

Pay for Performance Guide

Incentive Quality Measures Measurement Year 2021



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Quality Pays!

Introducing Measurement Year 2021 Pay for Performance Program!

As we launch the Pay for Performance 2021 measurement year, I am very excited to share some new program enhancements designed to better support you and your clinic team and provide the opportunity to increase your scores. I'm confident these new enhancements combined with existing program elements will offer you the opportunity to maximize your incentive opportunities.

Our Quality team has developed a more focused communication approach which includes the development of this resource guide designed to provide key details of the Pay for Performance program as well as reduce the volume of paper touches throughout the year. This new resource tool is also available electronically on the Santé website provider portal and the intranet page within the Quality tabs.

Other planned enhancements include:

- Focused outreach we will monitor activity and proactively reach out to providers in need of assistance.
- Clinic independence with care gap reports no more mailers, clinic staff can easily obtain their care gap reports on their own schedule.
- Health plan alignment the health plans play a central role in our incentive program and we plan to tap into their resources to support your efforts.

I encourage you to explore other detailed program information available on the following pages:

- Program Description *if you need a refresher* page 2
 2021 Schedule page 4
 Clinical Massuras Family Practice 8 Internal Medicine page 5
- Clinical Measures Family Practice & Internal Medicine page 5 & 6
- Clinical Measures Pediatric page 7

I'm looking forward to our focused partnership and in your renewed engagement with a greater level of measured success for our patients and ourselves! Again, thank you for making quality care a priority in your clinic.

Sincerely,

H. Michael Synn, M.D. Chief Medical Officer Santé Health System

Program Description

The Santé Pay for Performance program is designed to ensure and assist all IPA providers in the delivery of quality care. Quality care is defined as patients receiving the services that their health status dictates. Quality care is not accomplished independently but instead involves a partnership among patients, providers, health plans and Santé's Quality department.

The quality measures used in the program are designed to:

- Quantify performance in a value-based health care environment
- Standardize a way to monitor how providers and patients are managing their health
 - Measures preventative health services
 - Monitors management of chronic illness, utilization of services, access to care, demographics, etc.

Santé's Pay for Performance program is part of California's Align.Measure.Perform. (AMP) initiative created by Integrated Healthcare Association (IHA) which sets the program criteria in alignment with National Committee for Quality Assurance (NCQA) standards. Santé's AMP participation generates incentives from the health plans which are passed on to participating providers as well as benchmarking the publicly-reported results.

Eligibility Criteria	Pay for Performance (P4P)	STARS					
Patient Population	Commercial	Medicare					
Provider Status	Capitated Family Practice Internal Medicine Pediatrics 	Capitated or Fee-for-Service Family Practice Internal Medicine 					
	Must be an active IPA provider at time of bonus distribution						
Patient Assignment	At least one assigned patient that meets a quality measure's eligibility requirements (i.e., age, diagnosis, etc.)						
Bonus Ranking Qualifiers	First QuartileSecond QuartileThird Quartile	First QuartileSecond QuartileThird Quartile					
Bonus Amount	Percentage of previous quarter's capitation 20% - first quartile 10% - second quartile 5% - third quartile	 Per Member Per Month based on membership RAF-adjusted \$37.50 – first quartile \$25.00 – second quartile \$18.75 – third quartile 					

Score Calculations:

Each quality measure is calculated as a percentage of compliant patients (numerator) within the total eligible patient population (denominator).

Compliant Patients ÷ Eligible Patient Population = Measure Score

In addition to the individual measure score, a composite score is also calculated.

Total Compliant Events ÷ Total Eligible Patient Population = Composite Score

Score Calculations (continued):

Measure	Compliant Events	Eligible Population	Calculation	Score
Breast Cancer Screening	1	2	1/2	50.0%
Colorectal Cancer Screening	2	5	2/5	40.0%
Controlling Blood Pressure	5	8	5/8	62.5%
Total	8	15	8/15	53.3% 🔊

Composite score

Providers are encouraged to address the measures early in the year as scoring is aggregated. While all activity is recorded and scored during the measurement year, a gap closed early in the year (i.e., March) will influence scores throughout the measurement year. However, a gap closed later in the year (i.e., November) will only apply and impact the score in the final cycle.

Rankings:

The bonus structure considers the provider's assigned patient volume and equalizes the variance by setting a patient threshold for each specialty type as well as designating the provider to a ranked or unranked listing. This structure prevents providers with a low patient population to skew the results upwards thus making it more difficult for high volume providers to qualify for incentive pay. Ranked providers must meet the following minimum patient assignment threshold:

	P4P	STARS
 Family Practice 	50 patients	25 patients
 Internal Medicine 	50 patients	25 patients
 Pediatrics 	10 patients	

Providers above the threshold are listed in descending order of their scores. Then the list is divided into four equal-sized groups, called quartiles. For those providers below the threshold, a quartile is assigned depending on where their composite score falls when compared to the scores of the ranked providers.

Bonus Calculations:

Incentive bonuses are calculated and paid quarterly. The earned bonus amount depends on the assigned quartile. For Commercial HMO, the bonus is calculated by multiplying the quartile coefficient to the sum of all capitated payments made to that provider. For Medicare Advantage, the bonus is calculated by multiplying a fixed quartile amount to the provider's average RAF and the number of assigned patients.

Measure score

Measurement Year (MY) 2021 Schedule

Cycle 1	
 May 2021 June 14, 2021 July 2021 	MY2021 Kickoff Data Entry Due Date Ranking & Scorecard Distribution

Cycle 2

- September 14, 2021 Data Entry Due Date
- October 2021 Ranking & Scordecard Distribution

Cycle 3

- December 14, 2021 Data Entry Due Date
- January 2022 Ranking & Scorecard Distribution



The monthly data entry deadline is the 14th calendar day. The system will refresh data by the first calendar day of each month (approximately).

Summary: Commercial HMO Measures

onents
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· 2021. avirus (hrHPV) testing
sed prescription for
9 – 2021. 2 – 2021. ween 2017– 2021. 2017 – 2021.
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essure (BP) during 0 taken during an ⁄isit, or virtual check-in.
e care professional by an eye care I.
alue less than 8.0.
value less than 9.0. ents are identified as n 9.0, or missing a not completed.
lbumin lab. nsing event.
nts n 9. not

- All entries require a date that is equal to the labs result date, procedure report date, radiology report date, cytology result date, and/or eye exam date.
- Blood Pressure values must be entered separately, 1) Systolic and 2) Diastolic

Summary: Medicare STARS Measures

2021 Measure	Demographic	Compliance Components
BCS- Breast Cancer Screening	Female Age: 50 - 74	Evidence of:One or more mammograms between 2020 – 2021.
COL- Colorectal Cancer Screening	Age: 50 - 75	 Most recent evidence of: FOBT- lab result during 2021. FIT-DNA test result between 2019 – 2021. Colonoscopy report between 2012 – 2021. Flexible sigmoidoscopy report between 2017 – 2021. CT colonography between 2017 – 2021.
OMW- Osteoporosis Management	Female Age: 67 - 85	 Within 6-months of a fracture evidence of: BMD test. Received osteoporosis therapy. A dispensed prescription to treat osteoporosis (see medication table).
ART- DMARD Rheumatoid Arthritis	Age: 18+	 Evidence of during 2021: At least one ambulatory prescription dispensed for a DMARD (see medication table).
CBP- Controlling High Blood Pressure	Age: 18 - 75	 Evidence of the most recent blood pressure (BP) during 2021: BP reading that is less than 140/90 taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021.
CDC- Diabetic Eye Exam	Age: 18 - 75	 Evidence of: Retinal/dilated eye exam by an eye care professional during 2021. Negative retinal/dilated eye exam by an eye care professional between 2020 – 2021.
CDC- Diabetic HbA1c Poor Control >9%	Age: 18 - 75	 Evidence of during 2021: Most recent HbA1c test with a value less than 9.0 (this is an inverse measure).
CDC- Diabetic Medical Attention for Nephropathy	Age: 18 - 75	 Evidence of during 2021: Urine protein test- Micro/Macro Albumin lab. ACE/ARB therapy with one dispensing event. Nephropathy treatment. Visit with a nephrologist.

REQUIRED:

- All entries require a date that is equal to the labs result date, procedure report date, radiology report date, and/or eye exam date.
- Blood Pressure values must be entered separately, 1) Systolic and 2) Diastolic

Summary: Pediatric Measures

2021	Complian	ce Components	
Measure	Vaccine	Dose Count	Age Range
	DTaP Diphtheria, Tetanus, Acellular Pertussis	4	
	HepB Hepatitis B	3	
	HiB Hemophilus influenza type B	3	
	Influenza Flu	2	Birth – 2 nd birthday
CIS- Childhood Immunization Status	IPV Inactivated Poliovirus	3	
	PCV Pneumococcal Conjugate	4	
	Rotavirus	2 or 3	
	HepA Hepatitis A	1	
	MMR Measles, Mumps, Rubella	1	1 st – 2 nd birthday
	VZV Varicella Zoster	1	
IMA- Immunizations for	Meningococcal	1	11 th – 13 th birthday
Adolescents	Tdap Tetanus, Diphtheria, Acellular Pertussis	1	10 th – 13 th birthday

REQUIRED:

All entries require a date that equals the date of administration for each dose of a vaccine.

Risk Manager Data Entry Portal Instructions

Risk Manager is the data entry portal used by providers and clinic staff to identify gaps in care and close some of those gaps through a manual entry process for eligible patient populations.

These instructions will show you how to perform the following functions:

- How to run and print a care gap report
- How to close gaps in care by entering events in Risk Manager
- How to enter Exclusions in Risk Manager

When you first log into Risk Manager you will see a PCP Dashboard for the physician. This dashboard provides insight into pre-defined metrics, as well as a measurement of how the physician is doing compared to his/her group and the overall network performance for these metrics.

In the top blue banner of Risk Manager, you will see multiple reporting tabs (Dashboards, Pharmacy, Member, Medical, Profiles, Quality, My Reports).

Your data entry will be focused on two tabs ① Quality and ② My Reports.

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	PCP Das	shboard	Population Risk	Total Efficiency	Admits per 1000	ED Visits	per 1000	Rx PMPM	Generic Utilization	Quality Index			
	PCP Da	ashboa	ard									,	~
	Practition	e r Group:			BI/2019 PCP Type PROVIDERS V Pro		Commercial	~			Display Source Data	<u>a Info</u>	
	Pa	opulatio	n Risk (01/01/2	019 - 12/31/2019))				You Group		PANEL SUMMARY	•	
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The workflow for finding and closing care gaps follows

How to Run and Print a Care Gap Report:

- 1. Go to My Reports then select View my reports
- 2. Family Practice/Internal Medicine two reports are named: 2021_P4P_STARS and 2021_HBA1C_9

Pedicatrics report is named: 2021_PEDS

3. Select Run

	NGE RISK MANAGER Dashboards + Pharmacy + Member + Medical + Profiles + Quality + My	Reports 🗸
	View My Report	ew my reports 1
	Report Name	Date
	report_desc: Patient Detail by SubMeasure	(3)
2)	2021_HBA1C_9	2021-04-26 21:31:47 RUN DELETE
2	2021_P4P_STARS	2021-04-26 21:30:49 RUN DELETE
	2021_PEDS	2021-04-26 21:35:01 RUN DELETE

The results will display a list of all non-compliant or all compliant patients and the care gap measure(s).

4. To print report, export to PDF

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Patient [Detail by	SubMeasu	ure						LTERS	4	1
Patient Add	Hide Hide		[~			Currently Elig	ible Both	View in I	PDF Form XML Form	<u>nat</u> nat
Patient	Health Plan	Health Plan ID	Gender	DOB	Phone Number	Last PCP Visit	Measure	SubMeasure	Compliant	Event Due Date	Li Ev D
PCP: Adar	ns, Kathleei	n MD (NPI: 99	9846254	128) Pr	ovider G	iroup:	Bright Medical	Group - Full	Risk Cont		
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001- 03-04	555 555 1212	2020- 04-25	IHA P4P Comprehensive Diabetes Care	Blood Pressure < 140/90	N	2020- 12-31	

5. Select the print icon

Aanager Patient Det	ai × 🚺														
SE RISK MANAGER	Dashboards	🔹 Pharmacy 🕶 I	Member • Medical • I	Profiles 🗸 😡	uality • My Repo	orts •								Welcome	, Karrie I
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	Patient	Health Plan	Health Plan ID	Gender	DOB	Phone Number	Last PCP Visit	Measure	SubMeasure	Compliant	Event Due Date	Last Event Date	Value	Currently Eligible	
	PCP: Adams	s, Kathleen I	MD (NPI: 99846	25428)	Provider Gr	oup: Brig	ght Medical	Group - Full R	isk Cont						
	CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Blood Pressure < 140/90	N	2020-12-31			Y	
	CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Eye Exam	N	2020-12-31			Y	
	CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	HbA1c < 8	N	2020-12-31			Y	
	CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Nephropathy	N	2020-12-31			Y	

Entering Manual Events into Risk Manager

1. Go to Quality tab and select QIM

A Risk Manager Patient Deta	al × 📑		CognosReport/FilterPage/Patien ▼ Pharmacy ▼				s , Quality	V Ny Reports	•	Search	=		Welcor	me. Karrie	– a × ▶• n ★ ☆ e Dotson ▼
Patient	Detail by	/ SubMe	asure Se	arch l	by Subm	easur	QIM Quality	(Cube	QIM		ł		Y FILTE		-
	Patient D	etail by	Submeasu	ire				1							
	Patient	Health Plan	Health Plan ID	Gender	DOB	Phone Number	Last PCP Visit	Measure	SubMeasure	Compliant	Event Due Date	Last Event Date	Value	Currently Eligible	
	PCP: Adams	, Kathleen I	MD (NPI: 99846	25428)	Provider Gr	oup: Brig	ght Medical	Group - Full Ri	sk Cont						
	CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Blood Pressure < 140/90	N	2020-12-31			Y	

2. Select Find an Individual Member

→ A https://riskmanager.changehealthcare.com	n/RiskManager_742/QIM	l/Interventions/Index	_	_	_	_			≙ ¢
🛆 Risk Manager Quality Interv 🗶 🎦	_	_	_	_		_	1		
CHANGE RISK HEALTHCARE MANAGER DO	ashboards v	Pharmacy 🗸	Member v	Medical 🗸	Profiles 🗸	Quality 🗸	Му Керо	rts 🗸	
Quality Interventi	on Modu	ıle		2					
Search by Submeasure	Search	by Measure	Find an	Individual	Member	My Lett	ers		

3. Enter patient name and select Find

∧ Risk Manager Quality Interv × 🎴				
	Dashboards 🔻 Pharmacy 🗸	Member 🗸 Medical 🕇 Profile	s 🗸 Quality 🖌 My Reports 🗸	
Quality Interven	tion Module			
Search by Submeasu	e Search by Measure	Find an Individual Membe	r My Letters	
Patient Last Name	Patient First Name	DOB	Gender Select Gender V (C	Product Group ID
FIND				

4. Select the check box next to patient name then select View Selection(s)

	ISK 1ANAGER Da	shboards v	Pharmacy v	Member 🗸	Medical 🗸	Profiles 🗸	Quality	My Rep	orts v			Welco	ome, Karrie Dotson 🔻
Quality	Interventio	on Modu	ıle										
Search I	by Submeasure	Search	by Measure	Find an	Individual	Member	My Let	ters					
Patient Lo CALLA FIND	ast Name	Patient F KAR	irst Name	DOB	Select one	or more m	Gender Select Ge		(O	R)) DN(S)	EXPORT TO EXCEL
Las	t Nome Fi	rst Name	Product Grou	ıp	Produ	ict Group Id	D	ЭB	Phone		РСР		PCP NPI
CA	LLAWAY KA	ARAN	Commercia	l Bronze	21 56	54598466	3	4/2001	555 555	1212	Adams, Kathleen	MD	9984625428
K (1 - 1 of 1 items

5. Select from the drop down for **Current Measure for this Member** and select the measure for entry

ANGE RISK MANAGER Dashboo	ırds v	Pharmacy 😽 M	1ember 🔻	Medical 🔻	Profiles v	Quality 🔻 M	y Reports 🗸		Welcome, Ko	arrie Dotson	-
Quality Intervention M	1odu	le									
Member Name : CALLAWAY, K	ARAN			Ŧ							
DOB: 03/04/2001 Gender: Fen	nale	Phone Number	r: 555 555 1	1212 Pr	oduct Grou	p: Commercia	I Bronze Health Plan I	: 21 564598466			
Group: Bright Medical Group - Fu	ll Risk (Cont PCP: Ad	dams, Kath	leen MD	NPI: 9984	1625428					
Current Measure for this Memb	ber	All			¥		NEW SEARCH	BACK TO SEARCH RE	SULTS		
Current Measure for this Memb Most Recent Events		All			·	~	NEW SEARCH	BACK TO SEARCH RE	SULTS		
			1	s' Access	•	VIEW HISTOR	NEW SEARCH Servicing Provider	BACK TO SEARCH RE	SULTS	Source	
Most Recent Events	Ev	All Adolescent We	1	s' Access	•	~			SULTS	Source	
Most Recent Events	Ev	All Adolescent We Children and A	Adolescents	s' Access	•	~			SULTS	Source QRE	
Most Recent Events Event Ace Inhibitor ARB	Ev 03	All Adolescent We Children and A Diabetes	Adolescents	s' Access		~	Servicing Provider		SULTS		

6. Select Add An Event

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Quality Intervention Ma	odule				
Member Name : CALLAWAY, KAR					
DOB: 03/04/2001 Gender: Femal	e Phone Number: 555 555 121	2 Product Group: Commercia	al Bronze Health Plan ID: 21 56	4598466	
Group: Bright Medical Group - Full	Risk Cont PCP: Adams, Kathlee	n MD NPI: 9984625428			
Current Measure for this Member	Diabetes	add an eve	NT ADD AN EXCLUSION	VIEW HISTORY NEW SEARCH	H BACK TO SEARCH RESULTS
Most Recent Events					
Event	Event Date	Results	Servicing Provider	Notes	Source
Ace Inhibitor ARB					î
Blood pressure					
Diastolic BP					

7. Select the measure you want to add a medical event for. In this example we are making a Blood Pressure entry. Systolic and Diastolic values must be entered seperately as two separate medical events. Select **Add Event** once you are done.

(Systolic blood pressure is the top number of the reading and Diastolic blood pressure is the bottom number of the reading.)

Add an Event			
Current Measure for this member	Diabetes 🔹		
Event	Value	Service Provider	Date
Diastolic BP	80	Dr. Adams X	6/1/2020
Notes			
			~
			⊘ ~

8. Repeat for each entry

9. Once enteries are entered and saved, you can view the entries in the Most Recent Events

	Quality Interve	ntion Mo	dule				
- 1		LLAWAY, KAR					
			Phone Number: 555 555 121 isk Cont PCP: Adams, Kathlee		Il Bronze Health Plan ID: 21 56	4598466	
	Group. Bright Medical C	Sroup - Full R	isk cont PCP. Addits, Kathley	11 PD NEL 7704023420			
	Current Measure for t	this Member	Diabetes	ADD AN EVEN	NT ADD AN EXCLUSION		H BACK TO SEARCH RESULTS
	Most Recent Events						
ଞ	Event		Event Date 👃	Results	Servicing Provider	Notes	Source
	Diastolic BP		06/01/2020	80	Dr. Adams		kdotson1
	Systolic BP		06/01/2020	120	Dr. Adams		kdotson1

10. Select **Back to Search Results** to enter data for a different patient or a different measure.

Quality Interver	ntion Mo	dule				
DOB: 03/04/2001 Ge			2 Product Group: Commercie	al Bronze Health Plan ID: 21 56	54598466	
Current Measure for t	his Member	Diabetes	ADD AN EVE	NT ADD AN EXCLUSION		
Most Recent Events						
Event		Event Date 👃	Results	Servicing Provider	Notes	Source

Deleting an Incorrect Entry

1. Go to Quality tab and select QIM

A Mps.//riskmanager.changebeathcare.com/TriskManager.742/CognosReport/FitterPage/PatientDetailSubmessureIns2020_PAP_STARS#	- 60 1	– σ × Starch
A cale ways have to the set of th	Quality V I y Reports V	Welcome, Karrie Dotson 🔻
Patient Detail by SubMeasure Search by Submeasure		MODIFY FILTERS

- 2. Select Find an Individual Member
- 3. Enter patient name and select Find
- 4. Select the check box and select View Selection(s)

	Quality Intervention Search by Submeasure	n Module	Member My Letters					
3	Patient Last Name Call FIND	Patient First Name	ров	Gender Select Gender	Product Gr	oup ID		
	Cast Name CALLAWAY	First Name KARAN	Product Group Commercial Bronze	S Product Group Id 21 564598466	DOB 3/4/2001	Phone 555 555 1212	w their details: VIEW SELE	CTION(5) EXPORT TO EXCEL PCP NPI 9984625428
5.	Select Viev		•					1 - 1 of 1 items
	DOB: 03/04/2001 Ge		v none Number: 555 555 1212 P nt PCP: Adams, Kathleen MD		I Bronze Health Pi	an ID: 21 564598466		
	Current Measure for t Most Recent Events	his Member Die	abetes	ADD AN EVEN	IT ADD AN EXCL		RY NEW SEARCH	BACK TO SEARCH RESULTS
	Event	Event	Date \downarrow Resu	lts	Servicing Provider	Notes	Sour	ce

6. Select **Source** to sort entries by user. Find the incorrect entry.

nber Name : CALLAWAY, KARAN						
: 03/04/2001 Gender : Female Ph	none Number : 555 555	1212 Product Grou	p : Commercial Bronze Healt	h Plan ID : 21 564598466		
up : Bright Medical Group - Full Risk Con	t PCP : Adams, Kath	leen MD NPI : 99846	25428			
					NEW SEARCH EXPOR	T TO EXCEL BACK TO ACTIV
						BACKTO ACT
vents Exclusions					(6)	
Event	Date T	Value T	Servicing Provider	Notes	Source ↑ T	1
Diastolic BP	11/03/2020	110	, servicing router	,	kdotson1	Delete
		110		*		
Bilateral Eye Enucleation	08/14/2020				kdotson1	<u>Delete</u>
Systolic BP	08/14/2020	120		*	kdotson1	Delete
Diastolic BP	08/14/2020	80		*	kdotson1	Delete
Systolic BP	06/01/2020	120	Dr. Adams		kdotson1	Delete
Diastolic BP	06/01/2020	80	Dr. Adams		kdotson1	Delete
Eye Exam: Negative for Retinopathy	02/20/2020				kdotson1	Delete
Diastolic BP	01/05/2020	80			kdotson1	Delete
Systolic BP	01/05/2020	110			kdotson1	Delete
Systolic BP	01/01/2020	110			kdotson1	Delete

7. Select Delete in the last column

uality Intervention Module	5								
mber Name : CALLAWAY, KARAN									
B : 03/04/2001 Gender : Female	Phone Number : 555	555 1212 Product	t Group : Commercial Bronze	Health Plan ID : 21 5645984	66				
oup : Bright Medical Group - Full Risk C	Cont PCP : Adams, K	athleen MD NPI :	9984625428						
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Events Exclusions						NEW SEARCH	EXPOR		BACK TO ACTIVI
Events Exclusions						NEW SEARCH	EXPOR	RT TO EXCEL	BACK TO ACTIVI
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Event Diastolic BP	11/03/2020		Y Servicing Provider		Ţ	Source ↑ kdotson1	EXPOR	Delete	BACK TO ACTIV

8. Confirm deletion. Select Yes.

Valı 110	Delete Event		.			Source t
	Are you sure y	ou want to delete	this event?			kdotson1
120 80			8	YES	NO	kdotson1 kdotson1
120		Dr. Adams				kdotson1

9. Select New Search to look up a different patient or a different measure.

mber Name : CALLAWAY, KARAN										
B:03/04/2001 Gender:Female Pl	one Number : 555	555 1212 Pro	oduct Group	p : Commercial Bronze	Health Plan ID : 21	64598466				
oup : Bright Medical Group - Full Risk Con	t PCP : Adams, K	athleen MD	NPI : 99846	25428						
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						()	NEW SEARCH	EXPOR	T TO EXCEL	BACK TO ACTIN
						(9)	NEW SEARCH	EXPOR	T TO EXCEL	BACK TO ACTIV
Events Exclusions						(9)	NEW SEARCH	EXPOR	T TO EXCEL	BACK TO ACTIV
	-	_			_	(9)		EXPOR	T TO EXCEL	BACK TO ACTIV
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Event	Date 11/03/2020	Value 110	Ţ	Servicing Provider	Y Notes	(9) T		EXPOR	T TO EXCEL	BACK TO ACTI
			Ţ	Servicing Provider	Y Notes	(9) T	Source ↑	EXPOR		BACK TO ACTI

Entering Exclusions into Risk Manager

1. Go to Quality tab and select QIM



- 2. Select Find an Individual Member
- 3. Enter patient name and select Find
- 4. Select the check box and select View Selection(s)

	Quo	ality Intervention	on Module		2						
_	Sec	arch by Submeasure	Search by Me	easure F	ind an Individual Mem	ber My Letters					
3	Patie LAN FIN	nt Last Name	Patient First No	ame	DOB	Gender Select Gender	(OR)	Product Group ID	view their detaile	ECTION(S) EXPORT TO EXC	CEL
	$\mathbf{\overline{N}}$	ast Name	First Name	Product Gro	qu	Product Group Id	DOB	Phone	PCP	PCP NPI	
	✓	LANDIS	JOSEFINE	Commercia	I Bronze	31 097684899	9/15/1985	555 555 1212	Adams, Kathleen MD	9984625428	
										1 - 1 of 1 iter	ms

5. Select the measure in the drop down next to Current Measure for this Member

Manager Quality Interv 🛛 🎦					
NGE RISK MANAGER Dashboo	rds 🗸 Pharmacy 🖌 Member 🖌 Medico	al 🗸 Profiles 🗸 Quality 🚽 My Reports 🗸		v	Velcome, Karrie Dotson
Quality Intervention N	lodule				
Member Name : LANDIS, JOSE	FINE 🔻				
OB: 09/15/1985 Gender: Fen	ale Phone Number: 555 555 1212	Product Group: Commercial Bronze Health Plan II): 31 097684899		
roup: Bright Medical Group - Fu	II Risk Cont PCP: Adams, Kathleen M	1D NPI: 9984625428			
become and the second days while the second			DACK TO SEADOU DEGULTS		
	All	VIEW HISTORY NEW SEARCH	BACK TO SEARCH RESULTS		
Current Measure for this Memb Most Recent Events Event		VIEW HISTORY NEW SEARCH Servicing Provider	BACK TO SEARCH RESULTS	Source	
Most Recent Events	All Adults' Access Ev Cervical Cancer Screening 04 Adult BMI Assessment	5 Servicing Provider Facility 1385325		Source QRE	^
Most Recent Events	All Adults' Access Ev Cervical Cancer Screening	5 Servicing Provider Facility 1385325			î
Most Recent Events Event Ambulatory preventive visit	All Adults' Access Ev Cervical Cancer Screening 04 Adult BMI Assessment	Servicing Provider Facility 1385325		QRE	Î
Most Recent Events Event Ambulatory preventive visit Ambulatory/Outpatient Visit	All Adults' Access Ev Cervical Cancer Screening 04 Adult BMI Assessment	Servicing Provider Facility 1385325		QRE	

6. Select Add an Exclusion

Member Name : LANDIS, JOSEFI	NE				
DOB: 09/15/1985 Gender: Fema	le Phone Number: 555 555 121	2 Product Group: Commerci	al Bronze Health Plan ID: 31 0	97684899	
Group: Bright Medical Group - Full	Risk Cont PCP: Adams, Kathlee	en MD NPI: 9984625428	6		
Current Measure for this Membe	Cervical Cancer Screening	ADD AN EVE	ENT ADD AN EXCLUSION	VIEW HISTORY NEW SEARC	H BACK TO SEARCH RESULTS
Most Recent Events					
Event	Event Date	Results	Servicing Provider	Notes	Source
Cervical Cancer Screening					2

7. Select the exclusion reason from the drop down menu. The example, shows an exclusion for Cervical Cancer Screening because the patient has a prior hysterectomy.

Member Name : LANDIS, JOSEFIN	IE 👻			
DOB: 09/15/1985 Gender: Female	e Phone Number: 555 555 1212 Produ	act Group: Commercial Bronz	ze Health Plan ID: 31 097684899	
Group: Bright Medical Group - Full R	isk Cont PCP: Adams, Kathleen MD NP	PI: 9984625428		
Current Measure for this Member	Cervical Cancer Screening	ADD AN EVENT	ADD AN EXCLUSION VIEW HISTORY	BACK TO SEARCH RESULTS
Most Recent Events	Current Measure for this member Exclusion Prior hysterectomy	Cervical Cancer Screening	Ŧ	
Cervical Cancer Screening	Deceased	\mathbf{U}		
HPV	Incorrect DOB / age			
HPV Test	Incorrect gender Other Patient refuses			
	Prior hysterectomy			ADD EXCLUSION CANCEL

8. Enter the details (i.e., DOS and provider name) of the Hysterectomy in the **Notes**. Select **Add Exclusion**

Add an Exclusion		
Current Measure for this member	Cervical Cancer Screening	
Exclusion		
Prior hysterectomy		
Notes		
HYSTERECTOMY 1/1/2016 DR. SMITH		^
		~
	ADD EXCLUSIO	ON CANCEL

9. The exclusion shows on the bottom right of the of **Most Recent Events**

Quality Intervention Ma	odule					
Member Name : LANDIS, JOSEFII DOB: 09/15/1985 Gender: Femal Group: Bright Medical Group - Full I	le Phone Number: 555 555 121	2 Product Group: Commerci	al Bronze Health Plan ID: 31 09	7684899		
Current Measure for this Member	r Cervical Cancer Screening	ADD AN EVE	NT ADD AN EXCLUSION	VIEW HISTORY NEW SEARC	H BACK TO SEARCH RESUL	тѕ
Most Recent Events						
Event 🕇	Event Date	Results	Servicing Provider	Notes	Source	
Cervical Cancer Screening						2
HPV						
HPV Test						
]	Exclusions: Prior hysterecton) (9

Deleteing an Incorrect Exclusion

See page 18 for Exclusion Guideline details

1. Go to Quality tab and select QIM



- 2. Select Find an Individual Member
- 3. Enter patient name and select Find
- 4. Select the check box and select View Selection(s)

	Quality Intervention	on Module	2					
_	Search by Submeasure	Search by Mea	Isure Find an Individual Men	nber My Letters				
3	Patient Last Name	Patient First Na		Gender Select Gender	▼ (OR)	duct Group ID	air details: VIEW SELECTION(5)	EXPORT TO EXCEL
	I ast Name	First Name	Product Group	Product Group Id	DOB	Phone	PCP	PCP NPI
	LANDIS	JOSEFINE	Commercial Bronze	31 097684899	9/15/1985	555 555 1212	Adams, Kathleen MD	9984625428
								1 - 1 of 1 items

5. Select **View History**. In this example two exclusions were entered, the inappropriate exclusion "Patient Refuses" needs to be removed. See Exclusions listed in the bottom right corner of Most Recent Activity screen.

Member Name : LANDIS, JOSEFINE					
DOB: 09/15/1985 Gender: Female Group: Bright Medical Group - Full Risk	Phone Number: 555 555 1212		Bronze Health Plan ID: 31 09768	4899	
Current Measure for this Member Most Recent Events	All		Y NEW SEARCH BACK	TO SEARCH RESULTS	
	Event Date	Results	Servicing Provider	Notes	Source
Ambulatory preventive visit	04/10/2015		Facility 1385325		QRE
Ambulatory/Outpatient Visit	04/10/2015		Facility 1385325		QRE
BMI					
Cervical Cancer Screening					
HPV					
HPV Test					

Exclusions: Patient refuses, Prior hysterectomy

- 6. Select the **Exclusions tab** to display all entered exclusions. Find exclusion to be deleted.
- 7. Select Delete in the last column

aulity Intervention N	Jodu	le					
ember Name : LANDIS, JOSE	EFINE						
OB:09/15/1985 Gender:F	emale	Phone Number : 555 555 1212 Produc	t Group : Commercial Bronze Heal	th Plan ID : 31 0976	84899		
roup : Bright Medical Group - F	Full Risk	Cont PCP : Adams, Kathleen MD NPI :	9984625428				
6							
Events Exclusions							
Events Exclusions	T	Measure	Source	Y Notes			
	T	Measure Cervical Cancer Overscreening	Source kdotson1	T Notes		Delete 7	
Exclusion		Medsure	f Source	Y Notes		Deiete 7	

8. Confirm deleteion. Select Yes.

Are you sure you want to delete this exclusion?			-	Delete Exclusion			
		Are you sure you want to delete this exclusion?					
	NO	YES	8				

9. Select **New Search** to look up a different patient.

lember Name : LANDIS, JOSEFINE							
XOB : 09/15/1985 Gender : Female Phone Number : 555 555 1212 Product Group : Commercial Bronze Health Plan ID : 31 097684899							
Group : Bright Medical Group - Full Risk Cont PCP : Adams, Kathleen MD NPI : 9984625428							
			NEW SEARCH	EXPORT TO EXCEL BACK TO ACTIVITY			
Events Exclusions							
Exclusion	Measure T	Source T	Notes				
Prior hysterectomy	Cervical Cancer Screening	kdotson1	*	Delete			
H 4 1 + H							

Exclusion Guidelines

In certain circumstances, Exclusions can be used to remove patients from the measure or population. Some measures allow patients to be excluded if they are identified as having evidence of certain procedures or diagnoses (e.g., exclude a patient from the Cervical Cancer Screening measure who had evidence of a prior hysterectomy).

Each measure will have the valid exclusion noted in the Exclusion section of the measure's description page.

Cervical Cancer Screening (CCS)					
Females 21-64 years of age who were screened for cervical cancer.					
Population:Commercial HMO	Exclusion:Evidence of prior hysterectomy				

In order to exclude a patient, only valid exclusions will apply. The valid exclusions are defined by the State's AMP program. Santé does not establish the exclusion criteria. Qualifying exclusions are listed on each of the measure's description page, beginning on page 19.

Please note the following situations do not qualify as valid exclusions, per program guidelines:

- 1. Patients who refuse services
- 2. Patient assignment Not our patient
- 3. Referral sent
- 4. Other

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any exclusions that do not meet program guidelines will be deleted and you will be notified.

MY2021 Clinical Measures

Breast Cancer Screening (BCS)

Females 50–74 years of age who had a mammogram to screen for breast cancer.

Population:	Exclusion:
Commercial HMOMedicare Advantage HMO	 Evidence of prior bilateral mastectomy Unilateral mastectomy with bilateral modifier as bilateral mastectomy

Measure Compliance:

• Preventive screening to detect breast cancer in women within the last 2 years between 2020 – 2021.

REQUIRED:

Data entry date **MUST** be the radiology report date and not the date of service, unless they are the same date.

Helpful Tips:

- All methods of mammograms qualify (screening, diagnostic, film, digital, or digital breast tomosynthesis).
- **<u>Do not</u>** use MRIs, ultrasounds, or biopsies, these are performed in addition to mammogram.
- **<u>Do not</u>** use the order or scanned date.
- For incorrect gender and/or date of birth contact Quality.

Current Measure for t	his Member	Breast Cana	er Scree	ning	•	ADD	AN EVENT
Add an Event Current Measure for this member	Breast Cancer Screen	ning v		Select from t and select A			Z
Event Mammogram v Notes	Value		Service Pro	ovider	Date	IM/DD/ ↓	YYYY
			2	Enter the servi date criteri			
						ADD	EVENT CANCEL

Colorectal Cancer Screening (COL)

Adults 50–75 years of age who had appropriate screening for colorectal cancer.

Population:

- Commercial HMO
- Medicare Advantage HMO

Exclusion:

- Current diagnosis of colorectal cancer
- Evidence of prior total colectomy

Measure Compliance:

One of the following screenings:

- **FOBT** Fecal occult blood test resulted in 2021.
- **FIT-DNA** test resulted within the last 3 years between 2019 2021.
- Colonoscopy within the last 10 years between 2012 2021.
- Flexible sigmoidoscopy within the last 5 years between 2017 2021.
- **CT colonography** within the last 5 years between 2017 2021.

REQUIRED:

Data entry date **MUST** be the lab result date *or* procedure report date and not the date of service or collection date, unless they are the same date.

- Select appropriate dropdown event to close correct gap (i.e. fecal occult blood test will close gap for one year).
- **<u>Do not</u>** use the order or scanned date.

Current Measure for th	is Member	Colorectal Co	ancer Sci	reening	▼ •	ADD AN EVEI	NT
Add an Event Current Measure for this member	Colorectal Cancer	Screening v			the drop down		
Event	Value		Service Pro	vider	Date		
Colonoscopy						D/YYYY	
Colonoscopy							
CT Colonography			V		V		
Fecal occult blood test			<u>ର</u> E	nter the servi	ce provider a	nd the require	ed
FIT DNA		(_ ک		a then select		
Flexible sigmoidoscopy							

Controlling High Blood Pressure (CBP)

Members 18–85 years of age who had a diagnosis of hypertension and whose Blood Pressure (BP) was adequately controlled, < 140/90, during 2021.

Population:

- Commercial HMO
- Medicare Advantage HMO

Measure Compliance:

- The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021.
- Blood pressure reading of less than 140/90.

REQUIRED:

Two separate entries: BP= Systolic / Diastolic

- 1. Systolic = entry one
- 2. Diastolic = entry two

- BP reading must occur on or after the date of the second diagnosis of hypertension.
- BP must have a corresponding outpatient claim to close care gap.

Risk Manager Entry					
Current Measure for this Member	Control Blood Pressu	ure 🔻			
Add an Event Current Measure for this member Control Blood Pro		Select from the drop dov and select Add An Ever			
Event Value Diastolic BP Diastolic BP	Service Prov		DD/YYYY		
Systolic BP	2	Enter the value for the even of service then select A			
			DD EVENT CANCEL		

Cervical Cancer Screening (CCS)

Females 21-64 years of age who were screened for cervical cancer.

Population:

Commercial HMO

Exclusion:

• Evidence of prior hysterectomy

Measure Compliance:

- <u>21-64 years of age</u> who had cervical cytology performed within the last 3 years between 2019 2021.
- <u>30-64 years of age</u> who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years and were 30 years or older on the date of the test, between 2017 2021.

REQUIRED:

Data entry date **MUST** be the lab/cytology result date and not the collection date.

- Enter each testing event separately.
- **<u>Do not</u>** use the order or scanned date.
- For incorrect gender and/or date of birth contact Quality.

Current Measure for	r this Member	Cervical Co	ancer Screening	ADD AN	EVENT
Add an Event Current Measure for this membe	r Cervical Cancer Scr	reening v		om the drop down ect Add An Event.	I
Event Cervical Cytology	Value		Service Provider	Date	YYÉ
Cervical Cytology HPV Test					

Chlamydia Screening in Women (CHL)

Females 16–24 years of age who were identified as sexually active by claims, laboratory, or pharmacy data and who had at least one test for chlamydia during 2021.

Population:

Commercial HMO

Measure Compliance:

Following a pregnancy test or dispensed prescription for contraceptive medication:

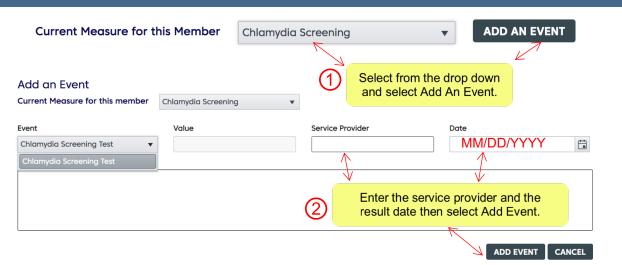
• One chlamydia test during 2021.

REQUIRED:

Data entry date **MUST** be the lab/cytology result date and not the collection date.

Helpful Tips:

- Urine test results may be used.
- For incorrect gender and/or date of birth contact Quality.



Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following: HbA1c <8% and/or >9%, eye exam, medical attention for nephropathy during the 2021

year.

Population:Exclusion:• Commercial HMO• No diabetes diagnosis within 2020 - 2021

Measure Compliance:

HbA1c Poor Control >9%:

- HbA1c test during 2021 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or a HbA1c test that was not completed.

HbA1c Control <8%:

• HbA1c test during 2021 with a value that is less than 8.0.

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2021.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years between 2020 – 2021.

Medical Attention for Nephropathy:

- Urine protein test- Micro/Macro Albumin lab test during 2021.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2021.
- Nephropathy treatment in 2021.
- Visit with a nephrologist in 2021.

BP Control <140/90:

• The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, or virtual check-in during 2021. The patient is compliant if BP is less than 140/90.

REQUIRED:

- Data entry date **MUST** be the lab result date *and/or* eye exam date and not the date of service or collection date, unless they are the same date.
- Two separate entries: BP= Systolic / Diastolic
 - 1. Systolic = entry one
 - 2. Diastolic = entry two

Helpful Tips:

• **<u>Do not</u>** use the order or scanned date.

Current Measure for t	his Member	Diabetes		ADD AN E	VENT	
Add an Event Current Measure for this member	Diabetes	. (1		the drop down Add An Event.	R	
Event ACE ARB Prescription V ACE ARB Prescription	Value	Servic	e Provider	Date MM/DD/YYYY	i ii	
Bilateral Eye Enucleation Diastolic BP Eye Exam: in prior year with negative retinopathy		2		value and/or se ate criteria then		
Eye Exam: with any provider Eye Exam: with Eye Care provider Hb&1c test				ADD EVEN		

Comprehensive Diabetes Care (CDC)

Members 18–75 years of age with diabetes (type 1 or type 2) who had the following: HbA1c >9%, eye exam, medical attention for nephropathy during the 2021 year.

Population:

Exclusion:

Medicare Advantage HMO

No diabetes diagnosis within 2020 - 2021

Measure Compliance:

HbA1c Poor Control >9%:

- HbA1c test during 2021 with a value less than 9.0 (this is an inverse measure).
- Patients identified on the care gap report are due to having a value that is greater than 9.0, or missing a result value, or a HbA1c test that was not completed.

Diabetic Eye Exam:

- Retinal/dilated eye exam by an eye care professional in 2021.
- Negative retinal/dilated eye exam by eye care professional within the last 2 years, between 2020 2021.

Medical Attention for Nephropathy:

- Urine protein test- Micro/Macro Albumin lab test in 2021.
- Evidence of ACE/ARB therapy with at least one dispensing event in 2021.
- Nephropathy treatment in 2021.
- Visit with a nephrologist in 2021.

REQUIRED:

Data entry date **MUST** be the lab result date *and/or* eye exam date and not the date of service or collection date, unless they are the same date.

Helpful Tips:

- Santé Care Center eye exam can be used to close Diabetic Eye Exam gap.
- **<u>Do not</u>** use the order or scanned date.

Current Measure for this	Member	Diabetes		▼ ADD) AN EVEN	т
Add an Event Current Measure for this member	Diabetes	•	Select from the and select Ad		Z	
Event ACE ARB Prescription ACE ARB Prescription Bilateral Eye Enucleation	Value	S	der	Date MM/DD/	YYYY	
Diastolic BP Eye Exam: in prior year with negative retinopathy		Ć	nter the event v he required dat			
Eye Exam: with any provider Eye Exam: with Eye Care provider HbA1c test				ADD E		CEL

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Medicare Advantage members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

Population:

• Medicare Advantage HMO

Measure Compliance:

At least one ambulatory prescription dispensed for a DMARD during 2021. **DMARD Medication List**

Category	Therapy/Medication			
5-Aminosalicylates	 Sulfasalazine 			
Alkylating agents	 Cyclophosphamide 			
Aminoquinolines	 Hydroxychloroquine 			
Anti-rheumatics	AuranofinMethotrexate	LeflunomidePenicillamine		
Immunomodulators	 Abatacept Adalimumab Anakinra Certolizumab pegol 	 Etanercept Golimumab Infliximab Rituximab 	 Sarilumab Tocilizumab 	
Immunosuppressive agents	AzathioprineCyclosporine	 Mycophenolate mofetil Mycophenolic acid 		
Janus kinase (JAK) inhibitor	 Baricitinib 	 Tofacitinib 	 Upadacitinib 	
Tetracyclines	 Minocycline 			

REQUIRED:

Data entry date **MUST** be the date the prescription was written.

Current Measure for this	Member Rhe	eumatoid Arthritis Me	dications 🔻	ADD AN EVENT
Add an Event Current Measure for this member	Rheumatoid Arthritis Medi		elect from the drop dowr	
Event Anti-Rheumatic Prescription	Value	Service Provider	Date MM/D	D/YYYY 🖹
	(vice provider, the date the medication in notes the	

Osteoporosis Management in Women Who Had a Fracture (OMW)

Females 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Population:

• Medicare Advantage HMO

Measure Compliance:

Appropriate testing or treatment for osteoporosis after the fracture.

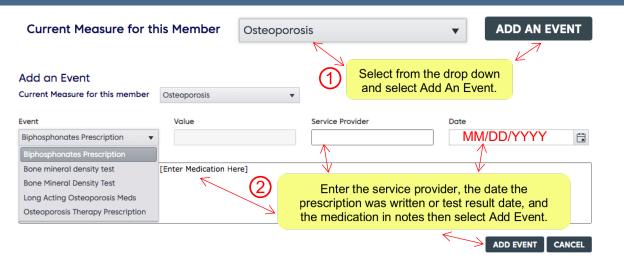
- A Bone Mineral Density test within the 6-month period after the fracture.
- Osteoporosis therapy/medication within the 6-month period after the fracture.

Osteoporosis Medication List

Category	Therapy/Medication	Therapy/Medication	
Bisphosphonates	 Alendronate Ibandronate Risedronate Alendronate-cholecalcifero Zoledronic acid 	 Ibandronate 	J
Other agents	 Abaloparatide Denosumab Raloxifene Raloxifene Raloxifene Raloxifene 	Denosumab	

REQUIRED:

Data entry date **MUST** be the date the prescription was written or test result date.



Childhood Immunization Status (CIS)

Children 2 years of age who were identified as having completed the following antigen series by their second birthday.

Population:

• Pediatric Commercial HMO

Measure Compliance:

Completion of the following vaccinations on or before the child's second birthday.

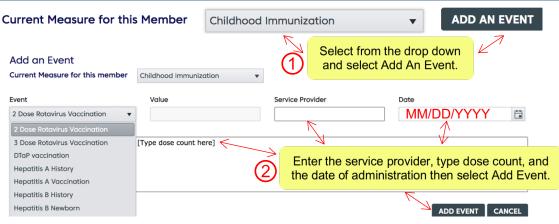
Vaccine	Dose Count	Age Range		
DTaP	4	Birth – 2 nd birthday		
НерВ	3			
HiB	3			
Influenza Flu	2			
IPV	3			
PCV	4			
Rotavirus	2 or 3			
НерА	1	1 st – 2 nd birthday		
MMR	1			
VZV	1			
Combo 10	Completion of all listed vaccine doses on or before the second birthday.			

REQUIRED:

- Data entry date **MUST** be the date of administration for each dose of a vaccine.
- Each dose **MUST** be entered separately.

Helpful Tips:

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require entry into Risk Manager.



Immunizations for Adolescents (IMA)

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) by their 13th birthday.

Population:

• Pediatric Commercial HMO

Measure Compliance:

Completion of the following antigen or combination vaccine **on or before** the adolescent's 13th birthday.

Vaccine	Dose Count	Age Range
Meningococcal	1	11 th – 13 th birthday
Tdap	1	10 th – 13 th birthday

REQUIRED:

Data entry date **MUST** be the date of administration for each dose of a vaccine.

- Utilize vaccination records in the California Immunization Registry (CAIR2) to close gaps.
- Immunizations that are not billed directly to Santé will require entry into Risk Manager.

Current Measure for th	nis Member	Adolescent	Immunization	•	ADD AN EVENT
			R		\mathbb{Z}
Add an Event				m the drop do	
Current Measure for this member	Adolescent Immun	ization 🔻			
ivent	Value		Service Provider	Date	
				MM	/DD/YYYY 📋
Meningococcal Vaccinatinon 🔹					
			<u> </u>		
Meningococcal Vaccinatinon HPV vaccination Meningococcal Vaccinatinon					
HPV vaccination			Enter the se		

Non-Incentive Medication Measures

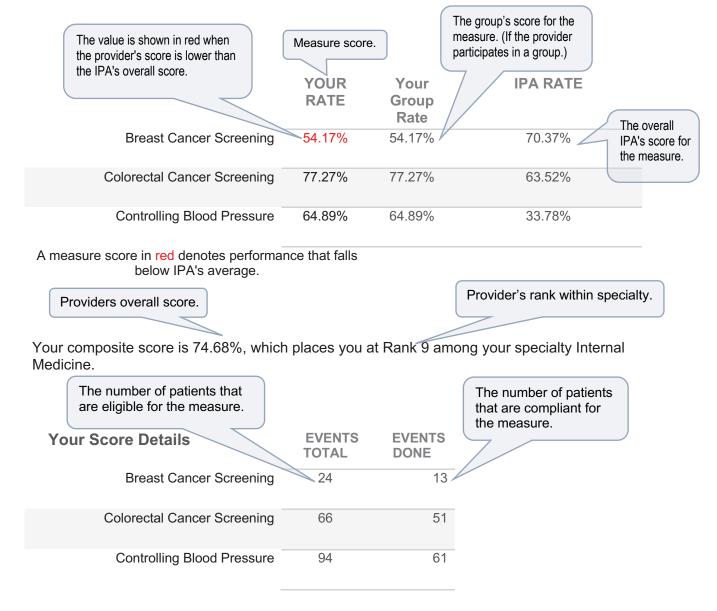
In addition to the incentivized measures identified for Measurement Year 2021 there are also several medication measures that will need to be addressed to ensure your patient is receiving quality care. Provider rankings are not impacted by the medication measures below. Santé will distribute medication adherence reports throughout the year identifying care gaps.

Medication Measure	Demographic	Components
SPC- Statin Therapy for Patients with Cardiovascular Disease	 Males- Age: 21–75 Females- Age: 40–75 Identified as having atherosclerotic cardiovascular disease (ASCVD) 	 During 2021: 1. Received Statin Therapy. Patients who were dispensed at least one high-intensity or moderate-intensity statin medication. AND 2. Statin Adherence 80%. Patients who remained on a high-intensity or moderate- intensity statin medication for at least 80% of the treatment period.
SPD- Statin Therapy for Patients with Diabetes	 Age: 40–75 Identified as having atherosclerotic cardiovascular disease (ASCVD) 	 During 2021: 1. Received Statin Therapy. Patients who were dispensed at least one statin medication of any intensity during the measurement year. AND 2. Statin Adherence 80%. Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.
SUPD- Statin Use in Persons with Diabetes	• Age: 40–75	During 2021: Dispensed at least one medication for diabetes and received a statin medication or statin combination.
PDC- Proportion of Days Covered by Medications	 Age: 18+ Met the proportion of days covered threshold of 80% for medications 	 Renin Angiotensin System (RAS) Antagonists Statin Medications Diabetes All-Class Medications
AMR- Asthma Medication Ratio	 Age: 5–64 Patients identified as having persistent asthma 	During 2021: Had a ratio of controller medications to total asthma medications of 0.50 or greater.
CWP- Appropriate testing for Pharyngitis	 Age: 3+ Diagnosed with pharyngitis 	During 2021: 1. A strep test. AND 2. Dispensed antibiotic prescription.

Medication measures are closed with pharmacy claims data. For these measures no entries can be made in the Risk Manager data entry portal.

Scorecard Tutorial

Each cycle ranked physicians, that meet the patient threshold in their specialty, receive a scorecard that reflects their individual measure compliance scores and composite score. Below is an example of the scorecard.



Your Rate is calculated as follows:

Events Done (compliant patients) ÷ Events Total (eligible patients) = Your Rate (measure score)



Care Gap Report Sample

Care Gap Report Names:

	Report Name	Date	
report_desc: Patient Detail b	by SubMeasure		
2021_HBA1C_9		2021-04-26 21:31:47	RUN DE
2021_P4P_STARS		2021-04-26 21:30:49	RUN DE
View My Report			DELETE A
View My Report	Report Name	Date	DELETE A
View My Report report_desc: Patient Detail		Date	DELETE A

1 Family Practice/Internal Medicine will have two reports:

- 1) 2021_P4P_STARS
- 2) 2021_HBA1C_9

2 Pedicatrics will have one report:

1) 2021_PEDS

Care Gap Sample Report:

Patient	Health Plan	Health Plan ID	Gender	DOB	Phone Number	Last PCP Visit	Measure	SubMeasure	Compliant	Event Due Date	Last Event Date	Value	Currently Eligible
PCP: Adams, K	athleen MD	(NPI: 99846254	28) Prov	ider Group:	Bright M	ledical Grou	p - Full Risk Co	ont					
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			١
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	Blood Pressure < 140/90	N	2020-12-31			١
CALLAWAY, KARAN	Commercial Bronze	21 564598466	Female	2001-03-04	555 555 1212	2020-04-25	IHA P4P Comprehensive Diabetes Care 2019	HbA1c < 8	N	2020-12-31			,
TRUITT, NOMA	Commercial Bronze	21 602902999	Female	1998-10-06	555 555 1212	2020-04-18	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			١
BRAUN, DANIELA	Commercial Gold	10132897298	Female	2000-06-22	555 555 1212	2020-05-02	IHA P4P Chlamydia Screening 2019	Total (16 to 24)	N	2020-12-31			١
CASKEY,	Commercial	00113931598	Female	2002-04-28	555	2020-01-09	IHA P4P	Total (16 to	N	2020-12-31			١

- 1 These columns list the various measures and submeasures.
- 2 Indicates if patient is compliant for the measure: Y=Yes, N=No.
- 3 Indicates measure due date.
- The last medical event that occurred for the patient.
- **5** The value of the pervious medical event.
- 6 Currently eligible reflects the patient's health plan eligibility: Y=Yes, N=No.

Auditing Entries

Data Entry:

In order to ensure the quality and accuracy of data being reported on the physician scorecard, as well as to the health plans, all entries made into Risk Manager data entry portal are subject to audit on a monthly basis by the Quality Department.

When your site is selected for audit:

- 1. You will be contacted by the Quality staff to inform you of the audit.
- 2. You will be required to provide the specific supporting patient documentation to validate the Risk Manager entry.
- 3. All requested information will have a specific due date.

All Risk Manager entries must be substantiated by proof of service documentation from the legal health record. Accepted proof of service documentation:

- A copy of the clinic report must be in the patient's chart (i.e. a mammogram result)
- All evidence that tests or services were performed, not just ordered.
- All dates of service for tests and services must be entered as the **RESULT** date.
- A copy of the information must be in the patient's chart from the servicing providers or PCP (i.e. a consult scanned into the chart)

If your entries fail an audit:

- Entries will be deleted from Risk Manager.
- No further Risk Manager entries can be made until corrective action is completed.
- Staff may be required to attend a refresher training session as part of a corrective action.

Audit Impact:

- Any measure which fails the audit will be removed/deleted from Risk Manager
- Provider will lose credit for measure on scorecard until entry is corrected.
- Clinic staff will need to re-enter information with correct data.
- Provider will remain on audit watch list and will be re-audited the following month.

Exclusions:

In order to ensure the quality and accuracy of data being reported on the physician scorecard all Exclusions are subject to validation. Exclusions should be used for patients identified as having evidence of certain procedures or diagnoses. Only valid exclusions should be manually entered. (See page 18 for Exclusion Guidelines.)

The following situations do not qualify as valid exclusions, per program guidelines:

- 1. Patients who refuse services
- 2. Patient assignment Not our patient
- 3. Referral sent
- 4. Other

All Exclusions will be reviewed by the Quality Department for final approval in accordance with regulatory program guidelines. Any exclusions that do not meet program guidelines will be deleted and you will be notified.

Frequently Asked Questions

Risk Manager Data Entry Portal

- Q. How do I access the Risk Manager website to make manual entries?
- A. http://riskmanageranalytics.changehealthcare.com/

Q. How do I get a Risk Manager account?

A. Contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2.

Q. How do I and/or my staff receive Risk Manager training?

A. Contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2.

Q. Why am I getting the following error?

- 🔔 Error 500 Internal Server Error
- A. This means that no one has logged into the account within the pervious 30 days. To correct this issue contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2.

Q. Why am I getting the following error?

Please sign in with your user credentials					
Username:					
Password:					
Invalid username/password. Try again.					
SIGN IN					

A. This means that either the entered User Name and/or Password is incorrect. To reset the password contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2.

Care Gap Reports

Q. How do I run a care gap report(s)?

A. Log into Risk Manager and go to My Reports → View my reports. Report options will be listed. Select the proper report name and select Run. (See page 9 for detailed instructions.)

Q. How do I print my care gap report(s)?

A. Once you run your report, select the format icon _____ and select View in PDF format. Once the PDF document is generated then select the print icon. (See page 9 for detailed instructions.)

Q. What if there are no reports under the My Reports tab?

A. Contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2.

Q. Why am I seeing two reports under the My Reports tab?

A. The report 2021_P4P_STARS contains all P4P/STARS measures with the exception of HbA1c > 9. This is because HbA1c > 9 is an inverse measure, therefore you will need to run this report seperately. The report 2021_HBA1C_9 will contain all your patients that either do not have a value entered in Risk Manager or their HbA1c is greater than 9.0.

Q. Why am I not seeing a change in my care gap report after making manual entries?

- A. Entries will not drop off your report immediately. Risk Manager refreshes once a month, typically by the first calendar day. All enteries made before the 14th calendar day will be included in the refresh. All entries made after the 14th calendar day will be processed in the following month's refresh cycle.
- Q. Why does the care gap report include patients that have never been seen in our office?
- A. Patients that are assigned to you, by the health plan, will appear on your list whether or not the patient has been seen in your office. It is reccommended to reach out to the patient to either ask them to make an appointment to establish care or to contact their health plan to be assigned to a new PCP. Until this is done patients will continue to appear on your care gap report.
- Q. How do I remove a patient from my care gap report that has been dismissed from our practice?
- **A.** Patients will remain assigned to a PCP until the patient contacts their health plan to be reassigned to a different PCP.

- Q. What if a patient is on the care gap report with the wrong gender?
- A. Contact Santé Quality department by email at <u>Quality@santehealth.net</u> or call 559-228-4499, Option 2 to verify the health plan's data.
- Q. What if a patient is deceased and listed on the care gap report?
- **A.** Log into Risk Manager and enter an Exclusion to remove the patient from the care gap list. (See page 14 for detailed instructions.) Your entry will be subject to audit to ensure data accuracy.
- **Q.** What do I do if a patient has an incorrect diagnosis on my care gap report?
- **A.** Enter the Exclusion for the specified measure by going to QIM and selecting the measure you need to exclude the patient from. Your entry will be subject to audit.
- **Q.** Why do I need to add a value for a HBA1c that is already in Risk Manager?
- **A.** All testing done through a point of care or outside of Quest require a manual entry in order to capture the data
- Q. When looking up a patient, why do I get "No Data Found! Please refine your search criteria" in Risk Manager for a patient on my Care Gap report?

No Data Found! Please refine your search criteria.			
Patient Last Name	Patient First Name		
_			
FIND			

- **A.** Due to the lag period between data refreshes, any patient changes, such as PCP reassignment or eligibility status may remove the patient from your Risk Manager population after the monthly data refresh.
- Q. Why doesn't a patient have a measure drop down?
- **A.** The patient may not have a drop-down option if they are no longer eligible for that measure population.

Resources

Santé Quality Management

- E-mail: guality@santehealth.net
- Phone: 559-228-4499, Option 2

Website Provider Portal: https://www.santehealth.net/Physicians.Asp

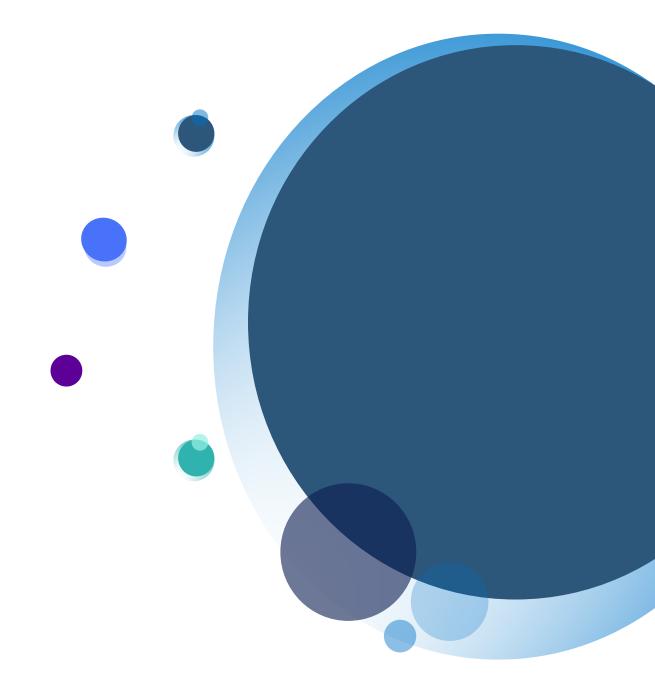
Quality tab on the Santé intranet (applies to Foundation providers only)

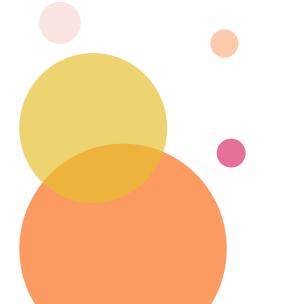


Risk Manager:



IHA Manual: Integrated Healthcare Association https://www.iha.org/performance-measurement/amp-program/amp-participant-resources/







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