and Follow-up

PREV-12

Screening for Depression and Follow-up Plan

PREV-13

Statin Therapy

DM-2

Composite/DM with HbA1c > 9 percent (poor control)

DM-7

Composite/DM and Eye Exam

HTN-2

Controlling High BP

IVD-2

IVD and Use of Aspirin or another Antiplatelet

MH-1

Depression Remission

EMR Upload Center HE Spec File **For 2018**

Care-2: Care Coordination/Patient Safety

Question Year: 2018
 Module Group: Care-2
 Module Description: Falls: Screening for Future Fall Risk

Upload File [You will see a preview of results on the next page](#)

File input

No file chosen

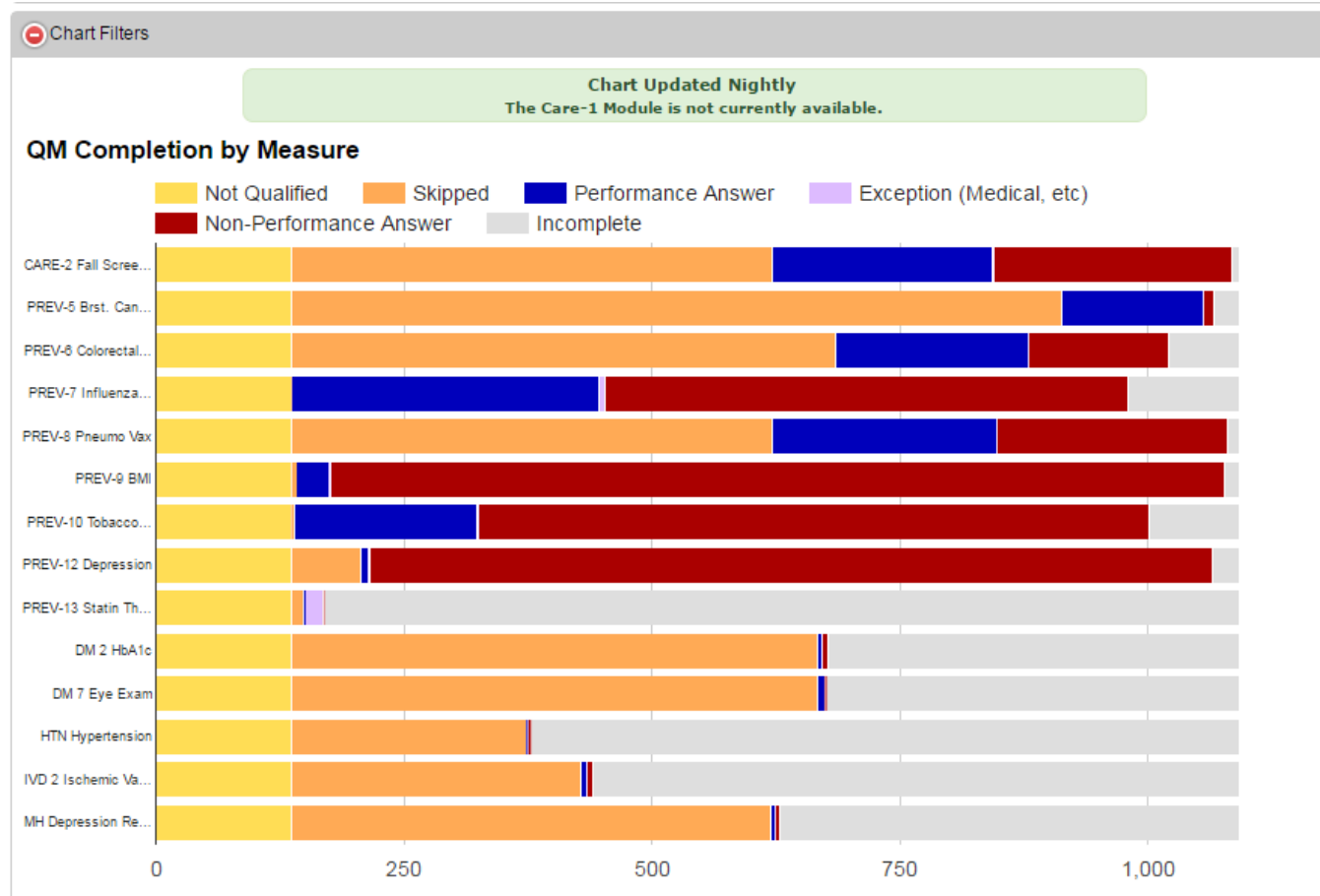
See Example input and template below

[View Preview](#)

Upload file should be the following layout: [Download EXCEL Template](#)

| Medicare-id | mbi | patient-first-name | patient-last-name | gender | birth-date | Falls-Date (optional) | Falls-Comments (optional) | Falls-Screening |
|-------------|-------|--------------------|-------------------|--------|------------|-----------------------|---------------------------|-----------------|
| 12345 | 54321 | Jodie | Patient | f | 05/01/1965 | | | |
| 12345 | 54321 | Sally | Patient | f | 07/12/1945 | | | 2 |
| 12345 | 54321 | mary | Patient | f | 10/22/1952 | | Patient refused | 1 |

Gap Analysis



[Home](#) **Things to Complete**

Wellness Visit
Complete




HbA1C
Action Required

Foot Exam
Action Required

Blood Pressure
Action Required

Tobacco Use
Action Required

LDL-C
Action Required




| Quality  | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------|
| Care-1 Medication Reconciliation |  | Action Required |
| PREV-6 Colorectal Cancer Screening |  | Action Required |
| DM-2 Composite/DM with HbA1c > 9 percent (poor control) | | Done |
| DM-7 Composite/DM and Eye Exam | | Done |
| HTN-2 Controlling High BP | | Done |
| MH-1 Depression Remission |  | Action Required |

Provider and Patient Notification Processes





Patient History

Search | EHR API Connector

Quality

| | | |
|---------------------------------------------------------|------------------------------------------------------------------------------------|-----------------|
| Care-1 Medication Reconciliation |  | Action Required |
| PREV-6 Colorectal Cancer Screening |  | Action Required |
| DM-2 Composite/DM with HbA1c > 9 percent (poor control) | | Done |
| DM-7 Composite/DM and Eye Exam | | Done |
| HTN-2 Controlling High BP | | Done |
| MH-1 Depression Remission |  | Action Required |

Cost and Utilization

| | | |
|-----------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 2018 YTD Spend | | \$20945.80 |
| 2018 HCC Benchmark | | \$16778.70 |
| 2018 HCC Benchmark vs 2018 YTD Spend |  | 125.00% |
| Out of Network Spend* | | \$16401.07 |
| Office Visits* | | 03-23-2018;04-16-2018;08-14-2018;10-17-2018;10-19-2018;11-01-2018 |
| Most Visited Provider* | | 1003808809 MR. SHARAM DANESH MD |
| Last Wellness Visit* |  | 04/24/2017 |
| Admits* |  | 1 |
| Readmissions* | | 0 |
| ED Visits* | | 0 |
| ED Visits that led to Hospitalizations* | | 0 |
| CT Scans* |  | 2 |
| MRI Events* | | 0 |

Patient Match

The screenshot shows an EHR patient record interface. At the top, there is a header bar with patient information: Allergies: Yeast-X Powder, DOB, Age, Gender, Phone, Encntr: <No - Encounter class type>, Address, Portal: Never Invited, ACO: Select MSSP, PCP: Dawn Simala, DO, and PCMH. Below the header is a navigation menu on the left with options like Immunizations, Diagnoses and Problems, Allergies, Medications, Orders (Non-Meds), Histories, Growth Chart, Health Maintenance, Form Browser, Appointments, MHIN Community, External Community, Person Information, Test MPages Context Variables, MultiMedia Manager, Data Reconciliation, Visit Summary, Ambulatory Summary, Ambulatory Workflow, and Select ACO. The main content area displays patient details: HICN, DOB, Sex, and Dual Eligible: Non-Medicaid. Below this is a section for Patient Contact Information (Not available) and Patient Chart Summary, which includes a table of claims (Part A, B, DME, D) and a diagnosis list. A callout box labeled 'Select Patient Match Integrated Data' points to the 'Select ACO' option in the left menu. Another callout box labeled 'Select Patient in EHR' points to the 'ACO: Select MSSP' field in the header bar.

Wellness, Quality, Disease and Medication Care Gaps Text Notifications

[← Home](#) **Things to Complete**

| | |
|------------------------------------------|-------------------------------|
| Wellness Visit Complete | Change Status |
| HbA1C Action Required | Change Status |
| Foot Exam Action Required | Change Status |
| Blood Pressure Action Required | Change Status |
| Tobacco Use Action Required | Change Status |
| LDL-C Action Required | Change Status |



[Save Activity Statuses](#)

Performance Score



| PREV-5 | PREV-6 | PREV-7 | PREV-8 | PREV-9 | PREV-10 | PREV-12 |
|---------|--------|--------|--------|--------|---------|---------|
| 90% | 90% | 90% | 90% | 90% | 90% | 90% |
| 92.19% | 58.78% | 29.87% | 44.60% | 4.26% | 18.15% | 2.27% |
| 66.67% | 83.33% | 48.78% | 78.26% | 7.50% | 20.00% | 0.00% |
| 77.78% | 61.11% | 37.50% | 45.45% | 5.56% | 22.86% | 0.00% |
| 85.71% | 57.14% | 44.74% | 63.64% | 4.88% | 30.77% | 2.63% |
| 100.00% | 78.57% | 28.21% | 36.84% | 2.27% | 24.39% | 0.00% |
| 71.43% | 63.64% | 50.00% | 69.57% | 2.38% | 25.00% | 0.00% |
| 100.00% | 66.67% | 43.90% | 70.83% | 6.67% | 25.64% | 0.00% |
| 100.00% | 53.85% | 15.63% | 45.83% | 8.11% | 27.27% | 3.03% |
| 87.50% | 44.44% | 38.46% | 50.00% | 2.13% | 20.45% | 0.00% |
| 80.00% | 43.75% | 53.85% | 72.73% | 6.67% | 29.27% | 2.86% |
| 93.33% | 59.04% | 41.99% | 70.00% | 7.00% | 29.95% | 1.75% |

Performance Scorecard

Quality and Financial Accountability

| 2018 YTD Spend | | | | | |
|---------------------------|----------------------|----------------------------------|----------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------|
| <i>Payer Type</i> | <i>HCC Benchmark</i> | <i>YTD AVG Per Patient Spend</i> | <i>YTD AVG Per Patient Spend vs HCC Benchmark</i> | <i>YTD Benchmark</i> | <i>% Difference from YTD Benchmark</i> |
| <i>Medicare ACO</i> | \$11107.60 | \$16354.36 | 147.24%  | \$14467.59 | 13.04%  |
| <i>BCBS</i> | \$0.00 | \$0.00 | 0.00% | - | - |
| <i>Medicare Advantage</i> | \$0.00 | \$0.00 | 0.00% | - | - |

* YTD Spend based on all attributed patients to a provider.

 LT HCC Benchmark
 GT HCC Benchmark

Submission Process

| Domain | Measure | Description | Pay-for-Performance Phase In† | | |
|--------------------------------------|---------|-------------------------------------------------------------------------------------|-------------------------------|-----|-----|
| | | | PY1 | PY2 | PY3 |
| Care Coordination/ Patient Safety | ACO-13 | Falls: Screening for Future Fall Risk | R | P | P |
| Preventive Health | ACO-14 | Preventive Care and Screening: Influenza Immunization | R | P | P |
| Preventive Health | ACO-17 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | R | P | P |
| Preventive Health | ACO-18 | Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan | R | P | P |
| Preventive Health | ACO-19 | Colorectal Cancer Screening | R | R | P |
| Preventive Health | ACO-20 | Breast Cancer Screening | R | R | P |
| Preventive Health | ACO-42 | Statin Therapy for the Prevention and Treatment of Cardiovascular Disease* | R | R | R |
| At-Risk Population Depression | ACO-40 | Depression Remission at Twelve Months* | R | R | R |
| At-Risk Population Diabetes | ACO-27 | Diabetes Mellitus: Hemoglobin A1c Poor Control‡ | R | P | P |
| At-Risk Population Hypertension | ACO-28 | Hypertension (HTN): Controlling High Blood Pressure | R | P | P |

What is the time period to report GPRO?

| Description | Time Period |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Beneficiary Sample files available on MFT. Discharge dates for CARE-1 (Medication Reconciliation) not included. | December 21 st , 2018 |
| Patient list populated in Health Endeavors GPRO 2018 interface. | December 21 st , 2018 |
| Beneficiary Sample files to be available for download from CMS GPRO Web Interface. Discharge dates for CARE-1 (Medication Reconciliation) included. | January 7 th , 2019 |
| GPRO 2018 Medicare reporting period. | January 22 nd , 2019 – March 22 nd , 2019 |
| Last date to safely manually key GPRO 2018 data. | March 18 th , 2019 |

Who are my patients for GPRO?

Home Care Quality Analytics Commercial Legacy

QM 2017

QM 2017

GPRO 2017

QM 2018

QM 2018

GPRO 2018



QM Admin

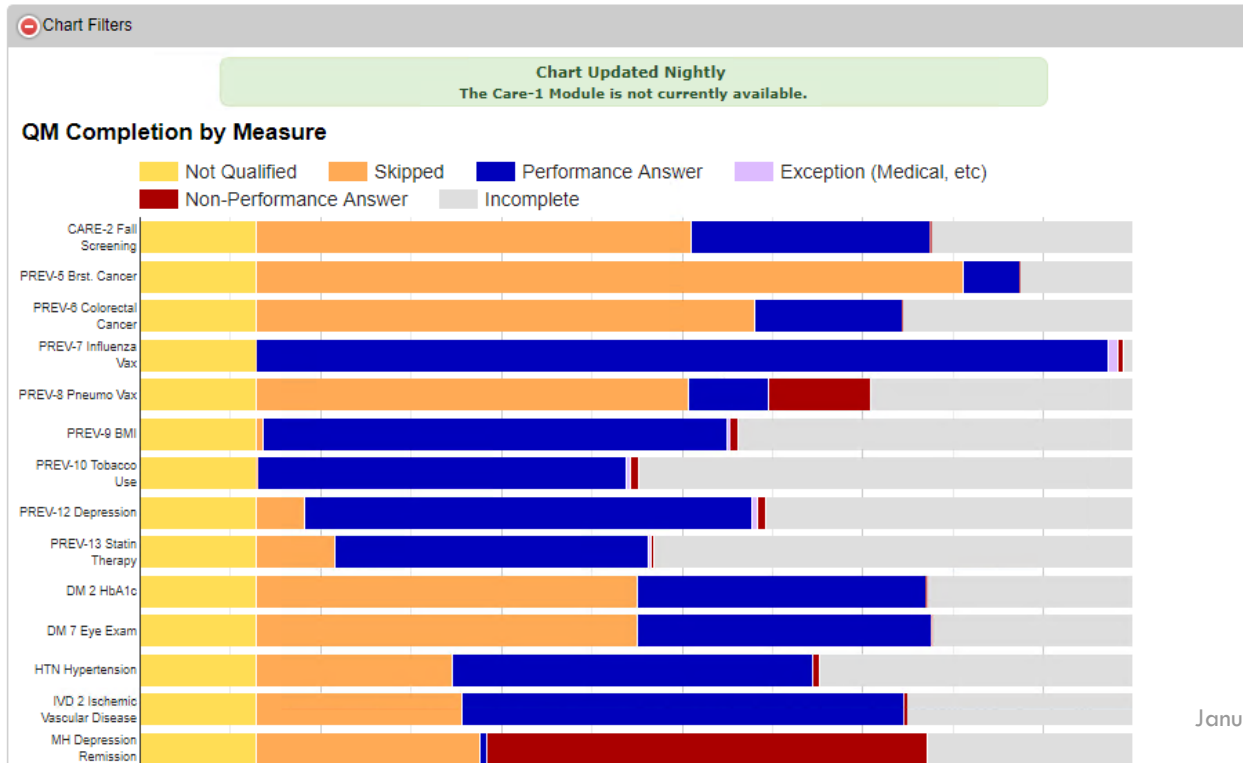
Smart Scorecard

QM Performance Score

QM 2018 Spec File Import

QM 2018 Single File Import

QM 2018 Options Import



What is Sample Size and Ranks

- Random Sample Rank file received on December 21st, 2018.
- Patients ranked 1 to 616 in each Module (with the exception of PREV-13, Statin Therapy, that will have a sample of 750 beneficiaries).
 - May have less than 616 if not enough patients to fill the module.
- **ACO Required to complete 1 to 248 consecutively.** For each beneficiary that is skipped, the organization must completely report on the next consecutively ranked beneficiary until the target sample of 248 is reached or until the sample has been exhausted.
- 249 to 616 the oversample [Patient or Module Skips].

RED Number = Ranked and Complete module with non-performance answer

GREEN Number = Ranked and Complete module with performance answer

BLUE Number = Ranked and Complete module with denominator exception answer (not scored)

ORANGE Number = Ranked Patient and skipped (e.g. N/A chosen). Only Module is Skipped, not the entire patient.

⚠️ = Patient has claims data

WHITE Number = Ranked and Incomplete module

| DM2 | DM7 | HTN | IVD | MH | PV5 | PV6 | PV7 | PV8 | PV9 | PV10 | PV12 | PV13 | CR1 | CR2 |
|-----|-----|-----|-----|----|-----|-----|-----|-----|-----|-------|------|------|-----|-----|
| 100 | 100 | 134 | | | 41 | 10 | | | | | | | | |
| | | | | | | | 21 | | | | | | 117 | |
| | | | | | | | 13 | | | 100 | | | | |
| 34 | 34 | | | | | | | | | 114 | | | | |
| 65 | 65 | | | 9 | | | | | | 30 | | | | |
| | | 23 | | | | | | | | | | | | 90 |
| | | | | | 141 | | | | | | | | | |
| | | | | | | | | | | 13 ⚠️ | | | | |
| | | 65 | | 8 | | | | | | 58 | | | 14 | |
| | | | | | | 99 | | | | | | 47 | | |
| | | | 13 | | | | | | | 78 ⚠️ | | | 97 | |

Non-Performing Identifier

Patient Measure Information ✕

ACO 28 HTN-2 At Risk Population

Controlling High BP

N/A (Patient does not have a diagnosis of Hypertension.)

N/A (HTN diagnosis but excluded due to medical reasons (ESRD, dialysis, renal transplant or pregnancy))

N/A (Patient greater than or equal 65 years of age and enrolled in institutional special needs plan or residing in a long term care facility.)

Did the patient have a diagnosis of hypertension and have a controlled blood pressure during the measurement year?

Manual Data [Demo SO 03/22/2018]

Most recent BP controlled (< 140/90mmHg)

Most recent BP NOT controlled (≥ 140 mmHg systolic and/or ≥ 90 mmHg diastolic) 🚩

Patient did NOT have BP measurement performed, no medical reason given 🚩

Date Performed (2018):

Systolic Value: (0-350mmHg):

Diastolic Value: (0-200mmHg):

Comments:

Close

Patient Name: Martha TestPatient0A2A1

DOB: 11/29/1939

HICNO: 172481962X

ACO 14

PREV-7

Preventative Health

Influenza Immunization

Claims (click to expand)

Did the patient receive an influenza immunization during the current flu season or from previous receipt?

Claims Data [11/17/2018] - not editable

- Patient received influenza immunization during the current flu season
- Patient/Parent reasons for declining immunization
- Patient not vaccinated due to medical reason, documentation in record (e.g. allergy)
- Patient not vaccinated due to system reasons
- Vaccination NOT received (no medical or other reason) 🧑‍⚕️

Service Date: 09/28/2017

Comments: Service Date: 2017-09-28

Data Source

Patient Name: Bobby TestPatient


Claims Data Expansion

ACO 16 PREV-9 Preventative Health

Body Mass Index (BMI) Screening and Follow-up

- N/A (Excluded from measure due to medical reasons (e.g. pregnancy, palliative care))
- N/A (Excluded from the measure due to documented patient refusal of height and/or weight measurement or refusal of follow-up)

Claims (click to collapse)

| Claim ID | Claim Type | Dates | Principal Diagnosis | Addtl. Diagnoses | Action |
|--------------|------------|------------|-------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|
| -77951653514 | Non-DMEPOS | 08/20/2018 | Chronic Lymphocytic Leukemia of B-Cell Type Not Having Achieved Remission ICD-10 Code: C9110 | |  |

Related HCPCS/CPT Codes: [G8417](#)

Did the patient have a calculated BMI at the most recent visit or within the previous 12 months? Did the patient require a follow-up plan for being outside normal parameters?

Single/Spec File Data [System 05/15/2018]

January 4, 2019

pg 40

- Patient BMI within normal parameters in the past 12 months




What is my practice or NPI quality score?

GPRO Scoring Tool calculates scores at the practice/provider level.

+ Expand All

| | Practice CMS 90 Percentile Benchmarks | Total # Attributed | Total # Complete/ Not Qual | CARE-1 N/A* | CARE-2 82.3 | DM-2 | DM-7 | DM-COMP 60.3 | HTN 90 |
|----------------------|---------------------------------------------|-----------------------|----------------------------------|----------------------|------------------------|--------------|--------------|----------------------|----------------------|
| ▶ | Demo Hospital | 303 | 135 | 100.00% | 76.19% | 0.00% | 100.00% | 100.00% | 50.00% |
| ▶ | Demo Practice 2 | 37 | 16 | 0.00% | 0.00% | 100.00% | 0.00% | 0.00% | 100.00% |
| ▶ | Demo Practice 4 | 24 | 9 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ▶ | Demo Practice 5 | 39 | 17 | 0.00% | 75.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ▶ | Demo Practice 6 | 51 | 27 | 0.00% | 60.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ▶ | Demo Practice 7 | 33 | 9 | 0.00% | 100.00% | 0.00% | 100.00% | 0.00% | 0.00% |
| ▶ | Non-assigned practice | 397 | 207 | 100.00% | 90.00% | 50.00% | 66.67% | 0.00% | 100.00% |
| Total Score | | | | 100.00% | 82.67% | 40.00% | 66.67% | 33.33% | 75.00% |
| Points Earned | | 884 | 420 | N: 2 D: 2 2.00 | N: 62 D: 75 2.00 | N: 2 D: 5 | N: 4 D: 6 | N: 1 D: 3 1.25 | N: 3 D: 4 1.70 |

GPRO 2018 Decisions

| GPRO Decisions | Response |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <p>Date to enable GPRO saving</p> <p>This will disable QM 2018. January 03, 2019 is the first available date to enable however please be aware that the sample and ranks may change if you start before January 07, 2019. Discharge dates for CARE-1 (Medication and Reconciliation) are not available until January 09, 2019. You must enable GPRO saving prior to March 18, 2019. After March 18, 2019 changes may not be made.</p> | <input type="text"/>  |
| <p>Unlock TIN / NPI assignment for GPRO? Be careful - see below</p> <p>Your initial selection will take effect on the Date to enable GPRO saving above.</p> | <input type="text" value="No"/> |
| <p>Finalize GPRO submission date</p> <p>The last available date is March 18, 2019.</p> | <input type="text"/>  |
| <p>Launch QM 2019</p> <p>The first available date is January 15, 2019 QM 2019 is locked to your 2019 HASSGN file and cannot be changed until the Q1 2019 QASSGN file is received.</p> | <input type="text"/>  |

Be careful changing this selection. It is defaulted to No, which means we will NOT unlock your TIN/NPI assignment and apply updates that you have made. This assignment for unlock is as of the date the random sample was populated.

If you decide to change to Yes, this means you WILL unlock your TIN/NPI assignment and apply updates that you have made.

If you change to Yes and then No, you will move forward with the assignment at the time you made this change.

Quick Reports

Patient Population

Medicare

Favorites

| Report Category | Report Name | Report Description |
|-------------------------------|----------------------------|--------------------|
| Historical and Goal Benchmark | GPRO Optimal Gaps Analysis | |

Report Options

Year of Service: 2018

Display: Data Download - Analysis Summary

[Run Report](#) [Add to Favorites](#)

GPRO Optimal Gaps Analysis Report

| | A | B | C | D | E | F | G |
|----|-------------|---------------------|-------------------------|--------------------------|---------------------------|-------------------------|---------------------|
| 1 | ModuleGroup | OptimalSample_Skips | OptimalSample_Qualified | OptimalSample_Exceptions | OptimalSample_Denominator | OptimalSample_Numerator | OptimalSample_Score |
| 2 | CARE-1 | -23 | 270 | -6 | 382 | 101 | 26.44 |
| 3 | CARE-2 | -6 | 587 | -2 | 585 | 419 | 71.62 |
| 4 | DM | -26 | 336 | 0 | 336 | 100 | 29.76 |
| 5 | HTN | -20 | 257 | 0 | 257 | 208 | 80.93 |
| 6 | IVD | -128 | 459 | 0 | 459 | 393 | 85.62 |
| 7 | MH | | | | | | |
| 8 | PREV-5 | -6 | 317 | 0 | 317 | 222 | 70.03 |
| 9 | PREV-6 | 0 | 262 | 0 | 262 | 147 | 56.11 |
| 10 | PREV-7 | -5 | 580 | -57 | 523 | 339 | 64.82 |
| 11 | PREV-8 | -5 | 313 | 0 | 313 | 171 | 54.63 |
| 12 | PREV-9 | -9 | 404 | 0 | 404 | 301 | 74.5 |
| 13 | PREV-10 | -5 | 494 | 0 | 494 | 475 | 96.15 |
| 14 | PREV-12 | -24 | 325 | 0 | 325 | 198 | 60.92 |
| 15 | PREV-13 | -151 | 295 | -14 | 281 | 237 | 84.34 |

GPRO Optimal Gaps Analysis Report

Optimal Gaps Analysis calculates the best possible quality score you can achieve.

ACO Expansion

\$ Revenue Models

- CCM 99490 | CPC+
- Virtual Check-in
- Remote Evaluation
- Redirect Out-of-Network
- IPA Association
 - GPRO | HEDIS | Dues Reporting Registry
- Direct Contracting with Self-Insured Employers
PMPM

Alternatives | Expansion

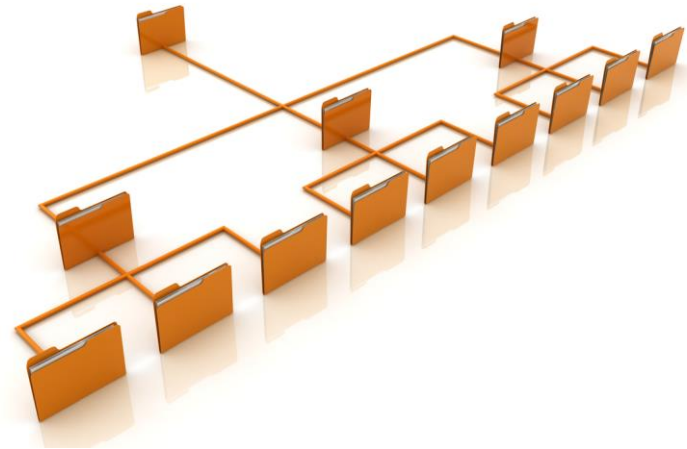
- Clinically integrated network (CIN)
- Virtual Group under MIPS
- All Payer Advanced Alternative – 5% APM
- Payer Expansion
 - Self-Insured Employer/TPA
 - Medicare Blue Button
 - Medicare Advantage
 - Commercial
 - Medicaid

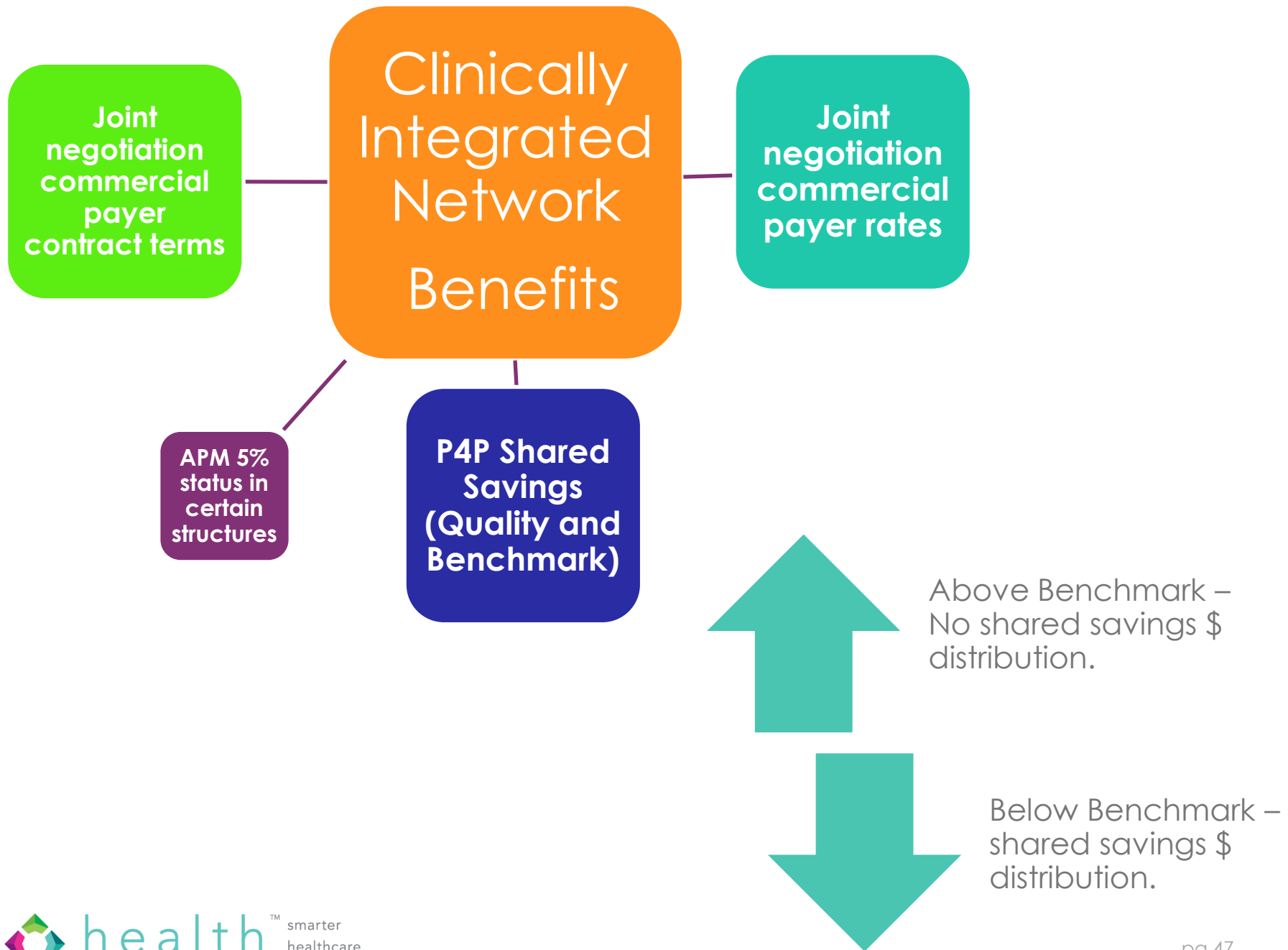
Clinically Integrated Network (CIN)

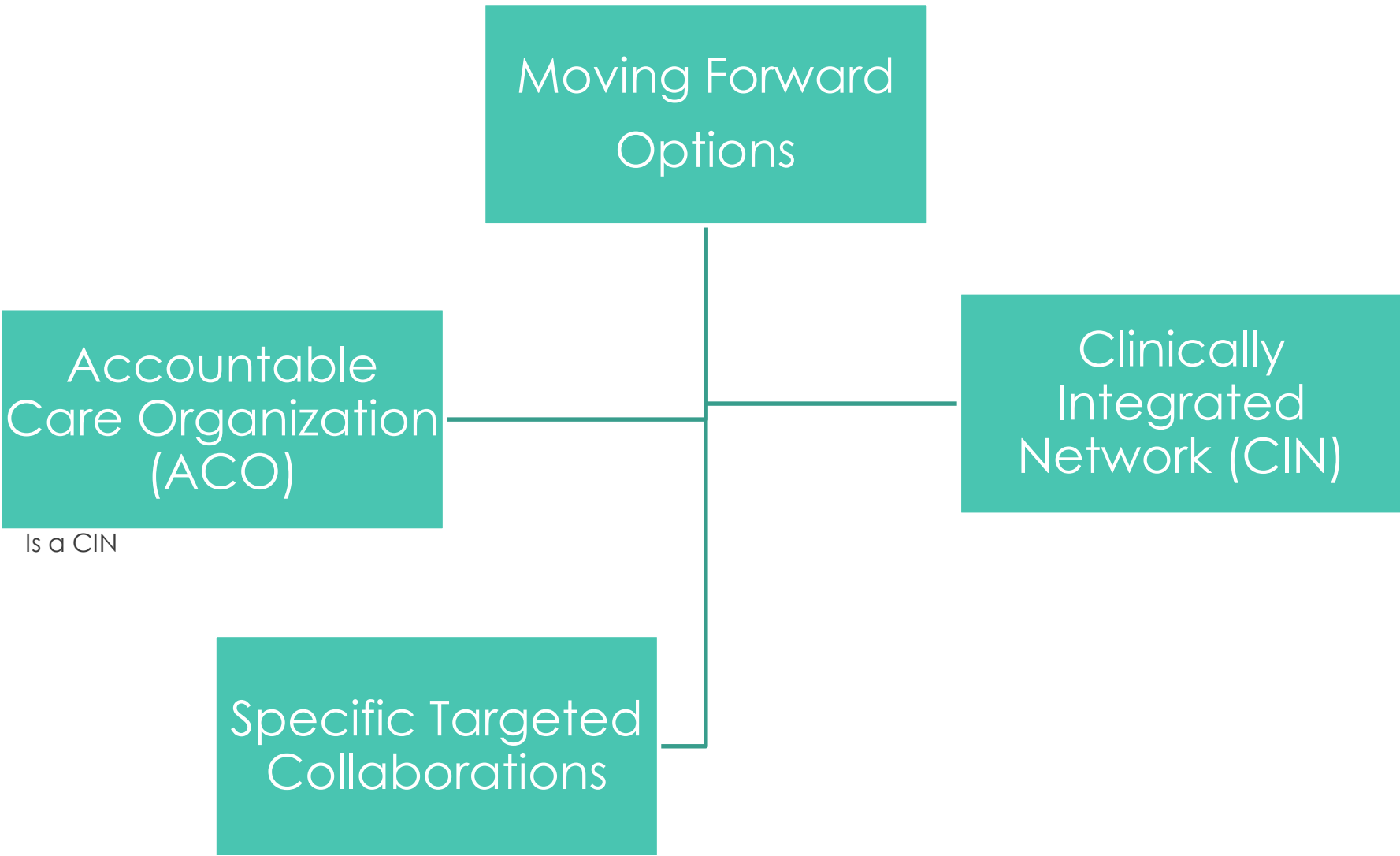
ACO is a CIN

How to achieve CIN?

- Use of common information technology to ensure exchange of all relevant patient data;
- Development and adoption of clinical protocols;
- Review of care based upon implementation of clinical protocols; and
- Mechanisms to ensure adherence to protocols.







Move to CIN or ACO after establishing a more comprehensive initial quality reporting and data-sharing platform that include revenue models.

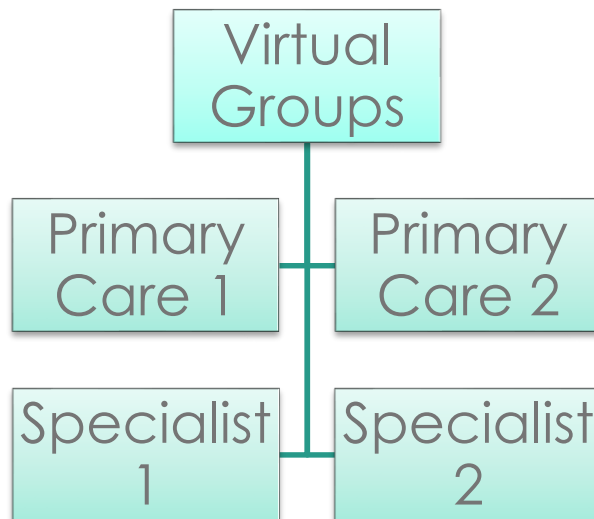
| | Pros | Cons/Concerns |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accountable Care Organization (ACO) | <p>CIN designation</p> <p>Negotiate payer price terms, payment terms and medical staff credentialing with payers (joint negotiator)</p> <p>P4P shared savings program</p> <p>Collective network quality platform established</p> <p>Advanced APM 5% in certain cases</p> | <p>Quality scored as one organization</p> <p>Base number of lives is 5,000</p> <p>Effort of collaboration may not be conducive to the resources available.</p> |
| Clinically Integrated Network (CIN) | <p>Negotiate payer price terms, payment terms and medical staff credentialing with payers (joint negotiator)</p> <p>P4P shared savings program</p> <p>Collective network quality platform established</p> <p>Advanced APM 5% in certain cases</p> | <p>Effort of collaboration may not be conducive to the resources available.</p> |

What is a Virtual Group

A virtual group is defined as a combination of two or more TINs assigned to one or more solo practitioners, or to one or more groups consisting of 10 or fewer clinicians (including at least 1 MIPS eligible clinician), or both, that elect to form a virtual group for a performance period for a year.



Specialty, Geographic, Revenue Size



All-Payer Advanced Alternative Payment Model

- All-Payer Advanced Alternative Payment Models (APMs) Option
- Starting in the 2019 QP Performance Period, eligible clinicians will be able to become Qualifying Alternative Payment Model Participant (QPs) through the All-Payer Option.
- This Option is attainable through participation in a combination of Advanced APMs with Medicare and Other-Payer Advanced APMs.

Medicare Blue Button 2.0

- 4 years health history
- Every 7 day update
- All encounters
 - Part A
 - Part B
 - Part D
- Patient Access Proposed Rule
 - Medicaid
 - Medicare Advantage



Contact

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